

1. Audit Summary – Adult Safeguarding

Background and Context

- 1.1 Under the Care Act 2014 the Council and all its staff have a statutory duty to ensure their services recognise the importance of safeguarding service users.
- 1.2 In June 2019, the Council set up the Keeping Bristol Safe Partnership (KBSP), with representation from other public service organisations, such as the Police and health providers. The KBSP has an independent chair. There are three Business Delivery Groups: “Keeping Children Safe”; “Keeping Adults Safe”; “Keeping Communities Safe”.
- 1.3 The Council recognises the importance of adult safeguarding through the inclusion of a corporate risk; CRR10: Safeguarding Adults at Risk with Care and support needs.
- 1.4 This audit focused on the statutory duties of the Council in ensuring Adult Safeguarding measures and processes are in place. There was particular emphasis on the work of “Keeping Adults Safe” Business Delivery Group.

Scope and Objectives

- 1.5 The objective of the review was to provide an independent opinion and assess the progress in developing the Business Delivery Group – “Keeping Adults Safe” (KAS) and how this feeds into the established “Keep Bristol Safe Partnership (KBSP) as Bristol’s Safeguarding Board. Audit coverage included:
 - Delivery of the Corporate Adult Safeguarding Risk mitigations
 - Recording of care reviews and file notes recorded on LAS
 - How concerns are shared with partnering organisations and what is reported to KAS
 - There will be due regard for what information is escalated to KBSP.

Audit Opinion

- 1.6 Internal Audit have provided an opinion of “**limited**” assurance due to some improvements required around administration with particular emphasis on capturing “safeguarding concerns” and “safeguarding events” and timeliness of actions in progressing to a resolution along a clear pathway. Although there were weaknesses in the processes, the audit did not identify any significant safeguarding incidents. Our findings recognise the key role Adult Social Care has had in the Council’s response to the COVID-19 pandemic.

Key Messages and Findings:

- 1.7 Evidence gathered did not give assurance that all “safeguarding concerns” and “safeguarding events” were captured. Each safeguarding event that passes an assessment receives a sequential reference number from the management system Liquid Logic Adult Services (LAS). A sequence check found missing reference numbers on LAS; recognition and progression of a “safeguarding enquiry” is in doubt.
- 1.8 Capturing “safeguarding concerns” and “safeguarding events” relies on a statutory multi-agency approach, including organisations like the police and health joining the safeguarding partnership. Internal Audit identified a differing level of engagement among organisations enrolled within the partnership. Internal audit acknowledge the Council has no responsibility to manage the activities of other partnering organisations. The Council is the most invested organisation in the partnership. It could use its position to influence better engagement from the other partnership organisations. As above, Internal Audit acknowledge that the period in which the audit was undertaken included a period where partner agencies were dealing with an unprecedented situation in the Covid pandemic.
- 1.9 There is a pathway to progress a “safeguarding enquiry” to resolution. Internal Audit found at the outset raising a “safeguarding enquiry” was not timely; delays in setting up a “safeguarding enquiry” could lead to further abuse
- 1.10 Internal audit acknowledges there is no regulatory requirement for the timely progression of a “safeguarding enquiry”. The Council does have stated and standard pathways with milestones. Internal audit found that dates entered on LAS do not have to be the current date. They can be later or earlier than on the date they are input. This can affect the real-time chronology of a “safeguarding enquiry”. Internal audit found the date progression along a pathway can become illogical and out of sequence

- 1.11 System generated reporting within LAS is limited and mostly for low level purposes. There are no summary reports routinely available. Internal audit was informed that improved summary reporting was in development outside of LAS and using Power BI.

Management Response

- 1.12 It is helpful to have had a deep dive into Safeguarding activity through this audit as noted within this report this audit was undertaken during the Covid pandemic yet despite that multi-agency partners met together on a weekly basis to share system wide concerns and solutions, offering mutual aid and support. Many colleagues were also delivering a joined-up response alongside Public Health to our partners in health and social care. The commitment from our staff in adult social care and all agencies was flexible, responsive, innovative, solution focussed and one that there was no blueprint for.

Response to Key Messages and findings:

- 1.13 Re 1.7 above. The safeguarding adults process may be closed at any stage if it is agreed that an ongoing enquiry is not needed or if the enquiry has been completed and a protection plan agreed and put in place, or no longer required. We have put in a call with Liquid Logic to identify if the closing of an enquiry in these circumstances would cause the finding of missing reference numbers on LAS. The system is set up by them with fixed elements in the set up and we cannot change locally but LAS team have raised with Liquid Logic. This would not mean that recognition and progression of a "safeguarding enquiry" is in doubt especially as in all cases, once a concern is raised the progression to outcome is managed via a Team Manager or Senior Practitioner for whom the authorisation of the closure is mandatory so progression would be monitored.
- 1.14 Re 1.8 above. The Keeping Bristol Safe Partnership (KBSP) is a partnership between Health (Bristol CCG) the Police and Bristol City Council and other key agencies. The Executive (KBSP) was fully attended during this period by agencies, the Keeping Adults Safe Delivery (KAS) Group had good attendance as did the weekly Safeguarding Cell. Some meetings were not attended by all agencies during this time, which was addressed by the Business Unit Manager and in the context of a pandemic it was noted agencies attended as and when they could.
- 1.15 The KAS delivery group is the Strategic group responsible for delivering on the Strategic Business plan, also highlighting and escalating issues by exception to the Executive. The lack of attendance by any one agency at the KAS for a short period did not have an impact on the delivery of Statutory Safeguarding duties and agencies have been required to ensure attendance going forward.
- 1.16 Re 1.9 above. Safeguarding of Adults at Risk with Care and Support needs is a dynamic process that must be undertaken with people and not done to people to ensure that people who are at risk of abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.
- 1.17 To ensure timeliness across the safeguarding pathway we are working with our partners to ensure that risks are dealt with in a proactive manner and consider what constitutes a safeguarding concern and what action needs to be taken prior to this being passed to the LA, as approximately 70% of concerns raised do not reach the criteria for a safeguarding enquiry.
- 1.18 We are setting up a Multi-Agency Safeguarding Hub and multi-agency training which will assist with this. With the move to our new locality model and integrated ways of working through the Integrated Care Partnerships this will result in more prevention and recognition of the factors that can precipitate abuse, neglect, and exploitation of citizens. The review of our pathways, creation of standard operating procedures and the data available through Power BI will mean that timeliness can be monitored and responded to through performance clinics within the localities which are currently being developed.
- 1.19 Re 1.10 above. We expect practitioners to record dates that they undertook tasks and opened assessments to reflect the dates that they did the intervention, so the record is a true record of interactions. Liquid Logic has some fixed elements within its system that we cannot change however it makes sense for practitioners as they sometimes need to add case notes retrospectively as they are busy or away from their computers and the LAS users don't find this an issue.

- 1.20 We audit cases and undertake Quality Assurance visits to teams. We are reviewing the safeguarding pathway and a standard operating procedure is being drafted to sit alongside the Policy, procedure and guidance that already exists. Any exceptions through the pathways are escalated through the senior leadership team so that risks can be managed.
- 1.21 Re 1.11 above. The Power BI database which was in development at the time of the audit is now live so we can interpret data in real time and can drill down by teams and individual workers. This is cross referenced with audit, case forums, supervision and monitoring to provide a fuller assurance of activity and timeliness. The KBSP is recruiting a data analyst which with help in developing a dashboard for the Partnership, development of Performance and Learning Clinics will also enable us to create a deeper understanding of themes and issues and any solutions needed.