

Board Assurance Prompt – safeguarding

Safeguarding vulnerable people is everyone's business

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 mandate¹ to work in partnership to safeguard the community and those in their care. Healthcare regulation² requires organisations to have processes to safeguard people from abuse, or the risk of abuse. In 2016–17, CASSRs reported a total of 109,145³ 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.

¹ Statement of Government Policy on Adult Safeguarding, DH Gateway 16072

² Regulation 11 of Health and Social Care Act 2008

³ Safeguarding Adults Collection (SAC), Annual Report, England 2016-17

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](#).

SAFEGUARDING ADULTS BOARD (SAB)

A maturity matrix to support development and improvement

TO USE THE MATRIX: IDENTIFY WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE RIGHT TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS. 0 - 6

DRAFT VERSION 1.1 MARCH 2019

PROGRESS LEVELS	0	1 BASIC	2 BASIC LEVEL	3 EARLY PROGRESS	4 RESULTS	5 MATURITY	6 EXEMPLAR
KEY ELEMENTS	No	Principle accepted	Agreement of commitment & direction				
1. CLEAR UNDERSTANDING OF THE PURPOSE AND AIM OF THE SAB.	No	SAB has TOR, defined purpose and process of review.	Relationship with constituent agencies Board and auditors clarified in MOU. Cycle of Business established.	Programme of work reflects purpose.	Cycle of business aligned with partners.	Formal annual review and scrutiny challenge by partners agencies confirms SAB is being effective.	Self assessment and review leads to key changes in SABs practice, which is shared elsewhere as best practice.
2. MEMBERS OF THE SAB HAVE THE REQUISITE SKILLS AND EXPERIENCE	No	Skills review planned.	Skills review carried out.	Any gaps from Skills review filled.	SAB challenges if defined skills set needs revision.	New members of SAB recruited to refined skills set.	Refined skills set promoted with neighbouring SABs and nationally.
3. SYSTEM OF RISK APPETITE AND DELEGATION	No	Each agency has defined risk appetite and annual delegation to SAB with tolerances defined and escalation procedures.	SAB meetings reflect delegation from parent agencies and internal delegation to officers and working groups /committees.		Agencies auditors have reviewed how risk delegation system is working.	Formal annual review and scrutiny challenge by partners agencies confirms SAB risk system is effective.	Group audit in place.
4. SAFEGUARDING ADULTS REVIEW (SAR) PROCESS WORKS	No	Joint protocol in place.	Sharing of files is timely and comprehensive.	Lessons from incidents are clearly identified and actioned.	Evidence collected that shows SAR process has prevented deaths and serious abuse or neglect happening.	SAR process is proactive using contact mapping to identify earlier interventions.	SAR outcomes are shared with neighbouring SABs to support learning and safety.
5. ASSURANCE & MAPPING	No	Risk and assurance framework is focused on strategic objectives and fit for purpose.	Risk management systems are tested for resilience and escalation of issues which affect strategic objectives.	SAB maps assurance across all activity to ensure no gaps.	Risk focus in forward looking to identify risk which could compromise strategic objectives and individuals safety.	Risk systems from all agencies are aligned.	Redesign of agency risk systems presumes joint working in the design.
6. PUBLIC ENGAGEMENT AND REPORTING	No	Strategic plan reflects involvement of all member agencies and stakeholders.	SAB has reviewed an integrated report style of reporting focused on planned improvements and stakeholders views of added value.	SAB has adopted an integrated report style of reporting focused on planned improvements and added value.	Feedback on integrated report is positive.	Added value approach is shared with neighbouring SABs.	Added value approach is shared with parent agencies as a positive model of public reporting.
7. INFORMATION, SHARING, ANALYSIS AND PROTECTION OF INDIVIDUALS AND THEIR DATA	No	SAB has identified tension between effective information sharing, joint analysis and the protection of individuals rights.	Info sharing protocols in place. Education and awareness training is in place to reinforce staff behaviours that may unintentionally compromise data security.	Cyber security focus moving from erecting more barriers to creating greater agility, to provide the capabilities to counter threats as they evolve.	Scenarios are used to test resilience and agility. When defences are breached these are recorded, so that damage is contained.	Robust protocols in place to balance data sharing, patient/user confidentiality and system security.	Cyber threat agility approach shared as better practice.
8. SAB WORKS EFFECTIVELY WITH NEIGHBOURING SABs AND NON MEMBER AGENCIES AND DEPARTMENTS	No	The neighbouring Boards have agreed to develop a collaborative working approach across the wider area.	Sharing is designed to support areas of safeguarding most effectively tackled and having the greatest impact on practice and services for vulnerable adults across the area.	Commitment to sharing SAR outcomes with neighbouring SABs to support learning and safety.	Cross area review designed to show sharing is timely and has impact.	Review confirms sharing is timely and has impact.	Outcomes shared from neighbouring SABs shown to support learning and safety.