A framework to support improving effectiveness of safeguarding adults' boards

Background and Purpose

This paper proposes a framework to support Safeguarding Adults Boards (SABs) as well as individual partners in improving their effectiveness. It seeks to facilitate openness and transparency as well as engagement with achieving the aims and objectives of Boards by all partners. It will support learning and the identification of Board priorities. It was developed on behalf of the national independent chairs' network by a small working group (Chris Doorly; Deborah Klee; Jane Lawson). Two workshops at the national independent chairs network meetings in October 2012and January 2013, informed the paper as well as feedback from members of the London Chairs' meeting. There will be further development as this framework is tested out in practice.

Key principles underlying this framework:

- **Transparency** each agency within a SAB is likely to know where risk lies in its own organisation. The SAB needs to be able to identify and act upon those risks. All partners must bring those risks to the table so that the board can agree how they can be mitigated. Some will be single agency actions and some will require multi agency action.
- **Prevention:** that whilst keeping a focus on formal safeguarding systems, it is important too to maintain a focus on prevention; on concerns about broader wellbeing and safety of adults at risk.
- **Outcomes:** there needs to be a strong emphasis on outcomes for people who use services.
- **The need for qualitative and quantitative information:** that different information sources need to be triangulated to enable the Board to understand what is happening and how to make a positive difference.

Introduction

All Safeguarding Adults Boards (SABs) must give assurance that the SAB and the constituent partner organisations have effective systems, structures, processes and practice in place to improve outcomes and experience in the context of safeguard adults at risk. Getting the quality assurance right and using this information to improve effectiveness is challenging. This framework is designed to offer support in this. In order to fulfil their role in quality assurance Boards need to feel confident that they have the information that they need to identify potential risks and to assure themselves that actions are being taken to address these and to improve services. For example the Board needs information on risks and themes emerging from Serious Incidents scrutinised by Health partners and assurances on the effectiveness of action plans put in place to improve adult safeguarding following the publication of inquiries and reviews such as Winterbourne View and The Francis Report.

Effective cultural leadership that nurtures candour, openness and transparency is therefore an important prerequisite for Boards in applying this framework. That openness and transparency (especially about things that have gone wrong) is crucial in creating a climate in which all partners engage in contributing to and using information to improve the effectiveness of the SAB

Information must be meaningful and make the best use of limited resources. There is a limited resource in analysts' time, with many of these posts having been reduced in recent years. The AVA data is being reviewed as part of a 'zero based review' and the performance information routinely collected will reduce significantly as a result. Conscious of these demands the framework can be pared down to that which will make a difference in a particular Board. This proposed framework is intended to support Chairs and Boards. It has been developed by the National Independent Chairs network drawing on collective experience and knowledge. It is possible to engage with this framework wherever a board is in the development of its quality assurance framework.

The framework reflects messages in relation to SABs set out in the ADASS paper Safeguarding Adults: *Advice and Guidance to Directors of Adult Social Services* (ADASS; LGA, March 2013)

The Framework
Chairs identified four key areas for attention:
A) An audit tool to be completed each year by each partner to the Board with actions taken during the following year to remedy any deficits
B) Ensuring that we measure outcomes for service users (Making Safeguarding Personal work is developing this).
C) Tracking process issues and whether process is working (this is covered by the AVA return)
D) Measuring how far the *partnership* is being effective, focussing on some specific performance measures.

[NB not all information falls exclusively under one heading. A board might for example wish to use some of the AVA return to measure partnership effectiveness. Triangulation of the different strands of information is important]

A) An audit tool to be completed each year by each partner to the Board and actions taken during the following year to remedy any deficits
It will be for each Board to consider the detail of the audit. The Solihull model was offered as a possible tool. This is more manageable than the Health Safeguarding Adults SAAF. Some Boards may wish to consider condensing the audit tool further. This could be informed by key themes emerging from Health SAAFs (eg NHS in London report) and/or recurrent themes from SCRs. *Boards will need to consider which members of the Board will complete the audit/how it works for example for voluntary sector organisations.*

B) Ensuring that we measure outcomes for service users (Making Safeguarding Personal work is developing this)
The *Making Safeguarding Personal* report informs this aspect of the framework. A pilot is underway in Hounslow.

Suggested measure: Number and % of people referred for services who define the outcomes they want (or outcomes that are defined through Best Interest Assessments or with Advocates if people lack capacity) (ADASS standards and performance 2012) and % of people whose outcomes were met.

One suggestion from a Board Chair derived from *The 2012/13 Adult Social Care Outcomes Framework'* which suggests an overarching outcome "the proportion of people who use services who feel safe' was around including safety *and* independence wellbeing and choice within this so…service users' experiences of safeguarding intervention – A)has it made them safer and feel safer? B) Has it made them feel more in control of their lives?

C) Tracking process issues and whether process is working (this is covered in part by the AVA return)
Some of the measures that Chairs sent in as part of this exercise are already collected: speed of response to alerts; time taken to completion of investigation; cases referred to Police with successful prosecution; alert>referral> investigation ratios; no. of strategy meetings; influence of strategy meeting; no. of referrals/repeat referrals…
The AVA return needs to be used to identify risks and priorities

D) Measuring how far the partnership is being effective, focussing on some specific performance measures.
The following should be noted:
- The context for these measures includes: Safeguarding standards and performance ADASS 2012; DH 2012/13 Adult Social Care Outcomes Framework*;* the six DH adult safeguarding principles (2011).
- This measure of partnership effectiveness will rely as far as possible on existing data (already collected through the national return). *There is a need to be mindful of workload of performance teams.*
- Each partnership will have its priorities marked out in its business plan for which it may want to use data to evidence progress.
  Boards may wish to link data gathering to Business Plan and Annual Report which indicate areas of risk for individual Boards
- There needs too to be clarity as to the Board's purpose. Some thoughts from the national Chairs' group on purpose:
  Who are we there for? Target – wider community – prevention; those at risk – protection.
  Provides a process for agencies to hold each other to account in a transparent way.
  What do we do?
  - Definition of scope – scanning horizon
  - Information and awareness
  - Prevention – managing risks

- Coordination of risk assessment and intervention
- Service improvement and training
- Service evaluation and challenge – individual and system
- Holding each other to account
  The Board needs written commitment from each agency to Board function and finance.
  Adult Safeguarding Board cannot ENSURE service quality but must seek ASSURANCE

Chairs were invited to send in suggestions so that the group could identify around 6 measures of partnership effectiveness.

The following extracts some recurrent themes from those suggestions (and from the January National Chairs' meeting), other than those which fall into A-C (above). These are possible measures, both qualitative and quantitative, which Boards could refine and implement to measure partnership effectiveness:

- Some **multi agency audit information** on front line practice perhaps encompassing practice in respect of: **MCA; Risk assessment / management; person centredness; evidence of protection planning and review**
- **Conversion rates** alerts-> referrals-> investigations (with each authority deciding on area of focus and what it is they need to act on here)
- **Quality of provider services** (evidence of measures in place that make a difference-prevention) and this links to **safe commissioning.** Two levels: bringing together evidence/information on services alongside evidence of implementing preventive actions (Hull University research) and once this is in place what is the impact on for example no. of referrals in provider services; use of DoLS; no. of referrals relating to issues recognised locally as high risk (eg pressure ulcers) A LGA guide: *Making Effective use of data and intelligence to improve safety and quality in adult social care services* April 2013 may be helpful in this context.(it specifically relates to quality assurance in service provision)
- **Number and % of people** referred for services **who define the outcomes they want** (or outcomes that are defined through Best Interest Assessments or with Advocates if people lack capacity) (ADASS standards and performance 2012)
- Percentage of **people** whose **outcomes were met** (do they feel safer and has it made them feel more in control of their lives?)
- **Measures relating to how the Board operates** eg % attendance and right mix of attendees; service user involvement with Board; annual report includes requirements set out in Health and Social Care Bill; level of engagement across agencies in referring into safeguarding process (ie no. of alerts by source of alert); engagement in finding solutions (attendance at strategy meetings/case conferences); whether Board reports back to right level in individual orgs and to, for example,

H&WB Board and CSP; evidence that action plans from SCRs nationally and locally drive improvement; is the Board transparent and publicly accountable?

- **Community/Public awareness:** Number of referrals from "self"; family; friend; neighbour. Distribution of referrals by ethnic group in relation to general population
- **Staff views:** Do staff feel able to raise concerns? Are there recurrent issues for staff?

These measures would distribute under the **ADASS standards:**
Outcomes
People's experience of safeguarding;
Leadership;
Strategy;
Commissioning;
Service delivery and effective practice;
Performance and resource management;
Local safeguarding board

Also under the **6 DH safeguarding adults principles**

Reminder of: **The ADASS standards: Safeguarding standards and performance ADASS 2012**

1 Outcomes
2 People's experiences of safeguarding
This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided

3 Leadership
4.Strategy and
5. Commissioning
This theme looks at the overall vision for Adult Safeguarding, the strategy that is used to achieve that vision and how this is led and commissioned

6. Service Delivery and effective practice
7. Performance and resource management
This theme looks service delivery, the effectiveness of practice and how the performance and resources of the service, including its people, are managed

8. Local Safeguarding Board
This theme looks at the role and performance of the Local Safeguarding Board and how all partners work together to ensure high quality services and outcomes
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