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Appendix 1: Safeguarding Legislation and Guidelines

- The Care Act 2014
- Serious Crime Act 2015
- Modern Slavery Act 2015
- Information Sharing Advice for practitioners (HM Government 2018)
- Data Protection Act 1998 & 2003 & 2018 and GDPR 2018
- Human Rights Act 1998
- Equality Act 2010
- Intercollegiate Safeguarding Adults: Roles and competencies for healthcare staff (2024)
- Mental Health Act 1983 (amended 2007)
- Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework – (NHS CB, 2022)
- Multi-Agency Statutory Guidance on FGM, 2016 updated 2018
- Counter-Terrorism and Security Act (2015)
- HM Government Prevent Duty Guidance for England and Wales (March 2015)
- Mental Capacity Act 2005 – amended 2025
- Mental Capacity (Amendment) Act 2019
- Domestic Abuse Act 2021
- Deprivation of Liberty Safeguards (2009)

Additionally, professional bodies produce guidance that supports the application of the able legislation and guidance in practice.

Safeguarding Adult -RCGP Adult Safeguarding Toolkit (A Toolkit for General Practice, Royal College of General Practitioners)
Adult safeguarding toolkit: Introduction (rcgp.org.uk)

Appendix 2: Safeguarding Resources

1. NHS Standard Contract (See SC32)
2. NHS England Prevent Training and Competencies Framework
3. General Data Protection Regulations/ Data Protection Act 2018
4. Information Commissioners Office Guidance
5. Human Rights Act 1998
6. European Convention on Human Rights
7. Equality Act 2010
8. Common Law Duty of Confidentiality (CLDC)
9. Caldicott principles as defined in 'The Information Governance Review'
10. Information sharing advice for safeguarding practitioners (HM Govt: 2018)
11. Code of Practice on protecting the Confidentiality of service user information
12. GMC '*Confidentiality: good practice in handling patient information guidance*' (May 2018)
13. Crime and Disorder Act 1998
14. CONTEST Strategy 3.0
15. Counter Terrorism and Security Act 2015
16. Prevent duty guidance: England and Wales (2023) - GOV.UK
17. Channel Duty Guidance 2015
18. Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation:2017
19. Care Act 2014
20. Domestic Abuse Bill
21. Adult Safeguarding: Roles and Responsibilities for Health Care Staff 2024
22. Working Together to Safeguard Children 2018
23. https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2024/July/011-256.pdf
24. RCPsych Problems - Disorders
25. ADASS London Multi-agency Adult Safeguarding Policy and Procedures

26. Mental Health Act 2025

There are many useful online resources for the MCA 2005:

27. SCIE: Mental Capacity Act
28. Mental Capacity Act 2005:
29. Best Interests Principle
30. CQC – MCA DoLS guidance for providers
31. Lasting Power of Attorney
32. MCA Code of Practice

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Appendix 3: Safeguarding Adults Procedures

Adult safeguarding referrals are managed and overseen by Adult Social Care.

The Four-Stage Process to responding to safeguarding concerns:

Stage One: Raising a Concern: A concern may be: a direct disclosure by the adult at risk, raised by staff or another service user, staff, family/carer, or a member of the public.

Stage Two: Enquiries: Establish facts; ascertain the adult's views and wishes and preferred outcomes, assess the needs of the adult for protection, support, and redress, protect from abuse and neglect, following the wishes of the adult where possible.

Stage 3 Safeguarding Plan and Review – The safeguarding plan sets out what steps are to be taken to assure the future safety of the adult at risk which may include requesting support, treatment, or therapy.

Stage 4 Closing the Enquiry - The case is closed to safeguarding when all inquiries are completed, the agencies are satisfied that the adult is no longer at risk, and appropriate outcomes for the person have been established where possible. There will be multi-agency agreement for case closure and for any subsequent action plan follow-up if required. It would however be good practice for a reassessment of care and support for a standard check to be made about how safe the person is feeling.

Raising a concern | Norfolk Safeguarding Adults Board

Report abuse of an adult (safeguarding) - Suffolk County Council

Report a concern - Safeguarding - Norfolk County Council

NSAB-END-TO-END-FLOW-DIAGRAM-2023.pdf (norfolksafeguardingadultsboard.info)

Appendix 4: Information Sharing

The DPA 2018, and amendment 85, goes further in empowering organisations to process personal data for safeguarding purposes lawfully, without consent where appropriate. The new amendment provides a lawful ground for the processing of special category personal data – without consent if the circumstances justify it – where it is in the substantial public interest, and necessary for the purpose of: (i) protecting an individual from neglect or physical, mental, or emotional harm; or (ii) protecting the physical, mental or emotional wellbeing of an individual.

Where that individual is: (i) a child or an adult at risk under 18 or, (ii) having needs for care and support, experiencing or at risk of neglect or any type of harm and unable to protect themselves.

The amendment still expects the possibility of obtaining consent, unless it would prejudice the safeguarding purpose (i.e., the protection of the individual). The question must be whether the use of personal data is proportionate to the lawful aim. The law intends any justifiable step to protect individuals at risk to be considered as being in the substantial public interest.

Main grounds in UK legislation which require the sharing of information

Requirement	Legal Authority
Prevention and detection of crime	s.115 Crime and Disorder Act 1998
To protect vital interests of the data subject, serious harm or matter of life or death	Schedule 8, DPA 2018
For the prevention, investigation, detection, or prosecution of criminal offences or the execution of criminal penalties, including the safeguarding against and the prevention of threats to public security.	Part 3 s.31 & 35 DPA 2018
Child protection. Disclosure to Children's Social Care or the Police for the exercise of functions under:	Children Act 1989 & 2004
By a court order	(Requests to share information must show why it is relevant for the purpose for which they are requested, including a Court Order)
Overriding public interest	Common Law
Right to life Right to be free from torture or inhuman or degrading treatment	Human Rights Act, Articles 2 & 3

Prevention of Abuse and Neglect	The Care Act 2014
A person lacks the mental capacity to make the decision regarding consent	Mental Capacity Act 2005

Lawful basis & legal grounds for sharing information

The lawful bases for processing are set out in Article 6 of the GDPR. At least one of these must apply whenever you share information (see also special category data below):

a) **Consent:** the individual has given clear consent for you to process their personal data for a specific purpose.
b) **Contract:** the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.
c) **Legal obligation:** the processing is necessary for you to comply with the law (not including contractual obligations).
d) **Vital interests:** the processing is necessary to protect someone's life.
e) **Public task:** the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
f) **Legitimate interests:** the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests.

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

If in doubt, always seek specialist advice and always consult with your supervisor or line manager.
Remember: Information shared must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed

Further advice on information sharing: Confidentiality and Information Sharing for Direct Care (Department of Health) Making effective use of data and information to improve safety and quality in adult safeguarding (Association of Directors of Adult Social Services and the Local Government Association, 2013).
Information: To share or not to share? - The Information Governance Review (Department of Health, 2013).

Appendix 5: PREVENT

CONTEST aims to reduce the risk from terrorism so that people can go about their lives freely and with confidence. It is made up of four work streams, or four Ps:
Protect – strengthening our borders, infrastructure, buildings and public spaces
Prepare – where an attack cannot be stopped, to reduce its impact
Pursue – to disrupt or stop terrorist attacks
The first P is Prevent which aims to stop people becoming radicalised or supporting extremist and terrorist organisations. It has been described as "the only long-term solution" to the genuine threat we currently face from terrorism.

The Prevent strategy will specifically focus on three broad objectives:

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them, and offering support.
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

It is known that individuals who are most likely to engage in extremist activities have vulnerabilities that often, as a result, put them into contact with health staff.

The Prevent strategy places an onus upon the health sector to support the work of counter-terrorist activity because of the volume of people who encounter healthcare workers daily and high-profile cases associated with the NHS. Prevent delivery for each provider organisation is now included within the NHS Standard Contract within Service Condition.

The rollout of the revised Prevent strategy intends to improve channels of communication across the public sector and other partners to counter terrorism in the UK mainland and its interests abroad.

Healthcare workers have the potential to:
- Prevent someone from being radicalised and or supporting terrorism as it is substantially comparable to safeguarding in other areas.
- To receive information that allows them to correctly identify signs that someone has been or is being radicalised.
- Identify people who could be considered "at risk"
- Need to be aware of the available support and be confident in referring people for support.
- Meet and treat people who are vulnerable to radicalisation

Implications for NHS Provider Services:

Provider organisations must include Prevent in policies and procedures and comply with the principles contained in Prevent and the Prevent Guidance and Toolkit which include:

- Nominating a Prevent Lead.
- Provide Workshops to Raise Awareness of Prevent (WRAP) for staff and increase the number of staff being trained to identify potential risks.
- Having systems in place to record how many referrals the organisation makes to multi-agency Prevent Groups/Channel groups.
- Joining local networks that exist with the Local Authorities and Police to support counter-terrorism and share information; and
- Being alert to the risk of attack on the Trust.
- Notifying the Co-ordinating Commissioner in writing of any change to the identity of the Prevent Lead as soon as practicable and no later than 10 Operational Days after the change.

The following staff groups have been identified as priority groups for training:

- Staff who predominantly work with mental health and learning disability patients.
- Staff working in emergency departments, minor injuries units, and walk-in centres.
- Ambulance staff.
- Staff working in chaplaincy services.
- School Nursing services.
- Drug and Alcohol NHS Services.
- Safeguarding leads.

Roles and Responsibilities of the Integrated Care Board

The ICB is committed to:

- Scrutinising and quality monitoring provider organisations compliance with the Prevent strategy
- Raising staff awareness so that they can recognise the exploitation of vulnerable individuals being drawn towards terrorist-related activity
- Ensuring staff are aware of Prevent contacts within their organisation
- Working with partners to develop and strengthen the safeguarding of vulnerable individuals

The ICB Designated Professionals for Safeguarding Adults are the ICB Prevent leads and are core members of Channel meetings. They work in partnership with the Safeguarding Children's Team where appropriate.

Further Information

GOV.UK Prevent

If you have concerns about an individual patient or member of staff who may be susceptible to radicalisation and/or violent extremism or suspect of being engaged in terrorist activity, please contact the Director of Nursing. You will be supported to share your concerns and the ICB will work with partners to share information to reduce the risk of terrorism in Norfolk and Waveney.

All the package links are on the website:

NHS England Prevent

Contract and Performance Management
As commissioners of services from NHS Trusts and Foundation Trusts named in the Prevent duty and contract holders of several health organisations utilising the NHS Standard Contract, ICBs have a responsibility to provide oversight and performance management regarding the implementation of the Prevent duty within provider organisations.

As Statutory partners of Safeguarding Boards for both adults and children, ICBs are among the organisations that need to provide oversight to the implementation of the duty in the system.

As part of the NHS Assurance Framework, ICBs are required to ensure they are demonstrating they are a well-led organisation, including meeting statutory requirements placed upon them and that they are meeting NHS performance requirements, including safeguarding standards. NHS England will seek assurance from ICBs regarding how they undertake these duties and fulfil their requirements.

Key Considerations for monitoring provider performance

- Are providers meeting the training requirements in line with PREVENT training and Competencies Framework – NHS England?

www.england,nhs.uk/wp/prevent-training-competencies-framework

- Do providers have up-to-date and relevant policies and procedures which reflect national guidance?
- Are providers identifying Prevent concerns and making Channel referrals?
- Are providers engaging with Channel Panel when relevant?

Governance Oversight

ICBs will need to ensure they have in place robust governance systems that provide both internal and wider system assurance that the statutory duties are being implemented, and organisations are meeting their requirements to safeguard individuals at risk of radicalisation.

Partnership Working

As partners to Channel Panels, ICBs can facilitate information sharing to ensure all relevant health partners are both providing relevant input into Channel Panel and that Channel Panel is sharing information to assist partners manage and support patients.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf

ICBs as the commissioners of health services for their local population are also well placed to provide advice to panel members regarding the health partners that should be brought into discussions and the available health services that may be appropriate to an individual's support package. There is no statutory requirement for ICBs to engage with partners in local Prevent forums, to feed into Counter Terrorism Local

Profiles, and to work with health partners regarding Prevent. However, to have governance and oversight regarding provider performance, NHS engagement in Channel Panel, and local risks and strategies it is strongly recommended that ICBs engage in these local partnerships in line with local policy requirements.

ICB Internal Training

To undertake the responsibilities as outlined above ICBs and individual staff within the ICB will need to understand what Prevent is, how it impacts the organisation, and how it applies to different job roles.

Consideration should be given to:

- Providing returns for NHS England and providing assurance via the assurance framework.
- Contract management of providers and seeking assurance they are meeting their statutory requirements.
- Governance and strategic overview, what are the groups and boards that will provide this, and who will the ICB board assure themselves of system compliance with the duties.
- Linking contracts and commissioning teams, Prevent is part of the quality schedule
- Including Prevent in HR policies and procedures, considering NHS employees.
- Ensuring Prevent is linked to both adults and children's safeguarding
- Considering Prevent in quality and safety, including serious incidents and complaints.

Prevent in the NHS Standard Contract

The NHS Standard Contract outlines specific Prevent requirements under the Safeguarding and Safety section specifically SC32 Safeguarding, Mental Capacity and Prevent.

The requirements set out in the contract are generally in line with those detailed in the Prevent Duty, which include: -

- Protecting individuals from abuse and improper treatment.
- Nominating a Prevent Lead.
- Developing a Prevent Policy and Procedure.

In addition, the NHS Standard Contract requires commissioned services to: -

- Provide evidence of addressing any Safeguarding concerns through multiagency reporting systems, which would include Prevent concerns.
- If requested participate in the development of local multi-agency safeguarding quality indicators and/or plan.
- Include in the Prevent Policy and Procedures a programme to raise awareness of Prevent as per the NHS England Prevent training and competencies.
- The Counter Terrorism & Security Act 2015 places a legal duty on NHS trusts and foundation trusts to consider the Prevent strategy when delivering their services. The key elements of this duty are further outlined in the revised Prevent duty

guidance which refers to the Department of Health's building partnerships staying safe guidance document as the way health organisations should deliver Prevent.

The data/information subject to the data submission process (NHSE) is collected from all NHS Trusts and Foundation Trusts. This provides the necessary assurance that all organisations are compliant with the Prevent duty.

The data collection aims to demonstrate how NHS providers are delivering the key elements of the duty. These include identified Prevent leads, delivery of awareness training, the level of referrals made, and engagement with relevant partnership forums that coordinate the Prevent strategy at local and regional levels. The collection of this information is monitored by ICB quarterly.

Prevent practitioners quick guide.

Norfolk: Prevent-Norfolk-practitioners-quick-gui

Suffolk: https://www.suffolk.gov.uk/care-and-support-for-adults/protecting-people-at-risk-of-abuse/supporting-people-at-risk-of-radicalisation

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Appendix 6: Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards is an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restorations to be used – but only if they are in a person's best interests and for their safety. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

"Deprivation of liberty" is a term originating from the European Convention on Human Rights and it effectively means "detention". A person who is detained is said to be "Deprived of liberty". **The Supreme Court holds that a person is deprived of their liberty if: they are confined in a particular restricted space for a not-negligible length of time; they are subject to continuous supervision and control; and they are not free to leave;** the state is responsible for that confinement (NHS Trusts and Local Authorities are considered part of "the state").

The criteria above are called the "acid test" for identifying deprivations of liberty. How the "acid test" should be interpreted is different from situation to situation. A patient's "Supervisory Body" is the Local Authority in which the person is ordinarily resident. Each Local Authority will have a "DoLS Office" to which DoLS forms should be sent. Care homes or hospitals must ask either a local authority or health body if they can deprive a person of their liberty. This is called requesting a standard authorisation (and in some cases, an urgent authorisation).

Although DoLs issues would not normally be considered through the safeguarding adult route, there may be occasions when the consequences or implications of bad practice should be considered. Issues that might prompt consideration of raising a safeguarding concern would be if applications are not being initiated by the organisation, where the conditions of the authorisation are not being complied with, where the least restrictive interventions are not being applied, or where someone's human rights are not being respected. Note: Deprivation of Liberty should not be used as a means of restricting a person's access to family and/or friends.
https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-forms-and-guidance

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Appendix 7: Modern Slavery

The Modern Slavery Act 2015 encompasses slavery, human trafficking, forced labour, and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion, or deception to exploit them. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, domestic servitude, forced marriage, forced organ removal.

Trafficking can occur within the UK as well as in countries outside the UK.

Duty to notify
From 1 November 2015, specified public authorities are required to notify the Home Office of any potential victims of modern slavery they encounter in England and Wales. They are required to notify the Home Office by completing the NRM form. However, if the potential victim does not want to be referred to the NRM, then an MS1 form is completed and sent to dutytonotify@homeoffice.gsi.gov.uk.

The National Referral Mechanism (NRM) is the process by which people who may have been trafficked are identified, referred, assessed, and supported by the Government of the United Kingdom. It is also the mechanism through which the Government collects data about victims. This data helps build a clearer picture of human trafficking in the UK.

An individual can be referred to the NRM by a designated organisation or agency ('first responder'), with the individual's consent. First responders include statutory agencies such as the police and local authorities.
A member of the public can report modern slavery by calling the modern slavery helpline on 0800 0121 700 or report it online.

https://www.modernslavery.gov.uk/start
https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/modern-slavery-and-human-trafficking
https://www.modernslaveryhelpline.org/

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Appendix 8: Safeguarding Contacts

Generic team emails **Norfolk** **Suffolk**	nwicb.safeguardingadultsnorfolk@nhs.net suffolk.safeguarding@snee.nhs.uk	
Norfolk Multi-Agency Safeguarding Referrals	Social Services 24-hour referral line Report a concern - Safeguarding - Norfolk County Council	0344 800 8020
Suffolk Multi-Agency Safeguarding Referrals	Social Services 24-hour referral line Report abuse of an adult (safeguarding) - Suffolk County Council	0808 800 4005
Norfolk and Suffolk Constabulary	Honour based crimes/Safeguarding	Emergency: 999 Non-emergency: 101

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Appendix 10:

Audit for Safeguarding Policies

Category Safeguarding

Audit Title: Annual Safeguarding Policy Audit

Introduction

This is an audit to assess the compliance to the adult and children safeguarding policies. Unless specifically mentioned Looked After Children and Children in Care are incorporated into Children and Young People (CYP) and Adults.

The audit will identify areas of conformance and any areas where improvement can be made.

Reporting Monthly/quarterly/yearly Quality Meeting

Audit	
Frequency	
Audit undertaken by	
Name and job and title	
Date	

Audit Criteria Audit criteria has been designed to show compliance to:

• Care Act 2014

• Children Act 1989

• Safeguarding Children Policy

• Safeguarding Adults Policy

• Mandatory Training Content

Reason for the audit

What would you like to measure or improve?

1. To ensure all staff have awareness of how to identify and process a safeguarding concern.

2. To ensure ongoing patient safety and safeguarding.

3. To ensure staff are aware of the safeguarding policy.

4. To ensure staff have received appropriate training.

5. To ensure all staff are aware on the process to raise a safeguarding referral.

6. To ensure the staff are aware of who the safeguarding lead(s) is/are.

Scope 1. All ICB teams.

Method

1. Individual team feedback about awareness of the policy.

2. Review the reports for compliance with the ICB SG policies.

3. Governance and central team checks to be completed.

4. **Dip audit of staff to ensure compliance and awareness of leads/ policy/ procedure.**

Audit Template

Date of audit:	
Auditor:	
Data Capture Form:	
Criteria Outcome Notes Actions	
Policy and Procedure	
1.1 There is a safeguarding policy in place.	
1.2 The safeguarding policy is in date and published on the ICB website and intranet.	
1.3 Team members are aware of the policy.	
1.4 Safeguarding incidents are reported in a monthly meeting.	
1.5 There is a safeguarding process in place for ICB staff.	
1.6 There is an incident reporting process for any safeguarding concerns or referrals.	

Training and competence	
2.1 There is a mandatory training program that covers Safeguarding Adults and Children.	
2.2 The mandatory training compliance for safeguarding modules is: >90% for all clinical staff	
Completion of L1 mandatory training for non-clinical staff	
Board members have had safeguarding training	
2.3 Safeguarding Leads have completed enhanced Safeguarding training.	
2.4 There is evidence of ongoing training related to safeguarding children and adults	
2.6 ICB staff can identify the safeguarding lead(s)	
Review of process	
3.1 How many safeguarding incidents for the previous 12 months?	
13.2 Did all safeguarding incidents follow the processes defined in the Safeguarding Children and Safeguarding Adults Policies?	