

Update report for SAB sub-committee (Monitoring and Evaluation) following BCC's internal audit for safe guarding.

Background:

The Service Director with responsibility for the assessment and care management functions across AFW requested that the BCC Internal Audit Team undertook an audit of our safeguarding practice which focussed on compliance and quality assurance within the Service. A key requirement of this audit was to support the Service to develop robust systems of assurance. Internal Audit identified three areas of concern that required both immediate and longer term improvements:-

1. Quality Assurance - case files
2. Quality Assurance - supervision
3. Monitoring of compliance with key care management processes

Update:

The Service is in the process of developing a Service-wide Quality Assurance Framework. The first area that has been developed relates to safeguarding and directly addresses some of the concerns raised by the audit.

Service-wide integrated performance meetings which involves managers across all key functions are held on a monthly basis, this ensures that there is timely co-ordination and communication relating to safeguarding intelligence across AFW and between partners.

The frequency and number of Safeguarding peer audits that managers complete are reported on a monthly basis. The outcomes of each audit has a RAG status which at a high level identifies if the safeguarding investigation has been completed and recorded to a high standard or not. Where there is non-compliance of appropriate actions and outcomes from SVA audits this is followed up with the relevant care manager and any wider implications discussed.

Qualitative concerns identified through these audits will be addressed on an operational level through the monthly business managers' meetings and the 6 weekly Monitoring and Evaluation sub- Committee meeting which is held with Safeguarding leads representing Multi Agency partners to address cross-cutting safeguarding themes and concerns.

A supervision protocol and guidance has been developed and there is now monthly monitoring of the frequency of supervisions across the Service area. Where there is non-compliance this is addressed with the relevant manager.

An internal safeguarding protocol and operational guidance has been developed. This will be rolled out across the operational service area with clear processes and held on a clear intranet system. This is currently in draft form and will be taken through the portfolio governance for sign off.

It is anticipated that all actions in this report will be completed by 30th June 2014 and that following a period of implementation and internal assurances Internal Audit will be invited to review progress in the third quarter of the year. In addition to the above and the attached action plan, the Service is completing a wider review of safeguarding to ensure that we capture personal outcomes and people's experience of our service.