

## Appendix A – Adults Safeguarding Alerts Management Response

### **1.1a Audit recommendations;**

I recommend that the Acting Strategic Manager – Safeguarding and Quality develops the recorded procedures to monitor safeguarding alerts beyond the initial triage process and to outline situations where the 20 day targets should be increased or reduced. Changes to timescales should be authorised and recorded in the case notes.

### **1.1a Management response**

A draft policy has already been produced that will advise on divergent timescales. Rather than an authorisation process for cases taking longer than 20 days, policy wording should state that enquiries beyond 20 days will be discussed with staff in supervision. A review of the flowchart process is being taken forward as part of the upcoming pilot referral process with the Constabulary.

### **1.1a Audit Committee Update**

The policy has been circulated within the service and will shortly be published as part of a local procedures document on the Somerset Safeguarding Adults Board website. Staff awareness of achieving the 20 day timescale has increased and an enhanced conversation during supervision is held. The AIS recording process has changed so that there is a clear audit trail of who is responsible for the enquiry, thereby enabling caseloads to reflect allocated work.  
Action links to 1.2.

### **1.1b Audit recommendations;**

I recommend that the Acting Strategic Manager – Safeguarding and Quality ensures there is liaison with other authorities to share performance data to drive improvement.

### **1.1b Management response;**

Agreed - There is already a South West Safeguarding Leads group that can be used to obtain this information. The continuous monitoring of benchmark data can be used to drive improved performance and will provide greater context as to how well Somerset is performing beyond existing report measures such as SAC.

### **1.1b Audit Committee Update;**

The Strategic Manager for Quality & Performance is working as part of the South West Safeguarding Leads ADASS Group to share and obtain information to help drive improvement. In July 2017, she arranged for the group to share their respective Local Authority Safeguarding Adult Collection annual returns submitted to the Department of Health; this regional data is now being analysed and benchmarked by an independent analyst and will be presented back to the group at the next meeting in late September, and used to inform local awareness and action. Further information will be published nationally in October by the DoH.

### **1.2a Audit recommendations;**

I recommend that the Acting Strategic Manager – Safeguarding and Quality ensures that timescales are monitored for:

- Working days between contact and allocation
- Working days between allocation and closure

Cases that take longer than target timescales should be monitored on a sample basis. Validation reports must identify all open cases.

### **1.2a Management Response;**

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Agreed – a request has already been made for a daily report that will allow this analysis and to identify specific cases. This data will also be used to support the quality and performance monitoring detailed under recommendation 1.3a. All cases identified where no pathway decision was recorded were identified and addressed as part of the Safeguarding Service’s on-going validation process – we can confirm there were no issues in terms of these referrals not being responded to. Issues identified around case note recording and quality will be followed up through supervision discussions.

### **1.2a Audit Committee Update**

IMT are building a report that reports when a contact is received, that is accepted for a safeguarding response, to show timescale for how long this then takes to be allocated. Our aspiration as a service is to have minimal waiting for allocation and to allocate on the same day as pathway decision. In addition IMT are building a report that will show working days between allocation and conclusion of enquiry – this will then identify outstanding enquiries beyond 20 day timescale.

Both reports have errors on when run so we continue to test this with service manager oversight.

Supervisions with staff take place monthly; all cases allocated are discussed therefore the quality assurance of case recording and timescales are addressed. All cases between contact and allocation are reviewed and prioritised daily to manage risk.

### **1.3a Audit recommendations**

I recommend that the Service & Operations Manager, Safeguarding & Quality samples cases on a periodic basis to ensure that action plans, case notes and supporting documentation are completed to sufficient quality as defined by SCC and input in a timely manner.

### **1.3a Management response;**

Agreed - Where quality standards are not met feedback will be provided through supervision.

### **1.3a Audit Committee Update;**

Governed by the ASC restructure underway supervision accountability has changed within the service. Whilst recruitment to safeguarding lead roles is underway our supervision arrangements are temporary waiting full structure implementation. Nonetheless every worker is allocated a supervisor and has received formal supervision monthly.

Case sampling occurs within supervision and also on a daily basis by senior officers within the service.

Where quality standards are not met feedback is provided, and recorded, in formal supervision conversations.

The safeguarding service will be part of the sample supervision audit being undertaken by L&D team.

Outstanding action – there is a need for the service to have a formal audit process and description of what our expected standards are.