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# Health and Adult Social Care Scrutiny Committee

7 March 2022

## Adults' Services Quality Assurance Update

Report by: Executive Director of Adults and Health (DASS)

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### Summary

The purpose of this report is to provide members of the Health and Adult Social Care Scrutiny Committee (HASC) with an update with respect to Quality Assurance activities since the report to HASC in November 2021.

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### Focus for Scrutiny

Key areas for the committee to consider and comment on are:

1. The use of qualitative data.
2. Quality Assurance Framework for Commissioned Services.
3. Update on the November 2021 Quality Assurance report.
4. Examples of audits.

The chairman will summarise the output of the debate for consideration by committee.

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### Proposal

#### 1 Qualitative Data

- 1.1 Adults' Services receives qualitative data via the following mechanisms, which enables for horizon scanning of potential quality issues:
  - Complaints and compliments
  - Local Government & Social Care Ombudsman decisions
  - Learning Reviews and Serious Incident Reviews
  - Annual Social Care Outcomes Framework (ASCOF) customer and carer surveys
- 1.2 Complaints and compliments data is reviewed quarterly at the Quality Assurance Management Board and Performance, Quality & Practice Board meetings. This includes information regarding the nature of the complaint and key areas of learning. Messages regarding themes and practice improvements are disseminated throughout the service via those governance structures.
- 1.3 Local Government & Social Care Ombudsman (LGSCO) decisions, when received, offer an impartial and in-depth analysis of Adults' Services involvement and engagement with a customer and provide excellent opportunities for learning.
- 1.4 As the result of each LGSCO decision that finds against the Council, an action plan is developed to remedy the errors, and these are monitored for completion

by the Quality Assurance Lead. Each LGSCO decision is shared at the relevant Quality Assurance Management Board, Mental Health Quality Assurance Steering Group (where relating to Mental Health Services) and Performance, Quality & Practice Board meetings.

- 1.5 Learning Reviews and Serious Incident Reviews are in-depth reviews of Adults' Services involvement in cases and are triggered when an adult unexpectedly dies, or when opportunities were not taken that would have supported better outcomes, or where there the service would benefit from undertaking a review.
- 1.6 The terms of reference for each review are established by a panel that comprises the Assistant Director: Operations, the Assistant Director: Safeguarding, Planning & Performance, the Principal Social Worker, the Quality Assurance Lead and the relevant Service and Team Managers. This panel reviews the report and develops recommendations, which are then converted to an action plan. This is monitored for completion and reported throughout the service, as per the structures highlighted in 1.4.
- 1.7 The Learning Review and Serious Incident Review process has recently been updated to enable learning to be captured and analysed more easily, and for trends to be identified. As more reviews complete, this information will become richer and will be used to pinpoint areas of further scrutiny and improvement.
- 1.8 Themes for learning are identified and monitored through the mechanisms noted above, and these will often result in the development of Learning Bulletins that are disseminated across the service. These are to be used within Team Meetings to promote reflective learning and professional discussion. Recent bulletins that have been produced as a direct result of either audit activity, complaints, LGSCO decisions or Learning / Serious Incident Reviews have included:
  - Professional Curiosity
  - Cultural Considerations
  - Case Recording
- 1.9 Learning Bulletins have also been produced in conjunction with West Sussex Fire & Rescue Service when there is learning from its reviews which would benefit Adults' Services staff.
- 1.10 Quarterly learning meetings for all social care staff will be established and will be led by the Assistant Director: Operations and the Assistant Director: Safeguarding. These meetings will focus on the qualitative information and will emphasise the impact of services and decisions made on those receiving support.
- 1.11 In addition to the above, a quality assurance group for Service Managers (SenMG) has been started to ensure that messages regarding quality are effectively disseminated throughout all management tiers and this includes learning from the mechanisms described above.
- 1.12 The Quality Assurance Lead regularly attends the Customer & Carers' Group to share messages and to receive feedback, and this arrangement is currently being formalised for future meetings.
- 1.13 Alongside qualitative data, Adults' Services performance data is managed via three tiers of reporting:

- Monthly Service Reports
  - By service area
  - Action plans to drive continuous improvement (Plan, Do, Check, Act)
- Quarterly Performance Reports benchmarked against:
  - South-East Association of Directors of Adults' Social Services
  - Sub-set of ASCOF Measures (Adult Social Care Outcomes Framework)
- Annual Mandatory reports
  - ASCOF Measures
  - Short and Long Term (SALT) Support Data Return
  - Safeguarding Adults Collection (SAC)
  - Adult Social Care Finance Return (ASCFR)

1.14 The ASCOF survey of Adult Carers, which is designed by the NHS, has been undertaken and is due to report back in March 2022. The results will be analysed to drive learning and to indicate if further audit activity is required.

1.15 Respondents are asked if they would like to take part in future research to support the improvement of services, and the Quality Assurance Lead and the Communications & Engagement Team will use this opportunity to engage more closely and to undertake further targeted qualitative study.

## 2 Quality Assurance Framework in Commissioned Services

2.1 At the last meeting of the Committee when Quality Assurance was considered, members asked that details of a Quality Assurance Framework in Commissioned Services be included in a future report. Multiple workstreams, including the need to prepare Market Sustainability Plan, will impact on the detail of this framework and therefore, a draft version will be available to share with the Committee later in 2022.

2.2 The Quality Assurance Framework will be aligned with, and work in support of, the existing quality structures for commissioned services which includes market monitoring undertaken by commissioners and contracts officers, the Strategic Provider Concerns Group and the Quality Safeguarding Information Group.

## 3 Quality Assurance Update

3.1 Key activities completed since the last update include:

- Development of the Complex Case Forum
- Safeguarding Audit Changes
- Completion of further audits as per the audit framework
- Audit moderation processes development

3.2 The role of the Complex Case Forum is to discuss and consider all available options for increasing the safety of an adult at risk and to agree co-ordinated actions to help protect them. This supports the prevention agenda and the independence, well-being, health, and dignity of adults at risk.

3.3 The Complex Case Forum will consider and advise on individual cases where:

- An individual is putting themselves or others at significant risk by refusing support or services, *and*
- A range of options have been explored, yet the risk remains high *and / or*
- There is disagreement between services / agencies on managing the level of risk, or other services / agencies are not engaging with Adults' Services

- 3.4 The Complex Case Forum will:
- Support staff to reach agreement and adopt strategies in relation to individuals at risk, around decision-making and the management of those risks, where they are manageable
  - Identify options for mitigating the risk, which have yet to be considered
  - Consider high risk, complex cases where the initial Safeguarding Adult Procedure, and its associated policies, have been unable to reduce or alleviate the risk(s)
- 3.5 The processes for the forum are still being developed to ensure that they align with other risk management processes available to the service. These include the Multi-Agency Risk Management (MARM) meetings and safeguarding processes.
- 3.6 As a direct result of learning from Safeguarding Adults' Reviews, changes are being made to the safeguarding audit tool to help to ensure that Making Safeguarding Personal remains at the forefront of practice. This has been supported by 'What Good Looks Like' guidance for auditors, which will be released with the updated tool, and which will promote consistency in approach.
- 3.7 The Audit Framework (launched in October 2021) continues to be embedded throughout Adults' Services and performance markers, reported as part of corporate performance arrangements, have been agreed by the Performance, Quality & Practice Board.
- 3.8 The audit data to the 31/01/2022 is as follows and current performance is rated amber:
- 328 audits completed
  - Outstanding 15.0%
  - Good 55.3%,
  - Requires improvement 21.0%
  - Inadequate 8.7%
- 3.9 The audit reporting can be interrogated further to identify individual domains that require additional focus. This information pinpointed that practice regarding cultural considerations was not at the expected level, and this led directly to the issuing of a Learning Bulletin regarding this subject.
- 3.10 The data has highlighted that further work is required in respect of moderation processes, the Mosaic system, and that further clarification of expectations of auditors is required. This will be achieved via a Task & Finish Group comprising Team Managers and through further iterations of the framework itself. The moderation of audits will provide further qualitative information regarding practice, and this will be fed back into learning.
- 3.11 It has been identified that a separate audit framework for the Mental Health Service would be appropriate and this is due for publication by the end of February 2022.
- 3.12 As per the Safeguarding audit tool, 'What Good Looks Like' guidance has been produced for the Ethical Decision-making audits, Mental Health Act Assessment audits and Deprivation of Liberty Safeguards audits. This is to promote consistency of approach and a shared understanding of expected standards.

## **4 Audit Examples**

- 4.1 Adults' Services audits are completed on the Mosaic system, and this enables the reporting of key performance data, including:
- Rates of completion
  - Identification of trends / themes
  - Measures of success against criteria
- 4.2 Due to the nature of the audits, data protection and accessibility issues, it may be beneficial to run a separate session with HASC to run through the audit process. Please advise the report author if this would be welcome and, if so, a workshop can be organised.
- 4.3 The 'What Good Looks Like' guidance provided to auditors is attached as an appendix and illustrates the case management standards expected and the grading criteria used.

## **5 Proposal Details**

- 5.1 This section is not applicable as this is an update report and does not make any proposals.

## **6 Other options considered (and reasons for not proposing)**

- 6.1 This section is not applicable as this is an update report and does not make any proposals.

## **7 Consultation, engagement, and advice**

- 7.1 This section is not applicable as this is an update report and does not require any consultation, engagement, or advice.

## **8 Finance**

- 8.1 This section is not applicable as this is an update report and does not have any financial implications.

## **9 Risk implications and mitigations**

- 9.1 This section is not applicable as this is an update report and does not have any risk implications.

## **10 Policy alignment and compliance**

- 10.1 The equality duty is not applicable as this report provides background information. There are no social value, crime and disorder or human rights implications

**Keith Hinkley**  
**Executive Director of Adults' and Health**

**Contact Officer:** Graham Tabbner, Quality Assurance Lead, 0330 22 22150,  
[graham.tabbner@westsussex.gov.uk](mailto:graham.tabbner@westsussex.gov.uk)

**Appendices: A** - Ethical Decision-Making Guidance, v1.3  
**B** - Adults' Services Performance Data, v1.0

**Background Papers:** None.