

Appendix A – Audit Summaries

Health and Safety - Corporate (fieldwork Quarter 3 2023/24)

Audit opinion	Reasonable
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The overall objective of the audit was to review the effectiveness of controls over the Council's compliance with Health and Safety (H&S) regulations, employment law and statutory reporting obligations.

Our review found that the following controls are in place and working well:

- There is an up to date policy in place which had been appropriately scrutinised and approved.
- The Council displays signage in line with H&S requirements such as fire exit signs, fire evacuation notices, physical and mental health first aider lists, as well as their locations, working at height, and manual handling posters.
- Review of the risk assessment tracking spreadsheet maintained by the H&S Team demonstrated that they are monitoring services to ensure that they are undertaking their duties.
- The Council requires staff to undertake a suite of mandatory training courses related to H&S. The Council are actively tracking completion and both courses had been completed by all relevant staff at the time of our fieldwork.
- There are a number of corporate bodies at the Council that oversee H&S, including the Corporate H&S Committee. Relevant and appropriate information is provided to these forums to enable them to oversee H&S matters.
- Monthly information emails are also sent to all managers to help them fulfil their responsibilities and alert them to specific risks and lessons learned from other organisations.

We identified the following areas for management attention:

- The policy and procedural guidance structure is not consistent across the suite of 28 H&S policies at the Council. Some are not version controlled at all and have not been evidenced as reviewed in several years.
- The Accident - Incident Reporting Procedure states that all incidents should be reported to the Corporate H&S Team within five working days of occurrence. However, during out testing we noted that only two of the ten samples were reported to the Corporate H&S Team within this timeframe.

We raised two Priority 2 recommendations to address these issues and a further Priority 3 recommendation for good practice.

Recommendation	Priority	Recommendation accepted?
Policies and Procedures	2	Yes
Recording and investigation of accidents and near misses	2	Yes

Corporate H&S Committee Terms of Reference	3	Yes
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Children and Young People’s Mental Health and Wellbeing Contract (fieldwork Quarters 3 and 4 2023/24)

Audit opinion	Limited
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The overall objective of the audit was to review the effectiveness of the controls in place to govern and monitor the Children and Young People's Mental Health and Wellbeing contract, to ensure the service is delivered to expected standard and at the agreed cost.

We found that the following controls are in place and working well:

- There is an up to date, signed contract.
- Inflation pressures are effectively managed to minimise impact on the Council’s budget and Medium Term Financial Strategy (MTFS) as far as possible. The contract does not allow for inflationary increases and as such the amounts payable remain fixed.
- No issues were noted with the budget for the contract, and this is predicted to remain stable.
- Payments to the contractor had been appropriately approved.
- There are appropriate contract management and monitoring structures in place and contract management meetings are held regularly.

The key issue arising was that:

- Whilst there are mechanisms in place to manage the contract, the information reported and reviewed is not sufficient to ascertain how well the contract is performing and consequently we were unable to form a view on whether the contract is meeting outcomes and objectives or delivering value for money. The contractor’s performance against the Key Performance Indicators (KPIs) in the contract specification are not monitored. The 2023 annual report was issued late and actions from the 2022 annual report were not monitored.

We raised one Priority 1 issue to address this issue and a further Priority 2 recommendation to enhance the contractor’s Business Continuity Plan.

Recommendation	Priority	Recommendation accepted?
Performance Monitoring	1	Yes
Business Continuity Plan	2	Yes

Learning Disabilities (LD) – Reviews and Budget Monitoring (fieldwork Quarter 4 2023/24)

Audit opinion	Reasonable
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The objective of the audit was to review the adequacy and effectiveness of review and budget monitoring processes, including high cost placements or services.

We identified good practice and sound controls during the review:

- The weekly distribution of overdue service reviews and the fortnightly Performance Review meetings give senior management oversight and early alert of any issues with service reviews across the Department
- There are dedicated reviewing staff within LD which allows social workers to be task specific
- Budget monitoring information is produced and supplied to meet the budget setting and quarterly reporting timetable. Service area input to the process is evident.

We identified the following areas for management attention:

- There are no locally agreed procedures to support the specific LD review function. Our audit testing identified areas of social work practice, system input and Care Act compliance where further guidance would be beneficial.
- The LD reviewing staff do not use the LD Review Tray within the case management system which has led to the data held being out of date, not reconciled to other system reports and limits our assurance that all LD clients are accounted for and are reviewed annually in line with the Care Act 2014. There is no active data ownership, cleansing, utilisation and development of information available in the system to support the LD review function.
- Audit testing on a sample of LD client reviews due in 2023/24 have identified some inconsistencies, anomalies and omissions with data input, dates and record keeping.

We raised three Priority 2 recommendations to address these issues and a further two Priority 3 recommendations for good practice.

Recommendation	Priority	Recommendation accepted?
Procedures for LD Service User Reviews	2	Yes
Case management system review tray and system generated reports	2	Yes
Annual Reviews	2	Yes
Fraud Awareness training	3	Yes
Budget management training	3	Yes

Quality of Care – Adults’ Residential Placements (fieldwork Quarter 4 2023/24)

Audit opinion	Substantial
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The overall objective of the audit was to review how the Council receives assurance on the quality of its adult care placements (which are subject to the Council’s Quality Assurance Review process) to ensure best outcomes for service users.

We noted the following areas of good practice and positive audit findings:

- There is effective engagement and collaboration with the providers by the Quality and Provider Relations Team. The providers alert the team of any significant concerns and Care Quality Commission (CQC) inspections prior to formal assessment reports being published by CQC. This information is used to update the risk assessment and planning for visits to the providers.
- There is also good engagement with the CQC as evidenced by the CQC Operations Manager also attending the Home Care Forum meetings.
- A Quality Monitoring Feedback provider survey was undertaken in February 2024 as part of the continuous improvement process for ensuring that the support and advice provided to providers is effective and the work undertaken improves services for the residents of Bromley. Overall, the feedback was positive with very minor improvement matters noted.
- There are up to date procedure and guidance documents in place.
- The Quality and Provider Relations Team have in place expected monitoring and tracking schedules for planning visits and recording when visits have been undertaken. There is a robust risk assessment process for each provider.
- There is a clear process for following up recommendations arising from monitoring visits and the outcome of the follow up of those actions is evidenced.
- There is a programme of unannounced visits in addition to the full Quality Assurance Framework (QAF) monitoring visits to providers.
- We shadowed a Quality Monitoring Officer on a monitoring visit to a provider. The assessment was undertaken thoroughly and conducted in a professional and collaborative manner with appropriate challenge and corroborating evidence reviewed.

We raised two Priority 3 recommendations for good practice.

Recommendation	Priority	Recommendation accepted?
Timely completion of monitoring visit	3	Yes
Use of spreadsheets for tracking, planning and monitoring QAF visit	3	Yes

Adult Safeguarding – Procedures and Quality Assurance Processes (fieldwork Quarter 4 2023/24)

Audit Opinion	Limited
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The objective of this audit was to provide assurance that the London Borough of Bromley Adult Services are complying with their Adult Safeguarding duties and that controls are in place to ensure that referrals are dealt with effectively and within indicative timeframes. The audit focused on procedures and quality assurance processes.

We identified good practice and sound controls during the review:

- Areas reviewed were structurally sound and controls were clear and well formed, published and accessible.
- Comprehensive policies, procedures, and guidance are available to staff working in Adult Services that were easily available and embedded Safeguarding as a theme throughout.
- Policies and procedures were consistent, cohesive, and up to date. They provide a clear structure within which safeguarding can operate within Adult Services. There is a plan in place to streamline documents to make these more accessible to staff who are under time pressure to complete caseloads.
- There are forums in place to allow staff at all levels of seniority to share information, concerns, and best practice with regard to Safeguarding and wider Adult Social Care provision.
- Safeguarding Strategy and Performance meetings take place monthly and are attended by managers from across Adult Social Care as a whole. Review of recent minutes identified that there is a focus on improving practice within these meetings.
- Case file audits were completed in 2023, through reperformance of a sample of safeguarding assessments, where strengths and weaknesses were identified.
- A positive attitude of learning and development exists within a relatively new management team. There was a recognition that tasks remained incomplete and of further steps to be taken to maximise what is considered a strong foundation for the embedding of safeguarding into everyday Adult Services practice.
- Membership of the Bromley Safeguarding Adults Board provides additional oversight and strengthens multi-agency working across the borough.

Staff turnover and vacancies in key posts have unfortunately meant that the service has been unable to fully implement quality assurance processes as desired. The key issues arising were that:

- The case file audits reported a significant proportion of cases in the sample that fell short of an acceptable level of detail of the rationale for deciding on cases that were deemed to be safeguarding. A challenge arose through an external hearing that also found the quality of decision making was weak. No workshops or formal feedback to staff sessions have occurred to deliver the case file audits

findings. An action plan for the first case file audit 2023 has been published but not actioned and no action plan has been written for the second review.

- Some staff that we interviewed reported feeling a lack of confidence in making safeguarding decisions and completing assessments. To improve confidence, further training may be beneficial.
- Some staff also reported finding difficulties with the user accessibility of the data recording system. Weaknesses in the use of the system were reported in the 2023 case file audits.
- The importance and regularity of supervision is set out in policy, however, enquiry established that in practice this support was not consistently being made available as often as four weeks, and for one interviewee had become a quarterly exercise.
- Reports are produced detailing safeguarding cases exceeding an indicative target of 60 days. Enquiry Officers do not receive information directly and it was found that outstanding cases were not always being challenged to establish causes for delays.
- Responsibility for section 42 decisions is that of the Safeguarding Adults Managers (SAM), who must signoff enquiries performed by Enquiry Officers. In addition to this there are two annual case file audits performed in accordance with the Quality Assurance Framework. This review found the involvement of SAMs in quality checks insufficient and the learning from this has not been acted upon.

We have raised one Priority 1 and five Priority 2 recommendations to address these issues.

Recommendation	Priority	Recommendation accepted?
Lessons Learned and Defensible Decisions	1	Yes
Staff training	2	Yes
Data recording	2	Yes
Supervisions	2	Yes
Indicative time targets	2	Yes
Quality Checks	2	Yes