

## Safeguarding in Health: Navigating complex change in the ICBs

The Royal College of Nursing (RCN) recognises that ongoing changes within the healthcare system in England are significantly affecting safeguarding structures and provision across Integrated Care Boards/Systems (ICS/Bs) and Providers. Long-established expectations about mandatory roles, staffing ratios and the influence of guidance have shifted as the NHS has been required to reduce costs and review services against statutory requirements. While interpretations of statutory guidance vary, this statement sets out the RCN's position during this period of change.

It is essential to distinguish between holding a statutory *role* and delivering a statutory *function*, and to understand the difference between 'must' and 'should' in legislation and guidance. In *Working Together to Safeguard Children*, paragraphs 238–242 use 'should' when describing Named and Designated roles. This means organisations may determine whether there are justifiable reasons not to “secure the expertise of” or “identify” these roles. However, the RCN emphasises that organisations should ensure staff and the populations they serve have access to safeguarding expertise proportionate to the size and complexity of the child population.

Statutory guidance refers to the Royal Colleges' *Intercollegiate Guidance*, which outlines recommended safeguarding competencies across the workforce, including dedicated roles. Although this guidance includes example role descriptions and suggested staffing ratios, it clearly states that it is *not* statutory.

The NHS *Safeguarding Accountability and Assurance Framework* (SAAF) states that all health providers 'must' have effective safeguarding arrangements for children and adults at risk. It expands on the NHS Standard Contract 2026/27 (Schedule 32), which requires providers to nominate leads for:

- Safeguarding children and adults
- Child sexual abuse and exploitation
- Mental capacity and Liberty Protection Safeguards (Deprivation of Liberty Safeguards)
- Prevent

Although providers may have contractual obligations for specific roles, neither statutory guidance, the SAAF nor the NHS Standard Contract require these roles to be separate. Many organisations now use combined or all-age roles. The RCN welcomes career development opportunities but reminds NMC registrants of their duty to work within their competence, as required by Section 13 of the NMC Code.

ICBs must:

- appoint a board-level executive accountable for safeguarding
- secure subject matter expertise
- ensure health representation and partnership with local authorities and police at safeguarding boards and panels

The accountable executive must be assured that the system has appropriate roles and/or access to expertise, which will vary by population need.

### **In Summary**

The RCN values level 4 leadership and level 5 strategic and system-level safeguarding roles, and believes all children, young people and adults at risk should be supported by confident, competent health professionals. We are proud of our members who provide this expertise and the positive impact they have. As health remains a statutory safeguarding partner, the importance of maintaining robust arrangements cannot be overstated.

While commissioners and providers are accountable for decisions made during system changes, the RCN urges the maintenance of proportionate, well-resourced Named and Designated roles. This is essential to ensure safeguarding professionals are supported and to avoid negative impacts from reduced safeguarding capacity.

