



# ESAB Audit Report

Essex Safeguarding Adults Board

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## Introduction

The Essex Safeguarding Adults Board recognises the vital role that all organisations in Essex play in safeguarding vulnerable adults. As part of its remit in ensuring that there are effective safeguarding arrangements in Essex, it is important that it is able to audit and monitor how robust the arrangements are that local agencies, organisations, and service providers have in place.

To assist The Essex Safeguarding Adults Board (ESAB) in ensuring that there are effective safeguarding arrangements in Essex, an amended version of the 2010 ESAB Audit Tool was developed as a result of consultation with partner agencies. The tool builds on the principles of the audit tool used for safeguarding children under Section 11 of the Children Act. This year the tool is made up of 6 standards, each of which are designed to help agencies to quickly check the way their organisation is set up to safeguard and promote the welfare of vulnerable adults. These standards have been developed to meet the needs of statutory, voluntary and independent agencies and organisations who may or may not be predominantly focussed on safeguarding issues. A full list of the standards and associated questions is included at annex.

In total 30 organisations across Essex have completed this year's audit. In line with last year's process, the feedback and analysis in the report has been fully anonymised, however every organisation which participated in the audit has been informed of the number that has been allocated to their organisation to enable them to identify how they are performing in relation to others. As a result of last year's audit, some organisations which faced significant challenges to meet specific standards, many requested to know the identity of similar agencies which were performing well in order to learn from their experience. Where this is the ESAB's support team will broker such arrangements to ensure a balance can be achieved between confidentiality and sharing of good practice.

This report provides headline feedback and analysis from the audit along with some suggestions as to how ESAB and organisations can improve their performance in areas where the audit has identified there may be potential to further develop performance.

To assist agencies to benchmark themselves against other organisations across Essex the matrix at annex 2 sets out how each organisation (by ID number) has performed in each area.

## Action Summary

All ESAB actions below are embedded within the Board's own business plan with identified leads and timescales. All actions were agreed as a result of findings from Audit Tool responses during July and August 2011.

Action	
Overall	To ensure progress continues to be made. Agencies across the county will regularly be asked to complete update the relevant subgroup on their progress against resulting action plans.
	To explore further agencies audit compliance six agencies will be asked through 2011/12 to present their audit findings and evidence, to the Boards Management committee.
	Agencies scoring one or more standards as 'less effective' will be asked to provide the Board with an action plan setting out how they will improve their performance on those standards.
Section 1	1.2 - ESAB support team to ensure that those 'less effective' organisations build safeguarding championing within the organisation into their audit action plans.
	1.3 - ESAB support team to offer support to organisations currently without a strategic plan, building upon gaps identified in the auditing process.
	1.4 - ESAB to develop strategic safeguarding planning guidance for partner agencies, including the involvement of service users and/or carers.
Section 2	2.1 - ESAB support team to ensure that organisations without a current adult safeguarding policy are encouraged and support in the development of one with the support of the ESAB policy template and similar partner agencies.
	2.2 - Along with joint adults & children safeguarding policy template, ESAB and ESCB to include comprehensive list of policies/procedures where cross referencing would be expected.
	2.3 - ESAB support team to ensure that the 'less effective' organisation has support in improving/developing safeguarding work programme through audit results.
	2.4 - ESAB to consider the development of board guidance on internal recording and audits of safeguarding alerts.
	2.5 - ESAB support team to offer support to 'less effective' organisations in providing adequate system and ensuring it is adhered to by working with organisations with effective systems currently in place.
	2.6 - Through relevant ESAB subgroup, support team to offer support to ensure that effective systems to identify risks can be put in place where necessary to meet effective criteria.
	2.7 - ESAB to provide guidance to relevant organisation(s) regarding safeguarding procedures and their availability.
	2.7 - ESAB to address its ability to provide necessary materials e.g. AskSAL, safeguarding

	guidelines etc. in relevant accessible formats.
	2.8 - Through relevant subgroup, ESAB to ensure that similar partner organisations provide assistance to 'less effective' organisations in planning improvements.
	2.9 - ESAB to liaise with organisations recording use of restraint effectively in order to support other organisations in recording methodology.
	2.10 - Through relevant subgroups, ESAB to support organisations by addressing the identification of carers, with a view to identifying and sharing good practice/systems.
	2.13 - ESAB to support the provision of its materials in alternative formats/languages where necessary.
	2.14 - ESAB to discuss the reporting of safeguarding performance data at relevant sub groups and support organisations in meeting minimum reporting standards.
	2.15 - ESAB to bring 'less effective' organisations together with those performing well at relevant subgroups to discuss the most appropriate actions to be taken by partner agencies.
Section 3	3.1 - ESAB support team to discuss specific needs of individual organisations scoring 'less effective' in standard 3.1 and where necessary signposting to training availability.
	3.2 - ESAB to develop further requirement for organisational safeguarding leads to regularly remind staff within their organisation about where and how to seek adult safeguarding expertise within their organisation.
	3.3 - Where organisations were ineffective, ESAB support team to contact audit lead with suggestions of relevant audited organisations which may be able to offer assistance with regard to ensuring effective integration of adult safeguarding into corporate plans.
	3.4 - ESAB to facilitate improvement in internal protection of staff who whistleblow by learning from organisations that already have systems in place (currently exceeding requirements).
	3.5 - ESAB support team to contact the organisations which scored themselves 'less effective' to clarify what action (if any) is needed.
	3.6 - ESAB support team to contact 'less effective' organisations to offer support in the provision of safeguarding training.
	3.7 - ESAB to revisit 'agency roles and responsibilities' within the guidelines to include guidance on how to support staff that are involved in safeguarding investigations.
	3.9 - ESAB to consider requiring service user/family involvement in development of equality/diversity statements as standard.
Section 4	4.1 - ESAB support team to ensure that appropriate representation is achieved and engagement opportunities are made available to all relevant organisations.

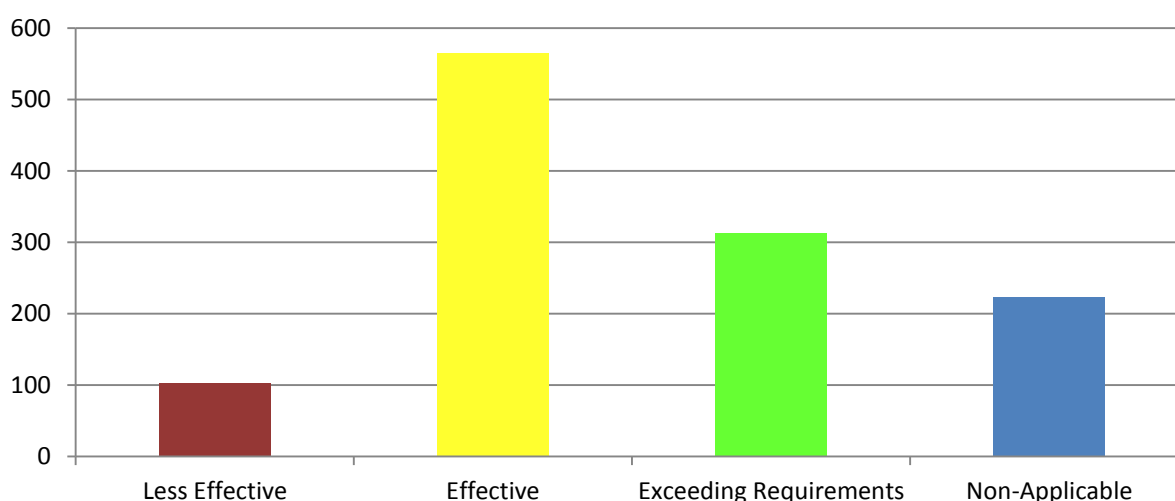
	4.2 - ESAB support team to discuss opportunities for multi agency engagement with audit/safeguarding leads in necessary agencies.
	4.3 - ESAB support team to work with the organisation which has yet to adopt the Board's Information Sharing Protocol in order to facilitate its adoption and staff awareness of their responsibilities.
	4.3 - ESAB to consider its expectations with regard to Information Sharing Policy; An organisation-wide policy which encourages information sharing to be an expectation?
	4.4 - ESAB to consider its expectations with regard to information sharing; periodically auditing staff understanding to be an expectation?
	4.5 - ESAB to consider its expectations with regard to safe storage of service user files; periodically auditing compliance with policy to be expectation?
Section 5	5.1 - ESAB to facilitate discussion and action planning through NHS leads subgroup to address the needs of 'less effective' organisation in standard 5.1.
	5.7 - ESAB support team to discuss individual action planning in terms of the involvement of vulnerable adults in planning with 'less effective' organisation.
	5.7 - Organisation scoring 'exceeding requirements' to share its good practice with appropriate board subgroup. To be discussed with agency lead.
Section 6	6.1 - DA Coordinator to contact those organisations returning N/A responses to consider which parts of the standard may in fact be applicable.
	6.1 - ESAB support team to take discussion of domestic abuse policy and training to relevant sub group for discussion.

## Findings

A total of 28 audits were completed by partner organisations. Participating organisations were made up of county, district and borough councils, NHS providers, commissioners, mental health and acute trusts, the East of England Ambulance service, a housing provider and a care agency.

A total of 1204 questions were answered across all 6 standards. The proportion scoring 'less effective', 'effective', 'exceeding requirements' and 'non-applicable' are detailed below:

Rating	Number of responses	% of responses
Less Effective	103	8.5
Effective	564	46.8
Exceeding Requirements	313	26.0
Non-Applicable	224	18.6



The strength of responses was fairly constant between all 6 standards, none of which averaged a response which was less than effective. Section 6 (Domestic Abuse) returned the lowest average rating of 2.0 (effective) whereas section 4 (Partnership and Information) returned the highest average score of 2.5 falling between 'effective' and 'exceeding requirements'.

The range of average ratings by a given organisation was fairly large. In ESAB's 2010 audit the lowest organisation wide average was 1.6 (between 'less effective' and 'effective') and the highest average was 3 (exceeding requirements). This year that gap has opened very slightly with the lowest organisation average response at 1.51 and the highest at 2.97. This however does not necessarily represent a regression in performance since the standards ESAB used within the audit tool to measure performance have been altered by the support team (in collaboration with partner organisations) in order to more accurately measure performance. Despite the changes made to the tool, the 2011 average rating throughout the tool of 2.2 remains unchanged since 2010. Appendix 1 plots each organisation's average response in order that agencies may assess their performance

relative to that of others. Organisations have been anonymised and are only identifiable by their unique, random organisation number.

Aside from Section 6 (Domestic Abuse) which consists of one question, the standard with the weakest response was 2.4 which returned an average response of 1.7 (between 'less effective' and 'effective'). Standard 2.4 is explored further within this report and an action has been allocated to improve quality assurance of decisions relating to safeguarding concerns and patient risk. Other standards identified as priority actions, which were answered on average below the 'effective' threshold are: 1.3, 5.7 and 6.1.

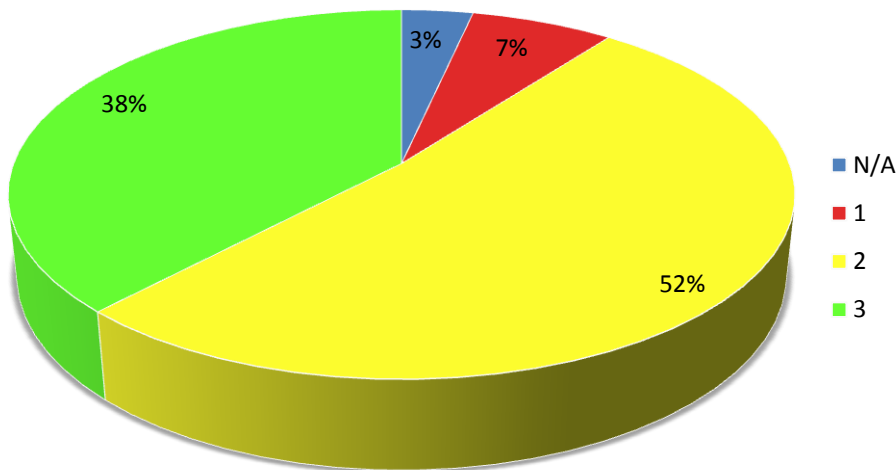
### **Actions**

- To ensure progress continues to be made. Agencies across the county will be asked to complete the audit on an annual basis.
- To explore further agencies audit compliance six agencies will be asked through 2010/11 to present their audit findings and evidence, to the Boards Management committee.
- To assist agencies to benchmark themselves against other organisations across Essex the matrix at annex 3 sets out how each agencies has performed in each area.
- Agencies scoring one or more standards as 'less effective' will be asked to provide the Board with an action plan setting out how they will improve their performance on those standards.

## Section 1 – Strategy

Figure 1 below shows the percentage of responses to standards listed under 'Strategy'. **49%** of all responses given suggested organisations were effective in terms of safeguarding strategy.

**Fig 1 – Proportions of responses to section 1**  
(1=less effective, 2=effective, 3=exceeding requirements)



Standard 1.1 - One component of the 'effective' rating requires job descriptions of those likely to come into contact with vulnerable adults to reflect safeguarding responsibilities within an organisation. **97%** of responses to this standard scored 'effective' or 'exceeding requirements'. In the 2010 audit the equivalent standard was 3.3, whereby each of the all of the **97%** of organisations above would have exceeded requirements. In fact in 2010 just **18%** of organisations exceeded that requirement which demonstrates a significant step forward in terms of staff understanding their safeguarding role and having safeguarding explicitly mention within their job descriptions.

Standard 1.2 – Requires that the leaders of an organisation champion the importance of adult safeguarding therein. In order to meet effective criteria (met by **46%**) organisations must have evidence of board discussions relating to adult safeguarding strategy which permeates into development plans. A further **39%** exceeded those requirements which means that safeguarding leaders are clearly visible throughout the organisation and staff have a very clear understanding of the safeguarding process. **14%** of responses however stated that the organisation was 'less effective' and therefore there was no evidence that safeguarding was effectively championed by the leaders of the organisation.

**Action: ESAB support team to ensure that those 'less effective' organisations build safeguarding championing within the organisation into their audit action plans.**

Standard 1.3 - Relates to the implementation of a strategic plan for safeguarding, and returned an average response which fell just short of 'effective'. **29%** of responses stated that their organisation currently had not completed an adult safeguarding strategic plan. The remainder stated that they did have a strategic plan, and 25% reported that the strategic plan was provided to ESAB for monitoring.

**Action: ESAB support team to offer support to organisations currently without a strategic plan, building upon gaps identified in the auditing process.**

Standard 1.4 -Refers the involvement of service users and carers in strategic planning, received a mixed response and therefore should be built into the action below with **21%** of organisations stating that strategy, planning and delivery are developed and delivered without their consultation.

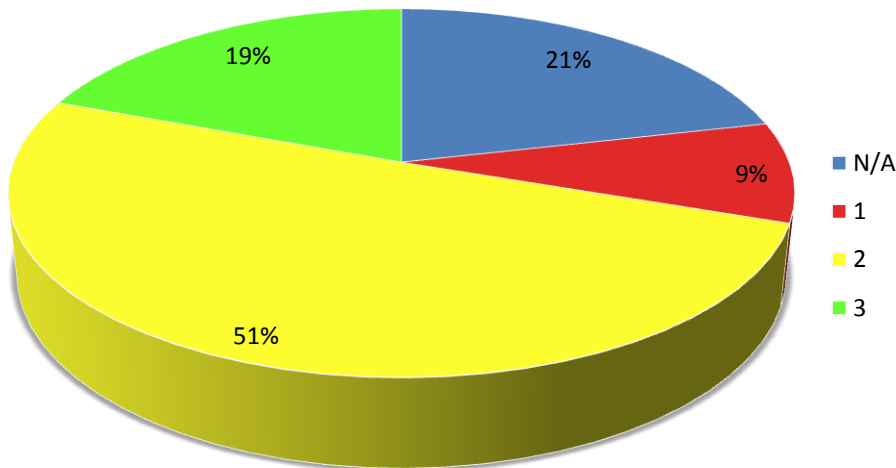
**Action: ESAB to develop strategic safeguarding planning guidance for partner agencies, including the involvement of service users and/or carers.**

Standard 1.5 - Poses the question of resourcing for adult safeguarding within the organisation averaged an effective response – i.e. costed plans and funding are both in place. Whilst **21%** of responses stated that no costed plans were in place, written responses were reassuring in so far as allocation of staff time to adult safeguarding.

## Section 2 – Safeguarding Systems

On the whole, section 2 had half the rate of ‘less effective’ responses than section 1. Despite more than half of all responses rating organisations as effective across standards in section 2; two standards returned average responses as below ‘effective’.

**Fig 2 – Proportions of responses to section 2**  
(1=less effective, 2=effective, 3=exceeding requirements)



**Standard 2.1** – Relates to the internal safeguarding adults procedures of an organisation and requires that they are consistent with the set guidelines. **7%** of organisations stated that there was no clear adult safeguarding policy in place. **71%** of organisations said that they were effective in providing safeguarding procedures which are available to all staff, and a further **22%** exceeded ESAB’s requirements stating that their policy was developed in conjunction with partners and the effectiveness of it is assessed regularly.

**Action: ESAB support team to ensure that organisations without a current adult safeguarding policy are encouraged and support in the development of one with the support of the ESAB policy template and similar partner agencies.**

**Standard 2.2** - **21%** of responses to standard 2.2 stated that adult safeguarding requirements were not cross referenced at all within other organisational policies or procedures. In order to meet the ‘effective’ criteria adult safeguarding must be referenced within other policies of highest impact e.g. complaints, HR policies, clinical care etc. In total **64%** of organisations rated themselves as ‘effective’ in standard 2.2.

**Action: Along with joint adults & children safeguarding policy template, ESAB and ESCB to include comprehensive list of policies/procedures where cross referencing would be expected.**

**Standard 2.3** – Relates to tapping into other relevant work-streams relating to safeguarding adults. Only one organisation stated that there are no groups or work programmes in place relating to adult safeguarding, with **59%** of organisations performing effectively with improvement systems in place

for safeguarding with SMART objectives. The remaining **37%** of organisations have safeguarding built into wider improvement plans and there is evidence of improved outcomes specific to safeguarding.

**Action: ESAB support team to ensure that the ‘less effective’ organisation has support in improving/developing safeguarding work programme through audit results.**

Standard 2.4 – Of those who considered this standard applicable, **30%** of responses to standard 2.4 stated that there are no quality assurance processes in place for decisions relating to safeguarding concerns, alerts or referrals. In order to meet the ‘effective’ criteria provider organisations must carry out internal audits relating to decisions regarding safeguarding alerts. Commissioners must consider reports relating to the quality of decision making as part of their quality monitoring role. **65%** of organisations rated themselves as ‘effective’ in line with the aforementioned criteria, whilst just one rated itself as ‘exceeding requirements’, the criteria for which states that the organisation works with the LSAB to audit alert decisions.

**Action: ESAB to consider the development of board guidance on internal recording and audits of safeguarding alerts.**

Standard 2.5 – Requires that organisations have systems in place to track vulnerable adults in their care who may be at particular risk of harm. In order to be considered ‘effective’ a system must be in place and there must be evidence that it is used effectively. **65%** of appropriate responses considered their organisation to be effective whilst **25%** exceeded the requirement. **10%** of organisations, to which this question was applicable, considered their organisation to be less effective i.e. no system was in place or the system is not adhered to effectively.

**Action: ESAB support team to offer support to ‘less effective’ organisations in providing adequate system and ensuring it is adhered to by working with organisations with effective systems currently in place.**

Standard 2.6 – Relates to the systems that an organisation has in place to identify emerging risks within service areas and how the organisation deals with them appropriately. In order to be effective in this standard, organisations must identify emerging risks through a number of sources e.g. surveys, complaints etc. The standard then requires that risks are addressed at a senior level with actions taken to reduce future risks. **67%** of the organisations which provided a response stated that their organisation met the effective standard, whilst one organisation stated that systems are yet to have been put in place.

**Action: Through relevant ESAB subgroup, support team to offer support to ensure that effective systems to identify risks can be put in place where necessary to meet effective criteria.**

Standard 2.7 – Questions whether the views of patients/carers/users are sought in order to influence change. In order to meet the ‘effective’ criteria, an organisation must provide information in relevant formats explaining how to report concerns as well as routinely seeking information from carers/vulnerable adults. **75%** of organisations deemed their performance as effective, whilst one organisation did not, stating that procedures were not made accessible by the organisation.

**Action: ESAB to provide guidance to relevant organisation(s) regarding safeguarding procedures and their availability.**

**Action: ESAB to address its ability to provide necessary materials e.g. AskSAL, safeguarding guidelines etc. in relevant accessible formats.**

Standard 2.8 - Relates to mental capacity and whether it is routinely considered when planning care and/or treatment. In order to be effective an organisation must ensure that vulnerable adults are adequately supported to make their own decisions, and procedures for capacity/consent are in place in all areas of care. MCA and DoLS training must be provided to a level where staff are competent and evidence of best interest decision making must be obtainable where an adult lacks capacity to make the decision. **60%** of all organisations scored 'effective' in this standard whilst a further **35%** exceeded requirements and are able to evidence innovative ways to maximise decision making of those adults who may lack capacity to make care planning decisions. **5%** deemed their organisation to be less effective.

**Action: Through relevant subgroup, ESAB to ensure that similar partner organisations provide assistance to 'less effective' organisations in planning improvements.**

Standard 2.9 - A further standard which received multiple 'less effective' responses was 2.9 which relates to guidance/processes governing the use of restraint where Deprivation of Liberty Safeguards (DoLS) should be considered. **22%** of organisations stated that whilst they have guidance for compliance with the Mental Capacity Act (MCA) and DoLS, they have no process for assuring compliance. In order to meet ESAB's requirement effectively, organisations must actively use restraint guidance, record and review the use of restriction, continually scrutinise the use of restraint.

**Action: ESAB to liaise with organisations recording use of restraint effectively in order to support other organisations in recording methodology.**

Standard 2.10 – Requires that organisations should identify carers of adults who may be at risk of harm, and ensure that they are involved in the process according to the wishes/best interests of the vulnerable adult. **63%** of organisations met the effective criteria and **26%** exceeded it. The remaining **11%** deemed themselves 'less effective' suggesting that there is no system in place to identify carers of vulnerable adults.

**Action: Through relevant subgroups, ESAB to support organisations by addressing the identification of carers, with a view to identifying and sharing good practice/systems.**

Standard 2.11 – Requires that organisations are able to demonstrate that systems are in place for vulnerable adult led decisions about their safeguarding and that interventions are person centred. 'Effective' criteria states that staff understand the need, and it is built into the organisation's training. **81%** of organisations met the effective criteria whilst a further **14%** exceeded it which suggests an element of feedback from the process is sought in order to shape future service. One organisation did not meet the required standard however the organisation has noted that remedial work is underway.

Standard 2.12 – In order to gain 'effective' status in standard 2.12 an organisation must track the number of staff who have received MCA and DoLS training, and make use of MCA principles where necessary, including IMCA's. **59%** of organisations stated that they met the 'effective' standard, and **36%** exceeded the requirement by stating that the empowerment of service users/patients who may

lack mental capacity could be evidenced. One organisation did not meet all of the 'effective' criteria but has built appropriate measures in place to meet the standard.

Standard 2.13 – Revolves around accessibility of information/services for those whose first language is not English, or those who are unable to read, speak or hear. In order to be considered effective measures must be put in place to ensure that help is available in accessible ways. **8%** of organisations did not meet the necessary standard and therefore were unable to provide much helpful information for anybody whose first language is not English or somebody who is unable to read, speak or hear. **71%** met the effective standard whilst a further **21%** could evidence the review of accessible information as part of equality and diversity.

**Action: ESAB to support the provision of its materials in alternative formats/languages where necessary.**

Standard 2.14 – Requires regular reporting at board level to present safeguarding outcomes e.g. training, trends, quality assurance of the service users' experience and other performance information. **63%** of organisations met the 'effective' criteria above, whilst **26%** exceeded the requirements by sharing their performance information in partnership forums, and using ESAB reports to report against internally. **11%** of organisations stated that there are currently no agreed requirements in place for board reporting.

**Action: ESAB to discuss the reporting of safeguarding performance data at relevant sub groups and support organisations in meeting minimum reporting standards.**

Standard 2.15 – Requires that organisations have systems in place to collate and audit information about safeguarding alerts, incidents and complaints/compliments. It is expected that NHS organisations use that information within clinical governance to identify and address emerging themes. In total **13%** failed to meet effective standard whilst **52%** met the 'effective' criteria. The remaining **35%** exceeded the necessary standard stating that information on the audits is shared externally and has been used to improve performance.

**Action: ESAB to bring 'less effective' organisations together with those performing well at relevant subgroups to discuss the most appropriate actions to be taken by partner agencies.**

### Section 3 – Management and Workforce

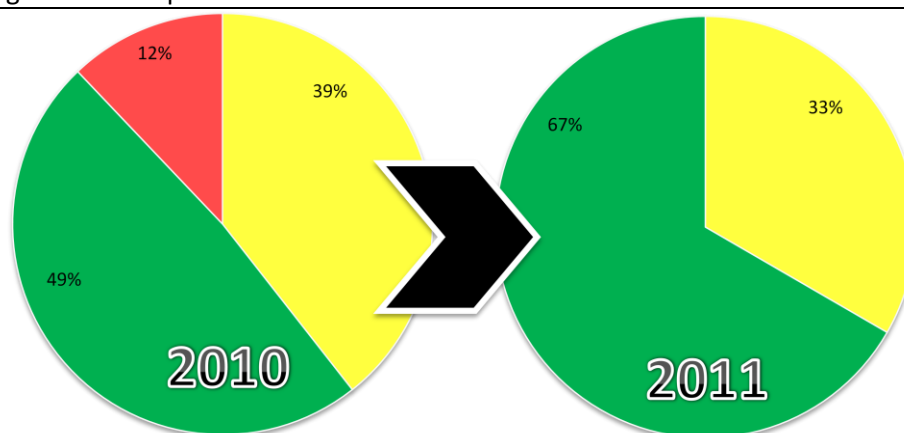
Section 3 was stronger than both 1 and 2 in terms of the responses given by all organisations. No standards had an average response below ‘effective’ and in three of the nine standards there were no instances where organisations considered themselves to be ‘less effective’ (3.2, 3.4, 3.9). Details of each are below:

Standard 3.1 – Relates to adequate safeguarding training provision within an organisation and sufficient allocation of responsibility towards safeguarding within staff roles. **11%** of organisations did not meet the required standard which suggests that within those organisations safeguarding training, and roles/responsibilities for managing safeguarding concerns are insufficient.

**Action: ESAB support team to discuss specific needs of individual organisations scoring ‘less effective’ in standard 3.1 and where necessary signposting to training availability.**

Standard 3.2 – Relates to staff awareness of the named safeguarding lead(s) within the organisation. This was the standard most met and exceeded throughout the audit, finishing with an average response of 2.7 (closer to ‘exceeding requirements’ than ‘effective’). In 2010’s audit **12%** of organisations stated that staff were unclear who the named safeguarding lead was within the organisation – therefore this year’s result reflects a significant step forward in staff awareness of safeguarding and their named lead.

**Fig 3.1** – Proportions of responses to standard 3.2 – staff awareness of an organisation’s named safeguarding lead. A comparison between 2010 and 2011.



There has been a shift in 2011 shown above; all organisations now suggest that staff are aware who the named safeguarding lead is. There has also been a shift towards ‘exceeding requirements’ with two thirds of organisations stating that there is evidence to suggest that staff actively consult the named safeguarding lead for safeguarding matters.

In order to ensure continued improvement, an action has been allocated below.

**Action: ESAB to develop further requirement for organisational safeguarding leads to regularly remind staff within their organisation about where and how to seek adult safeguarding expertise within their organisation.**

Standard 3.3 – Relates to organisations’ corporate plans and the inclusion of adult safeguarding therein. **15%** of responses fell short of the required standard stating that either corporate plans are not in place, or the plans that are in place were not developed through consultation.

**Action: Where organisations were ineffective, ESAB support team to contact audit lead with suggestions of relevant audited organisations which may be able to offer assistance with regard to ensuring effective integration of adult safeguarding into corporate plans.**

Standard 3.4 – Relates to an organisation’s safer recruitment policy and its alignment with ESAB’s safe recruitment standards. All organisations reported that they were at least ‘effective’ in terms of CRB checking, referrals to ISA and whistle blowing policy. **43%** of responses exceeded requirements which states that systems are in place to protect staff and volunteers who whistle blow.

**Action: ESAB to facilitate improvement in internal protection of staff who whistleblow by learning from organisations that already have systems in place (currently exceeding requirements).**

Standard 3.5 – which relates to availability of safe recruitment training for all staff that have a role in recruitment was met generally with a strong response. **7%** of organisations however stated that their organisation did not address the importance of safer recruitment at all i.e. training on safer recruitment is not provided.

**Action: ESAB support team to contact the organisations which scored themselves ‘less effective’ to clarify what action (if any) is needed.**

Standard 3.6 – relates to the provision of basic awareness training to existing staff and new staff within 3 months of appointment, as well as the availability of further training for more specialist roles e.g. investigation skills. **14%** of organisations scored themselves as ineffective in the provision of safeguarding training for staff.

**Action: ESAB support team to contact ‘less effective’ organisations to offer support in the provision of safeguarding training.**

Standard 3.7 – Whilst **10%** of organisations responded that provision of supervision/support for staff involved in safeguarding investigations was not applicable, **21%** stated that their supervision policy doesn’t reference adult safeguarding. The remainder felt that clear support to safeguarding leads and those involved in safeguarding investigations was available through supervision; and supervision could be evidenced.

**Action: ESAB to revisit ‘agency roles and responsibilities’ within the guidelines to include guidance on how to support staff that are involved in safeguarding investigations.**

Standard 3.8 - Requires within the supervision structure that an audit process is in place to demonstrate to senior managers that the agency is monitoring staff in relation to safeguarding and promoting the welfare of vulnerable adults. The majority of organisations (**56%**) met this standard, however **19%** did not meet at least one part of the ‘effective’ standard. Individual agency improvement actions will be included in the necessary organisations’ action plans.

Standard 3.9 – Relates to the equality and diversity statements within responding organisations. None of the agencies which responded did not have a policy; **71%** were effective in providing a

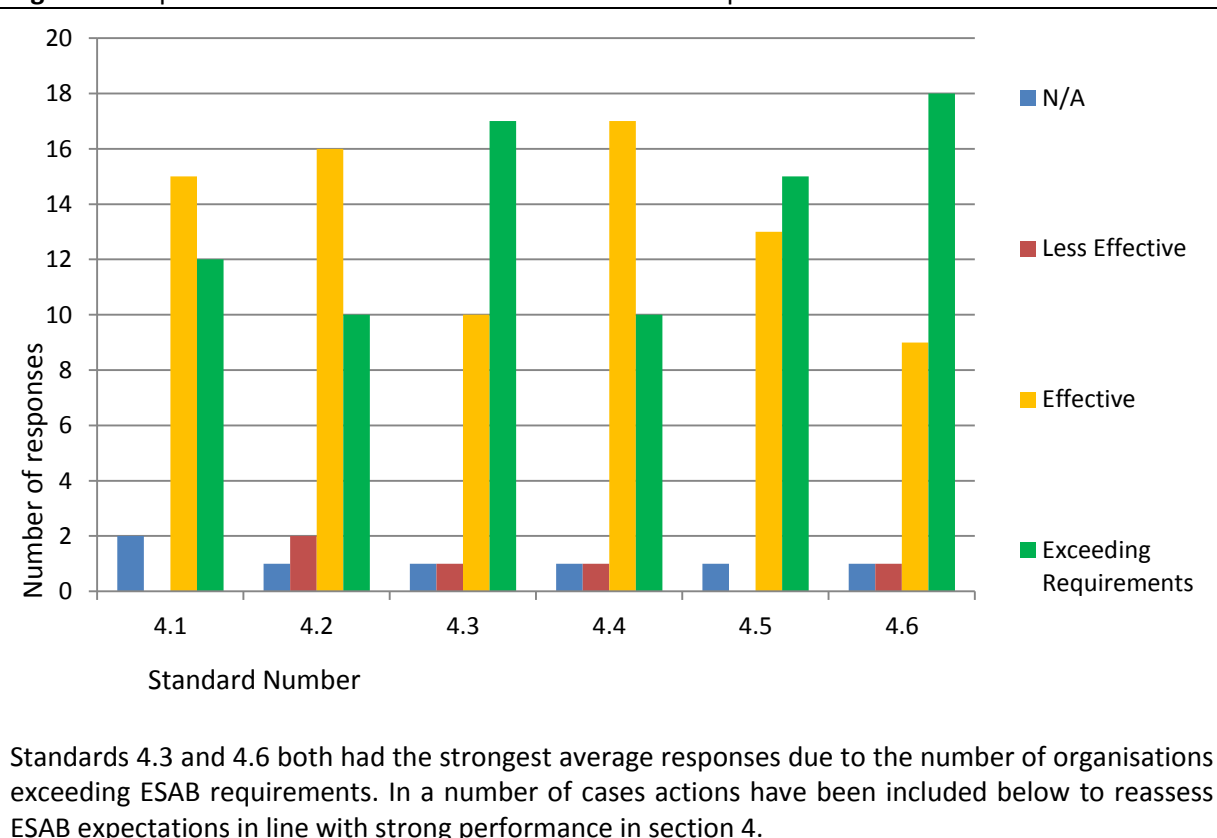
statement as well as training to ensure that staff are aware of their responsibilities. The remaining **29%** exceeded current requirements by involving service users and their families have the opportunity to be involved in the development of the policy, and training on the policy is evaluated for effectiveness.

**Action: ESAB to consider requiring service user/family involvement in development of equality/diversity statements as standard.**

## Section 4 – Partnership and Information

This section of the audit was the strongest in terms of the responses provided by most organisations. Of a total of 162 applicable responses only 5 (3%) did not meet the necessary standard. This was followed by an even split between responses which met the required standard (48%) and those which exceeded the requirement (49%).

**Fig 4.1 – Responses to all standards in section 4 – Partnership and Information**



**Standard 4.1** – Is designed to ensure continued effective partnership working and integration particularly with ESAB. Whilst no responses were ‘less effective’ 56% stated that they were effective which requires attendance and effective contribution to ESAB. This standard, and continuing the positive engagement and representation provides a significant challenge to the ongoing reviews of ESAB, SAMC and locality meeting membership.

**Action: ESAB support team to ensure that appropriate representation is achieved and engagement opportunities are made available to all relevant organisations.**

**Standard 4.2** – Considers whether joint working is supported through operational partnerships. Whilst the vast majority of organisations were effective (57%) or were exceeding requirements (36%), 7% of respondents scored ‘less effective’ which indicates that the organisation works in isolation and is not regularly represented at multi-agency meetings.

**Action: ESAB support team to discuss opportunities for multi agency engagement with audit/safeguarding leads in necessary agencies.**

Standard 4.3 – Outlines the importance of sharing information relevant to the safeguarding of a vulnerable adult in a secure manner. Only one organisation considered their information sharing system to be ‘less effective’ which states that information is shared in an ad-hoc manner with little guidance. **36%** met the requirement of having adopted the Board’s Information Sharing Protocol whilst the remaining **61%** exceeded requirements demonstrating that a clear policy encouraging appropriate sharing of information.

**Action: ESAB support team to work with the organisation which has yet to adopt the Board’s Information Sharing Protocol in order to facilitate its adoption and staff awareness of their responsibilities.**

**Action: ESAB to consider its expectations with regard to Information Sharing Policy; An organisation-wide policy which encourages information sharing to be an expectation?**

Standard 4.4 – Builds upon 4.3 requiring that staff are not only aware of their responsibilities relating to information sharing, but also that they know where to seek advice and are periodically trained in the area. Once again the same organisation deemed itself as not achieving the criteria above and the Board’s support team will address the two concerns together. **61%** deemed their organisation to be effective and the remainder exceeded the standard by periodically testing knowledge/compliance.

**Action: ESAB to consider its expectations with regard to information sharing; periodically auditing staff understanding to be an expectation?**

Standard 4.5 – Requires the safe storage of service user files with clear policy that is adhered to by all staff. Once again this standard was responded to very positively. All organisations met the standard, and **54%** exceed the necessary standard by periodically auditing the compliance to policy.

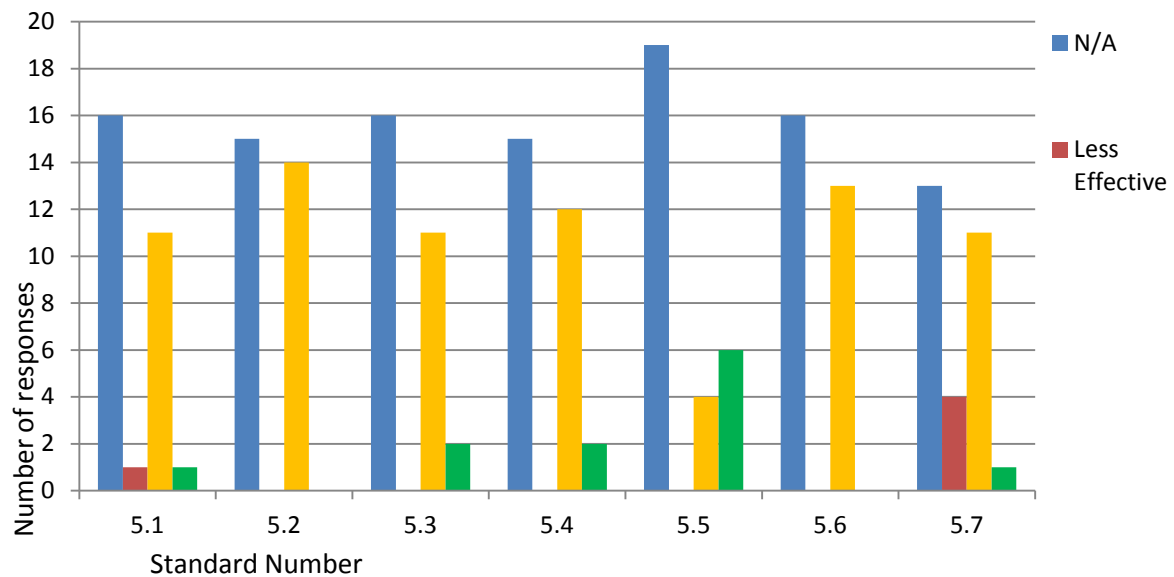
**Action: ESAB to consider its expectations with regard to safe storage of service user files; periodically auditing compliance with policy to be expectation?**

Standard 4.6 – Requires staff to understand where they must go with queries regarding information sharing because the organisation has a named lead. One organisation suggested that staff do not know where to go with their queries/concerns regarding information sharing. **32%** of organisations stated that there was an identified lead for information sharing and staff were aware, and the remaining **64%** exceeded requirements stating that staff felt supported around information and were clear when it was/wasn’t appropriate to seek advice.

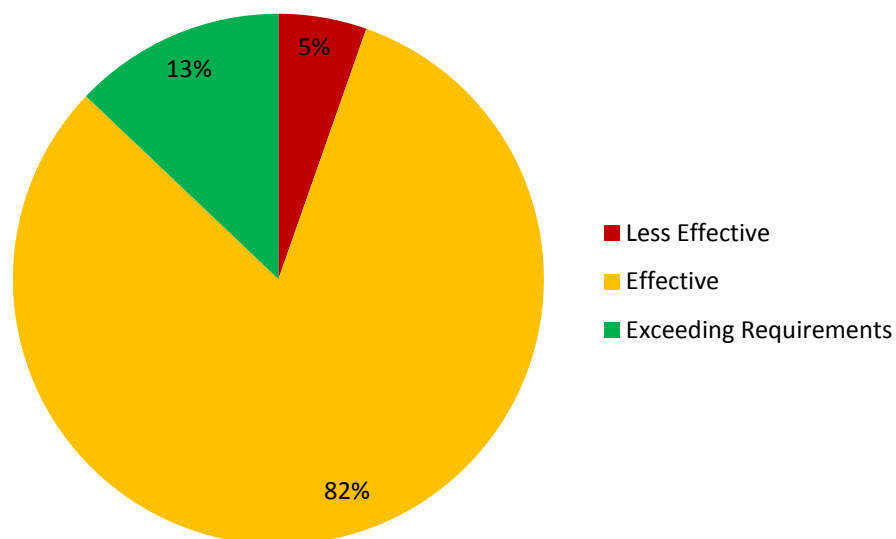
## Section 5 – Commissioning

Due to the nature of this section which asks questions of the services commissioned by organisations, a large proportion of responses were not applicable to most. Figure 5.1 below shows the spread of results.

**Fig 5.1 – Responses to all standards in section 5 – Commissioning**



The majority of responses (54%) were non-applicable returns. Due to the proportion of N/A responses in section 5, the following chart offers a breakdown of all responses which were applicable in their proportions. Likewise, analysis of individual standards throughout section 5 will only focus upon applicable responses.



Clearly the vast majority of responses point to organisations meeting the expected requirement. **13%** exceeded requirements with the bulk of those responses in standard 5.5, and **5%** of all standard responses deemed their organisation to be 'less effective' with the majority of those falling under standard 5.7.

Standard 5.1 – Looks at whether adult safeguarding is integrated across the commissioning cycle and requires a leadership and partnership approach to safeguarding. It requires commissioners to actively identify and remedy issues of safety and safeguarding that may arise. Of all responses, one commissioning organisation felt that they did not meet the necessary standard and action planning should be discussed through the NHS leads subgroup of ESAB. **85%** of responses met the required standard whilst one commissioning organisation exceeded the requirements by meeting a further range of criteria including the provision of adult safeguarding information to develop the Joint Strategic Needs Assessment.

**Action: ESAB to facilitate discussion and action planning through NHS leads subgroup to address the needs of ‘less effective’ organisation in standard 5.1.**

Standard 5.2 – Requires that adult safeguarding is integral within, and across, all contracting and procurement systems and processes. The standard goes into detail regarding the various requirements (please see appendix 2, standard 5.2). **100%** of responses which were applicable to standard 5.2 met the necessary requirement.

Standard 5.3 – Seeks to ensure that all commissioned services provide assurance on effective monitoring and escalation of concerns and risk to adults safeguarding. Once again the effective standard is very detailed in its description; requiring amongst other criteria that commissioners are involved in Serious Case Review and similar learning processes. **85%** of responses met the required standard, whilst the remainder deemed that their organisation exceeded the necessary requirements. For full criteria see appendix 2, standard 5.3.

Standard 5.4 – Requires that both effective working relationships and partnership working are in place. In order to meet ‘effective’ criteria, commissioners must regularly attend and make effective contributions to the adult safeguarding board as part of strategic partnership working. **86%** of applicable responses met this requirement whilst the remaining **14%** exceeded it by evidencing a degree of leadership within the safeguarding board, as well as a movement towards developing preventative techniques.

Standard 5.5 – In order to perform effectively in this standard, commissioners must be able to demonstrate how they discharge their roles and responsibilities as a supervisory body to ensure compliance with deprivation of liberty policy and practice. Of the 10 organisations which considered this standard applicable, 4 scored ‘effective’.6 exceeded the necessary requirement by demonstrating leadership in developing best practice in less restrictive care and management of DoLS, as well as using that work to develop preventative safeguarding.

Standard 5.6 – Requires that when other organisations are commissioned to work on behalf of the responding agency, there are mechanisms in place to ensure that work is carried out in line with the SET safeguarding guidelines. In order to perform effectively, commissioners should review adult safeguarding reports from their provider organisations and use them within contract performance meetings where relevant. There must also be evidence of timely reporting to the commissioners management/ Board as part of services assurance framework. **100%** of applicable organisations met the required ‘effective’ standard, whilst no organisations exceeded the requirement. One of the criteria needed to exceed the requirement is the provision of safeguarding information into the adult safeguarding board.

Standard 5.7 – Requires that mechanisms are in place to enable the views of vulnerable adults and their families to be taken into account in the planning and provision of services. **25%** of organisations to whom this question was applicable stated that their organisation was ‘less effective’ i.e. Plans are developed without reference to the wishes and feelings of vulnerable adults. One organisation exceeded requirements whilst the remaining **69%** met the necessary requirement.

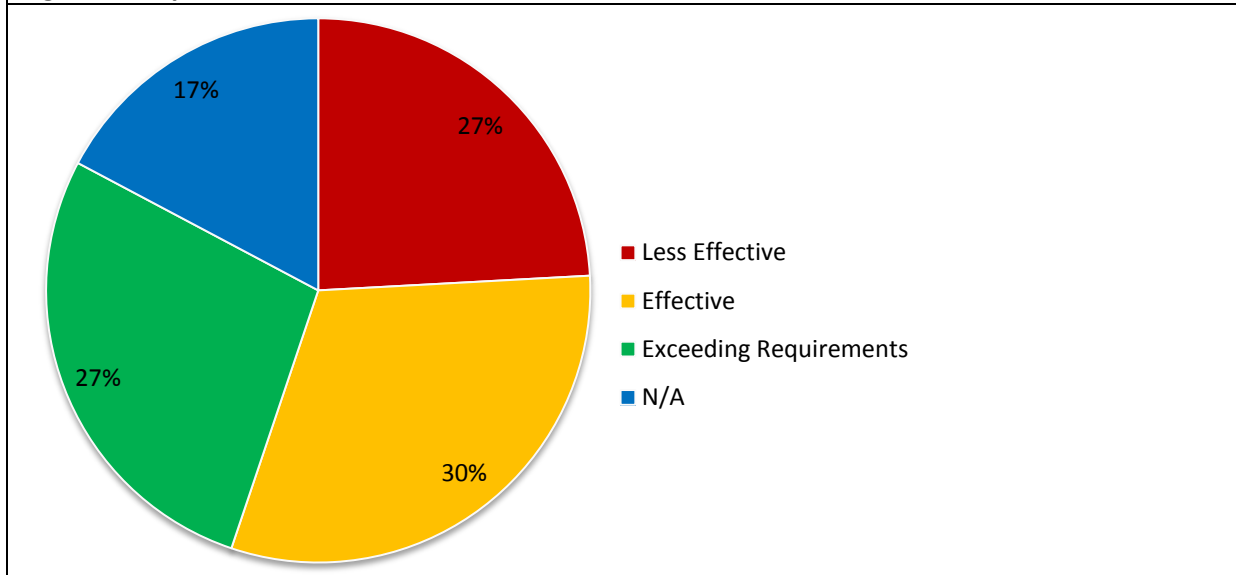
**Action: ESAB support team to discuss individual action planning in terms of the involvement of vulnerable adults in planning with ‘less effective’ organisation.**

**Action: Organisation scoring ‘exceeding requirements’ to share its good practice with appropriate board subgroup. To be discussed with agency lead.**

## Section 6 – Domestic Abuse

This section comprised of one standard covering policy, procedures and training on domestic abuse. In order to be effective, organisations must have a robust policy in place for managing domestic abuse issues, and have a clear staff training policy in place covering domestic abuse. Also required to meet the 'effective' standard is compliance with the DASH tool and referrals to MARAC where necessary.

**Fig 6.1 – Responses to Section 6 – Domestic Abuse**



Of all responses **17%** of organisations suggested that this standard did not apply to their organisation. Whilst parts of the standard may not be applicable, ESAB would expect all organisations to provide domestic abuse training at a relevant level for staff and where possible to have a policy in place for dealing with domestic abuse.

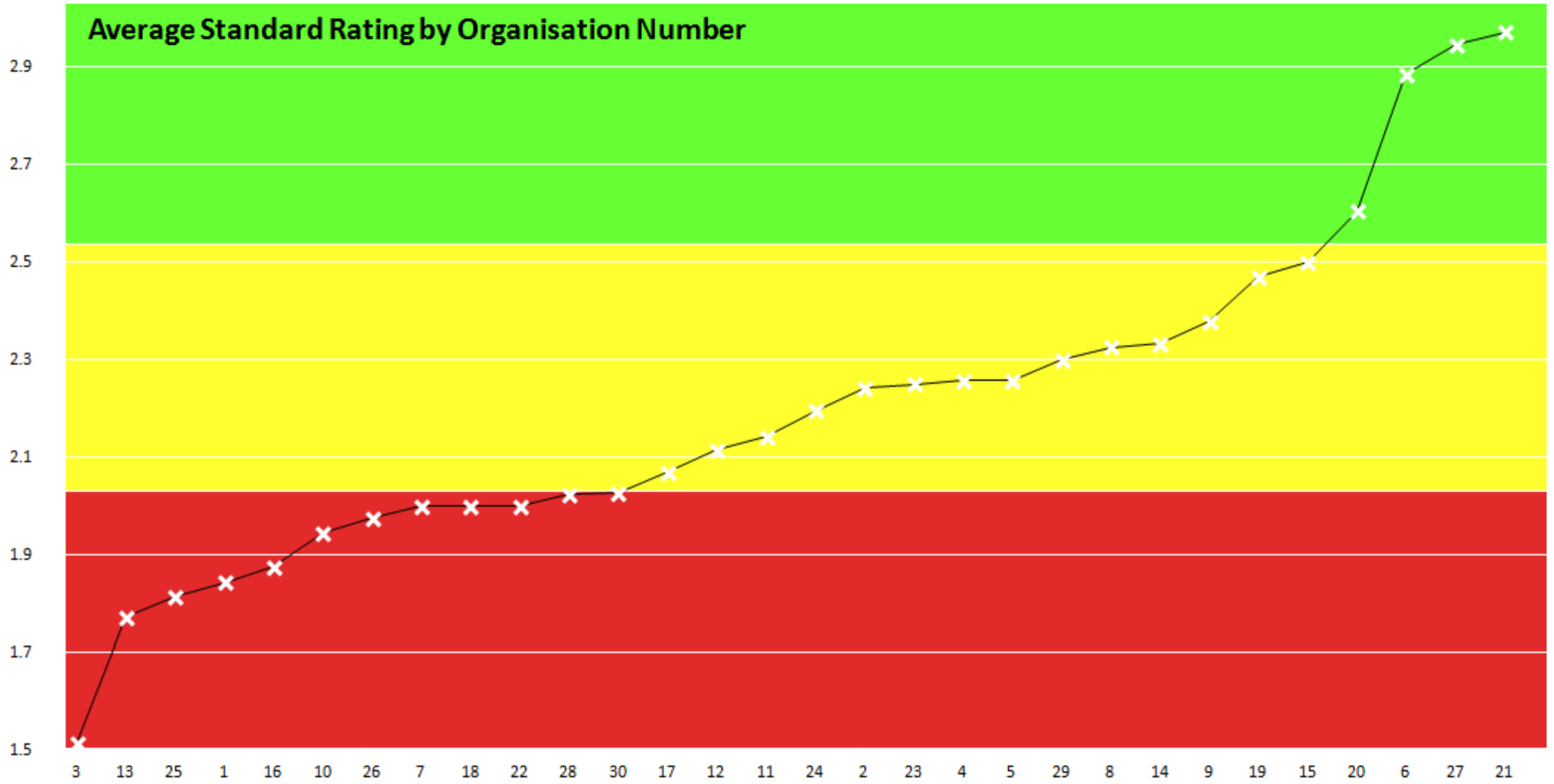
**Action: DA Coordinator to contact those organisations returning N/A responses to consider which parts of the standard may in fact be applicable.**

**27%** of all responses stated that the organisation doesn't have a policy or training in place for staff around domestic abuse. Whilst all of those organisations have submitted their own actions around policy development and provision of training, it would be appropriate for those organisations to discuss the actions at the relevant subgroup with a view to minimising duplication of work.

**Action: ESAB support team to take discussion of domestic abuse policy and training to relevant sub group for discussion.**

**30%** of organisations deemed their performance to be effective whilst the remaining **27%** exceeded the expected standard by linking the DA policy with other related policies and considering honour based abuse, forced marriage and female genital mutilation.

## Appendix 1 - Average response chart



## Appendix 2 – The 2011 Audit Tool

### 1. Strategy

Standard to Be Achieved	1. Less effective	2. Effective	3. Exceeds requirements
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<p><b>1.1 Leadership for safeguarding adults is provided by a named executive and non-executive/elected members and board members.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 3.1)</b></p>	<p>There is a named strategic/executive but there has been limited focus on this agenda. A person has responsibility but safeguarding is not championed throughout the organisation.</p>	<p>There is a named strategic/executive &amp; non-executive/ elected member and the leaders champion safeguarding and promoting the welfare of adults throughout the organisation.</p> <p>Job Descriptions and Personal Objectives reflect responsibilities for Safeguarding Adults.</p> <p>There are identified actions in relation to this role as part of the individual workplan/ performance management plan.</p>	<p>In addition to 'effective' criteria:</p> <p>The named executive &amp; non-executive leads/elected members are driving the agenda and can evidence robust internal and external assurance and communication systems encompassing overview of the contribution to the ESAB, practice, training &amp; workforce issues, through regular board reporting.</p>
<p><b>1.2 The strategic/ executive leadership champions the importance of safeguarding adults throughout the organisation.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 3.1)</b></p>	<p>Not currently evident (e.g. via sampling staff knowledge)</p>	<p>Evidence of regular Board discussions of Safeguarding Adults Strategy and this permeating organisational development plans.e.g training plans</p>	<p>In addition to 'effective' criteria:</p> <p>Leaders for Safeguarding Adults are clearly visible and identifiable throughout the organisation.</p> <p>All staff have a clear understanding of where Safeguarding Adults fits into Patient Safety and Quality processes and have been trained to know which systems to invoke when there are concerns.</p>

<p><b>1.3 There is a strategic plan for safeguarding adults and it is an integral part of quality</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 1.1)</b></p>	<p>There is no strategic plan or it is under development.</p>	<p>There is a strategic plan aligned to ESAB strategic plan and implementation has started</p>	<p>In addition to 'effective' criteria:</p> <p>The strategic plan has been implemented and is being monitored by the board and reported externally to ESAB.</p> <p>There is evidence of continuous quality improvement. The strategy is updated in line with local and national developments.</p> <p>Connections are made between related work programmes for example Dignity in Care and Mental capacity</p>
<p><b>1.4 The organisation safeguarding strategy, planning and delivery, involves and takes account of vulnerable adults users and carers experience</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 1.2)</b></p>	<p>Organisational strategy, planning and delivery are developed without involvement of and reference to the experiences and views of patients/users and carers.</p> <p>The organisation cannot demonstrate that service development takes into account the need to safeguard and promote the welfare of vulnerable adults.</p>	<p>Information from vulnerable adults is used in planning and improving the quality of services.</p> <p>The organisation is pro-active in engaging with the vulnerable adults's planning process.</p> <p>The organisation actively uses and shares its data in order to identify areas for service development.</p>	<p>In addition to 'effective' criteria:</p> <p>Patients/users and their families/carers are actively involved in the design, development and delivery of services.</p> <p>The organisation can demonstrate how, at various levels, they enable vulnerable adults and their families/carers to engage in service development.e.g patients/users and carers are engaged as equal members of the organisations Equality and Diversity and/or Adult Safeguarding steering group.</p> <p>There is a responsive process in place which acts upon identified unmet need.</p>

<b>1.5 Adult safeguarding is effectively resourced</b>	There is no costed plan in place	Costed plan & funding in place, beginning to implement	In addition to 'effective' criteria: Organisation clearly able to articulate what resources in terms of financial commitment & dedicated staff time are attributed to safeguarding adults & able to define this & compare
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## 2. Safeguarding Systems

<b>Standard to Be Achieved</b>	<b>1. Less effective</b>	<b>2. Effective</b>	<b>3. Exceeds requirements</b>
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<b>2.1 The organisation has internal safeguarding adults procedures that are consistent with the SET Safeguarding adults guidelines. These include guidance on information sharing.</b>  <b>(DH Safeguarding Assurance Framework Standard 2.1)</b>	No clear policy or procedures are available to staff. No clear policy or procedures exists but there is a Safeguarding Adults statement.	Safeguarding Adults policy and procedures are accessible by all staff.  Policy and procedures are aligned to the SET Adult Safeguarding Guidelines.  Procedures include protocols for sharing information across agencies about safeguarding concerns.  Systems are in place to review and update in line with local and national developments.	In addition to 'effective' criteria:  Policies are formulated in consultation with partners including patients.  Audits are carried out to ensure the effectiveness of the policy and procedures and of staff awareness and adherence. Audit evidence is available.
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<p><b>2.2 Organisations can demonstrate synergy and cross referencing between safeguarding adults and other organisational policies and procedures including complaints</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services Standard 3.2)</b></p>	<p>Safeguarding adults requirements are not referred to within other organisational policies or procedures</p>	<p>Safeguarding adults requirements are cross referenced within policies of highest impact e.g. complaints. policies related to HR; quality, clinical care; risk management</p>	<p>In addition to 'effective' criteria:</p> <p>All policies are impact assessed for safeguarding adults.</p> <p>Safeguarding is integrated throughout all policies where safeguarding adults has medium to high impact.</p> <p>Inclusion of safeguarding adults is a standard within audits of related policies.</p>
<p><b>2.3 Effective connections are made between other related workstreams, groups and committees to provide comprehensive and ongoing improvements to safeguarding adults</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services Standard 3.3)</b></p>	<p>There are no groups or work programmes in place relating to safeguarding adults. Safeguarding adults is not addressed within other programmes of work.</p>	<p>There is a programme of work in place to improve safeguarding with SMART objectives.</p>	<p>In addition to 'effective' criteria:</p> <p>Safeguarding adults is part of the improvement plan across a range of related work programmes such as dignity in care; patient safety; older adults/LD work streams.</p> <p>The work plans have SMART objective and there is evidence of improved outcomes.</p>
<p><b>2.4 The organisation has processes for quality assuring decisions relating to concerns, alerts and referrals and the management of patient risk.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services</b></p>	<p>There are no quality assurance processes in place</p>	<p>The provider organisation carries out internal audit of the quality of alert decision making.</p> <p>Commissioners receive reports about quality of alert decision making as part of their quality monitoring role.</p>	<p>In addition to 'effective' criteria:</p> <p>The organisation works with the LSAB to audit alert decisions on a set frequency. The audit includes patient/carer experience; quality and consistency of decision-making; recording; management of patient risk, including alternative care planning.</p> <p>Benchmarks for improvements are set and</p>

<p><b>Standard 3.4)</b></p>			<p>shared with LSAB and commissioners.</p>
<p><b>2.5 The organisation has systems in place to flag and track vulnerable adult across their care pathway who are, or maybe at particular risk of harm (DH Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services Standard 3.5)</b></p>	<p>No or an inadequate system in place or Systems in place, but no evidence of being used or Failure to identify and track the care pathway of adults at risk</p>	<p>Systems to flag and track vulnerable adults at risk in place and evidence that this is used, with appropriate response to concerns identified. .</p>	<p>In addition to 'effective' criteria: Evidence of patients at risk identified, that their care pathway is tracked  Recognised best practice e.g. o patient passports o quality of person centred care plans o systems for handover o communication systems across and between organisations and the patient &amp; carer etc. Best practice in discharge planning</p>

<p><b>2.6 The organisation has robust and effective processes to identify and act upon emerging risks in service areas; environments; points on the patient pathway and aspects of care</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 2.3)</b></p>	<p>Lack of evidence (e.g. terms of reference, meeting agendas, reports and meeting notes) that adult safeguarding is taken into account by relevant committees.</p> <p>No or minimal evidence of failures in quality being identified and acted upon.</p> <p>Repeated or recurrent complaints about the same or related issues e.g. staffing levels.</p> <p>Increased numbers or rate of incidents, accidents, infections or failed discharges associated with the same service, ward, Directorate; Consultant teams.</p> <p>Lack of evidence that clinical governance concerns are acted upon</p>	<p>Evidence of robust processes to identify emerging risks and that these are acted upon e.g. through governance, health and safety, infection control etc. Organisation wide issues are reviewed for their impact on adult safeguarding and decisions take risks into account.</p> <p>Information from a range of sources including staff surveys, vulnerable adults surveys and feedback, complaints etc is reviewed and used to identify emerging risks.</p> <p>Risks and concerns are brought to the attention of the Board/senior management group and Executive Lead.</p> <p>Risks are identified and mitigating action taken to reduce them.</p>	<p>In addition to 'effective' criteria:</p> <p>Risk management systems take account of safeguarding adults when managing wider risks in the organisation e.e. reducing workforce.</p> <p>Plans for organisational change take into account measures to safeguard adults at risk.</p> <p>The organisation is proactive and forward looking in averting risk to higher dependency groups e.g. workforce planning related to demographic change - projected increase in patients with dementia; increased staff levels at times when there is higher numbers of patients identified as at risk e.g. special needs.</p> <p>The organisation works collaboratively with other services and agencies to reduce risks e.g. joint approaches with social care.</p>
<p><b>2.7 There are clear and accessible systems for patients, users and carers voices/views to be heard and influence change.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 2.4)</b></p>	<p>Patient and carer information not available or accessible.</p> <p>No patient, public or staff involvement on relevant groups and committees.</p> <p>Staff unaware of safeguarding related information available for patients and carers.</p> <p>Care plans do not evidence patient or carer involvement in care planning to safeguard vulnerable adults e.g. preferred means of communication and social needs; preferred or essential dietary need and nutritional plans –</p>	<p>Information is available in accessible formats and relevant languages for vulnerable adults and their carers about how to recognise and report concerns and take further if concerns persist.</p> <p>Information is available in accessible formats about local adult safeguarding procedures.</p> <p>Systems in place to routinely seek vulnerable adult and carer experience information.</p>	<p>Vulnerable adults and public groups involved in reviewing and assuring care</p> <p>Vulnerable adults are represented on relevant groups and committees to influence change.</p> <p>Evidence of improved practice as a result of vulnerable adult feedback.</p> <p>Information is available in accessible formats for all services.</p>

	or not adapted to reflect changing needs during the patient pathway.		
<p><b>2.8 The organisation can demonstrate that consideration of mental capacity is an integral part of care planning and treatment. Information is available in accessible formats appropriate to the individual's needs.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 2.5)</b></p>	<p>The organisation has policies and training relating to MCA and DoLS but implementation is not evaluated or linked to safeguarding adults.</p> <p>There is no provision of accessible information relating to safeguarding policy/procedure or MCA and DoLS.</p>	<p>Evidence that vulnerable adults are supported to make decisions e.e. effective communication, accessible information and their decision is respected.</p> <p>Procedures for capacity and consent are in place and audited to ensure they are embedded in all aspects of care.</p> <p>Can evidence training has led to workforce competence in MCA and Dols e.g. audit across the organisation, direct observation in care planning.</p> <p>Evidence of best interest decision making where vulnerable adult lacks capacity to make decision.</p> <p>Audit of referrals to Independent Mental Capacity Advocates.</p> <p>Evidence that patient consent and capacity are considered in responding to all adult safeguarding concerns.</p> <p>The organisation can evidence the number of staff who have MCA and DoLS training.</p>	<p>In addition to the 'effective' criteria:</p> <p>The organisation can evidence innovative ways to maximise decision making of those vulnerable adults who may lack capacity to make decisions about their care planning.</p> <p>The organisation uses information from audits to improve outcomes e.g. targetting areas of organisation with unexpectedly low IMCA referrals.</p> <p>The organisation can evidence leadership to embed the Mental Capacity Act and connect it to best practice in safeguarding adults</p>

<p><b>2.9 The organisation has guidance and processes to govern the use of restriction and restraint and where Deprivation of Liberty safeguards (DoLs) should be considered.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework for Standard 2.6)</b></p>	<p>The organisation has guidance for compliance with the MCA and DoLS but no assurance of compliance</p>	<p>The organisation can evidence that guidance on the use of restriction and restraint is being used e.g. care reviews, care plans.</p> <p>Systems are in place to identify, record and review any use of restriction and the need to apply for and manage a DoLs authorisation.</p> <p>Evidence that use of any restriction is scrutinized on an ongoing basis within care plans.</p> <p>Commissioners have clear systems and procedures as supervisory bodies for DoLS</p>	<p>In addition to 'effective' criteria:</p> <p>The organisation use a range of information to identify and act on emerging trends in use of restrictions and DoLs.</p> <p>Information is used to improve care care practices and reduce restrictions e.g. changes in environment, staff training in de-escalation</p>
<p><b>2.10 The organisation identifies, involves and supports carers of adults who may be at risk of harm.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services Standard 3.10)</b></p>	<p>The organisation has no system to identify carers of adults who may be at risk of harm.</p>	<p>The organisation ensures that carers of adults at risk are identified and involved in the process according to the patients wishes or best interests.</p>	<p>In addition to 'effective' criteria:</p> <p>The organisation can demonstrate how, at various levels, they enable carers to engage in the development of individual plans when working with adults who may be at risk of harm. There is a responsive process in place which acts upon identified or perceived unmet need identified by carers.</p>

<p><b>2.11 Organisations can demonstrate it has systems in place for vulnerable adult led decisions about their safeguarding and that interventions are person centred</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 2.2 &amp; 2.7)</b></p>	<p>The organisation includes in its guidance a commitment to ensure that the patient/user and where appropriate carer are involved in decisions about their safeguarding. There is no evidence that patient/users are involved in the decisions and that these reflect their wishes and/or comments.</p>	<p>The organisations policy and training has clear actions to be taken to ensure that all decisions are led by the vulnerable adult, with involvement with carers as appropriate to ensure that each individual is supported to identify the outcomes they want to achieve from safeguarding and decision making,</p> <p>Staff understand the need for decisions to be led by the vulnerable adult and evidence is easily identifiable within the patient/user notes.</p> <p>There is evidence of routine processes in place to enable vulnerable adults to identify and manage risks safely.</p>	<p>In addition to 'effective' criteria: The organisation audits the patient/user and where appropriate carer experience of the safeguarding procedure.</p> <p>The organisation can demonstrate how it actively uses the experiences and views of patients/users and carers to develop and plan services.</p>
<p><b>2.12 The organisation can demonstrate that considerations of mental capacity is part of the safeguarding adult process.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services Standard 3.12)</b></p>	<p>The organisation includes understanding of MCA and DoLS as part of the safeguarding adults training .</p>	<p>The organisation can evidence the number of staff who have received safeguarding adult, MCA and DoLS training.</p> <p>In safeguarding the organisation assesses patient's/users capacity in line with the MCA principles.</p> <p>When patients/users lack capacity the organisation takes best interests decisions in line with the MCA including representation and referral to IMCA in line with the MCA.</p>	<p>In addition to the 'effective' criteria: the organisation can evidence empowerment of those patients/users who may lack capacity.</p>

<p><b>2.13 Information about services and safeguarding adults is provided in accessible formats and different languages</b></p>	<p>There is little or no help available for users and carers whose first language is not English, or they are unable to read, speak or hear.</p>	<p>Where someone's first language is not English, or they are unable to read, speak or hear, the organisation ensures that help is available in ways that are accessible to them.</p> <p>The organisation routinely considers information about the person such as person centred plan, health action plan, communication passport for those who do not use words to communicate.</p> <p>The organisation actively seeks feedback and engagement with patients/users about information provided.</p> <p>There is good public information and advice available to help people decide where to go for help, this is widely and readily available across the organisation.</p>	<p>In addition to the 'effective' criteria:</p> <p>The organisation can evidence review of accessible information and processes as part of Equality and Diversity</p>
<p><b>2.14 The organisation has agreed Board reporting requirements with set frequency and reporting on standards, outcomes and assurance.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 2.9)</b></p>	<p>There are no agreed requirements in place for board reporting and it currently happens by exception.</p>	<p>Regular reporting to board/ senior management is in place with set frequencies and reporting on standards and outcomes e.g. training, trends in referrals, quality assurance of the vulnerable adults experience and actions taken to improve outcomes.</p> <p>Reports include serious incidents related to safeguarding and serious case reviews.</p> <p>There is a clear internal assurance process.</p> <p>There is some evidence of external assurance.</p>	<p>In addition to 'effective' criteria:</p> <p>Safeguarding reports chart progress against the organisations adult safeguarding strategic plan.</p> <p>Reports are shared with partners e.g. patient and public groups, ESAB</p> <p>ESAB reports are shared with Board/ senior management.</p> <p>Board report is based on a range of information</p>

<p><b>2.15 The organisation has processes to record and benchmark safeguarding alerts and referrals. For NHS organisations this is integrated with clinical incident reporting, compliments and complaints.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 2.8)</b></p>	<p>The organisation has no means of collating information about safeguarding alerts and referrals</p>	<p>The organisation has systems in place to collate and audit information about safeguarding alerts, incidents and complaints/compliments.</p> <p>For NHS organisations:</p> <ul style="list-style-type: none"> <li>- Information is used within clinical governance systems to identify and address emerging themes.</li> <li>- Clinical and serious incidents and complaints are reviewed to ensure any safeguarding adults concerns have been addressed in line with procedures</li> </ul>	<p>In addition to 'effective' criteria:</p> <p>Audits use a range of information and involve partners such as the Adult Safeguarding Board, patient and public groups.</p> <p>Processes for investigation of serious incidents are agreed with the Adult Safeguarding Board.</p> <p>Information is shared internally and externally.</p> <p>Evidence that information has been used to improve outcomes.</p>
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### 3. Management & Workforce

Standard to Be Achieved	1. Less effective	2. Effective	3. Exceeds requirements
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<p><b>3.1 Appropriately trained and experienced staff to review and manage safeguarding concerns.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 4.3 &amp; 5.5)</b></p>	<p>There is no Strategic/Executive or Clinical Lead Identified.</p> <p>No Safeguarding Adults Training available, or training statistics not available.</p> <p>Job Descriptions and Personal Development Plans do not provide evidence and clarity of understanding of individual and collective roles and responsibilities for managing adult safeguarding concerns.</p> <p>Timescales for investigation and management of concerns, alerts and referrals not met.</p> <p>Process for escalation of concerns unclear.</p> <p>Lack of evidence of informed Board involvement.</p>	<p>The organisation can demonstrate that it has sufficient staff across all services, and directorates, who are trained to an appropriate level to undertake specific roles and responsibilities for adult safeguarding in a timely way and in line with local procedures. This includes:</p> <ul style="list-style-type: none"> <li>· Named strategic/executive lead</li> <li>· Named operational / clinical lead</li> <li>· Adult Safeguarding champions / specialists</li> <li>· Investigators and case management</li> <li>· Decision makers</li> </ul> <p>Adult safeguarding roles and responsibilities specified in Job Descriptions and personal development plans.</p> <p>Examples of appropriate and timely escalation of concerns, with involvement of relevant individuals are available.</p>	<p>In addition to 'effective' criteria: Clear evidence that the named person actively engages with and promotes the safeguarding agenda.</p> <p>Recognised exemplars of best practice for staff and skill mix for adult safeguarding.</p> <p>Concerns consistently reviewed, escalated appropriately and timely investigation completed within required timescales.</p> <p>Appropriate level representatives always provided in multi-agency investigations and to action organisational or individual changes required.</p> <p>Professional development in place for safeguarding adults e.g. - peer supervision; contributions to multi agency professional practice groups; providing safeguarding mentoring; attendance at and ownership of Safeguarding Adults networks.</p>
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<p><b>3.2 Staff and volunteers are clear about who within the organisation is/are the named person/s.</b></p>	<p>Staff are unclear about who is the named person within their organisation with operational responsibility for safeguarding vulnerable adults.</p>	<p>Staff are clear who the named person is, and this information is kept up to date within the organisation.</p>	<p>Staff are clear who the named person is, and this information is kept up to date within the organisation. Evidence can be supplied which shows that staff appropriately access this expertise for safeguarding matters.</p>
<p><b>3.3 Responsibilities to safeguarding and promoting the welfare of adults are integrated into Corporate Plans and where appropriate into the work objectives of individuals</b></p>	<p>Plans are not yet in place. Plans are in place but are not linked to the overall corporate plans. Plans are in place but are not developed through consultation</p>	<p>Corporate plans are in place and disseminated to staff. Reference to safeguarding and promoting the welfare of adults in internal documents etc and are reviewed on an annual basis. Team and individual plans are in place and link into and reflect the corporate plan</p>	<p>Corporate Plans include appropriate reference to the need to safeguard and promote adult's welfare and are communicated effectively to staff, who have a clear understanding of their role in relation to safeguarding and promoting the welfare of adults. Staff are routinely involved in the development of Corporate Plans and have a sense of ownership of the Plans and team and individual plans contain clear objectives in relation to safeguarding and relate to the overall plan</p>

<p><b>3.4 Robust policy and procedures are in place to ensure that all staff (and volunteers) are appropriately qualified, competent, with safe recruitment through Criminal Record Bureau /Safeguarding Vulnerable Groups Act procedures.</b></p> <p><b>Procedures are in place to take appropriate protective measures, including disciplinary action and reporting as compliant with SVG Act</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 3.5, 3.6 &amp; 5.5)</b></p>	<p>CRB checks completed as per policy.</p> <p>No process for regularly checking Professional Registrations are up to date.</p> <p>Disciplinary procedures and procedures for vetting and barring scheme are unclear.</p> <p>No evidence of staff being disciplined or referrals to Professional Bodies or reporting under SVG Act requirements following disciplinary hearings.</p>	<p>The organisation has agreed a safer recruitment and employment policy which is in line with the ESAB Safer recruitment standards. Relevant staff are aware of the policy, how to access it and how to adhere to it. The organisation's policy specifies safeguarding standards in relation to safer recruitment and employment practices.</p> <p>Procedures are in place to ensure all new staff have CRB checks, are registered with appropriate professional bodies and qualifications checked as appropriate and compliane with vetting and barring scheme.</p> <p>Evidence of 100% staff fully registered with appropriate professional body.</p> <p>100% of staff whose work requires a CRB check and registration as required by SVG Act, have one completed and clear before employment.</p> <p>Evidence of appropriate and successful implementation of disciplinary procedures concerning adult safeguarding risks e.g. theft, abuse, neglect of care, and appropriate referral to ISA.</p> <p>Whistleblowing policy and procedures are in place and readily accessible for all staff (and volunteers) to report adult safeguarding concerns.</p>	<p>In addition to 'effective' criteria:</p> <p>Systems in place to support all staff and volunteers who whistleblow and outcomes of whistleblowing activity demonstrates changes in services.</p> <p>System in place for any externally employed staff, voluntary workers and students are recruited in line with the organisations safe recruitment requirements e.g consistency of CRB checks.</p> <p>Training in place for managers involved in disciplinarys includes providing evidence to tribunals.</p> <p>Human Resources audits on staff awareness /attitude to whistleblowing.</p>
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<p><b>3.5) The organisation provides specific training on safe recruitment that is completed by all those who have a role in recruiting staff who will have contact with vulnerable adults.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 3.5)</b></p>	<p>The organisation does not address the importance of safer recruitment and employment.</p>	<p>The organisation ensures safer recruitment and employment training is accessible as part of their training programme</p>	<p>Safer recruitment and employment training is available and is clearly identified as an integral part of single agency HR training Training is systematically evaluated and impact outcomes used to improve future training programmes</p>
<p><b>3.6 The organisations workforce has the capacity and capability to:</b></p> <p><b>(i) meet the needs of vulnerable adults who may be at risk of abuse</b></p> <p><b>(ii) respond to safeguarding concerns</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 3.2, 3.3 and 5.5)</b></p>	<p>No training plan and training not available to Board members</p> <p>Inadequate resources to implement training and development plan.</p> <p>Plan not delivered.</p> <p>Poor attendance to training.</p> <p>No consequences of failing to attend training.</p>	<p>Awareness training on adult safeguarding is delivered to ALL staff, volunteers and Board members as part of induction within 3 months of joining the organisation and on-going development. Training includes familiarisation with the safeguarding adult policies and procedures as well as basic safeguarding training in line with Southend, Essex and Thurrock training strategy.</p> <p>Opportunities are available to develop enhanced skills for those with specific roles and responsibilities eg. investigations</p> <p>Fully costed and resourced training plan in place and delivered.</p> <p>All relevant staff can demonstrate good awareness about adult safeguarding and what to do if they have concerns.</p> <p>Specifically staff are clear who the named person is within the organisation and this information is kept up to date within the organisation.</p> <p>A database of staff who have accessed training is kept and is up to date with data passed to ESAB quarterly.</p>	<p>In addition to 'effective' criteria:</p> <p>Annual training plan identifies numbers of staff to be trained at different levels; evaluation of training; frequency; format.</p> <p>Training available to meet the varying levels of specialism required by the workforce – induction; awareness; enhanced; refresher; internal and multi agency</p> <p>Training is competence based and linked to professional development systems.</p> <p>Training is evaluated and updated to incorporate lessons learned</p> <p>Experience of patients/service user informs training. The training for safeguarding adults emphasises the need to ensure patient/user led decision making and uses 'real life case studies' to demonstrate this.</p> <p>Arrangements for collaboration and skill</p>

		<p>Training needs are discussed regularly between staff and their line managers.</p> <p>Opportunities are available for enhanced training and development in adult safeguarding e.g. for champions, investigators etc.</p>	<p>sharing with other services e.g. peer led investigation, staff available for consultation by other services</p>
<p><b>3.7 Supervision and support is available for adult safeguarding investigators and others involved in adult safeguarding procedures.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 3.4)</b></p>	<p>Supervision policy does not reference Safeguarding Adults, or how to address concerns raised at Supervision.</p> <p>No supervision or support available, or not at the times needed.</p>	<p>Clear policy for supervision and support for adult safeguarding leads, investigators and others involved in investigations.</p> <p>Evidence that staff are receiving appropriate supervision and support in relation to safeguarding adults</p>	<p>In addition to 'effective' criteria:</p> <p>Evidence of strong support systems in place for any staff members involved in adult safeguarding concerns, issues or investigations. E.g. professional supervision; peer group learning; de-brief; use of network colleagues for reflection &amp; support</p>
<p><b>3.8 Staff/volunteers are able to access a specific safeguarding supervision/support structure whilst working with vulnerable adults</b></p>	<p>Staff have access to the Southend, Essex and Thurrock Adult Safeguarding guidance but are not clear about their responsibilities or there is no coordinated approach to dealing with concerns. Inconsistent supervision arrangements. Policy in place but is not adhered to. No systems are in place to ensure that senior managers' commitment is understood by staff within the organisation.</p>	<p>Staff have access to Southend, Essex and Thurrock Adult Safeguarding guidance and a record is kept detailing how concerns about vulnerable adults are responded to.</p> <p>The organisation has appraisal/supervision policy and arrangements in place which is monitored for effectiveness.</p> <p>An audit process is in place to demonstrate to senior managers that their agency is monitoring the actions of their staff in relation to safeguarding and promoting the welfare of vulnerable adults.</p>	<p>Senior managers demonstrate a good understanding of safeguarding, are responsible for monitoring the actions of their staff to safeguard and promote the welfare of vulnerable adults and this is evidenced through supervision records, training, and active monitoring of any concerns about vulnerable adults which have been raised by staff.</p> <p>Periodic monitoring takes place which is communicated via senior managers to staff and an action plan is developed to address identified issues.</p>

<p><b>3.9) The organisation /agency has a clear equality and diversity statement in place.</b></p>	<p>A statement/policy and training is not yet in place for the organisation</p>	<p>A statement is in place and staff are aware of their responsibilities in respect of equality and diversity.</p> <p>A clear training programme is in place for staff to understand equality and diversity issues. Evidence can be provided that training provided by the organisation on other issues takes due regard of equality and diversity.</p>	<p>A clear statement is in place, and all service users including vulnerable adults and their families have the opportunity to be involved in the writing and reviewing of this document.</p> <p>Periodic audits are undertaken to ensure understanding by staff and this evidence is available for scrutiny.</p> <p>All training commissioned by the organisation is evaluated to ensure that staff can demonstrate that equality/diversity issues are embedded in practice and that</p>
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## 4. Partnership & Information

Standard to Be Achieved	1. Less effective	2. Effective	3. Exceeds requirements
<p><b>4.1 Strategic Partnerships</b>  <b>The organisation actively participates in the Adult Safeguarding Board and related community partnerships.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 4.1)</b></p>	<p>Poor attendance to ESAB and strategic partnerships.</p> <p>Inconsistent or inappropriate level representation e.g. unable to make decisions or release resources.</p> <p>No evidence of leadership.</p> <p>No or minimal participation in collaborative work.</p> <p>Poor reputation among local partners.</p>	<p>Evidence of regular attendance and effective contribution to ESAB, business plans and initiatives.</p> <p>Evidence of collaboration and partnership working e.g. development of joint safeguarding related strategies.</p> <p>Appropriately resourced to actively participate in multi-agency and community partnerships e.g. attendance, venues, chairing groups and activities; supporting administration etc.</p>	<p>In addition to 'effective' criteria:</p> <p>Evidence of leadership in successful local activities and initiatives e.g. awareness campaigns; training.</p> <p>Evidence of active contribution to partnerships e.g. leading tasks; developing business plans, chairing committees.</p> <p>Executive Board member identified and nominated deputy for the Adult Safeguarding Board. Evidence of Adult Safeguarding Board objectives influencing change within the organisation</p> <p>Information reported into and from the Adult Safeguarding Board into organisation on set frequency. Excellent reputation for participation and effectiveness among partners.</p>

<p><b>4.2 Operational partnerships are effective and support joint working</b></p>	<p>The organisation works in isolation. The organisation is not aware of other agencies' involvement with patients/users and their carers who use their services. Staff do not routinely attend multi-agency meetings or understand the importance of their attendance and contribution.</p>	<p>Policies and Procedures clearly express the requirement for all staff to work jointly with other agencies. Evidence of pro-active promotion of multi-agency working.</p> <p>Consistent evidence that safeguarding adults concerns are managed in line multi agency procedures with timely and comprehensive information relating to investigations. Assurance is gained from qualitative and quantitative data. The organisation can demonstrate a culture of constructive challenge for its own safeguarding practice and the practice of other agencies</p> <p>Barriers to inter-agency working are actively addressed both internally and with other agencies/teams. Attendance at Safeguarding meetings is expected throughout the organisation.</p>	<p>In addition to 'effective' criteria: Attendance at multi-agency meetings is monitored and action taken to address non-attendance.</p>
<p><b>4.3 A clear statement of the organisation's responsibility to share information relevant to the safeguarding of vulnerable adults in a secure manner</b></p>	<p>a) Information is shared in an ad hoc way with no clear guidance from senior managers. There is no clear guidance available to staff about recording in a way that differentiates fact from opinion.</p>	<p>Information is shared in a way that is ethical and legal, and is in accordance with guidance provided by the Adult Safeguarding Board and HM Government, including adoption of the Boards Information Sharing Protocol.</p> <p>Staff have a clear understanding about recording in a way that clearly delineates fact from opinion and base their recording on evidence of what they see/hear/smell.</p>	<p>The organisation can demonstrate that they have a clear policy which encourages appropriate information sharing and can evidence how this impacts on outcomes for vulnerable adults.</p>

<b>4.4 Staff/volunteers are aware of this statement and their personal responsibilities relating to it, including the obtaining of consent where appropriate.</b>	Staff are unaware of the organisation's policies and their personal responsibilities relating to information sharing. No or little training is provided by the organisation on information sharing.	Staff are aware of their responsibilities in relation to information sharing, and know where to refer to for advice and guidance within their organisation. Information sharing training is provided periodically to staff.	Staff are aware of their responsibilities in relation to information sharing, and know where to refer to for advice and guidance within their organisation. Information sharing is embedded within all appropriate training provided by the organisation.  Periodic audits test this knowledge and compliance to the policy.
<b>4.5 Records relating to all adult service users including vulnerable adults are stored securely and safely</b>	There are no clear policies on the safe storage of service user's records	There are clear policies on the safe storage of service user's records and these are adhered to by staff.	There are clear policies on the safe storage of service user's records and these are adhered to by staff. This is randomly and periodically checked to ensure compliance.
<b>4.6 Staff are aware of who to go to should they require clarification on information sharing</b>	Staff do not know to whom they should go if they have any concerns about sharing information.	Staff have a named contact to whom they can go for clarification of any issues in relation to information sharing	The organisation can demonstrate that staff feel supported around information sharing and have confidence in their professional judgement

## 5. Commissioning

Standard to Be Achieved	1. Less effective	2. Effective	3. Exceeds requirements
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<b>5.1 Adult Safeguarding is integrated across the commissioning cycle.</b>  <b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 5.1)</b>	Contracts do not specify adult safeguarding as per the national contract or have limited specifications e.g. reporting and monitoring requirements.  Guidance and training on adult safeguarding for key personnel responsible for commissioning, contracting and performance management is limited.	Leadership and a partnership approach to adult safeguarding is demonstrated.  There is a strategic plan for safeguarding that is integrated with patient safety, clinical governance (where relevant) and equality and addressed at all stages of commissioning. The plan is aligned to ESAB plans and priorities.  Safeguarding adults is considered in planning	Systems are in place to embed safeguarding across all commissioning activity.  Adult safeguarding is integrated into the commissioning process and is not wholly dependent on the Adult Safeguarding lead to happen.  Information from adult safeguarding is used to develop the Joint Strategic Needs
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	<p>No or inadequate arrangements are in place to ensure that adult safeguarding is understood by those involved in commissioning, contracting and performance management.</p> <p>There is no or limited evidence of risk assessment and concerns raised in the commissioning process.</p> <p>There is no or limited evidence of Adult Safeguarding within and across other aspects of planning and service specification.</p> <p>References to the Mental Health Act, DoLS, Human Rights Act and other relevant legislation are not incorporated into contracts.</p>	<p>services. Standards for safeguarding adults are clear within contracts and providers are supported toward continuous improvement. Information from vulnerable adults and carers is used in planning and improving the delivery of services.</p> <p>Commissioners actively address areas for improvement and failures in safety and adult safeguarding.</p> <p>Commissioning draws on a range of intelligence and expertise across the organisation e.g. Adult Safeguarding lead, performance managers, commissioning managers, risk manager , patient safety manager, patient experience, clinical governance, at all stages.</p> <p>Guidance and training on adult safeguarding is provided for key personnel responsible for commissioning, contracting and performance management.</p> <p>Safeguarding lead works with commissioners to ensure that they take account of known risks and concerns impacting on adult safeguarding.</p> <p>Evidence of timely reporting to the Board demonstrating organisational learning and awareness of key issues within provider organisations.</p> <p>Information relating to adults at risk is considered within the Joint Strategic Needs Assessment and used to inform planning.</p> <p>Mental Health Act, DoLS, Human Rights Act</p>	<p>Assessment.</p> <p>The strategy is updated and improved in line with local and national developments.</p> <p>The strategy is aligned to other core quality strategies for groups with protected characteristics - e.g. learning disability, dementia care etc</p>
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		and other relevant legislation are referenced and incorporated into contracts	
<p><b>5.2 Adult safeguarding is integral within and across all contracting and procurement systems and processes.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 5.2)</b></p>	<p>Service specifications make no or limited reference to</p> <ul style="list-style-type: none"> <li>- Mental Health Act</li> <li>- Deprivation of Liberty</li> <li>- Adult safeguarding standards</li> <li>- Training and development strategies</li> <li>- Safe recruitment Strategies</li> <li>- Information sharing</li> <li>- Communication and dissemination of information</li> <li>- Reporting and monitoring</li> <li>- Resourced service development and action plan for adult safeguarding</li> </ul>	<p>Adult Safeguarding is integral within standards for all contracts. As a minimum:</p> <ul style="list-style-type: none"> <li>- Compliance with relevant legislation including Mental Capacity Act 2005; DoLS; Equality Act; Safeguarding Vulnerable Groups Act; Mental Health Act</li> <li>- Safeguarding adult procedures aligned to SET procedures</li> <li>- Adult Safeguarding Training and Development Strategies</li> <li>- Safer recruitment strategies</li> <li>- Information sharing protocols (including sign up to ESAB Information Sharing Protocol)</li> <li>- Reporting and managing safeguarding incidents</li> <li>- Resourced service development for safeguarding adults</li> </ul> <p>Contract specification, systems and guidelines for monitoring out of area care are in place and regularly reviewed as part of contract management.</p>	<p>Specific reference is made to local issues and requirements reflecting risk assessment e.g. Incorporating lessons from serious case reviews.</p> <p>Expectation for accountability and reporting to include user groups and safeguarding partners.</p> <p>Commissioners work with providers and vulnerable adults to design services that support personalisation and safeguarding</p> <p>Successful developments and initiatives to protect and safeguard vulnerable adults are rewarded</p> <p>Information related to safeguarding adults is developed to help vulnerable adults chose providers e.g. in personal budgets (both health and social care)</p> <p>There is evidence of good liaison with other commissioners of out of area services and national providers.</p>
<p><b>5.3 Monitoring, reviewing and reporting is integrated within commissioning, contracts and performance management.</b></p> <p><b>All commissioned services</b></p>	<p>Lack of robust governance and Board reporting systems and structure.</p> <p>The commissioning Board does not receive regular, acute, timely and comprehensive Adult Safeguarding reports from each of its providers e.g. only annual report received or</p>	<p>Robust assurance that all providers meet safeguarding standards i.e. based on a range of information such as audit data, national comparators (where available), vulnerable adult experience, external validation (for example Health watch/ Links)</p>	<p>Evidence that information is cross referenced with other risk factors and used to address related aspects of care e.g. equality, compliance with the Mental Capacity Act etc</p> <p>Commissioners are directly involved in quality assurance e.g. site visits.</p>

<p><b>provide assurance on effective monitoring and escalation of concerns and risk to adults safeguarding.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 5.3)</b></p>	<p>there is delay in reporting serious concerns, incidents and outcomes.</p> <p>Information sharing protocols are not in place or there is poor compliance e.g. untimely or inappropriate reporting and information sharing between services and across organisations.</p> <p>Absence of learning and action with Providers</p>	<p>Alerts and themes are monitored to identify emerging concerns within a provider and across the area e.g. quality of care, complaints, recruitment, incident reports.</p> <p>Clear processes are in place to alert and escalate adult safeguarding issues within commissioned services and through multi-agency procedures as required.</p> <p>Commissioners actively address areas for improvement and failures in safety and adult safeguarding.</p> <p>Commissioners are involved in Serious Case Review and similar learning processes.</p> <p>Systems and processes are in place aligned to Southend, Essex and Thurrock Safeguarding Boards processes for commissioners to review adult safeguarding incidents, ensure action plans are implemented and lessons learned.</p> <p>Information Sharing Protocols are used and applied appropriately in the best interest of individuals, public and staff.</p> <p>The commissioner reviews Adult Safeguarding Board reports for each of its provider organisations</p> <p>The Board receives an annual report on adult safeguarding and the organisation's published annual report includes adult safeguarding</p>	<p>Commissioners work across area to extend best practice, share lessons and make targeted improvements for emerging/ recurrent areas of concern.</p> <p>Collaborative systems in place between providers, commissioners, regulators and safeguarding adult services to manage emerging risks.</p> <p>Contingency arrangements are in place to manage/ reallocate vulnerable adults where providers are deemed to be failing.</p> <p>Vulnerable adult feedback informs monitoring to make continual improvement and address emerging concerns.</p> <p>Range of qualitative and quantitative information used to assess quality</p> <p>Commissioners take a leadership role in resolving safeguarding incidents within and collaboratively with services.</p>
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<p><b>5.4 Effective working relationships and partnership working are in place.</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 5.6)</b></p>	<p>Inconsistent or inappropriate level representation on the Adult Safeguarding Board and associated groups.</p> <p>Lack of evidence of commissioner commitment to the Adult Safeguarding Board and associated programmes or initiatives.</p> <p>There are no groups or work programmes in place relating to safeguarding adults.</p> <p>Safeguarding adults is not incorporated within other programmes of work. Absence or limited cross organisational working e.g. Health, Social care, third sector</p>	<p>Evidence of regular attendance and effective contributions to Adult Safeguarding Board, business plans, and initiatives e.g. contributing to business plans; partnership resources.</p> <p>Evidence of collaboration and strategic partnership working</p> <p>Information from Commissioners is evidenced in Safeguarding Board meeting minutes, reports and annual reports.</p> <p>Serious Case Review Reports completed according to Adult Safeguarding Board requirements and terms of reference.</p> <p>Evidence of Communication with Stakeholders - leaflets, reports etc.</p> <p>Can demonstrate review and where appropriate challenge to the level of engagement and partnership working for all commissioned services e.g. local NHS and multi-agency partnerships and networking.</p>	<p>Evidence of leadership within the Safeguarding Board e.g. developing business plans, chairing committees, leading work programmes</p> <p>Evidence of partners objectives for safeguarding adults influencing the commissioners planning/ activities</p> <p>Benchmarking own performance against others. Evidence of striving to continually improve.</p> <p>Can evidence joint initiatives for prevention</p>
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<p><b>5.5 Commissioners can demonstrate how they discharge their roles and responsibilities as a supervisory body to ensure compliance with deprivation of liberty policy and practice as set out in the Mental Capacity Act and Deprivation of Liberty and Safeguarding (DH 2008).</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 5.7)</b></p>	<p>The Commissioner cannot demonstrate connection between DoLS and safeguarding and there is an absence of clear structures.</p>	<p>Evidence of workforce planning, training and support related to DoLS - BIA, MH Assessors, designated signatories, representatives and IMCA.</p> <p>Clear procedures for DoLS that are audited for effectiveness</p> <p>Commissioners within the supervisory body take active oversight of each DoLS authorisation</p> <p>Commissioners within the supervisory body analyse authorisations to establish emerging patterns and themes related to restrictions or unauthorised DoLS</p> <p>The designated signatory with the multi-agency supervisory body takes active oversight of each DoLS application and authorisation, both standard and urgent.</p> <p>Robust systems are in place to provide assurance against unauthorised deprivation of liberty – e.g. site visits; patient/representative information Commissioners have clear protocols to manage unauthorised DoL.</p> <p>All DoLS signatories are appropriately trained.</p>	<p>Commissioners demonstrate leadership in developing best practice in less restrictive care and management of DoLS.</p> <p>Information relating to DoLS is used to develop preventative safeguarding and partnership work.</p> <p>DoLS arrangements are reviewed and continually developed in partnership with the local authority.</p>
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<p><b>5.6 When other organisations are commissioned to provide services on the organisation's behalf there are mechanisms in place to ensure that those organisations also have regard to the requirements of the Southend, Essex and Thurrock safeguarding adult audit</b></p> <p><b>(DH Safeguarding Adults Self Assessment and Assurance Framework Standard 5.4)</b></p>	<p>Contracts are in place but are not monitored. Contracts are in place but make no explicit reference to safeguarding and promoting the welfare of vulnerable adults.</p>	<p>Robust contractual arrangements concerning all facets of work and services procured are in place with explicit reference to safeguarding and promoting the welfare of vulnerable adults and that these are monitored annually.</p> <p>The commissioner reviews adult safeguarding reports from their provider organisations and uses within contract performance meetings where relevant.</p> <p>Evidence of timely reporting to the commissioners management/ Board as part of services assurance framework.</p>	<p>Commissioning arrangements include monitoring providers' compliance with safeguarding adults audit and sanctions are in place for non-compliance and any concerns are reported to the Adult Safeguarding Board with recommendations for actions.</p> <p>Progress is reported against the services strategic plan.</p> <p>Adult Safeguarding Board reports are shared with the commissioners management/ board</p> <p>Commissioners report information about safeguarding adults into strategic partnerships and user/public groups e.g. Health and Wellbeing Board; Adult Safeguarding Board/s; HealthWatch/Links etc</p>
<p><b>5.7 There are mechanisms in place that enable the views of vulnerable adults and their families to be taken into account in the planning and provision of services , and this information is used appropriately by the organisation.</b></p>	<p>Plans are developed without reference to the wishes and feelings of vulnerable adults. The organisation cannot demonstrate that service development takes into account the need to safeguard and promote the welfare of vulnerable adults. Unmet need is not acknowledged or actioned.</p>	<p>Vulnerable Adults and their families/carers are actively involved in the planning process when services are being developed. Consideration is given within plans as to how the delivery of services will take account of the need to safeguard and promote the welfare of vulnerable adults. The organisation is pro-active in engaging with the vulnerable adults' planning process. The organisation actively uses and shares its data in order to identify areas for service development.</p>	<p>Vulnerable adults and their families/carers are actively involved in the design, development and delivery of services. The organisation can demonstrate how, at various levels, they enable vulnerable adults and their families/carers to engage in service development. There is a responsive process in place which acts upon identified unmet need.</p>

## 6. Domestic Abuse

Standard to Be Achieved	1. Less effective	2. Effective	3. Exceeds requirements
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<p><b>6.1 The organisation has robust policies and systems in place with regard to domestic abuse Honour Based Abuse/Forced Marriage/Female Genital Mutilation (FGM)</b></p>	<p>The organisation does not have a policy, procedures or training in place for its staff around domestic abuse.</p>	<p>There is a robust policy in place for managing domestic abuse issues within the organisation.</p> <p>There is a clear training strategy in place for staff around domestic abuse</p> <p>The DASH (Domestic Abuse, Stalking and Harassment, Honour Based Violence) Risk Model Assessment is completed in domestic abuse situations.</p> <p>Referrals are made to MARAC (Multi Agency Risk Assessment Conference) where high risk is identified.</p> <p>The organisation engages and participates in MARAC.</p> <p>That domestic abuse training (multi agency where appropriate) is provided to staff at appropriate levels.</p>	<p>The organisations policy links with related policies including:</p> <ul style="list-style-type: none"> <li>- Safeguarding children</li> <li>- Safeguarding adults</li> </ul> <p>The policy makes specific reference to:</p> <ul style="list-style-type: none"> <li>- Honour based Abuse</li> <li>- Forced Marriages</li> <li>- Female Genital Mutilation</li> </ul> <p>The organisation has processes are in place for deal with</p> <ul style="list-style-type: none"> <li>- Honour Based Abuse</li> <li>- Forced Marriage</li> <li>- Female Genital Mutilation</li> </ul> <p>That there is a domestic abuse “champion” or lead identified within the organisation.</p>
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### Appendix 3 – A list of all organisations that submitted this year’s audit tool

This list shows all of the organisations that completed the 2011 audit tool. Organisations have been listed in alphabetical order:

- |                              |   |
|------------------------------|---|
| Anglian Community Enterprise | NHS NE Essex (C)                                    |
| Basildon BC                  | NHS SE Essex (C)                                    |
| Braintree DC                 | NHS SW Essex  |
| BTUH                         | NHS SW Essex Community Services                     |
| CECS                         | NHS W Essex (C)                                     |
| Chelmsford BC                | PAH   |
| CHUFT                        | Rochford DC   |
| Colchester BC                | SEPT  |
| EoE Ambulance                | Southend Hospital                                   |
| Epping Forest DC             | Swan Housing  |
| Essex County Council         | The Marillac  |
| Harlow DC                    | Uttlesford DC                                       |
| Maldon DC                    | W Essex PCT (LD specialist health<br>commissioning) |
| MEHT                         | WECHS   |
| NEPFT                        |   |
| NHS Mid Essex (C)            |   |

## Appendix 4 – Responses by Organisation Number Chart

The table below shows the responses given by each organisation to each standard. Organisations can be identified only by their organisation number, which have been allocated to each of the audit leads. Where there is potential for an organisation to improve by building upon the good work of another organisation, the Board’s support team will share the contact details of the audit lead in a given organisation.

#	Section 1					Section 2														
	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.1	2.1	2.1	2.1	2.2
1	2	2	1	1	2	1	1	2	0	0	0	2	0	0	0	2	2	1	2	0
2	2	2	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0	3	2	2
3	1	1	1	2	1	1	1	1	1	1	1	1	2	2	2	2	2	2	1	1
4	2	1	1	3	1	2	1	2	2	0	3	2	0	3	2	0	3	2	1	2
5	2	2	2	2	2	2	2	2	2	2	2	3	2	1	2	2	2	2	2	2
6	3	3	3	3	3	3	2	3	2	3	3	3	3	3	3	2	3	2	3	3
7	2	2	2	2	1	2	2	0	0	0	0	0	0	0	0	2	0	2	1	
8	3	3	2	3	3	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3
9	3	2	2	3	2	2	2	3	2	2	3	2	2	1	3	2	3	2	3	3
10	2	1	2	1	2	2	1	2	2	1	2	2	1	1	1	1	1	2	2	2
11	2	2	1	1	3	2	2	3	1	0	0	2	2	0	0	0	0	0	2	0
12	2	2	1	1	3	2	2	3	1	0	0	2	2	0	0	0	0	0	2	0
13	2	1	1	1	2	2	2	2	1	0	0	2	2	0	0	0	0	0	1	0
14	2	3	3	2	3	2	2	3	2	3	2	2	2	2	2	2	2	2	3	3
15	3	3	2	2	3	2	2	2	0	2	0	0	0	0	0	2	2	3	2	2
16	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0	2	0	0
17	2	2	2	2	2	2	2	2	2	2	2	2	3	3	2	2	3	2	2	2
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	2	3	3	2	1	2	3	3	2	2	2	3	3	2	2	2	2	2	2	3
20	3	3	3	2	3	3	3	3	2	3	3	2	3	3	2	3	3	2	3	3
21	3	3	3	3	3	3	3	3	2	3	3	3	3	0	3	3	3	3	3	3
22	2	2	2	2	2	2	2	2	0	2	2	2	0	0	0	2	0	2	2	2
23	3	3	2	2	2	3	1	2	2	2	2	2	2	2	2	2	2	2	2	2
24	2	2	2	1	1	2	1	3	1	0	2	2	0	2	2	2	3	2	2	1
25	2	3	1	2	1	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2
26	2	2	1	2	3	2	2	2	2	2	2	2	2	2	1	2	2	2	2	2
27	3	3	3	3	3	3	3	3	3	2	3	3	2	3	3	3	3	3	3	3

28	2	2	2	2	2	2	2	2	1	2	2	2	2	1	2	2	2	1	2	2
29	3	3	3	2	3	2	2	2	2	2	3	2	3	2	3	2	2	2	2	2
Mean	2.3	2.3	2	2	2.2	2.1	1.9	2.3	1.7	2.2	2.2	2.2	2.3	2	2.2	2.1	2.3	2.1	2.1	2.2

#	Section 3									Section 4						Section 5							Section 6	Total	Ave.
	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1	4.2	4.3	4.4	4.5	4.6	5.1	5.2	5.3	5.4	5.5	5.6	5.7	6.1		
1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	2	0	2	0	0	2	2	59	1.84	
2	2	3	3	3	3	2	0	0	3	2	2	2	2	3	3	2	2	2	0	0	2	2	74	2.24	
3	1	2	1	2	2	1	1	2	3	2	1	1	2	2	3	0	0	0	0	0	0	0	53	1.51	
4	3	3	0	3	2	1	3	2	2	3	2	3	3	3	3	1	2	3	3	3	2	2	88	2.26	
5	2	3	3	2	3	3	2	2	3	2	2	3	3	3	3	0	0	0	0	0	0	0	79	2.26	
6	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0	0	0	0	0	0	0	101	2.89	
7	2	2	2	3	2	2	2	1	2	3	2	2	3	2	2	0	0	0	2	0	2	2	58	2.00	
8	3	3	2	2	2	2	2	2	2	3	2	2	2	3	3	2	2	2	2	2	2	3	100	2.33	
9	2	3	2	2	2	1	3	3	2	3	3	2	3	3	3	0	0	0	0	0	2	0	88	2.38	
10	2	2	2	3	3	2	2	2	2	2	2	3	3	3	3	0	0	0	0	0	0	0	70	1.94	
11	3	3	2	2	3	3	1	1	2	3	3	3	2	2	3	2	2	3	2	3	2	1	75	2.14	
12	3	3	2	3	2	3	1	1	2	3	3	3	2	2	3	2	2	2	3	2	1	1	74	2.11	
13	1	2	1	2	2	2	1	1	2	2	1	3	2	2	3	2	2	2	3	2	1	2	62	1.77	
14	3	3	2	3	3	3	2	2	2	2	3	2	2	2	2	0	0	0	0	0	0	0	84	2.33	
15	3	3	3	3	3	3	3	2	2	3	3	3	2	2	3	0	0	0	0	0	0	0	75	2.50	
16	2	2	1	2	2	2	0	2	2	2	2	2	1	2	1	0	0	0	0	0	0	0	45	1.88	
17	2	3	2	2	2	2	1	2	2	2	2	3	2	2	2	2	2	2	2	2	2	1	89	2.07	
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	0	0	2	10	2.00	
19	2	3	2	3	3	3	3	3	2	0	3	3	2	3	3	0	0	0	0	0	0	0	84	2.47	
20	3	3	3	3	2	2	2	3	3	3	2	3	2	3	3	3	2	2	3	2	1	2	112	2.60	
21	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0	0	0	0	0	0	0	104	2.97	
22	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0	62	2.00	
23	2	3	2	2	3	2	2	2	2	2	3	3	3	3	2	0	0	0	0	0	0	0	81	2.25	
24	3	3	2	2	1	3	3	3	3	3	2	3	3	3	3	2	2	2	3	3	2	2	90	2.20	
25	1	2	1	2	2	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	78	1.81	
26	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	85	1.98	
27	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0	0	0	0	0	0	3	109	2.95	
28	2	3	2	2	2	3	2	2	2	2	2	3	2	3	3	2	2	2	0	0	0	1	81	2.03	
29	2	3	2	2	2	2	2	2	2	2	2	3	2	3	2	0	0	0	0	0	0	2	85	2.30	
Mean	2.3	2.7	2.1	2.4	2.3	2.3	2.1	2.1	2.3	2.4	2.3	2.6	2.3	2.5	2.6	2	2	2.2	2.1	2.6	2	1.8	1.68966	77.8	2.21

