

Regulatory and Audit Committee 10 April 2013

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INVESTOR IN PEOPLE



Adults and Family Wellbeing - Safeguarding Vulnerable Adults

Safeguarding Vulnerable Adults (SVA) Audit Action Plan

2013 – 2014

1 Introduction

- 1.1 An Internal Audit Review of the SVA auditing arrangements has recently been completed. (It should be noted that this was not a review of the safeguarding function itself but just the current auditing arrangements.) The Review also made recommendations to improve the audit.
- 1.2 This paper considers ways of improving the use of the audit process.
- 1.3 This paper sets out an Action Plan based on the Internal Audit Review recommendations as well as other wider elements of the SVA audit function and collation of information that will be required to ensure that Buckinghamshire County Council can evidence whether vulnerable residents are being kept safe through the safeguarding process.

2 Issues for consideration

- 2.1 Raising the profile and ownership of the audit function:
 - 2.1.1 Adopt a framework within which all care management teams in Adults and Family Wellbeing (AFW) with responsibility for investigating safeguarding alerts commit to a culture of using SVA audit as one of the means of assessing compliance with the SVA Policy and Procedures and identifying areas for practice improvements.
- 2.2 Using the activity of SVA auditing more widely:
 - 2.2.1 Auditing has traditionally been done after an event has taken place and then usually at “arm’s length” from the activity. It is suggested that the audit tools be used widely and by staff who are involved in the safeguarding process. This will have the following benefits:
 - (a) It will inform staff of the areas that will be scrutinised during an audit. The audit will then no longer be a remote and detached activity but very much an extension of practice.
 - (b) It will increase levels of compliance because the tools will be based on the policy and procedures and areas of good practice.
 - (c) It will clarify the audit process, which will enable staff to see the benefits of the exercise.
 - (d) It will increase knowledge, understanding and application of the policy and procedures.

(e) Audit and the lessons learnt will become an everyday and ongoing activity embedded in practice. This will result in better, clearer and more consistent recording.

2.3 Ensuring clarity and agreement over the audit tools:

2.3.1 There are currently two audit tools in use – the longer Routine Audit Tool and the shorter Light Touch Audit Tool. (These are attached below for information.) The tools will continue to be reviewed to ensure fitness for purpose in line with the policy and procedures and to ensure they are relevant to the level of audit required. All staff who use them should contribute to the review of the tools.



LIGHT TOUCH AUDIT SVA AUDIT ROUTINE
TOOL VER 1.2 - May :AUDIT TOOL VER 1.1

2.3.2 Feedback about the design of the audit tools will be required. Within the Action Plan a wider group of staff will be undertaking audits and there may be new ideas for a leaner tool that will capture all the information required.

2.4 Ensuring clarity and agreement over the auditing process:

2.4.1 The Safeguarding Quality Assurance Officer is available to provide guidance to staff and managers in the use of the audit tools. This will promote uniformity and consistency in the auditing process across AFW.

2.5 Establishing a clear reporting and follow up process:

2.5.1 In order to provide a clear reporting and follow up process, audit outcomes will be shared with frontline workers within agreed timescales to ensure compliance is achieved. At agreed timescales outstanding concerns will be raised with Business Managers and further escalated to senior managers if outstanding work is not rectified within the timescale.

2.5.2 In cases where there are areas that need addressing but the vulnerable adult has not been safeguarded, the matter would require an immediate response (within 24 hours). The relevant Business Manager would be responsible for ensuring that this work is completed.

2.5.3 It is suggested that in cases where there are areas that need addressing but the vulnerable adult has been safeguarded, the response to the audit should be made within two weeks. Again the relevant Business Manager would be responsible for ensuring that this work is completed.

2.6 Reports will be developed to show any gaps in practice and trends that are demonstrated.

- 2.6.1 The updates of information (work undertaken and when undertaken) will be recorded by the Safeguarding Quality Assurance Officer. Frontline workers and Business Managers will record in the safeguarding module and profile notes in client records on the SWIFT database
- 2.6.2 There should also be arrangements for highlighting and disseminating good practice identified through audit. Examples of good practice should be circulated to the staff so that there is learning from current practice. This could be undertaken in practitioner development sessions within Team Meetings.

3 Recommendations from the Internal Audit Report on the SVA Audit Review dated November 2012

3.1 Ensure the SVA audit reviews are recommenced as a matter of urgency and that a forward plan of audits be prepared.

3.1.1 The audits have already re-started.

3.1.2 There will be 15 audits across AFW carried out on a monthly basis and covering all the appropriate service areas.

3.2 Review and consider the appropriateness of the assurance levels and advice given resulting from an audit.

3.2.1 This means that we should review and reconsider the criteria upon which the assessments of 'adequate', 'inadequate', 'safeguarded' and 'not safeguarded' are based. The language used in safeguarding audit and the audit tools themselves need to be reviewed on the basis of the wider use of the audit tools

3.3 Ensure there is management review and sign off of the audits prior to the results being sent out for action.

3.3.1 This means that once an audit is completed it should be agreed and signed off by the respective Business Manager before it is sent for action

3.3.2 Confirmation that these actions have been taken will be recorded in SWIFT by the Care Manager responsible and a post audit exercise should be completed by the Business Manager to verify that this has been evidenced.

3.4 Ensure light touch audits are subject to a review by management to ensure consistency between their execution.

3.4.1 This means we have to ensure consistency of the audit framework across AFW. The methodology will incorporate use of the same tools for similar functions and at agreed levels.

3.4.2 Self audits and peer audits will also provide useful information for this purpose. It is also suggested that the Safeguarding Business Manager

will on a quarterly basis examine a sample of completed audits and take a view on their consistency.

3.5 Ensure reporting up to a relevant management level/committee takes place.

3.5.1 The collated information will be reported to the Business Managers and SVA Service Manager. Information will also be provided to the local management leadership team.

3.6 Ensure that a formal follow up process is adopted.

3.6.1 The current follow up procedure is that when the audit findings are sent out, there is a date by which a response is required. This is normally 24 hours for an urgent response and 2 weeks for non-urgent. If no response is received within those time scales then a reminder is sent and also the appropriate Service Manager copied in.

3.6.2 If no response is received within a week then the request for a response will be directly sought from the Service Manager.

3.7 Ensure follow up points are presented to a relevant tier of management for review and continually monitored until fully implemented.

3.7.1 This means that the follow up points should be presented to management, that they should be reviewed and that they should be monitored until implemented.

3.7.2 The detailed points normally would not need to be reported to senior management but only to the Business Managers. The points would be reviewed by the Business Manager, as well as the SVA Business Manager, and monitored through the follow up process described at 3.6 above.

3.8 Ensure some form of trend analysis is undertaken of the completed audits reported to ensure action upon any recurring issues that are identified.

3.8.1 This makes reference to trend analysis so that any recurring problems can be identified and addressed. This will be in place by the 31st May 2013.

Sabar Ullah
Safeguarding Quality Assurance Officer
SVA Team
14th March 2013

Additions by Harvey Burroughs (SVA Business Manager) completed 22nd March 2013

Audit Action	Description	Timescale for Action/Review
Audits to be undertaken by the Safeguarding Quality Assurance Officer	Audits were reactivated in the Safeguarding Team and the wider service	Started in December 2012
Business Managers to undertake audits (2 Audits per month)	Business Managers are now undertaking audits in their own teams using the Light Touch Tool, supported by the Safeguarding Quality Assurance Officer.	In place March 2013
Business Managers to undertake Peer Audits (1 Audit per month)	A selection of cases for audit has been chosen by the Safeguarding Quality Assurance Officer. This will be repeated on a monthly basis The Light Touch and Routine Tools will be used alternately	Starting 02 April 2013 to be completed by 25 April 2013. This will be a rolling programme following the same dates in the month
SVA Lead Care Managers in all teams to undertake Peer Audits (1 Audit per month)	Lead Care Managers in all teams to undertake peer audits. Arrangements for peer audits in mental health being finalised Using the Light Touch Tool	Starting 09 April 2013 to be completed by 25 April 2013
Safeguarding Care Managers to complete (1 Audit per month)	Safeguarding Care Managers from the SVA team to undertake peer audits Using the Light Touch Tool	Starting 09 April 2013 to be completed by 25 April 2013
Collation of results	The collation and presentation of data will be completed by the Safeguarding Quality Assurance Officer. This will include initial information on responses to explain/correct data. Results will be reported to the management team (Business Managers) initially, the local management leadership team, and the Monitoring and Evaluation Group	By 03 May 2013 for audits carried out in April 2013.
To provide information for Trend Analysis	Recommendations and guidance to improve/increase robustness of processes to keep vulnerable adults in Buckinghamshire safe.	31 May 2013

**BUCKINGHAMSHIRE SAFEGUARDING
LIGHT TOUCH AUDIT TOOL**

<p>After completing the audit please take any corrective action that may be necessary and email this completed audit to Sabar Ullah on sullah@buckscc.gov.uk (For audit queries ring 01296 382024).</p> <p>The questions should be answered by using the following responses: Y (for yes) N (for no) NA (for not applicable) NK (for not known)</p>		
<p>SWIFT ID:</p> <p>CLIENT:</p> <p>TEAM:</p>	<p>Care Managers / Workers / Investigation Officers:</p> <p>Manager:</p>	<p>Date of Audit:</p> <p>Date of incident the audit relates to:</p> <p>Audited by:</p>
<p>SUMMARY:</p>		

Questions	Answer
<p>1. Does initial response demonstrate that risks and protective factors have been considered?</p> <p>Comments:</p>	
<p>2. Is the manager's decision clear, appropriate and in line with risks identified?</p> <p>Comments:</p>	
<p>3. Is the investigation purposeful and have the procedural timescales been adhered to?</p> <p>Comments:</p>	
<p>4. Were strategy discussions, meetings, investigations, case conferences clearly recorded?</p> <p>Comments:</p>	
<p>5. Has the service user given consent for information to be shared and has this happened in line with interagency agreements?</p> <p>Comments:</p>	
<p>6. Has the service user been safeguarded?</p> <p>Comments:</p>	
<p>7. If the alleged perpetrator is also a vulnerable adult have their needs been addressed?</p> <p>Comments:</p>	

**BUCKINGHAMSHIRE SAFEGUARDING
LIGHT TOUCH AUDIT TOOL**

Questions	Answer
8. Has action been taken for other vulnerable adults who may be at risk?	
Comments:	
9. Have equalities issues been considered?	
Comments:	
10. Is there evidence of a coordinated multiagency approach?	
Comments:	
11. Is there a robust protection plan?	
Comments:	
12. Has the protection plan been reviewed?	
Comments:	
13. Has there been timely and flexible intervention?	
Comments:	
14. Has the approach been proportionate?	
Comments:	
15. Has there been appropriate management supervision during all stages of the episode?	
Comments:	
16. Where appropriate have the views of the service user and / or carer been sought about the process and the outcome?	
Comments:	
17. Is the “story” easy to follow?	
Comments:	

BUCKINGHAMSHIRE SAFEGUARDING
ROUTINE AUDIT TOOL

After completing the audit please take any corrective action that may be necessary and email this completed audit to Sabar Ullah on sullah@buckscc.gov.uk (For audit queries ring 01296 382024).

The questions should be answered by using the following responses:
Y (for yes) **N** (for no) **NA** (for not applicable) **NK** (for not known)

SWIFT ID:	Care Managers / Workers / Investigation Officers:	Date of Audit:
CLIENT:		Date of incident the audit relates to:
TEAM:		Audited by:
SUMMARY:		

REFERRAL PROCESS		Answer
1. Is this SVA case recorded as such?		
Comments:		
2. Was the alert procedure followed as defined in the internal SVA procedure and within the appropriate timescales?		
Comments:		
3. Is the source of the alert recorded? (Specify individual and organisation).		
Comments:		
4. Has the referrer been kept informed of the decision made regarding what will happen according to protocol?		
Comments:		
5. Was the safety of the client dealt with as defined in the procedures? (risk of immediate harm to vulnerable adult dealt with urgently and an initial Protection Plan done?)		
Comments:		
6. If possible was informed consent of the vulnerable sought for safeguarding involvement?		
Comments:		
7. Did the vulnerable adult need a capacity assessment?		
Comments:		

BUCKINGHAMSHIRE SAFEGUARDING
ROUTINE AUDIT TOOL

REFERRAL PROCESS continued		Answer
8. Was an advocate engaged or an IMCA (in accordance with the Mental Capacity Act 2000) to assist the vulnerable adult?		
Comments:		
9. Were risk assessments completed and risks appropriately identified and managed in respect of the vulnerable adult, staff and other involved parties?		
Comments:		
10. Is the type of abuse recorded? (Record what type of abuse has taken place)		
Comments:		

MANAGEMENT SUPERVISION / RECORDING		Answer
11. Is there adequate evidence and recording of management supervision throughout this case?		
Comments:		

POLICE INVOLVEMENT		Answer
12. Is a crime suspected and was a referral sent to PPU?		
Comments:		
13. Was there appropriate Police involvement in line with the procedures?		
Comments:		
14. Did the police attend case conference if required?		
Comments:		

KEY PARTNER INVOLVEMENT		Answer
15. Were all key partner agencies informed and involved?		
Comments:		

BUCKINGHAMSHIRE SAFEGUARDING
ROUTINE AUDIT TOOL

STRATEGY MEETING / DISCUSSION	Answer
16. Did this take place within 3 days of referral?	
Comments:	
17. Did all relevant agencies take part?	
Comments:	
18. Was a plan of investigation agreed?	
Comments:	
19. Was an appropriate lead identified?	
Comments:	
20. Was the investigation officer/s given clear tasks and with timescales?	
Comments:	
21. Were the minutes of the strategy meeting sent out within 7 working days?	
Comments:	

INVESTIGATION	Answer
22. Did this commence within 48 hours of strategy meeting / discussion?	
Comments:	
23. Were all involved parties kept informed?	
Comments:	
24. Did a subsequent case conference take place?	
Comments:	
25. Was the initial protection plan revised as appropriate with the full informed consent to protect the vulnerable adult?	
Comments:	
26. Is there a start date for the investigation? (Please record the date)	
Comments:	
27. Is there an end date start date for the investigation? (Please record the date)	
Comments:	
28. Is the outcome of the investigation recorded?	
Comments:	

BUCKINGHAMSHIRE SAFEGUARDING
ROUTINE AUDIT TOOL

OUTCOMES FOR VICTIM AND CARER		Answer
29. Are appropriate details of victim recorded? (eg gender, marital status, ethnicity, religion. These would normally be recorded on SWIFT).		
Comments:		
30. Is the outcome for victim recorded?		
Comments:		
31. Is outcome for carer recorded?		
Comments:		
32. Were the victim and carer satisfied with the investigation process?		
Comments:		
33. Were the victim and carer satisfied with the outcome?		
Comments:		
34. If appropriate were there any equality and diversity issues highlighted?		
Comments:		

OUTCOMES FOR PERPETRATORS		Answer
35. Are appropriate details of perpetrator recorded?		
Comments:		
36. Is outcome for perpetrator recorded?		
Comments:		
37. Did the outcome of the investigation involve services for the perpetrator?		
Comments:		
38. Did the investigation result in a referral to the Independent Safeguarding Authority?		
Comments:		
39. Was any professional referred to their professional body as a result of the investigation?		
Comments:		
40. What was the outcome?		
Comments:		
41. Was there a prosecution?		
Comments:		