



Local Safeguarding Adults Board

Organisational Safeguarding Self Audit Tool

February 2017

Guidance notes:

The Safeguarding Adults Boards in Hampshire, Isle of Wight, Portsmouth and Southampton have developed a shared Quality Assurance Framework which is designed to enable respective Boards to fulfil their remit of ensuring local safeguarding arrangements are both effective and also deliver the outcomes that people want. The Quality Assurance Framework acts as the mechanism by which the LSABs will hold partner organisations to account for their safeguarding work, including activities linked to prevention and risk management. In order for local agencies to be assured that they have foundations for effective safeguarding they need to demonstrate that they have the following things in place:

- Clear leadership and management of adult safeguarding;
- Robust systems and processes in place to deliver the 4LSAB multi-agency Safeguarding Adults Policy and Guidance (2015);
- Adult safeguarding linked into all aspects of services;
- Adult safeguarding placed at the centre of commissioning and contracts arrangements;
- Availability of appropriately trained, skilled and competent staff (consistent with local multi-agency safeguarding procedures) and
- Clear care governance processes for which the interface with local multi-agency safeguarding procedures are managed effectively.

To support partner organisations, the LSABs have developed this Organisational Safeguarding Self Audit Tool to be completed every other year. It is designed to help local organisations to evaluate the effectiveness of internal safeguarding arrangements and to identify and prioritise any areas in need of further development. This is a facilitative process to support continuous improvement and so it is not intended to publish the results of individual organisations or to use the information provided to compare organisations. Instead, areas of generic learning and thematic findings will be identified and used to inform the LSAB's strategic development of safeguarding for its area.

To complete the Organisational Safeguarding Self Audit Tool, partner organisations are asked to answer all the questions under each of the six headings and to assign a RAG (Red, Amber or Green) status to that area. The comments section should include evidence to support the rating given including any actions required. Any actions identified should be designated high, medium or low priority in the column provided. An action plan template is provided at the end of the document. As a generic tool, the areas in the self audit tool may not be applicable to all organisations. Where this is the case, please state in the comments sections and provide a rationale. In order to avoid duplication, organisations which link to more than one LSAB will only have to complete the Organisational Self Audit Tool once as this will be shared with the other Boards.

Partner organisations are asked to complete the Self Audit Tool **electronically** and to return completed forms by xxxx to xxxx. Any queries should be directed to the manager of your Local Safeguarding Adults Board.

LSAB Organisational Safeguarding Self Audit Tool

Benchmark Standard	Green	Amber	Red	Evidence and further actions required (Please provide a rationale for any areas considered 'not applicable')	Priority rating (H, M, L) for actions
1. Leadership					
1.1 Accountability for and ownership, of 'Safeguarding Adults' work is recognised by the organisation's executive body or board.					
1.2 There is a designated person with a lead strategic role for safeguarding including promoting the welfare of adults at risk within the organisation.					
1.3 The designated lead fulfils the LSAB member role profile, attends the LSAB on a regular basis and is able to speak for their organisation with authority.					
1.4 The organisation actively promotes a culture and ethos of human rights, dignity, respect, self determination, independence and empowerment.					
2. Management					
2.1 The organisation has adopted the LSAB Strategic Plan and relevant corporate, service and operational plans, policies and programmes are aligned with this.					
2.2 The organisation's policies and procedures clearly reflect the role, responsibilities and duties of all staff around safeguarding.					

Benchmark Standard	Green	Amber	Red	Evidence and further actions required (Please provide a rationale for any areas considered 'not applicable')	Priority rating (H, M, L) for actions
2.3 There are robust care governance arrangements in place to prevent abuse or neglect and to respond when it is identified.					
2.4 Appropriate and timely safeguarding alerts are referred to the local authority.					
2.5 Mechanisms exist to ensure that learning from investigations and reviews are embedded in practice and lead to positive change.					
2.6 Data is collected on the following aspects of safeguarding activity: <ul style="list-style-type: none"> No. of alerts made to the local authority No. of alerts received about its services No of allegations against staff No of referrals to registration bodies/DBS 					
2.7 The organisation and its staff participate as required in s42 enquiries and safeguarding adult reviews ensuring information is shared as appropriate.					
2.8 There is a named adult safeguarding operational lead who is available to advise staff on safeguarding issues.					
2.9 There is nominated Safeguarding Allegations Management Advisor (SAMA) who maintains oversight of safeguarding concerns relating to people in a position working in a position of trust.					

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3. Policy and guidance					
3.1 There is a clear, well-publicised policy of zero tolerance of abuse covering all incidents of abuse from any person and in any setting.					
3.2 The organisation's safeguarding adults policy reflects the local multi-agency Safeguarding Adults Policy and Guidance.					
3.3 The safeguarding adults policy is publicised to all staff, service users and carers in ways which are appropriate and accessible.					
3.4 Mechanisms exist for service users, relatives and visitors to raise concerns including how to make a complaint and the contact number for the local safeguarding adults team.					
3.5 There is a whistle blowing policy to enable staff and volunteers to raise concerns outside their own line management chain or their organisation where necessary.					
3.6 Staff have access to an up to date policy and guidance on information sharing.					
3.7 The organisation has adopted the 4LSAB multi-agency Risk Management Framework.					
3.8 There is a clear protocol for managing refusal or disengagement from support.					
3.9 The organisation has adopted the 4LSAB Allegations Management Framework and internal processes are appropriately aligned.					

Benchmark Standard (Complete this section if your organisation commissions or sub contracts services)	Green	Amber	Red	Evidence and further actions required (Please provide a rationale for any areas considered 'not applicable')	Priority rating (H, M, L) for actions
4. Commissioning, procurement and contracts including sub-contracting					
4.1 Commissioning and contracting teams are actively involved in the 'Safeguarding Adults' partnership and liaise with regulatory bodies.					
4.2 Commissioning and contract teams set out service standards that safeguard service users and promote their wellbeing, dignity and control.					
4.3 Contract monitoring has a clear focus on safeguarding and dignity and any shortfalls in standards are actively addressed.					
4.4 Commissioning and contract teams regularly review reports of risk of harm and require providers to address any issues identified.					
4.5 Reporting across providers is monitored and under or over reporting patterns identified.					
4.6 Where a pattern of concerns is identified, a review is carried out and where appropriate, a safeguarding referral is made.					
4.7 Commissioning and contract teams take robust, timely action when failing standards in services place service users at risk.					

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5. Recruitment and safe working					
5.1 Safe recruitment practice is in place and includes robust recruitment and selection, DBS checks, timely use of capability and disciplinary procedures, timely referrals to the DBS and Professional Registration Bodies, etc.					
5.2 There is a clear code of conduct for all staff and volunteers, setting clear standards for relationships between people in a position of trust and service users. These are compatible with the law and relevant professional standards.					
5.3 There is a workforce development plan which ensures all staff and volunteers have appropriate safeguarding knowledge and competencies in relation to their role. Safeguarding staff have the skills and competence to deploy a full range of social and legal interventions.					
5.4 The 4LSAB Learning and Development Strategy has been adopted and training strategies and plans have been reviewed against this.					
5.5 All staff understand their safeguarding duties and responsibilities under the Care Act 2014.					
5.6 All staff and volunteers are able to identify and report concerns of abuse or neglect.					
5.7 Staff receive regular supervision on their safeguarding case work. Opportunities are available for debriefing and reflective practice.					

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6. Making Safeguarding Personal					
6.1 Staff have received training on Making Safeguarding Personal.					
6.2 There is evidence that staff adopt a person centred approach to safeguarding (and case management in general).					
6.3 Service users are asked what outcomes they are seeking and the safeguarding process is focused on achieving this.					
6.4 Staff involve service users in decision making about safeguarding actions.					
6.5 Service users are offered the opportunity to participate in safeguarding and case meetings as appropriate.					
6.6 Service users are offered access to advocacy and support during safeguarding.					
6.7 Care reviews focus on evidence of the benefits of the placement & effectiveness of support provided.					
6.8 There are established mechanisms for seeking feedback from service users subject to safeguarding support.					
6.9 There is evidence that service user feedback is used to improve service delivery and outcomes.					
6.10 Information is available about the outcomes of safeguarding interventions.					

