Safeguarding is central to everything nurses do. It involves protecting our most vulnerable individuals and communities as well as promoting the safety and health and wellbeing of all.

The breadth and complexity of this issue means we need to work in close partnership with patients, public and a wide range of public, independent and third sector organisations if we are to make a difference.

The tragic and fatal incidents involving child abuse and the consequences of poor care received by adults within NHS-funded institutions require urgent action. The impact of the Savile investigation, female genital mutilation and child sexual exploitation occurring across whole communities are just a few of the major policy issues within safeguarding that need attention and careful implementation of any recommendations.


The chief nursing officer for England is accountable for safeguarding at board level within NHS England. As director of commissioning and health improvement, I am responsible for the strategic oversight and implementation of safeguarding. I am supported by the head of safeguarding, who provides clinical advice and leadership.

In every region, area team and clinical commissioning group, there is a dedicated lead officer for safeguarding at director and governing board level. There are also designated professionals for safeguarding within clinical commissioning groups and these designated nurses and doctors, while working within CCGs, provide advice and resources to the area team who are directly commissioning primary care and specialist services.

**National steering group**

A national steering group for safeguarding ensures a coordinated approach is taken to implementing NHS England’s accountability and assurance framework. Its members are drawn from the national, regional and area teams and CCGs. There is a breadth of geographical leadership, with expertise in the safeguarding of both children and adults.

The steering group has established a number of work streams, including the following:

- Resource requirements;
- Mental Capacity Act implementation;
- Single methodology for serious case reviews;
- Establishing national clinical reference groups of all designated professionals;
- Further assurance testing through peer review.

Examples of the steering group’s early work include testing CCG assurance processes with area teams and joint working by CCGs to identify if improved outcomes have been achieved.

We are also identifying leadership requirements of both commissioners and clinical leaders and developing a range of practical tools to support staff at every level.

The steering group has worked with the Care Quality Commission to test the new inspection regime for children and young people and a pilot scheme has helped us to refine the process.

**Policy and action**

A national safeguarding policy has been developed and is being disseminated for further consultation.

A safeguarding week of action and national conference held in October was attended by over 500 delegates over the week and showcased best practice from across the country.

Other initiatives are outlined in Box 1.

**Conclusion**

Ensuring safeguarding is extremely challenging. We have talented, dedicated safeguarding leaders at every level of the system and a national mechanism and local forums and networks.

We will continue to build on the talent we have to ensure that patients, families and communities are safeguarded.

**Hilary Garratt** is director of commissioning and health improvement, NHS England

**Reference**