

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **HEALTH & SOCIAL CARE SCRUTINY COMMITTEE**

DATE: **24TH OCTOBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **INTERNAL AUDIT OF SAFEGUARDING
ARRANGEMENTS**

1.00 PURPOSE OF REPORT

- 1.01 An internal audit of Adult Safeguarding Arrangements was completed in July 2013.
- 1.02 This report is designed to provide scrutiny members with an opportunity to consider the outcome of that audit.

2.00 BACKGROUND

- 2.01 In December 2009 the CSSIW published their report on the Inspection of Adult Protection in Flintshire County Council and their Annual Review and Evaluation of Performance 2011-2012, similarly referred to the service.
- 2.02 Both documents contained recommendations for improvement to the service which the Authority in response produced an Action Plan to deliver the required improvements. The Audit presented in the attached document (Appendix A) is a follow up review to assess whether the necessary improvements have been acted upon, and to consider any areas that remain outstanding.

3.00 CONSIDERATIONS

- 3.01 Taking account of the issues identified within the Internal Audit (Appendix A), scrutiny can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed and consistently applied.
- 3.02 Areas of good practice noted in the audit were:-
- The Action Plan developed in response to the 2009 audit identified the actions needed, the required timescales for achievement and the persons responsible.
 - Progress has been made in implementing the recommendation that consistent recording of actions within strategy meetings

occurs, with clear responsibilities and timescales associated with all actions.

- Third-party information is now captured electronically using the secure electronic information transmission system GCSX.
- Safeguarding is now included in Annual Council Reporting.
- Mechanisms have been put in place to incorporate lessons learned from adult protection practice.

3.03 Areas noted for improvement include the need to ensure that a clear process to embed full risk management into the recording system is established and a need to ensure compliance of all operational staff with this system.

3.04 Areas where management need to ensure full application of Existing Controls include:-

- Staff to ensure PARIS represents a full history of all cases by attaching all Word documents to the electronic database.
- Staff should be aware of all roles and responsibilities under the new centralised POVA process needs to be established.
- The Terms of Reference for the Flintshire Adult Protection Committee need to be dated.
- Electronic connectivity for all partner agencies needs to be prioritised and actively pursued.

3.05 In responding to the improvement area noted and the need for application of existing controls to ensure there is no likelihood of increased risk materialising in this area, the following actions have been taken:-

- A completed risk assessment matrix is embedded into Paris documents. This means that in practice the management and reduction of risk is embedded into the recording of safeguarding discussions in all future cases.
- The Safeguarding Team is responsible for managing all safeguarding referrals. The quality of recording is therefore subject to a high degree of consistency. The quality of this recording will be subject to regular quality assurance
- All documents are now completed directly onto Paris. This will therefore ensure that Paris forms a full record of each individual

case.

- Changes in the safeguarding team now allow it to respond to all activities planned. Adult Safeguarding Managers are now Designated Lead Managers for all cases.
- Roles & Responsibilities as pertains to all areas of Safeguarding are being reviewed following recent changes, the outcome of this work will be communicated in full to all staff.
- Further actions have included discussions with CSSIW and support of a Safeguarding Specialist to develop a further detailed action plan to ensure the service will be fit for purpose in light of the new Social Care Bill.

4.00 RECOMMENDATIONS

4.01 Scrutiny Members are asked to note the overall findings of the Internal Audit Report published in August 2013 and management actions taken to address improvements and application of existing controls.

5.00 FINANCIAL IMPLICATIONS

5.01 Not Applicable.

6.00 ANTI POVERTY IMPACT

6.01 Not Applicable.

7.00 ENVIRONMENTAL IMPACT

7.01 Not Applicable.

8.00 EQUALITIES IMPACT

8.01 Not Applicable.

9.00 PERSONNEL IMPLICATIONS

9.01 Not Applicable.

10.00 CONSULTATION REQUIRED

10.01 Not Applicable.

11.00 CONSULTATION UNDERTAKEN

11.01 Not Applicable.

12.00 APPENDICES

12.01 Appendix A - POVA Internal Audit Report CS1020T1 August 2013

**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS**

None

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