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Dear Sir/Madam

Safeguarding in the NHS - Accountability and Assurance Framework refresh

With a membership of around 423,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

We are delighted to have had the opportunity to respond to this important consultation. We have consulted widely through our membership.

General comments
Overall we welcome the refresh of the accountability and assurance framework. Although it is appreciated that the document is focused on accountability and assurance, it is felt that the focus is too weighted on process rather than outcome. Several members felt that it would be helpful if there was a financial assurance mechanism to ensure the safeguarding function is adequately resourced.

Several members felt the document could be shorter, clearer and snappier. For example there appears to be quite a lot of unnecessary paragraphs and repetition in respect of the Local Safeguarding Children's Board/ Local Authority.

Many commented about the intended audience and purpose. The initial version was clearly aimed at health commissioners, whilst the refresh appears to have a mix of audience between providers and commissioners.

Some members have stated that the use of the term 'vulnerable' is not desirable in relation to adults as it is disempowering and inaccurate as any adult may suffer abuse/harm.

Although the 'roles and responsibilities' for Designated Looked After Children professionals are mentioned in name (i.e. referenced to), this is minimal and there is no clear link in the document to the role of the Designated professionals for Looked After Children within the safeguarding sphere. This is fundamentally de-valuing Looked After Children roles and also increasing the vulnerability of Looked After Children. This issue needs to be addressed in the final document so as to clearly highlight both Designated Safeguarding professionals and Designated Looked After Children professionals. For example, Designated professionals for Looked After Children should be integral to safeguarding boards. Some of the phraseology and tense used in various places in the documents needs to be changed. For example 4.4 CQC is using revised methodology for hospital inspections and more clinical experts are engaged in the process. Text elsewhere in the document needs to be revisited in a similar manner.

Specific comments from members include:

2.1 Free from coercion and undue influence.....is this the correct reference?

2.1.2 Appropriate healthcare professional.....more guidance required and reporting structure. Duty of candour requires more attention. There is no mention of lasting power of attorney which should be Included.

2.1.2 People who have died from serious abuse....how is this recognised? - by coroner, police or suspicion?

2.1.4 What are the indicators that the safeguarding "voice" is not matching the MCA "voice"?

2.2 There is a need for a more complete definition of regularly.

2.2 The statement in relation to primary medical care. There is a need to be explicit about what this means in terms of safeguarding.

3. What does fully engaged mean? How will this be measured?

3.1 Does the MCA lead include DoLs lead as the weight of DoLs work is becoming unsustainable, particularly as all deaths become coroners issues when the person has a Dols authorisation.

3.1 More guidance is required in relation to chaperoning in this context.

3.1 There are explicit statements in respect of Designated professionals for safeguarding children referring to the intercollegiate framework. A similar statement in respect of Designated professionals for Looked After Children and the equivalent intercollegiate framework needs to be encompassed. The revision of the latter is due to be published at the end of March 2015.

3.1 DASM There should be an explicit focus on the role being about encouraging the right conditions for empowerment and quality of life for adults.

3.1 Many members highlighted that the role of the DASM and Designated Professionals is confusing and needs further development

3.2.1 Why state 'is likely'? Surely it should be '….*will* include working closely with local designated professionals.'

3.2.1 Why 'potentially' other primary care professionals? Should surely be '…for GPs and other primary care professionals'?

3.2.1 Many members state that local safeguarding forums have not met since the demise of the SHAs

3.2.2. For adults the nomenclature should be clinician, this should not have to be a medic.

3.2.2 Named GPs are mentioned. What about Named Nurses in primary care?

3.4 Members have questioned the statement about Public Health having named safeguarding professionals. Perhaps rewording of this section could provide greater clarity.

3.5 What does the terms ‘general’ and ‘specialist’ safeguarding workforce mean exactly?

5.0 Members report that these local forums have not been established and that where they have been they have only met once or twice.

6.0 need to amend the text. For example CQC has published its 2012-2016 strategy?

We hope that the above comments are helpful to you. Please do not hesitate to make contact if you require clarification

Yours faithfully

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