

# Board Assurance Prompt – safeguarding

Safeguarding vulnerable people is everyone's business

December 2011

## What is this guide? Who is it for?

This briefing is targeted at organisations that have a responsibility for Safeguarding Adults. It is intended to stimulate debate within NHS Boards, Local Authority Safeguarding Adults Boards and other public service partner boards. Constructive and informed dialogue encourages local health and social care economies to lay the foundations for better partnership working.

Safeguarding needs to be everyone's business. The issue has implications for all concerned with local public service provision. We encourage GPs, healthcare provider managers and clinicians, PCT and cluster board members, local authorities, police, third sector organisations and patients' advocates to all be concerned, both individually and organisationally, that they properly safeguard adults.

## What this guide does not cover

This guide does not address the requirements of Safeguarding Children. These are driven by a different suite of legislation. However, we encourage all readers to ensure that there is a strategic interface between the approach to safeguarding of children and adults. Also, this guide does not address the requirements of Mental Capacity Act 2005 and measures around people's Deprivation of Liberty Safeguards (DoLS). As later asserted in this guide, Boards need to ensure they receive appropriate assurances in both of these areas.

## Safeguarding Adults

Safeguarding adults is the process by which statutory agencies and public bodies must protect the vulnerable from abuse. This includes; physical, sexual, financial, psychological, neglect and acts of omission or discriminatory abuse.

Councils with Adult Social Services Responsibilities (CASSRs) have a statutory responsibility to lead the safeguarding adult process within the local community. Other statutory agencies (including healthcare commissioners, providers, housing services and police) have a clear mandate<sup>1</sup> to work in partnership to safeguard the community and those in their care. Healthcare regulation<sup>2</sup> requires organisations to have processes to safeguard people from abuse, or the risk of abuse. In 2010–11, CASSRs reported a total of 96,000<sup>3</sup> referrals to adult safeguarding.

Each CASSRs should have a Local Safeguarding Adult Board (LSAB) which has responsibility for the strategic oversight of adult safeguarding across the local public service economy. The government proposes to legislate to make existing LSABs statutory. This will hold partner agencies to account through a legislative framework.

<sup>1</sup> Statement of Government Policy on Adult Safeguarding, DH Gateway 16072

<sup>2</sup> Regulation 11 of Health and Social Care Act 2008

<sup>3</sup> Abuse of Vulnerable Adults in England 2011: Experimental Statistics Provisional Report, The Information Centre for health and social care

This work was supported by  
an educational grant from Datix

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GGI would particularly like to thank the following: Jemima Burnage – Hertfordshire Partnership NHS Foundation Trust, Graham Carey – Thurrock Adult Safeguarding, Mark Linggood – Datix, John Powell – London Borough of Redbridge, Sue Stirling – Good Governance Institute, Dan Taylor – Datix, Steve Ward – Bridgewater Community Healthcare, Ade Adeagbo – NHS Alliance, Katherine Kirk – Cluster Chair South Essex, Paul Moore – University Hospital South Manchester NHS Foundation Trust, Alex Baylis and colleagues – Care Quality Commission, Moosa Patel – NHS East Midlands and East SHA Cluster for their input into and help with this guide.

## The rest of this guide

We have used this board assurance prompt (BAP) format for this briefing on safeguarding. BAPs are a series published by the Good Governance Institute and in common with other resources in this series we set out a series of assurance questions that might be asked to ensure that an organisation is robustly safeguarding vulnerable adults,

and that local health and social care organisations are constructively working together. We also include a maturity matrix to test and guide the local development of safeguarding, and to facilitate the sharing of better practice and innovation.

## Key success criteria for Safeguarding Adults

- There is strong leadership for the safeguarding agenda
- There is evidence of the board's commitment to safeguarding vulnerable people
- The organisation can demonstrate it operates effectively as part of an integrated safeguarding network across public sector systems
- We can demonstrate our workforce recognise their safeguarding responsibilities and respond effectively when concerns are identified
- The board can demonstrate it has reviewed and applied lessons for learning arising from untoward local and national safeguarding events and can demonstrate actions have been implemented
- The board regularly reviews the organisations' progress and provides effective challenge and scrutiny to protect the most vulnerable.

	Example assurance question
1	Do we understand our responsibilities with regard to safeguarding?
2	Are adults safe in our organisation?
3	How well developed are our safeguarding adult processes?
4	Are we an active member of the local safeguarding adults board?
5	How well do we share information with our public service partners?
6	Does our workforce understand their safeguarding responsibilities?
7	Do we know the quantum of safeguarding incidents?
8	How good are we at learning and implementing change following safeguarding investigations?
9	How good are we at engaging service users/patients in our approach to safeguarding?

## Key facts about

### What Safeguarding mean to stakeholders in a health and social care economy

#### CCGs

Clinical Commissioners have responsibility for ensuring the design of services safeguard people and the providers of services act on their duty of care to **safeguard those in their care**.

#### PCT clusters

PCT Clusters have the potential to ensure that **safeguarding strategy** is developed and implemented across the health economy.

Plausible answer	Insufficient answer
Our board can demonstrate compliance with both national requirement and local arrangements for safeguarding adults. We have assurance that all of the workforce have completed the relevant safeguarding training.	The local authority is responsible for leading safeguarding of adults.
We are always concerned about this. We do know we can demonstrate that interventions to identify and protect vulnerable people have been effective at reducing the risk of and actual harm to vulnerable people.	Yes, we haven't received any complaints about safeguarding.
Controls for identifying and responding to vulnerability are in place. We continually test to ensure they are effective and utilised.	We use the local authority safeguarding procedures.
Involvement in the local safeguarding adults board has helped us improve our organisation's capacity to protect vulnerable people from abuse	The board always ensures a representative always attends the meetings.
We use a model of intelligence-led safeguarding. We have information sharing protocols in place, and effectively triangulate multiple data sources to identify and respond promptly to safeguarding concerns.	The Data Protection Act prevents us sharing information with other organisations.
We continually question the extent to which adult safeguarding is embedded into our organisation. We are able to demonstrate that all staff have completed safeguarding training and are up to date with refreshers. We can demonstrate safeguarding procedures are appropriately used to identify, escalate and respond to safeguarding concerns.	Clinicians receive training through their CPD and professional bodies about safeguarding adults.
<p>The board regularly receives and responds to information about safeguarding incidents, investigations in the context of our activity.</p> <p>The Board is routinely informed of all identified safeguarding concerns and reviews the effectiveness of the organisations response whilst providing clear leadership in strengthening safeguarding arrangements.</p>	The local authority produces an annual report about safeguarding adults.
We ensure that serious cases are investigated and lessons are identified and improvements implemented in a timely way. We routinely share the lessons identified nationally and locally.	We learn internally but we cannot share lessons learnt as this would risk the reputation of our organisation.
We always ensure we talk to those who are at the centre of a safeguarding concern to understand their wishes. We test out and refine our approach to safeguarding through our public and patient/service user processes.	Decisions by professionals are always made in the best interest of the service users/patients. The public accept we will always act in their best interest.

### Healthcare providers

Providers in every setting have key role in fulfilling their **duty of care** by safeguarding people in their care.

### Local Authorities

Local authorities have significant experience in leading on Safeguarding systems. They should also **ensure that the Domiciliary, Residential and Nursing Care** they commission have robust safeguarding processes.

### HealthWatch and LINKs

Scrutiny from the local HealthWatch and LINKs will help **ensure the interests of patients and engage the community around the issues.**

# The function of Safeguarding Adults:

## a maturity matrix to support development and improvement



Version 1.0 December 2011

To use the matrix: identify with a circle the level you believe your organisation has reached and then draw an arrow to the level you intend to reach in the next 12 months.



Progress levels	0	1	2	3	4	5
Key elements	0	1	2	3	4	5
<b>Organisational and partnership commitment</b> Note: The 'board' can refer to an NHS Trust Board, Local Authority Cabinet or Local Safeguarding Board	No	<b>Basic level</b> Principle accepted and commitment to action	<b>Early progress</b> Early progress in development	<b>Results</b> Initial achievements evident	<b>Maturity</b> Comprehensive assurance in place	<b>Exemplar</b> Others learning from our consistent achievements
<b>Informational and Intelligence</b>	The purpose of safeguarding has been debated and agreed. Values and priorities have been agreed, and affirmed to public (e.g. website) and are reflected in internal or partnership documents.	The membership and terms of reference for the group with accountability for Safeguarding has been drafted and shared.	Formal arrangements are in place for a partnership approach to safeguarding. Priorities and stretch goals have been agreed with stakeholders. The board has agreed a robust mechanism for supporting the investigation and learning from safeguarding incidents. There is a strategic interface with safeguarding children.	We have examples of joint safeguarding work in place, such as joint review of incidents and the sharing of learning. We actively promote better safeguarding through our commissioning/contracts. Our board seeks and receives regular progress assurance around Safeguarding.	Both as an individual organisation and in partnership with others, we have an annual review of safeguarding. This helps us check our performance against our duties. We benchmark ourselves with others to ensure we are continually adopting good practices from elsewhere.	We are responsive to changing circumstances and effective at protecting vulnerable people from abuse. We have met our strategic outcomes for safeguarding, and have been able to beneficially influence the safeguarding approach of others. There is significant work embedding the principles of positive risk-taking to ensure personalisation and choice.
<b>Governance</b> Includes corporate risk register and the board assurance framework			The accountable group has been set up and the first annual cycle of business agreed. Relationships with relevant local organisations are being developed.	The accountable group has reviewed its first year of working through a structured annual review process and improvements to structure and organisation have been made.	Local stakeholders have clearly incorporated the accountable groups' accountabilities into their own governance arrangements, we provide an officer who has authority to engage and take decisions with partners.	We can identify the benefits that good governance has brought to safeguarding, and how our better governance practice has influenced local partner organisations, concerns about accountability.
<b>Expertise, competencies and leadership</b> Includes responsibilities, behaviours and outcomes	Safeguarding awareness and knowledge for board members and the wider workforce have been identified and agreed. Safeguarding is part of the corporate induction.	Information requirements to monitor safeguarding performance identified, including other parts of the public service system. Information is available internally to support investigations.	We have received some performance information. Discussions around how to improve our information are underway. Performance information is routinely shared with public service partners.	Members of board report they feel confident with levels of safeguarding intelligence they receive, and that information systems are reliable and working. The Board is receiving evidence of performance improvement.	The Board are informed by real-time intelligence. They are receiving evidence of performance improvement this is linked to demonstrating both improved outcomes, quality and efficiency across public service partners.	Outcomes and performance are benchmarked against the best performers and learning is sought and implemented from other organisations.
	Safeguarding awareness and knowledge for board members identified and agreed. Safeguarding is part of the corporate induction.		The board has debated and agreed how it intends to lead the safeguarding culture. The board is assured that staff have a high-degree of awareness around safeguarding issues and are confident to report safeguarding incidents.	The organisation is trusted by partners as a reliable leader of better safeguarding practice. Lessons from incidents and near-misses are valued and shared.	The Board supports safeguarding work by valuing key competencies and behaviours. The board acts as an advocate to bring in specialist skills and expertise to support prevention, interventions, investigations and learning.	The Board is beneficially influencing the organisational development of partner organisations. The public service economy is recognised for its progressive work in safeguarding adults, we contribute to a regional and national knowledge base promoting lessons learnt and improvement achieved.