

10 July 2017**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****IMPLEMENTATION OF A QUALITY ASSURANCE FRAMEWORK FOR
ADULT SAFEGUARDING PRACTICE****Purpose of the Report**

1. This report informs Members of the outcome of the review recently undertaken in relation to quality assurance of adult safeguarding practice and the implementation of a robust quality assurance framework.
2. The report outlines for information the resource and capacity required to implement the quality assurance framework.

Information and Advice

3. The Care Act, 2014, placed a statutory duty on local authorities to lead and to have in place robust systems and processes in relation to adult safeguarding. This includes having lead responsibility to make enquiries, or require other agencies to do so, where it is believed that an adult is experiencing, or is at risk of, abuse or neglect. The Care Act also requires each local area to have in place a multi-agency Safeguarding Adults Board.
4. In addition, the Care Act requires local authorities to ensure that safeguarding practice is in keeping with the principles of Making Safeguarding Personal (MSP). The Care Act defines MSP as follows:

'Making safeguarding personal means it [safeguarding practice] should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.' Care and Support Statutory Guidance, Section 14.14.

5. The Council has had a quality assurance process in place which includes case file auditing to ensure that safeguarding practice and activities are sound. Managers have rigorous quality assurance processes in relation to oversight of safeguarding practice on a day to day basis, through regular supervision and case discussions with their team members. However, following a previous restructure, the safeguarding case audit role has not been applied consistently by managers. This has meant that the department has not retained oversight of the overall quality of safeguarding interventions and practice and have missed the opportunity to share learning from best practice.

6. During 2015/16, there were two Local Government Ombudsman (LGO) investigations where there were findings which both related to the management oversight of a safeguarding investigation and to the quality of recording and documentation of the safeguarding interventions. Actions were agreed and implemented to address the issues and recommendations of the reports. At the same time, consideration was given to the need for the department to have and to maintain an overview of the quality of safeguarding practice and a process for collating and sharing the learning amongst social care staff involved in safeguarding work.
7. As a result of the LGO investigations and findings, and in light of the changes brought about by the Care Act in relation to Making Safeguarding Personal, a review was commissioned in relation to existing quality assurance processes in relation to safeguarding practice, including the audit process, and to develop and embed a revised Quality Assurance Framework.
8. The aims and objectives of the review were to:
 - Assess and evaluate the standard and effectiveness of current safeguarding practice and processes and of Deprivation of Liberty Safeguards
 - Develop and implement a revised Quality Assurance Framework and auditing process in line with Making Safeguarding Personal principles
 - Develop a feedback process to enable learning and to embed high standards of safeguarding practice.
9. The review was undertaken during the second half of 2016/17 and consisted of two time-limited projects that were undertaken in parallel. One of the projects involved an in-depth audit of recent cases where a safeguarding intervention had been instigated following a safeguarding referral. An experienced team manager was temporarily seconded to complete the work. The other project was to complete a comprehensive review of current practice in relation to safeguarding investigations and interventions and best interest assessments relating to Deprivation of Liberty Safeguards (DoLS). This element of work was undertaken by independent consultants, Lowe Consultancy Services (LCS). Following completion of the review, the consultants were required to return after six months in order to evaluate the implementation of the new audit process once it has had the opportunity to become embedded into practice.

The case file audit

10. This project involved auditing a significant number of recent safeguarding interventions across the different service areas and the purpose of the case file audit was to:
 - Assess and take stock of the quality of safeguarding interventions undertaken by social care staff
 - Gauge the standard of practice across the department
 - Gauge the robustness and understanding of current safeguarding processes
 - Identify any recurring themes and trends relating to safeguarding practice
 - Identify areas of good practice including the application of MSP principles
 - Identify areas where practice needs to improve

- Roll out early learning to teams in relation to good practice and areas for development
11. The seconded team manager initially reviewed the existing audit tool and revised the template to ensure it was compliant with and able to determine how well the MSP principles were being applied by staff undertaking safeguarding interventions. A small number of audits were completed to test the tool to ensure that it was simple to use and could help identify best practice and areas of concern. The team manager also developed some staff guidance on the completion of the audit process (see **Appendices 1 and 2**).
 12. The audit tool enables the auditor give an overall rating of Gold (Exemplary); Green (Good); Amber (Requires Improvement) or Red (Inadequate) in relation to the quality of the safeguarding intervention, including the application of MSP principles, the decisions and judgements of the safeguarding investigator and the role of the safeguarding manager, including the actions taken to support the individual to mitigate against or reduce further risks, and the quality of the recording.
 13. Between August 2016 and February 2017, the team manager completed an in-depth audit of 140 cases files which were from all service areas and all teams. Following completion of the audits the team manager completed an analysis of her findings, reporting that out of the 140 safeguarding adults cases, 58% were deemed to be of an exemplary or good standard, with 29% where there was some acceptable practice but with some scope for improvement, and 13% where the practice and recording required improvement. The team manager subsequently made some recommendations arising from her findings.
 14. As part of her work, the team manager also established a Safeguarding Audit Reference Group consisting of staff from the different operational teams across different service areas. The purpose of the reference group was to discuss and consider the audit tool itself but also to discuss the findings of the audit and identify appropriate ways to undertake reflective practice so as to share best practice and to learn from poor practice examples as part of continuous improvement. The representatives of the reference group have asked for the forum to be continued beyond the team manager's secondment period.
 15. Following completion of the audit, the team manager produced a report containing an analysis of her findings with recommendations relating to the implementation of the audit tool and audit process.

The review of the existing quality assurance processes

16. Three consultants from Lowe Consultancy Services Ltd completed the review on adult safeguarding and DoLS practice and processes. The review was undertaken between November 2016 and March 2017 and culminated in a feedback workshop with staff to share their findings and recommendations.
17. The work consisted of:
 - a desktop review of the Council's Safeguarding Adults Board policies, procedures, processes and overview of training and development

- interviews with over 40 staff and some key external stakeholders
- focus groups with cross sections of social work practitioners and managers for both safeguarding and DoLS
- audit of a selection of case files and supervision notes
- benchmark of 'best-in-class QA processes' nationally
- review and benchmarking of performance management information
- mapping of current assurance processes
- presentation of initial findings and recommendations to a wider group of staff to influence the final recommendations.

18. The consultants acknowledged the work the Council had undertaken in relation to the considerable pressure all social care departments have faced over the past few years relating to significant increases in the volume of safeguarding and DoLS work. They observed that Nottinghamshire had responded well to the pressures:

*'Many other authorities have responded to a substantial increase in demand for social care services, alongside reduced funding, by becoming very task orientated and inward looking. In contrast, we found the department, in Nottinghamshire, to be very outward looking with a passion to improve and to make people who use services continually more central to the work of the department.'*¹ LCS Limited, April 2017

19. The consultants identified particular strengths in relation to the Council's work on and approach to adult safeguarding, noting 'a very positive organisational culture', a 'strong commitment to high standard' and 'a very strong management desire to improve'. They noted that there was an equally strong commitment to improving the user experience to ensure Making Safeguarding Personal principles were being applied. Whilst noting the good operational practice across many of the operational teams, the consultants also highlighted that there is room for further improvement and the 'scope to make this good practice more robust and more consistent'.
20. The consultants made a number of recommendations as follows:
- the implementation of a comprehensive quality assurance framework for both safeguarding and DoLS practice
 - a sustainable case file audit programme
 - systems for developing and utilising user feedback to enable continuous improvement.
21. The consultants recognised that some financial investment may be required to implement the action plan arising from the recommendations.
22. As part of the review work commissioned by the Council, the consultants are required to return in six months' time to assess and evaluate the progress made in implementing the quality assurance framework. It is anticipated that the consultants will return in October 2017 to complete this final part of the work.

¹ Lowe Consultancy Services Limited: Review of Existing Adult Safeguarding and Deprivation of Liberty Safeguards (DoLS) Quality Assurance Processes and the Development of Revised Quality Assurance Frameworks. April 2017 p6.

Next steps

23. The department is taking the findings from the review and case file audit process to inform the implementation of a revised comprehensive quality assurance framework which will enable access to robust qualitative information about safeguarding practice across all service areas. This will enable best practice to be identified and shared and to identify and address any practice issues which require further improvement.
24. Having reviewed the existing quality assurance framework and processes, it is evident that case file auditing can provide a very good overview of the quality of safeguarding practice and case recording. It is also of considerable value to team managers in terms of identifying and learning from best practice. Equally, the auditing of case files will enable identification of inadequate or poor practice so that targeted support and training can be provided where needed to help improve practice, including to specific individuals or teams as and where required.
25. It is proposed that the case audit template and guidance document for staff, developed and tested by the seconded team manager, are used to complete case file audits on a routine basis. The audits will be undertaken by team managers, with group managers and service directors playing a key role throughout the audit and learning process. Part of this will be to consider how the audits are used in terms of reflective practice on a day to day basis and through the team managers' supervision with their staff.
26. Additionally, it is proposed that the findings from the case file audits are collated to identify examples of best practice, and analysis undertaken to identify trends, patterns and reasons for any inadequate practice. This qualitative information will then be used to inform and shape further learning and training to ensure continuous improvement. This would include facilitation of themed learning events similar to those undertaken following Safeguarding Adults Reviews. Findings from the 140 case audits have already been summarised and a series of learning events are being undertaken with all teams, identifying best practice and enabling discussion on areas that require improvement.
27. Regular reports on the analysis of the trends and patterns in relation to safeguarding practice will also be presented to the Nottinghamshire Safeguarding Adults Board to enable scrutiny and challenge, and also to enable learning to be shared across the different statutory agencies in accordance with the remit of the Board.
28. In parallel to the case file audit process, an action plan is also being developed in response to the findings and recommendations from Lowe Consultancy. This relates specifically to an assessment and evaluation of the extent to which safeguarding practice centres on the needs and wishes of the individuals to whom the safeguarding interventions relate, the extent to which those individuals are involved throughout the safeguarding intervention, and the extent to which people are being supported to manage risk and to maintain control over their wellbeing and safety. This includes seeking feedback from a small percentage of people who have been subject to a safeguarding intervention, in accordance with their informed consent. This is a critical part of any quality assurance process as user and carer feedback is essential in helping to understand the impact of safeguarding interventions.

29. It is proposed that additional staffing capacity is identified to enable the learning from case file audits to be collated and analysed, and to lead learning events with staff to help share good practice and to ensure continuous improvement in relation to safeguarding and DoLS activities and interventions. Following the introduction of the Care Act, the Council established a temporary post of Designated Adults' Safeguarding Manager (DASM) for a two year period. The post was initially successfully recruited to but has been vacant for the past 12 months as the post holder returned to her substantive post after the first year of her secondment. It is proposed that this post is established for a three year period, at Band D, to facilitate the learning activities arising from the case file audits and also to oversee the work in relation to service user and carer feedback following safeguarding interventions. It is also proposed that 1 FTE Business Support Officer post is established for a three year period to help co-ordinate and support the scheduling of the case file audits and to support the work undertaken by the DASM.

Other Options Considered

30. Consideration has been given to the establishment of a central team of auditors to complete the case file audits. However, it is agreed that the team managers will benefit greatly from the learning derived from the case auditing activities. This will enable the team managers to develop reflective practice and should help them in their day to day line management and supervision of staff that are involved in completing safeguarding interventions and investigations. The staff that have been part of the Safeguarding Audit Reference Group have also indicated that their learning will be enhanced by routinely completing the case file audits. It is recognised that this additional activity will place further pressures on team managers who are already stretched in relation to their existing role and activities. Consideration has therefore been given to the establishment of an additional four team manager posts and this is the subject of a separate report to this meeting of the Adult Social Care and Public Health Committee.
31. Consideration has been given to utilising existing staff to co-ordinate and analyse the learning from case file audits and to develop and embed the learning to ensure continuous improvement and to oversee the process of service user and carer feedback but there is insufficient capacity to do this. This work will require some dedicated full time staffing capacity and the DASM role had previously been developed to provide this type of support to staff for their on-going learning and development.

Reason/s for Recommendation/s

32. A robust and sustainable quality assurance framework will provide the Council with confidence that safeguarding practice is sound and that service users and carers are at the centre of the safeguarding interventions in accordance with MSP principles. The Council is keen to implement the recommendations arising from the external review and to ensure continuous improvement through routine and regular case file auditing. Some additional staffing capacity is required to implement the framework.

Statutory and Policy Implications

33. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health

services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

34. Many safeguarding cases are subject to criminal investigations and proceedings and there is a comprehensive mechanism already in place through the Multi Agency Safeguarding Hub (MASH) for information to be shared between the statutory agencies in relation to safeguarding matters.

Financial Implications

35. The proposals include the establishment of two posts for a three year period as follows:
- 1 FTE Designated Adults Safeguarding Manager, Band D, at a cost of £55,865 including on-costs
 - 1 FTE Business Support Officer, Grade 3, at a cost of £23,412 including on-costs.
36. It is proposed that the posts will initially be funded from the additional funding allocated to local authorities as part of the Improved Better Care Fund.

Human Resources Implications

37. Following approval from Members, the post of 1 FTE Designated Adults Safeguarding Manager, at Band D, and the post of 1 FTE Business Support Officer, Grade 3, will be recruited to in accordance with the Council's recruitment processes.

Safeguarding of Children and Adults at Risk Implications

38. The proposals contained in this report will help the Council to ensure there is sound practice in place when responding to referrals in relation to adults at risk of abuse and neglect, and to ensure that all safeguarding interventions seek to reduce or to help people to manage risk of harm.

Implications for Service Users

39. The quality assurance process will include implementation of mechanisms to seek service user feedback in relation to their experience of a safeguarding intervention. This should help to ensure that safeguarding practice is undertaken in accordance with the needs and wishes of the service users.

RECOMMENDATION/S

That the Committee:

- 1) notes the outcome of the review recently undertaken in relation to quality assurance of adult safeguarding practice and the implementation of a robust quality assurance framework.

- 2) notes the resource and capacity required to implement the quality assurance framework, which is the establishment for a three year period of the post of 1 FTE Designated Adults Safeguarding Manager, at Band D, and the post of 1 FTE Business Support Officer, at Grade 3. Approval for these is sought in a separate report on the proposals for the use of the Improved Better Care Fund.

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Constitutional Comments

40. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (DG 16/06/17)

41. There are no Financial Comments as the report is for noting only. The additional posts in paragraph 35 are being approved as part of a separate report to the Committee on proposals for the use of the Improved Better Care Fund 2017/18.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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