



Richmond and
Wandsworth
**Safeguarding
Adults Board**

Quality Assurance Framework 2018-2021

1. Introduction

The Care Act 2014¹ (Section 43(3)) requires the Richmond and Wandsworth Safeguarding Adults Board (SAB) to ensure the effectiveness of what each of its member does in helping and protecting individuals from abuse and neglect and delivering the outcomes that enhance their wellbeing.

The Care and Support Statutory Guidance 14.139 (DH, Updated 28 June 2017)² elaborates that Richmond and Wandsworth Safeguarding Adults Board should:

- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- evidence how SAB members have challenged one another and held other boards to account

The Social Care Institute for Excellence (SCIE) good practice guidance³ recommends that the SAB should seek assurance of the effectiveness of safeguarding activity and that safeguarding practice is continuously improving and enhancing the quality of life for adults with care and support needs and Carers in its area, in line with 'Making Safeguarding Personal'.

Good practice guidance from the sector⁴ suggests that performance or quality assurance framework provides a robust mechanism by which SABs can discharge these responsibilities and evaluate whether systems are working effectively to help and protect adults from abuse and neglect.

¹ Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

² Guidance -Care and support statutory guidance (Updated 28 June 2017) <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

³

Social Care Institute for Excellence (SCIE) <https://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/quality-assurance/index.asp>

⁴ Such as: Social Care Institute for Excellence, (March 2015), *Safeguarding Adults Boards Checklist and Resources*; Association of Directors of Adult Social Services (ADASS), (Spring 2015),

2. Purpose of Quality Assurance Framework (QAF)

A QAF evidences whether the right things are being done for the right reasons in the right way, and enables the use of this information to secure greater impact and effectiveness.

The QAF will be used by the SAB to

- evidence and gain assurance that safeguarding arrangements in Richmond and Wandsworth are effective;
- identify priorities and make decisions on how to improve safeguarding services;
- hold local agencies to account for their safeguarding work and arrangements;
- Support partners to be innovative and improve safeguarding arrangements; and
- help the Board to be more accountable to residents.

Across the partnership, the QAF will facilitate:

- monitoring of multi-agency performance data covering prevalence and nature of abuse, activity and effectiveness of responses, and making safeguarding personal.
- annual self-assessment of safeguarding arrangements in each individual member agency, to gain assurance of areas that are effective and how to act on areas requiring improvement;

Gathering quality intelligence will support the SAB in:

- early identification of risk to enable early intervention and mitigation
- gaining a holistic view of safeguarding arrangements so we can recognise and learn from good practice and identify areas that need improvement;
- being open and transparent across the partnership about risk and things that require improvement;
- identifying priorities for the Board and individual agencies to feed into the Board safeguarding strategy and individual agency action plans, and;
- evidencing continuous improvement over time.

3. The Framework

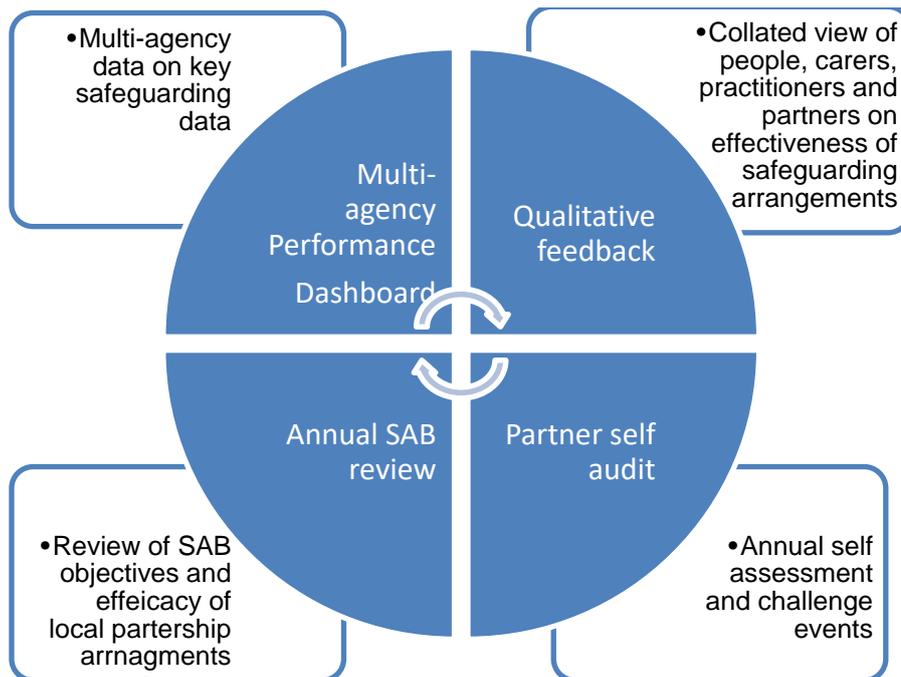
The SAB expects that all partners have in place effective quality assurance and monitoring in compliance with their own regulatory and governance requirements. The SAB will therefore seek assurance from partners through evidencing that they can demonstrate:

- How safe are local people? (Monitoring performance)
- Are local agencies working effectively internally and together to safeguard? (Quality assurance)
- Have the safeguarding arrangements improve the outcomes for the person? (Making a difference)

Information will be gathered from all partners from a variety of sources:

- Organisational activity data
- Partner self-audit
- Safeguarding Adults Reviews and live case reviews
- Practitioner feedback
- People feedback
- Regulator intelligence

The framework includes the following 4 areas:



The framework will bring together information from partners through collation of information on:

3.1 Performance dashboard

In recognition of the sovereign status of both Richmond and Wandsworth Councils the data will be kept separate for each council area. This will help the Board to ensure it identifies and responds to the unique characteristics of each area.

The dashboard will present performance information, linked to the six key safeguarding principles, to enable the SAB to understand prevalence, trends, themes and demonstrate the impact of the safeguarding arrangements on the residents of Richmond and Wandsworth. Where it is possible, regional and national benchmarking, year on year comparisons, target and direction of travel will be applied. (See appendix 1)

The SAB Workforce and Performance sub group will obtain partner information to populate the dashboard and present it with a summary report, to the SAB Executive, quarterly. Whilst the performance report is presented quarterly to the Executive, partners are required to monitor their own performance outside of SAB Executive meetings.

3.2 Qualitative feedback

All partner agencies should have processes in place to understand the individual's experience of their service. The SAB will draw on information gathered by partners from staff, carers and people involved in safeguarding enquires and from lessons learned from Safeguarding Adult Reviews.

3.3 Partner self-audit

The aim of the partner self-audit tool is to evaluate the quality of individual agency safeguarding arrangements and develop action plans. The London SAB "Quality Audit Tool" will be completed by partners and this will be complimented by a partner challenge event. The SAB Workforce and Performance sub group will analyse the finding and identify key themes in terms of both areas of excellence and development areas. This will be reported to the SAB Executive. Partners will be expected to ensure that they have delivered any planned improvements and to advise the SAB if it is not able to do so. A half yearly update will be required from all partners on progress. (See appendix 2 and 3)

3.4 SAB review

The aim of the SAB desktop review is to understand if the partnership is fulfilling its statutory duties and working effectively. The review will identify issues to be highlighted in the SAB annual report. It will involve a partnership evaluation of:

- The extent to which the SAB has achieved its objectives as set out in its business plan.
- Determine priorities for the next year.
- Consider how effectively the Board links with other strategic partnerships – such as the Health and Wellbeing Board, Safeguarding Children's Board, the Community Safety Partnership.
- Review success in raising public awareness.
- Discuss the Board budget and multi-agency nature of contributions financially and in-kind.

4. Reporting Frequency

The reporting will be as follows:

- Performance dashboard – quarterly
- Qualitative feedback – annually
- Partner self-audit – annually with update on progress within 6 months of the audit.

- SAB review - annually

A synthesis report on the overall findings of the QAF will be prepared each year by the Performance and Workforce subgroup. This report will identify strengths, learnings and development areas and will be the foundation for the SAB annual report.

5. Governance

The Individual agencies and organisations that make up the SAB are responsible for:

- Their own Quality Assurance framework in relation to safeguarding adults.
- Supplying information and data as required by this framework.
- Ensuring appropriate representation on the Performance and Workforce Sub group.
- Participating in annual self-audits.
- Completing agreed SAR actions and ensuring that the learning is shared and embedded within their organisation.
- Notifying the Board in a timely manner any issues of concern – such as poor regulatory inspection outcome, serious incidents, issues that might attract media attention etc.
- Referring cases for a Safeguarding Adults Review as appropriate.

The Performance and Workforce and sub group is responsible for delivering the QAF and for regularly reviewing it, as least once every 2 years.

Appendix 1: Multi-agency Performance dashboard



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Multiagency Performance dashboard measures

1. Empowerment and Making safeguarding personal

Adults are encouraged to make their own decisions and are provided with support and information

Outcome

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Measures

- Percentage of people with capacity who are asked to express an outcome for the safeguarding process
- Percentage of service users whose outcomes were met
- Number of repeat safeguarding enquiries – 6 monthly and annually
- Number/percentage of people who lacked capacity to consent to the safeguarding process, with access to advocate.

2. Prevention

Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.

Outcome:

“I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help”.

Measures

- Overview of provider’s number and CQC ratings – Council
- Number of services closed due quality concerns – Council
- No. of care services with an enforced/ voluntary stop, Organisational Safeguarding or an action plan – Council
- Percentage of safeguarding Enquiries by Location of Abuse – Council
- Number of home fire safety visits - LFB
- Number of public awareness sessions undertaken - Communication and Engagement sub group
- Police CRIS data – Met police

3. Protection

Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding

Outcome:

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Measures

- Sense of safety following safeguarding enquiry – Council
- Number of DOLS referral and authorisations – Council
- Number of community Deprivations of liberty - future development Council

4. Proportionate

A proportionate and least intrusive response is made balanced with the level of risk

Outcome:

“I am sure that professionals will work in my best interests as I see them, and professionals will only get involved as much as needed

Measure

- Number of safeguarding concerns and enquiries and ratio between them – benchmarked to London average – Council
- Number of completed safeguarding enquires which concluded that there was a safeguarding concern - Council
- Outcomes of concluded safeguarding Enquiries – number/percentage where risk reduced, removed or remained or no action taken – Council

5. Partnerships

Local solutions through services working together within their communities.

Outcomes:

“I am confident that professionals will work together, with me and my network, to get the best result for me. I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary.”

Measures

- Number of enquires by abuse type – Council
- List of agencies making safeguarding referrals – Council
- Number of people on high risk fire safety recorded by LFB
- Number of people with repeated calls to LAS which do not result in conveyance to hospital (LAS)
- Number of Live case reviews completed - Performance and Workforce sub group
- Number of CMARAP/VAMA referrals – Council

- Number of disability hate crimes reported – CSU Council

6. Accountable

Accountability and transparency in delivering a safeguarding response

Outcome:

“I understand the role of everyone involved in my life and so do they.”

Measure

- Number of LeDeR cases notified - CCG
- LeDeR themes – for later development CCG
- Number agencies completing self-assessment - Performance and Workforce sub group
- Number of agencies attending peer support event - Performance and Workforce sub group
- Number of Safeguarding Adult Reviews (SAR) referrals received – SAR sub group
- Number of SAR progressed – SAR sub group
- Total number of actions identified in SARS and percentage completed - SAR sub group
- Number of agency confirming sharing learnings from SARS – SAR sub group
- Number of meetings and percentage of members in attendance at:
 - SAB Business meeting
 - SAB learning event
 - SAB executive
 - SAR sub group
 - Communication and engagement sub group
 - Performance and workforce sub group

Appendix 2
Safeguarding Adults at Risk Audit Tool (2018 – 2019)

Organisation:			
Executive Lead responsible for safeguarding adults:	Name:	Designation:	
	Tel no:	Email:	
Name of person completing this audit:	Name:	Designation:	
	Tel no:	Email:	
Name of person authorising this audit	Name:	Designation:	
	Tel no:	Email:	
Date audit completed:		Date audit authorised:	

In the 2018-19 self-audit,

- 1) **Do not complete** the sections for which you have assessed as being **fully compliant** in 2017/18, unless this is no longer the case.
- 2) **You must report** on items that you highlighted as **needing improving** and change your RAG rating accordingly.
- 3) **Providing case studies** are the **best evidence** demonstrating how processes translate into practice. Please attach case studies wherever possible.
- 4) The revised version now includes **additional questions in Section D6 on inter-agency working, and F1 on Making Safeguarding Personal.**
- 5) **Section G on SARs** will need to be tailored for each SAB to evidence the local impact and local learning. Case studies are encouraged to demonstrate how the organisation has translated the learning from SARs to practice.

Summary of audit findings and identified issues of concern:			
Actions to be taken Red and Amber areas:			
Area:	Action	Lead	Date
Considering your audit findings, what do you think should be a SAB priority for 2019/20 (Please list)?			
How can the SAB support you to become fully compliant with the safeguarding agenda?			

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

A1 The organisation has a senior staff member that has the responsibility to ‘champion’ safeguarding (including mental capacity, prevent, domestic violence and other relevant policy areas) throughout the organisation.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. They have received up to date training in Adult Safeguarding legislation, and where appropriate, the MCA and other policy areas. b. The senior staff member keeps Senior Managers informed of all issues relevant to safeguarding and promoting wellbeing with evidence of cascading to all staff. c. This person will have a job description reflecting this specific role. 		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: job descriptions, training record, briefings for senior managers</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

A2 The organisation is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation (whether by means of mission statement/guiding principles/strategy/business plans/work plans) or into strategic documents)		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. The organisation is Care Act compliant, and able to evidence how it is implementing any actions allocated to them as set out in their own framework or strategies. b. This commitment is reflected in the level of participation of the organisation in actively 		
	Evidence to support RAG rating (how do you know?)	

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

<p>supporting the SAB in taking actions in the context of its business plan.</p> <p>c. There is an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.</p>	<p><i>Example: organisations mission statement, strategy and business plan</i></p>
<p>Additional Action to ensure improvement by whom</p>	<p>Progress or date completed</p>

<p>A3 There is demonstrable commitment at the Internal Board level (or equivalent) to Safeguarding Adults. This includes senior management representation on the SAB (<i>Board members need to be sufficiently senior to commit resources and make strategic decisions</i>) as well as demonstrable commitment to participation in any Safeguarding Adult Review (SAR) undertaken by the Board.</p>		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. The Service has a system for reviewing concerns and referrals which is integrated with complaints and serious incidents reporting process and policy.</p> <p>b. The organisation recognises safeguarding as integral to quality and best practice and the relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.</p> <p>c. Relevant connections are made across a range of reviews (Child Serious Case Review; Domestic Homicide Review).</p>		
	<p>Evidence to support RAG rating (how do you know?)</p>	
	<p><i>Example: governance structure for quality assurance</i></p>	
<p>Additional Action to ensure improvement by whom</p>	<p>Progress or date completed</p>	

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

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A4 The organisation evidences candour and openness internally and in its relationship to the SAB.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Shares learning with partner organisations and internally (as appropriate). b. Transparent about its mistakes when they occur and understand the importance of being open and transparent. c. Identifies challenges to this open culture and puts plans in place to addresses these.		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: policy for openness and candour</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

A5 The organisation ensures high quality legal advice is made available to staff on both safeguarding adults and the Mental Capacity Act/DoLS, with legal literacy evidenced in safeguarding cases		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Making available to managers and staff regular updates from the Court of Protection. b. MCA designated lead/Advisor will be		

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

desirable/ required (see for example Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHSE, July 2015 para 4.2.5 in respect of CCGs).	
	Evidence to support RAG rating (how do you know?)
	<i>Example: Legal updates/newsletters for staff</i> <i>Role description designated lead</i>
Additional Action to ensure improvement by whom	Progress or date completed

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION B: THE ORGANISATION'S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES

B1 Organisational policies make reference to Safeguarding Adults and all relevant legislation (including but not limited to MCA, Human Rights Act and so forth).		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. There are organisational policies and procedures reflecting your organisation's responsibility to safeguard <i>and promote wellbeing</i>.</p> <p>b. These procedures reflect and cross refer to the Care and Support Statutory Guidance and London Multi Agency Safeguarding Adults Policy & Procedures 2016.</p> <p>c. They demonstrate the principles of the Human Rights and MCA.</p> <p>d. Clear lines of accountability, from an individual employee up to the most senior person.</p> <p>e. Reference to the importance of keeping accurate records as well as guidance to support staff.</p>		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: organisational charts showing adult safeguarding accountability. Copies of relevant policy and procedures</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

B2 Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard, and promote the wellbeing of people who use services, including compliance with MCA and DoLS.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Invitations to tender, contracts and contract monitoring reflect this and relevant standards and regulations.		

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION B: THE ORGANISATION'S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES

<p>b. There are explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect.</p> <p>c. Commissioners can demonstrate that they assure themselves that services are compliant.</p> <p>d. Contracts evidence how compliance with the MCA will be monitored.</p> <p>e. There is a strong advocate within the organisation for the MCA/DoLS.</p>	
	Evidence to support RAG rating (how do you know?)
	<i>Example: contract templates or clauses, monitoring reports</i>
Additional Action to ensure improvement by whom	Progress or date completed

B3: The organisation takes a broad view of what constitutes abuse and demonstrates awareness of statutory duty to report; evidence of learning and engagement with concerns/issues established as being included under the safeguarding remit in the Care and Support statutory guidance.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. Demonstrates awareness of where statutory duty exists to report, such as FGM, Prevent, modern slavery and criminal exploitation.</p> <p>b. Types of abuse reflected in organisations policy or local practice guidance.</p> <p>c. Organisation can demonstrate that it takes steps to prevent abuse and neglect taking place.</p>		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: training offered and taken up, local safeguarding strategy or policy on prevention, activity within QSGs.</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION B: THE ORGANISATION'S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES

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Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION C: THE ORGANISATION'S APPROACH TO WORKFORCE & WORKPLACE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK

C1 Your organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board and relevant learning from reviews.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. Policies on when to undertake checks /DBS. b. The responsibility for all staff in relation to safeguarding, and promoting wellbeing is stated within all job descriptions. c. Professional standards in relation to safeguarding are underlined. d. Induction standards include the need to ensure new staff are made aware of their responsibilities to safeguard and promote wellbeing. 		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: HR policy on DBS checks, induction program for new starters, job descriptions, job advertisements</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

C2 The organisation's staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. There is a policy on frequency that employees in contact with adults at risk receive regular supervision and an appraisal. b. All staff has regular reviews of their safeguarding practice to ensure competence 		

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SECTION C: THE ORGANISATION'S APPROACH TO WORKFORCE & WORKPLACE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK

<p>to carry out safeguarding activity.</p> <p>c. Discussion on safeguarding issues is specifically facilitated in supervision so that staff feels able to raise concerns and are supported in their role.</p> <p>d. Evidence of reflective practice sessions or opportunities.</p>	<p>Evidence to support RAG rating (how do you know?)</p> <p><i>Example: supervision policy, template, recording requirements</i></p>
<p>Additional Action to ensure improvement by whom</p>	<p>Progress or date completed</p>

<p>C3 All staff working with adults at risk should receive training appropriate and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk.</p>		
<p>Arrangements to achieve this standard:</p>	<p>Discussion points / comments</p>	<p>RAG Rating</p>
<p>a. Training is mapped against staff levels so they understand what they need to attend.</p> <p>b. Training updated regularly to reflect best practice.</p> <p>c. Demonstrate subject areas of training are appropriate for your organisation (MCA, DoLS, Prevent, FGM, DV and so forth).</p> <p>d. Training links with safeguarding children and equality and diversity issues.</p> <p>e. A framework to assess competency in safeguarding and the MCA is integrated into existing supervision and appraisal systems.</p> <p>f. Work and caseloads allow practitioners to manage safeguarding appropriately.</p>	<p>Evidence to support RAG rating (how do you know?)</p> <p><i>Example: competency framework for safeguarding and its application</i></p>	

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SECTION C: THE ORGANISATION'S APPROACH TO WORKFORCE & WORKPLACE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK

Additional Action to ensure improvement by whom	Progress or date completed

C4 Your organisation has written guidance & procedures for handling complaints and allegations against staff and this is clearly accessible to staff.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. A whistle-blowing policy and a culture that supports staff in raising concerns regarding safeguarding issues. b. It includes appropriate referral to the Disclosure and Barring Service and Disclosure and Barring updates. c. Your organisation has a code of conduct for staff working directly with adults at risk, concerning acceptable and unacceptable behaviour including discrimination and bullying.		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: policy and procedure for complaints against staff, local practice</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

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SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

D1 Your organisation is represented and engaged at the SAB and/or its sub-groups.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. Frequency and participation during attendance at SAB meetings and subgroup meetings is noted. b. The SAB representative reports back to the right level in the organisation ensuring that the broader organisation engages with the partnership and its objectives. c. Partners provide resources or funding to enable the Board to carry out its duties under the Care Act. 		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: record of attendance at SAB meetings, resource (staff time, room bookings) or financial contribution</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

D2 The organisation evidences its engagement and transparency with the partnership in safeguarding adults through compliance with London Multi Agency Adult Safeguarding Policy & Procedures 2016.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. Organisation raises concerns appropriately b. Immediate steps taken to protect the adult where appropriate and protect forensic evidence. c. Organisation engages appropriately in multiagency efforts to prevent and intervene 		
	Evidence to support RAG rating (how do you know?)	

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SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

when caused to do so. d. Attendance at safeguarding meetings as appropriate.	<i>Example: safeguarding concerns raised, attendance at safeguarding meetings</i>
Additional Action to ensure improvement by whom	Progress or date completed

D3 The organisation evidences that action plans from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) nationally and locally drive improvement internally and across the partnership.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. There is evidence that internal action plans/learning (e.g. from Serious Incidents, SARs, DHRs and complaints) are shared with the SAB. b. Learning is facilitated across partners. c. There is triangulation of data that will inform decision making.		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: organisational action plan and progress following a SAR</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

D4 Your organisation has policy/procedure/guidance setting out clearly the process and principles relating to sharing information across

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

relevant agencies.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. This is in line with London Data Sharing Agreement 2018. b. It takes account of available protocols/guidance (local SAB, SCIE, Care Act and Safeguarding Children). c. All relevant staff are trained in applying this including in the context of Safeguarding Adults. d. Local and national learning from Safeguarding Adult reviews informs development and review of the policy/procedure/guidance.		
	Evidence to support RAG rating (how do you know?)	
Additional Action to ensure improvement by whom	Progress or date completed	

D5 Your organisation has a focus on the need for preventing abuse and neglect.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Measures are in place to minimise the circumstances which make adults at risk of abuse (i.e. isolation). b. Your organisation works together with other to implement quality assurance, robust risk identification and risk management processes in order to prevent concerns escalating to a point where intervention is required under safeguarding adult procedures. c. This includes commissioners working together		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: terms of reference of forum/meetings with providers, work with individuals to manage risk and reduce need for safeguarding</i>	

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SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

to assure themselves of the quality and safety of the organisations they place contracts with.	
Additional Action to ensure improvement by whom	Progress or date completed

D6 Your organisation works well with others, staff work in partnership to safeguard adults at risk of abuse or neglect		
Issues arising regarding achieving this standard:	Discussion points / comments	RAG Rating
a. What inter-agency work is going well? b. Where are there blocks or barriers in interagency working? c. What could the SAB do to help improve inter-agency working?		
	Evidence to support RAG rating (how do you know?)	
	Example: of good practice or area of challenge	
Additional Action to ensure improvement by whom	Progress or date completed	

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SECTION E: ADDRESSING ISSUES OF DIVERSITY

E1 Your organisation delivers in accordance the public sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Equality duty is used to inform safeguarding actions, including strategies/frameworks and any policy or procedures. b. Measures taken to promote equality and reduce inequalities in access to service and the outcomes from services. c. Staff are aware of and complaint with the equalities duty.		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: data/information shows diversity of the population that access safeguarding services, measures taken to address issues of equal access</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

E2 Your organisation takes steps to ensure that information is obtained from individuals who use your service about what outcomes they wish from the safeguarding process and whether they have received this.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Their experience is recorded and the organisation learns from it. b. Individuals who use services and their carers/families also influence and inform more broadly the development of the organisation's strategic approach to safeguarding and related agendas.		
	Evidence to support RAG rating (how do you know?)	
	<i>(Note down in the evidence section key messages arising from engagement with service users, families, carers, public)</i>	

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION E: ADDRESSING ISSUES OF DIVERSITY

Additional Action to ensure improvement by whom	Progress or date completed

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING AND EMPOWERED BY THE ORGANISATION'S RESPONSES

F1 The principles of Making Safeguarding Personal are at the heart of the organisation's safeguarding practice.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. The organisation has expressed a commitment to MSP at a strategic/senior level. b. Person-led and outcome-focused practice in safeguarding is demonstrated. c. Adults give consent to raising safeguarding concerns and their views inform next steps, processes and actions. d. Outcomes are identified to steer an enquiry. e. Outcomes are reviewed and the extent to which they have been achieved is recorded. f. Strong patient/service user outcome focus within organisations quality assurance process and practice. g. Training for staff and volunteers on safeguarding adults adopts the MSP approach. 		
	Evidence to support RAG rating (how do you know?)	
	<i>Give examples of how this is demonstrated and the difference it makes.</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

F2 Your organisation has written information available to adults at risk and their families about safeguarding adults including who to contact if they are concerned about an Adult at Risk.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. Arrangements are in place to support those for whom English is not their first language. b. Information is provided in a range of formats 		

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING AND EMPOWERED BY THE ORGANISATION'S RESPONSES

and languages. c. Information contained is plain English and accessible.	
	Evidence to support RAG rating (how do you know?)
	<i>Example: sample of written information</i>
Additional Action to ensure improvement by whom	Progress or date completed

F3 Your organisation supports individuals to access their right to an independent advocate <i>where an adult has substantial difficulty in being involved in the safeguarding process</i> and they have no suitable representation or support. (Care and support statutory guidance 14.43)		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Staff are clear how to access advocacy for safeguarding. b. There is information for adults and their families. c. Consideration if given as to the appropriateness of types of advocacy.		
	Evidence to support RAG rating (how do you know?)	
	<i>Example: data that shows number of referrals for an advocate</i>	
Additional Action to ensure improvement by whom	Progress or date completed	

Safeguarding Adults at Risk Audit Tool (2018 – 2019)

SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING AND EMPOWERED BY THE ORGANISATION'S RESPONSES

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Appendix 3

Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

This section should be tailored to meet local needs and local learning: the questions below are an example of what areas can be audited in relation to learning from SARs

G1 Your Organisation is aware of the SARs, the recommendations from the SARs and the resulting action plans and has translated these into changes in the organisation's processes to prevent repeat of similar concerns (This expands on Section D3)		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. The organisation has completed all actions in SAR action plans. b. The organisation has made changes to its processes to reflect the requirements in the action plans. c. The organisation is assured that these processes are effective. 		
	Evidence to support RAG rating (how do you know?)	
Additional Action to ensure improvement by whom	Progress or date completed	

G2 Your organisation is assured that the learning from the SARs has been disseminated to staff		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. All staff know about the SARs and the findings. b. All staff know about the improvements that have been made to services as a result. c. All staff know how to make a referral for a SAR. d. All staff are trained so as to meet their 		
	Evidence to support RAG rating (how do you know?)	



Appendix 3

Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

responsibilities to prevent repeat of the concerns highlighted in the SARs.	
Additional Action to ensure improvement by whom	Progress or date completed

G3 Your organisation can assure the Board that the key findings from the SARs have been effectively incorporated into your organisation's culture		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> a. Staff highlight complex cases and/or where several agencies are involved and are supported in such cases to acquire case coordination and/or multiagency approach to managing need and risk. b. They are fully versed in risk assessment and risk management and positive risk taking. c. Staff are aware of the legal avenues open to them to manage risk d. They are fully compliant with the Mental Capacity Act and know how to apply it in practice e. They are aware that they have a duty to share information about risks f. They are empowered to escalate concerns 		
	Evidence to support RAG rating (how do you know?)	
Additional Action to ensure improvement by whom	Progress or date completed	



Appendix 3

Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

G4 Your organisation in a commissioning role is assured that providers are meeting their responsibilities in relation to the SARs		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Provider services are demonstrating cooperation with the SARs b. Providers are implementing the recommendations c. Providers are integrating the key findings into the processes of the organisation to ensure that there are no repeats of the same type of concern d. They are training their staff to improve competences in line with findings of the SARs		
	Evidence to support RAG rating (how do you know?)	
Additional Action to ensure improvement by whom	Progress or date completed	



Appendix 3

Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

Organisation:			
Executive Lead responsible for safeguarding adults:	Name:	Designation:	
	Tel no:	Email:	
Name of person completing this audit:	Name:	Designation:	
	Tel no:	Email:	
Name of person authorising this audit if different from above.	Name:	Designation:	
	Tel no:	Email:	
Date audit completed:	Date audit authorised:		

Summary of audit findings and identified issues of concern:			
Actions to be taken <i>Red and Amber areas</i>			
Area:	Action	Lead	Date
Good or best practice examples you would like to highlight, including case examples.	Refers to section in audit tool (e.g. A1, F5)		

Is your organisation a CQC regulated provider?	Yes / No <i>If yes, answer the two questions below.</i>
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Appendix 3

Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

What was the date of your last CQC inspection?	
What CQC rating did you receive?	



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

Please provide the evidence to support YES responses

A1 The organisation has a senior staff member that has the responsibility to 'champion' safeguarding.	A2 The organisation is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation.	Suggested evidence for standard	Overall RAG
<input type="checkbox"/> Do you have an organisational lead for safeguarding adults? <input type="checkbox"/> Does the job description for this role include adult safeguarding? <input type="checkbox"/> Has the person in this role received training appropriate to their responsibilities and duties?	<input type="checkbox"/> Does your organisation have a policy on adult safeguarding? <input type="checkbox"/> Does your organisation have a mission statement that states a commitment to safeguarding adults and promoting wellbeing?	<input type="checkbox"/> Job description for adult safeguarding <input type="checkbox"/> Safeguarding training records <input type="checkbox"/> Organisational chart <input type="checkbox"/> Policies/guidance/strategies <input type="checkbox"/> Mission statement/corporate plan. <input type="checkbox"/> Annual report <input type="checkbox"/> Project plan(s) <input type="checkbox"/> Improvement plans <input type="checkbox"/> Reports that look at <ul style="list-style-type: none"> • learning from incidents. • Service user feedback and engagement • Thematic reviews • Briefings • Board and committee reports • Performance and audit reports 	
A3 There is demonstrable commitment at the Internal Board level (or equivalent) to Safeguarding Adults.	A4 The organisation evidences candour and openness internally and in its relationship to the SAB.		
<input type="checkbox"/> Does your organisation review concerns, referrals, complaints and serious incidents?	<input type="checkbox"/> Does your organisation have a 'Duty of Candour Policy'		
A5 The organisation ensures high quality legal advice is made available to staff on both safeguarding adults and the Mental Capacity Act/DoLS, with legal literacy evidenced in safeguarding cases.			



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

Does your organisation have recourse to legal advice?

Does your organisation provide updates on DoLS case law?



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION B: THE ORGANISATION'S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES

Please provide the evidence to support YES responses

B1 Organisational policies refer to Safeguarding Adults and all relevant legislation (including but not limited to MCA, Human Rights Act and so forth).	B2 Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard, and promote the wellbeing of people who use services, including compliance with MCA and DoLS.	Suggested evidence for standard	Overall RAG
<input type="checkbox"/> Do your policies refer to the Care Act 2014, The Mental Capacity Act 2005, Deprivation of Liberty Safeguards and Human Rights legislation	<input type="checkbox"/> Do you commission or sub-contract services? If no please go to B3	<input type="checkbox"/> Safeguarding training materials <input type="checkbox"/> Safeguarding training records <input type="checkbox"/> Guidance on reporting concerns	
B3 The organisation takes a broad view of what constitutes abuse and demonstrates awareness of statutory duty to report; evidence of learning and engagement with concerns/issues established as being included under the safeguarding remit in the Care and Support statutory guidance.		<input type="checkbox"/> Guidance on types of abuse <input type="checkbox"/> Performance reports <input type="checkbox"/> Annual report	
<input type="checkbox"/> Does your organisation provide guidance on how to report abuse? <input type="checkbox"/> Does your organisation train staff on the Pan London Safeguarding Adults Policy and Procedures.		<input type="checkbox"/> Improvement plans <input type="checkbox"/> Organisational chart <input type="checkbox"/> Policies/guidance/strategies <input type="checkbox"/> Other	



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION C: THE ORGANISATION'S APPROACH TO WORKFORCE & WORKPLACE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK

Please provide the evidence to support YES responses

C1 Your organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board and relevant learning from reviews.	C2 The organisation's staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations	Suggested evidence for standard	Overall RAG
<input type="checkbox"/> Does your organisation have HR policies which include guidance on when to undertake DBS checks? <input type="checkbox"/> Does your organisation monitor compliance with DBS? <input type="checkbox"/> Does your organisation include safeguarding adults in its induction?	<input type="checkbox"/> Does your organisation have a supervision policy that reflects guidance for appraisals and supervision of staff working with vulnerable adults? <input type="checkbox"/> Do staff have regular reviews that focus on reflective practice?	<input type="checkbox"/> HR policies <input type="checkbox"/> DBS policy <input type="checkbox"/> Induction materials <input type="checkbox"/> Supervision policy <input type="checkbox"/> Supervision audits <input type="checkbox"/> Competency framework <input type="checkbox"/> Training policy <input type="checkbox"/> Training programme <input type="checkbox"/> Case management audits and reviews <input type="checkbox"/> Duty of Candour policy	
C3 All staff working with adults at risk should receive training appropriate and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk.	C4 Your organisation has written guidance & procedures for handling complaints and allegations against staff and this is clearly accessible to staff.		



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION C: THE ORGANISATION'S APPROACH TO WORKFORCE & WORKPLACE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK

<input type="checkbox"/> Does your organisation review concerns, referrals, complaints and serious incidents?	<input type="checkbox"/> Does your organisation have a 'Duty of Candour Policy'?	<input type="checkbox"/> Complaints, whistleblowing policy and procedures <input type="checkbox"/> Other
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Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

Please provide the evidence to support YES responses

D1 Your organisation is represented and engaged at the SAB and/or its sub-groups.	D2 The organisation evidences its engagement and transparency with the partnership in safeguarding adults through compliancy with London Multi Agency Adult Safeguarding Policy & Procedures 2016.	Suggested evidence for standard	Overall RAG
<input type="checkbox"/> Is there governance in place to ensure internal briefings on multi-agency working, including that of the SAB and sub-committees?	<input type="checkbox"/> Does your organisation publish reports on learning from serious incidents, and case reviews including safeguarding adult's reviews and domestic homicide reviews.	<input type="checkbox"/> Internal reports and agenda's <input type="checkbox"/> Terms of reference <input type="checkbox"/> briefings <input type="checkbox"/> SAR action plans and reports <input type="checkbox"/> Audit reports <input type="checkbox"/> SAR training and learning events <input type="checkbox"/> Multi-agency action plans <input type="checkbox"/> Other <input type="checkbox"/> Information sharing agreements and guidance <input type="checkbox"/> Self-Neglect and Hoarding Policy <input type="checkbox"/> Awareness raising materials	
D3 The organisation evidences that action plans from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) nationally and locally drive improvement internally and across the partnership.	D4 Your organisation has policy/procedure/guidance setting out clearly the process and principles relating to sharing information across relevant agencies.		
<input type="checkbox"/> Does your organisation have a process for reviewing the impact and outcomes of recommendations made by SARs	<input type="checkbox"/> Is your organisation signed up to Multi-agency information sharing agreements. <input type="checkbox"/> Does your organisation provide guidance on what information can be shared between agencies when dealing with vulnerable adults?		
D5 Your organisation has a focus on the need for preventing abuse and neglect.			



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

<input type="checkbox"/> Does your organisation undertake prevention activities?	<input type="checkbox"/> Information on prevention initiatives and projects
<input type="checkbox"/> Does your organisation have a risk management framework in place for adults at risk?	<input type="checkbox"/> Risk Management Framework/Process
	<input type="checkbox"/> Terms of reference for case management or review groups including provider concerns meetings.



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION E: ADDRESSING ISSUES OF DIVERSITY

Please provide the evidence to support YES responses

E1 Your organisation delivers in accordance the public-sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.	E2 Your organisation takes steps to ensure that information is obtained from individuals who use your service about what outcomes they wish from the safeguarding process and whether they have received this.	Suggested evidence for standard	Overall RAG
<input type="checkbox"/> Does your organisation undertaken equality impact assessments when commissioning services, initiating projects or undertaking service changes?	<input type="checkbox"/> Does your organisation collect data on service user outcomes?	<input type="checkbox"/> Equality and Diversity policy <input type="checkbox"/> Equality impact assessments <input type="checkbox"/> Equal access measures <input type="checkbox"/> Service user consultation <input type="checkbox"/> Other	



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING AND EMPOWERED BY THE ORGANISATION'S RESPONSES

Please provide the evidence to support YES responses

F1 The principle of Making Safeguarding Personal is at the heart of the organisation's practice.	F2 Your organisation has written information available to adults at risk and their families about safeguarding adults including who to contact if they are concerned about an Adult at Risk.	Suggested evidence for standard	Overall RAG
<input type="checkbox"/> Does your organisation provide training on Making Safeguarding Personal. <input type="checkbox"/> Is Making Safeguarding Personal referenced in safeguarding policies and guidance.	<input type="checkbox"/> Does your organisation provide information for patients on safeguarding? <input type="checkbox"/> Is this information in accessible formats <input type="checkbox"/> Does your organisation refer adults at risk to advocacy services?	<input type="checkbox"/> Outcome measures for MSP <input type="checkbox"/> MSP audit reports and standards <input type="checkbox"/> MSP training and materials <input type="checkbox"/> Service user information on safeguarding <input type="checkbox"/> Advocacy referral process <input type="checkbox"/> Other	
F3 Your organisation supports individuals to access their right to an independent advocate <i>where an adult has substantial difficulty in being involved in the safeguarding process</i> and they have no suitable representation or support. (Care and support statutory guidance 14.43)			



Safeguarding Adults at Risk Audit Tool (2018/19) for voluntary and non-statutory Board members

SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING AND EMPOWERED BY THE ORGANISATION'S RESPONSES

- Does your organisation provide guidance on referring to advocacy services?
- Does your organisation collect data on advocacy referrals.

Please provide the evidence to support YES responses

<p>G1 Your Organisation is aware of the SARs, the recommendations from the SARs and the resulting action plans and has translated these into changes in the organisations processes to prevent repeat of similar concerns</p>	<p>G2 Your organisation is assured that the learning from the SARs has been disseminated to staff</p>	<p>Suggested evidence for standard</p>	<p>Overall RAG</p>
<p><input type="checkbox"/> Has your organisation been involved with a Safeguarding Adults Review? If no, please mark this section as N/A</p> <p>If yes:</p> <p><input type="checkbox"/> Can your organisation demonstrate change to practice because of a review?</p>	<p><input type="checkbox"/> Has your organisation a process in place for disseminating learning from reviews?</p> <p><input type="checkbox"/> Does your organisation train front line staff in learning from reviews?</p>	<p><input type="checkbox"/> SAR action plans</p> <p><input type="checkbox"/> Committee agendas and reports</p> <p><input type="checkbox"/> SAR learning materials</p> <p><input type="checkbox"/> Communication plans</p> <p><input type="checkbox"/> Briefing notes</p> <p><input type="checkbox"/> Risk panel referrals</p> <p><input type="checkbox"/> Training records</p> <p><input type="checkbox"/> Improvement plans</p> <p><input type="checkbox"/> Multi-agency Risk management</p> <p><input type="checkbox"/> Risk management training materials</p> <p><input type="checkbox"/> Escalation protocols and guidance</p> <p><input type="checkbox"/> audit reports</p> <p><input type="checkbox"/> Other</p>	
<p>G3 Your organisation can assure the Board that the key findings from the SARs have been effectively incorporated into your organisation’s culture</p> <p><input type="checkbox"/> Does your organisation report to the internal Board on SAR learning?</p> <p><input type="checkbox"/> Can your organisation demonstrate that learning from reviews has been incorporated into your organisations priorities?</p>	<p>G4 Your organisation in a commissioning role is assured that providers are meeting their responsibilities in relation to the SARs</p> <p><input type="checkbox"/> Has your organisation a process in place to review actions plan and monitor implementation of recommendations for commissioned services?</p>		

