



# **Quality Assurance Framework**

**April 2015**

Review Date – April 2016

## 1. Introduction

1.1 The Southampton Safeguarding Adults Board (LSAB) is a partnership which has statutory duties as defined in the Care Act 2014. The LSAB gives strategic leadership for adult safeguarding across the local authority area. The LSAB's remit is to agree objectives, set priorities and co-ordinate the strategic development of adult safeguarding and it acts as the key mechanism for agreeing how agencies will work together effectively to safeguard and promote the safety and well-being of adults at risk and/or in vulnerable situations.

1.2 According to the Care Act the LSAB has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the LSAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an annual report detailing what the LSAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act 2014.

1.3 Also according to the Care Act the LSAB's specific objectives are to:

- To hold local partners to account in relation to their delivery of safeguarding and implement an integrated performance monitoring framework focusing on outcomes rather than targets.
- To provide a clear framework to enable staff with safeguarding responsibilities across all agencies, to work effectively together to safeguard people at risk so that responses are proportionate and consistent with personalised safeguarding.
- To develop workforce development that sets the standard for safeguarding adults training and development.
- To hold agencies to account regarding the quality of services they commission and the strategies in place to monitor and improve local services.
- To implement a cohesive multi agency learning and review framework to enable lessons to be learned from cases where there have been poor outcomes to ensure that lessons are applied in practice.

This document sets out the way that Southampton LSAB will carry out these duties and objectives. It is based on similar frameworks in the 4LSAB areas of Hampshire, Portsmouth, Southampton and the Isle of Wight for ease of those agencies working across the areas.

## 2. Context

2.1 Learning from Safeguarding Adult Reviews (SAR's) locally and nationally, and significant events in the UK highlights the need for an integrated, collaborative approach to adult safeguarding and robust quality assurance of responses.

- 2.2 Historically, local monitoring arrangements have reflected a single rather than multi agency focus in which attention is placed on outputs and processes rather than outcomes. The traditional approach (e.g. quarterly and annual safeguarding activity reports to LSAB) does not tell us how safe people are and whether safeguarding work has made a difference.
- 2.3 In response to these developments, the LSAB has developed this Quality Assurance Framework which is designed to enable the Board to ensure that local safeguarding arrangements are effective and deliver improved safety and outcomes for the citizens of Southampton. This Quality Assurance Framework will act as the mechanism by which LSAB will hold local agencies to account for their safeguarding work, including prevention and risk management. It also will provide collaborative leadership for safeguarding whilst ensuring proportionality and balance in the safeguarding system. It promotes personalised safeguarding and places focus on outcomes not targets.
- 2.4 The LSAB Quality Assurance Framework is complemented by the LSAB Multi Agency Learning and Review Framework which is designed to support local agencies to learn from cases with poor outcomes and apply learning to practice. It also provides a mechanism for the LSAB to be assured that learning from Safeguarding Adult Reviews and other case reviews has led to changes and improvement at service delivery level.
- 2.5 The Safeguarding Adults Quality Assurance Framework will answer:

***How safe are local people?***

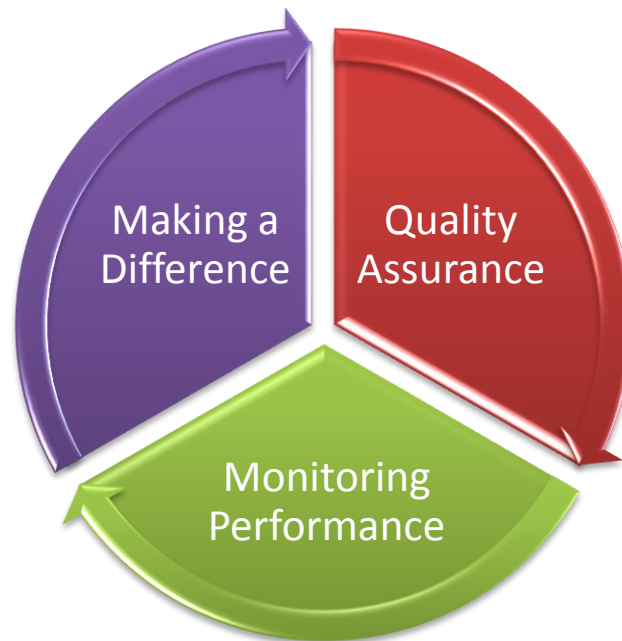
(Keeping people safe from harm)

***Are local agencies working effectively, both internally and together to safeguard?***

(Effective systems and processes)

***Does the person feel safer as a result?***

(Making a difference)



#### a) Monitoring Performance (How safe are local people)?

The following criteria are promoted by the LSAB and the Board will support organisations to have these in place:

- Quality Assurance mechanisms to enable the organisation to be sure it is complying with Multi Agency Safeguarding procedures and current best practice related to safeguarding adults at risk of harm
- Submission of single agency audits and reports as requested to LSAB
- Compliance with activities as set by this LSAB Quality Assurance Framework
- Collection and submission of key data to the LSAB as requested to contribute to a multi-agency data set for analysis by the LSAB
- Adherence by member organisations to the requirements outlined in the LSAB Constitution, Handbook and sub group terms of reference.

LSAB will deliver the following activities in order to support local agencies achieve these objectives:

**LSAB Dataset:** the LSAB has a multi- agency dataset which partner agencies complete on a quarterly basis, this enables assurance to be had through quantitative means and facilitates multi agency challenge at LSAB meetings. A cross agency set of indicators have been agreed which will provide LSAB with a profile of the nature, range and prevalence of risk/harm experienced by local people at risk, with needs of care and support or in vulnerable situations.

**Multi Agency Thematic Audits:** The LSAB will undertake a programme of multi-agency thematic audits. This will target specific areas of concern and/or priority areas highlighted by case reviews,

performance monitoring information and LSAB priorities. These audits will focus on the quality of provision, and on multi agency working. Topics will be determined with reference to LSAB priorities, in response to Safeguarding Adult Reviews or concerns and issues highlighted by performance monitoring. Audit findings will be presented for action and consideration to the LSAB. Audits will be timed so that any trends can be addressed in the LSAB annual report and publication of the LSAB strategic plan.

**LSAB governance arrangements:** There are clear governance arrangements in place regarding the management of the Board detailed within the LSAB Constitution. In addition there is a member's handbook and a terms of reference for each of the LSAB sub groups. These will be reviewed annually.

**Reports to LSAB main board:** The LSAB also has a schedule of reports that it requests to the LSAB main board from relevant commissioners, services and agencies. The template for these reports enables organisations to present key information, data and updates in relation to their services and safeguarding activities which will enable assurance and if necessary, challenge at the main board meetings.

**Annual Report and Strategic Plan:** The LSAB publishes an Annual Report and a Strategic Plan. The Annual Report will comment on local practice in safeguarding adults at risk based on information received by LSAB during the year. The Strategic Plan will detail work for the coming year/s. These are produced in consultation with the public and Health Watch. All LSAB member agencies will be asked to make a contribution to these.

**b) Quality Assurance (are local agencies working effectively internally and together to safeguard?)**

The following criteria are promoted by the LSAB and the Board will support organisations to have these in place:

- Robust systems and processes in place to deliver agreed Multi Agency Safeguarding Adults Policy and Procedures;
- Safeguarding linked into all aspects of their services;
- Availability of appropriately trained, skilled and competent staff (consistent with local multi-agency safeguarding procedures);
- Clear care governance processes for which the interface with local multi-agency safeguarding procedures are managed effectively.

LSAB will doing the following activities in order to support local agencies achieve the above objectives:

**Quality Assurance of Single Agency Policies and Procedures:** where an organisation develops or revises a single agency Safeguarding Adults at Risk policy the LSAB will offer Quality Assurance of these against an agreed set of standards. These will be agreed by the LSAB and delivered by the LSAB's Monitoring and Evaluation Sub Group.

**Single Agency Self - Audit:** Local agencies who are LSAB members will be asked to undertake an annual Organisational Safeguarding Self Audit, these include the following and where appropriate should cover services that are commissioned or contracted by that agency:

- Hampshire Constabulary
- Southampton City Council (all directorates)
- Southampton City Clinical Commissioning Group
- All health service providers and trusts working in Southampton
- Probation Services (Community Rehabilitation Company and National Probation Trust)

This list is not exhaustive. The LSAB Chair will request this audit of other local agencies and LSAB members as required. Each agency will be expected to report this to the LSAB using the agreed form / Tool. This will be promoted as an “annual health check” to help them evaluate the effectiveness of their internal safeguarding arrangements and to identify and prioritise any areas needing further development. The Organisational Self Audit Tool will be completed on an annual basis. This approach supports the LSAB in its governance and remit of holding local agencies to account for their safeguarding work. The Organisational Safeguarding Self Audit Tool can be found in Appendix A.

The LSAB will request this of all its LSAB members on an annual basis. Other organisations operating in Southampton may also be requested to carry out this self-audit on at of request of the LSAB chair. Once the report is submitted using the Audit Tool, the LSAB will request that this is presented to a multi-agency group (the Monitoring and Evaluation Group) of LSAB members for scrutiny. Where action is identified the organisation will be expected to report back regularly to that group on progress.

**Multi Agency Thematic Audits:** The LSAB will undertake a programme of multi-agency thematic audits. This will target specific areas of concern and/or priority areas highlighted by case reviews, performance monitoring information and LSAB priorities. These audits will focus on the quality of provision, and on multi agency working. Topics will be determined with reference to LSAB priorities, in response to Safeguarding Adult Reviews or concerns and issues highlighted by performance monitoring. Audit findings will be presented for action and consideration to the LSAB. Audits will be timed so that any trends can be addressed in the LSAB annual report and publication of the LSAB strategic plan.

**Reports to the LSAB:** A schedule of reports from Board Members and relevant agencies will be agreed each year. Each report will be presented by the relevant board member or agency representative of a senior level to a set LSAB template. This will enable the LSAB to challenge and scrutinise the service activities across the partnership in order to be assured about the quality of safeguarding adults services in the City.

**Workforce development:** The LSAB will promote a safeguarding adults workforce development strategy. This aims to support the LSAB in carrying out its responsibility to ensure that the safeguarding element of the workforce planning and development function within member organisations provides a highly skilled, competent workforce able to deliver best practice in their safeguarding work. LSAB will implement framework of safeguarding learning and development standards and levels to inform the quality, consistency, delivery and evaluation of all safeguarding adults learning and development activity through its Learning and Development Sub Group, which will also address the need to ensure

lessons from Safeguarding Adult Reviews are reflected in learning and development programmes in order to promote evidence based practice. The LSAB will also ensure that the local multi agency safeguarding procedures are reviewed and updated regularly.

**Learning and Review Framework:** LSAB will implement its Multi-Agency Learning and Review Framework to ensure learning is gained from cases with poor outcomes and that the lessons learned are used to improve future practice and partnership working. The LSAB annual report will include the findings of reviews completed during the year.

**c) Making a Difference (Does the person feel safer as a result)?**

The following criteria are promoted by the LSAB and the Board will support organisations to have these in place:

- Internal processes and practices are consistent with the principles of personalised safeguarding/case management promoting an inclusive and outcome focused approach.
- The LSAB outcome indicators have been adopted and used.
- Mechanisms have been established to gain feedback from service users on these and user feedback forms part of the case management review processes.
- Information gained from frontline professionals and service users will be used to inform service planning and development.

LSAB will doing the following things in order to support local agencies achieve the above objectives:

1. *User feedback:* A range of approaches will be developed by the LSAB Community Engagement and Awareness Group to enable organisations to seek the views of people using safeguarding services and to use the information to improve safeguarding responses. It places the spotlight on outcomes achieved and making a difference rather than meeting targets.
2. *Outcome statements:* LSAB has agreed a set of safeguarding 'making a difference' or 'I' statements that are monitored through the dataset. The LSAB outcome statements are as follows, these are questions that are answered by service users themselves where appropriate or in some cases where these are answered by an advocate working on behalf of that individual. The Data Set will clearly state where these have been directly answered by the individual:

*I was consulted about the outcomes I wanted from the Safeguarding process and these directly informed what happened.*

*I was provided with the help and support to report abuse. I was supported to take part in the safeguarding process to the extent to which I wanted and to which I was able.*

*I was provided with the information about what abuse is, how to recognise the signs and what I could do to seek help.*

*I was confident that the response to risk would take into account my preferred outcomes or best interests.*

*I was confident that information would be appropriately shared in a way which takes into account its personal and sensitive nature. I was confident that agencies would work together to find the most effective response for my situation.*

*I was clear about the roles and responsibilities of all those involved in the solution to the problem.*





# **Safeguarding Adults Organisational Audit Tool**

**April 2015**

## Guidance notes:

Southampton LSAB has developed a Quality Assurance Framework, this allows the Board to fulfil its remit of ensuring local safeguarding arrangements are effective in improving the safety of adults at risk of harm. The Quality Assurance Framework is the mechanism by which LSAB will hold local agencies to account for their safeguarding work, including prevention and risk management.

To support local agencies to provide assurance to the Board, LSAB has developed this Audit Tool, which mirrors the tool used by other LSAB's in the Hampshire, Portsmouth and Southampton LSAB areas (the 4LSAB's). This gives services a tool to evaluate the effectiveness of their internal safeguarding arrangements and to identify and prioritise any areas in need of further development. The Organisational Self Audit Tool should be completed on an annual basis. It is designed to support local agencies in their continuous improvement of adult safeguarding work.

Local agencies who are LSAB members will be asked to undertake an annual Organisational Safeguarding Self Audit to demonstrate how effective they are at ensuring the safety of adults that may be at risk of harm. The agencies that will be requested to do this include the following, where appropriate this self audit should cover the monitoring of services that are commissioned or contracted by that agency:

- Hampshire Constabulary
- Southampton City Council (all directorates)
- Southampton City Clinical Commissioning Group
- All health service providers and trusts working in Southampton
- Probation Services (Community Rehabilitation Company and National Probation Trust)


This list is not exhaustive. The LSAB Chair will request this audit of other local agencies and LSAB members as required. Each agency will be expected to report this to the LSAB using the agreed form / Tool. This will be promoted as an “annual health check” to help services to evaluate the effectiveness of their arrangements and to identify and prioritise any areas needing further development. Throughout this Self Audit services will demonstrate they have in place the following foundations for effective safeguarding:


- Clear leadership and management of adult safeguarding
- Robust systems and processes in place to deliver Multi Agency Safeguarding Adults Policy and Procedures;
- Adult safeguarding linked into all aspects of services;


- Adult safeguarding placed at the centre of commissioning and contracts arrangements:
- Availability of appropriately trained, skilled and competent staff (consistent with local multi-agency safeguarding procedures) and
- Clear care governance processes for which the interface with local multi-agency safeguarding procedures are managed effectively.

Agencies are asked to answer all the questions under each of the six headings and to assign a RAG (Red, Amber or Green) status to that area. In the comments section, respondents should provide evidence to support the rating given including any actions required. Any actions identified should be designated high, medium or low priority in the column provided.

The traffic light system relates to how an organisation assesses itself against achieving the minimum standard. If your organisation assesses itself, as red or amber, areas for development need to be recorded along with a timescale for completion on a separate Action Plan. It is worth noting that the scope of this model of audit tool does not allow the demonstration of exceeding the minimum requirements. A score of 'green' therefore is understood to mean that it meets the required minimum standard.

 Green Means everything is in place, up to date, and meets the required minimum standard

 Amber Means that something requires review or improvement

 Red Means something needs to be developed as a matter of urgency

Partner agencies are asked to complete this Self Audit and to return completed to the Local Safeguarding Board Team on [lsab@southampton.gov.uk](mailto:lsab@southampton.gov.uk).

If you have any queries, please feel free to contact the team at the above email address or by phoning 023 8083 2995.

**Southampton Local Safeguarding Adults Board Organisational Safeguarding Audit Tool**

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
<b>1. Leadership</b>					
1.1 Accountability for and ownership, of ‘Safeguarding Adults’ work is recognised by the organisation’s executive body.					
1.2 There is a designated person with a lead strategic role for safeguarding including promoting the welfare of adults at risk within the organisation.					
1.3 The designated lead attends LSAB on a regular basis and is able to speak for their organisation with authority and: <ul style="list-style-type: none"> <li>• commit their organisation on policy and practice matters;</li> <li>• hold their organisation to account;</li> <li>• influence their agency’s practice;</li> </ul>					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
<ul style="list-style-type: none"> <li>• contribute to the development of robust and effective monitoring and performance;</li> <li>• provide yearly reports to their executive body;</li> <li>• provide an annual statement to the LSAB for inclusion in its Annual Report.</li> </ul>					
<b>2. Management and leadership</b>					
2.1 There is a 'Safeguarding Adults' Plan which is cross linked with core business plans and includes standards and targets relating to safeguarding adults work.					
2.2 Safeguarding is embedded in corporate and service strategies and plans.					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
2.3 Safeguarding is clearly linked into internal quality assurance, governance and risk management processes.					
2.4 Regular reviews are carried out of any alert made about any of the organisation's services. Where necessary, a safeguarding referral is made to the local authority.					
2.5 There are mechanisms in place to ensure that learning from investigations lead to positive change and influences policy and practice development.					
<p>2.6 Information is available on the following aspects of safeguarding activity:</p> <ul style="list-style-type: none"> <li>• No. of alerts made to the local authority</li> <li>• No. of alerts received about its services</li> <li>• No of internal investigations and outcomes</li> <li>• No of referrals to registration bodies/DBS</li> </ul>					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
<b>3. Policy and Procedures</b>					
3.1 There is a clear, well-publicised policy of Zero-Tolerance of abuse covering all incidents of abuse from any person and in any setting.					
3.2 The organisation's 'Safeguarding Adults' procedure is consistent with local Multi-Agency Safeguarding Policy and Procedure.					
3.3 The organisation is clear about any specific professional responsibilities and legal obligations that it will adopt within 'Safeguarding Adults' policy and procedures.					
3.4 The 'Safeguarding Adults' Policy and procedures are publicised to all staff, service users and carers in ways which are appropriate and accessible.					
3.5 There is a well publicised whistle blowing procedure by which staff and volunteers can raise concerns cross-referenced with safeguarding procedures					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
3.6 All staff and volunteers are able to identify and report concerns of abuse or neglect.					
3.7 Adult safeguarding is cross referenced with relevant operational policies and procedures.					
3.8 Audits are undertaken of policies and procedures for effectiveness and for consistency with the multi-agency 'Safeguarding Adults' policies and procedures and any necessary changes are made.					
<b>4. Commissioning and contracts</b>					
4.1 Commissioning and contracting is actively involved in the 'Safeguarding Adults' partnership and liaise with regulatory bodies.					
4.2 Commissioning & contract teams set out QA and service standards that safeguard service users and					



Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
promote their dignity and control. Clear reporting requirements are placed on providers.					
4.3 Contract monitoring has a clear focus on safeguarding and dignity. Any shortfalls in standards are actively addressed.					
4.4 Commissioning and contract teams regularly audit reports of risk of harm and require providers to address any issues identified.					
4.5 Reporting across providers is tracked and under or over reporting patterns are addressed.					
4.6 Where there is a pattern of concerns, a root cause analysis is carried out and where appropriate, a safeguarding referral is made.					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
4.7 Commissioning and contract teams take robust, timely action when standards in services placed service users at risk.					
<b>5. Workforce development</b>					
5.1 Safe recruitment systems are in place and include robust recruitment and selection, DBS checks, timely use of capability and disciplinary procedures, timely referrals to the DBS Barring Scheme and Professional Registration Bodies, etc.					
5.2 There is a clear code of conduct for all staff and volunteers, setting clear standards for relationships between people in a position of trust and service users. These are compatible with the law and relevant professional standards (e.g. of the NMC, HCPC and GMC, etc.).					
5.3 There is a workforce development plan which ensures staff and volunteers at all levels have appropriate knowledge of safeguarding and competencies in relation to their role. Safeguarding					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
staff have the skills and competence to deploy a full range of social and legal interventions.					
5.4 The organisation has adopted and implemented a recognised safeguarding competency framework. Staff are able to access successive levels of training in line with their personal and professional development. Where appropriate this training is mandatory.					
5.5 Staff receive regular supervision that addresses safeguarding work and where there is safeguarding case work, an opportunity is given to debrief and reflect on practice.					
<b>6. Practice</b>					
6.1 The organisation can evidence that its staff adopt a person centred approach to safeguarding (and case management in general).					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
6.2 The organisation can evidence that its staff involve service users in decision making about safeguarding actions.					
6.3 The organisation can evidence that service users are offered the opportunity to participate in safeguarding and case meetings as appropriate.					
6.4 The organisation can evidence that service users are offered access to advocacy and support during safeguarding.					
6.5 The organisation can evidence that care reviews focus on evidence of the benefits of the placement & effectiveness of support provided.					
6.6 The organisation has clear protocols for managing service users' disengagement from support.					
6.7 The organisation has established mechanisms for seeking feedback from service users subject to safeguarding interventions.					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
6.8 The organisation can evidence that it has used feedback from service users to improve service delivery and outcomes.					

