Sheffield
Learning Disability Service Review
Quality Assurance Assessment

"Commissioning services for people with learning disabilities is a substantial test of working together in effective partnerships and, through this, securing better health and support for local people while safeguarding this most vulnerable group of our population".

Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups (CCGs) (October 2012)

Report Author: Dr Kathryn A. Houghton, Safer Outlook Consulting Ltd
Co-author: Mr James Hoult, Independent Consultant to CCG

Date of Publication: August 2015 (based on evidence submitted to April 2015)

Foreword

In late 2013, the Learning Disability Service provided by Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Sheffield City Council (SCC) underwent some changes in its management arrangements following which, initially at SHSC but later at SCC concerns began to be raised about both the culture and quality of care within the residential accommodation elements of the service, known as Provider Services, these service are commissioned by SCC.

In early 2014 SHSC began an internal review process, which considered a range of quality and financial management concerns, at which time they informed NHS Sheffield Clinical Commissioning Group (CCG), as their main Health Commissioner of the concerns and it was raised as a serious incident. Subsequently SCC also undertook a similar review of their elements of the service. While the most serious concerns were found within the SHSC elements of the service, the findings of the two reports were not dissimilar.

Following the conclusion of these two internal reports, this current report was commissioned by SHSC, SCC and CCG to review the two reports and provide assurance on the robustness of those individual organisation based reports, identifying areas not covered or which needed further work. The aim of this report being to provide quality assurance of the work undertaken.

We collectively acknowledge the level of work which has already been done within both SHSC and SCC and that which is still required to be done to improve the level of quality and consistency across theses services and deliver high quality care to the residents of Sheffield who depend on the services.

The work required across three organisations should not be under estimated and we would thank Kathryn Houghton and James Hoult for their efforts to achieve a report which is welcomed by all three organisations.

August 2015

Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

NHS
Sheffield Clinical Commissioning Group

All enquiries about this report should be submitted to:

Sheffield City Council Press Team
Sheffield City Council
Town Hall
Pinstone Street
Sheffield
S1 2HH

Email: press@sheffield.gov.uk
Telephone: 0114 205 3546

Corporate Affairs Department
Sheffield Health and Social Care NHS Foundation Trust
Fulwood House
Old Fulwood Road
Sheffield
S10 3TH

Email: communications.shsc@shsc.nhs.uk
Telephone: 0114 271 6706

Where can I learn more?
If you would like to know more about the organisations involved in the LDS reviews please go to their respective websites:

Sheffield Clinical Commissioning Group: www.sheffieldccg.nhs.uk/

Sheffield City Council: www.sheffield.gov.uk/

Sheffield Health and Social Care NHS Foundation Trust: www.sct.nhs.uk/

Contents

Introduction

During 2013 Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Sheffield City Council (SCC) became aware of concerns about the standards of care in their directly provided, and jointly managed, supported living and registered care home accommodation for people with learning disabilities.

Following the death of a service user within SHSC Learning Disability Services in January 2013, concerns regarding potential financial fraud subsequently arose, together with issues identified from the Key Performance Indicators for the service. This led to an SHSC Review of Culture and Practice in Learning Disability Provider Services at the two involved service locations, Mansfield View and Cottam Road, running alongside other activity including serious incident and safeguarding investigations. Given the significance of findings, a service-wide SHSC Review of Culture and Practice in Learning Disability Provider Services started in October 2013. SHSC also commissioned KPMG to complete an external Review of Resident's Monies which began in November 2013.

After communication in August 2013, by SHSC to SCC, of the significant issues found, SCC began their SCC Joint Learning Disabilities Service Management Review: Part 1 Quality and Safeguarding and SCC Joint Learning Disabilities Service Management Review: Part 2 Financial and Management Controls in February 2014. At the same time SCC were reviewing a significant overspend within the SCC LDS. In contrast SHSC had an under spend within LDS, so a review of spending was not included. Therefore both organisations carried out separate and independent management reviews in order to investigate the concerns raised and take remedial action.

Following discussions between SHSC; SCC and the Sheffield Clinical Commissioning Group (CCG) it was formally agreed in November 2014, that after completion of the individual reviews, an external reviewer would be appointed to quality assure the robustness of the investigations which had been undertaken and review progress against the recommendations and implementation plans agreed. This external review would be delivered to health and social care commissioners and to Sheffield's Safeguarding Adults Partnership Board (SAB). The terms of reference (TOR) for the quality assurance assessment (QAA) were agreed by SHSC, SCC and the CCG on 30 January 2015 (Appendix A).

The QAA was scoped as a time-limited process with an understanding that if additional work was identified, the QAA would hand this over to the respective organisations to continue. This has occurred through the QAA recommendations, including the completed safeguarding review discussed in this QAA report. This report provides the outcomes on the QAA of the four separate elements of review relating to Sheffield (Adult Social Care) Learning Disability Service (LDS), also referred to as the Learning Disabilities Service in certain documents provided in evidence. It must be read in conjunction with the relevant individual review reports and actions plans relating to:

Date	Report Title
July 2014	SHSC Review of Culture and Practice in Learning Disabilities Provider Services
June 2014	SHSC KPMG Review of Resident's Monies
June 2014	SCC Joint Learning Disabilities Service Management Review: - Part 1 Quality and Safeguarding
June 2014	SCC Joint Learning Disabilities Service Management Review: - Part 2 Financial and Management Controls

Sheffield's Learning Disability Service

The accepted definition of intellectual disability in the UK is set out in the Department of Health's original White Paper, Valuing People, published in 2001. Learning disability includes the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with:
- A reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development.

(Department of Health. Valuing People: A New Strategy for Learning Disability for the 21st Century 2001).

The majority of people living with a learning disability are able to lead independent lives, however some need enhanced support from services such as Sheffield's LDS, which provides support to hundreds of service users in a variety of settings including: supported living; registered care homes, respite and social care day services.

Commissioning of learning disabilities services to the Sheffield population is a vital part of ensuring best value for service users and encompasses both in-house and outsourced provision. Central to commissioning is ensuring quality and safeguarding standards are met; modernisation of services is achieved and the changing needs of the population encompassed. Linked to commissioning is the need to work in partnership across the LDS regardless of the commissioned model of delivery and in recognition that some service users receive services from a number of agencies. Indeed "Commissioning services for people with learning disabilities is a substantial test of working together in effective partnerships and, through this, securing better health and support for local people while safeguarding this most vulnerable group of our population" (Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups (CCG) (October 2012)).

From 2003 onwards Sheffield's LDS had been run under a joint management arrangement between SHSC and SCC. This joint management arrangement ceased in July 2013, following a management decision by SCC. At that point a decision was made for Health and Social Care managers to directly manage their respective areas of responsibility and interim senior operational management and governance arrangements were put in place. The single Joint Head of Service post was replaced by an Interim Head of Service (Health) and an Interim Head of Service (Social Care). Both post-holders were expected to work very closely together, but there were no formal requirements or arrangements put in place for joint working.

Furthermore, public consultation on and development of a Learning Disabilities Commissioning Strategy was underway in SCC at the time of this QAA. This was reported in the public document to be: against a backdrop of: severe financial pressures; a drive to achieve best value; ensuring quality and safeguarding standards are met; modernisation of services is achieved and the changing needs of the population encompassed. At the end of March 2015, a Joint Strategy Needs Assessment (JSNA) was commissioned from public health, on behalf of all organisations and is due to be completed in the Autumn of 2015.

Governance, reporting and accountability arrangements were put in place by SHSC for all the adult social care learning disabilities services staffed by SHSC employees. There was a clear line of responsibility and accountability from all front line teams to the

Learning Disabilities Senior Management Team, Executive Directors Group and Board of Directors.

For the SCC, reporting arrangements were to the Director of Care & Support, to the Executive Director, Communities and Chief Executive.

The remainder of this report will now summarise the methodology used to conduct this QAA, provide details of the findings of the QAA and deliver strengths and areas for development for Sheffield LDS key stakeholders to consider and action as appropriate.

Quality Assurance Assessment Methodology

Parameters of the QAA

This QAA was undertaken by two external assessors under agreed terms of reference (TOR) (Appendix A). The TOR had been agreed by the Executive Director: Chief Operating Officer and Chief Nurse, Sheffield Health and Social Care Trust; the Chief Nurse, Sheffield Clinical Commissioning Group and the Interim Director of Care and Support, Sheffield City Council on the 30 January 2015. A timeline for the QAA is provided in Appendix B.

During the QAA two elements in the original TOR were re-clarified in that the financial overspend was not to be included and that the QAA would also include the SHSC KPMG Review of Resident's Monies.

The QAA was scoped as a time-limited process with an understanding that if additional work was identified, the QAA would hand this over to the respective organisations to continue. This has occurred through the QAA recommendations, including instigation of a subsequent safeguarding review.

This QAA report is written in the context of findings and evidence provided in March 2015 and subsequent evidence submitted after the first draft in April 2015. As such it does not review, analyse or comment on any subsequent activity within LDS including: further communication processes; action plan implementation; CQC inspections and the QAA recommended safeguarding review.

The QAA does not directly include any reviews or actions related to implementation of actions as a result of the Winterbourne View Report, nor does it include any related criminal investigation and Human Resource led processes previously undertaken or currently in progress.

An accessible version of this report will be available shortly after the finalisation of this report. This will be provided to all relevant service users and their families to explain: why the reviews took place; why there was no service user or family involvement in the QAA and reviews; what the outcomes were; how this had affected the quality of service provision they received and what has been done to improve the LDS.

QAA Reviewers

The QAA was led by Dr Kathryn Houghton who has over twelve years experience in Quality Assurance and Performance Development within Local Authority Children and Adult Service functions; third sector; Local Safeguarding Children's Boards and partner organisations and Local Government Association programmes, together with specialist

adult and child safeguarding expertise gained through being a Magistrate for nine years.

The QAA was supported by an additional part-time reviewer, Mr James Hoult, an independent consultant funded by the CCG, with Registered Nurse Learning Disabilities (RNLD) registration. Mr Hoult had been sourced by the CCG from the NHS Yorkshire and Humber Commissioning Support (NYHCS) to specifically support the CCG Chief Nurse and LDS review. Mr Hoult has experience as an operational manager in Learning Disabilities Services and provided additional capacity and expertise to collate, review and assess evidence, as well as providing clinical interpretation where needed. Dr Houghton retained final editorial rights, however Mr Hoult provided clarity and information particularly on medical terminology for the QAA report and acted as an informed proof reader and quality assurer of this QAA report.

Evidence Submission to the QAA

This QAA report reflects analysis of the evidence provided to the reviewers to April 2015. All care has been undertaken to ensure factual correctness including provision of three draft reports to CCG; SHSC and SCC with an opportunity to comment, including through a Foreword included at the start of this report. A timeline for the QAA is provided in Appendix B.

Preliminary work began on the QAA on 8 January 2015, when initial evidence required to support the review was provided to and analysed by the QAA lead reviewer, including a number of SCC and SHSC's review reports. The SHSC KPMG Review of Resident's Monies and SHSC Trust Board Response to the CCG, regarding the Review of Culture and Practice was provided at a later date and the SCC updated action plans on 19 and 20 February 2015. A pre-contract telephone call between the QAA lead reviewer and Director Care and Support on the 10 January 2015, allowed SCC to provide the context of the reviews and the lead reviewer to request evidence to support the QAA TOR.

Evidence submission was the responsibility of the CCG; SHSC and SCC. The QAA lead reviewer asked for, amongst other evidence, action plan updates at the various stages since original generation and evidence of punctuation points of challenge in appropriate forums. The QAA lead reviewer requested reading from 10 January 2015 in order to provide additional time, outside of contract dates to analyse material. SHSC and SCC were asked to submit material to evidence the TOR to e-mail this to the lead reviewer and/ or also prepare folders of evidence by the 2 March 2015 for collection on-site. Mr Hoult assisted the QAA lead reviewer by providing copies of the reports and relevant CQC inspection reports prior to the start of the on-site element of the QAA. The CCG submitted evidence at various points to first draft of the report and subsequent to the final date for evidence submission.

QAA Methodology and Reporting Timeline

A mixed methodology approach was taken for the QAA, with an emphasis of analysis of documents; interview evidence and observations from one SCC LDS site visit. In total nine people were interviewed from SHSC, or having worked at SHSC at the time of the review. Thirteen people were interviewed from SCC, four from the CCG and the Independent Chair of the Adult Safeguarding Board was also included in the total of twenty seven people. A small number of people had both an interview and subsequent telephone conversation, to aid clarification of areas. In addition a number of e-mails were exchanged between the QAA lead reviewer and the CCG, SHSC and SCC to the

final submission of the issued QAA report. In these additional evidence or clarification of comments was sought.

The people to be interviewed had been selected by SCC and SHSC, in consultation with the lead reviewer, as being most able to provide information regarding the QAA TOR, with further suggestions from the CCG. The lead reviewer had to predominantly rely upon individual agencies to identify who would be best suited to provide relevant evidence to the QAA TOR, particularly as some staff members had moved post, left SCC or SHSC or were undergoing Human Resource led processes. An additional SHSC interview was arranged when the SHSC Interim Head of Service for LDS contacted Dr Houghton, and after discussion on their value to the QAA, they were included. Dr Houghton also requested to talk to the CCG Accountable Officer; a member of the CCG Board and SCC's Chief Executive.

Initial interviews with relevant key people took place between the 2 March 2015 and 10 March 2015, either face-to-face or by telephone, only when timetabling or availability precluded face-to-face interview. A telephone interview took place with the SCC Chief Executive on 13 March 2015 and the first draft of this QAA report was submitted to the CCG; SHSC and SCC on 15 March 2015. The QAA encouraged and requested submission of a variety of additional evidence, post first and second QAA report drafts, to assist all agencies in clarifying points and provide fairness in the QA of the report. Again the QAA requested that material provided specifically answered the TOR questions or those that arose from findings, or comments from the CCG; SHSC or SCC in earlier draft reports.

Following submission of the first draft of the QAA report, the SCC Executive Director Communities requested a telephone call with the lead reviewer, which took place on 20 March 2015. Initially the lead reviewer had suggested SCC's Scrutiny Committee Councillor Lead was included in those interviewed, however as the report had not been to this forum; this was deemed not suitable. Scrutiny's TOR allow for the challenge of such a review, which is why the QAA lead reviewer would have expected the reports to have been discussed there since publication. Indeed in April 2015 the 2014 to 2015 quality report from SHSC was included in the agenda for SCC's Scrutiny Committee, including a request to share outcomes from the CQC inspection report when available.

The QAA lead reviewer was not aware the review reports and progress against actions had been shared with the Cabinet Member for Health Care and Independent Living and Chair of SCC's Audit Committee Lead until after comments on the first draft were received from SCC. Thus the QAA lead reviewer requested that the Cabinet Member for Health Care and Independent Living and Chair of SCC's Audit Committee could be included in later discussion with the QAA lead reviewer, and that they be included in circulation of the SCC responses to the first draft of the QAA report to prepare. This was arranged and telephone interviews on the 7 April 2015 for the Cabinet Member for Health and Independent Living and on the 8 April 2015 for the Chair of the SCC Audit Committee. The Chair of SCC's Audit Committee had not received a copy of the QAA draft report prior to interview, but had been briefed on the purpose of the QAA interview. The Cabinet Member for Health Care and Independent Living had received and read the draft copy of the QAA report and had been briefed on the purpose of the QAA interview.

The second draft of the report was submitted to the CCG; SHSC and SCC on 12 April 2015. On 23 April 2015 SHSC wrote to the lead reviewer to confirm that the first draft of the QAA report had been shared with the full board and was fully accepted. A small number of suggestions and corrections from proof reading were also provided on the second draft. On the 23 April 2015 SCC wrote to the lead reviewer listing a number of

areas they disagreed with within the draft report. On the 27 April 2015 a meeting took place between the QAA reviewers; CCG; SHSC and SCC to discuss the formal handover of the QAA findings and communication of the report to relevant forums. However, as full agreement had not been reached by all three parties on acceptance of the second draft, further discussions took place within organisations and between the CCG; SHSC and SCC.

After these discussions a telephone conference took place between the lead reviewer and the CCG and SCC on 15 June 2015, and a letter from all parties was sent to the lead reviewer on the 23 June 2015, with areas for consideration in the third draft report. A request was made to summarise the QAA report and remove various areas, not considered by SCC as being part of the scope. SCC then sent their specific detailed comments on the second QAA draft report to the lead reviewer on 14 July 15, SHSC having previously submitted their comments on the 23 April 2015, and had already accepted the report.

A further third QAA draft report was submitted to CCG, SHSC and SCC on 28 July 2015. Further correspondence took place in August 2015 between the QAA reviewers and all three parties to agree a final version. This final version of the QAA report is therefore a summary of the original drafts, with an understanding that the detailed findings in earlier versions, will be utilised by all parties in their action planning. Indeed the CCG; SHSC and SCC have received additional findings both verbally and in writing throughout this QAA process, including immediate escalation of safeguarding concerns.

All comments and suggestions on earlier QAA report drafts have been considered by the reviewers and a high number incorporated. This included requesting additional evidence to support that actions had been taken when issues had been found, or to supplement and enhance earlier evidence.

SCC specifically requested that reference to commissioning and transitions were removed from this report, stating they were outside of the TOR. The reviewers firmly consider that commissioning of any service user provision including LDS, be it in or out of house, is a fundamental building block impacting on quality, effectiveness and governance structures for challenge. Thus how commissioning models are applied and operated, can have a significant effect on the safety and effectiveness of a service and the ability to challenge when performance is poor. Furthermore, when reviewing services, a lack of consideration of future commissioning models and demand, even in the short term, can result in review action planning becoming obsolete and unsustainable. Transitions represent a significant and growing concern for service users within LDS, as will be discussed within the QAA report. Both commissioning and transitions had not been considered in the reviews and the QAA considered this was a gap in their methodology, on which the QAA was tasked with reporting on.

It was therefore important that the reviewers retained editorial control and reported what they had found during the QAA, whilst recognising that achieving a report that the CCG; SHSC and SCC would all agree on, came with difficulties. Moreover given the significance of some of the findings within the reviews and QAA, the QAA had a duty to ensure key stakeholders ensure action planning, to address shortfalls found in LDS, is not taken in isolation from other LDS programmes. Indeed it was expected that LDS action planning would be dovetailed and programme managed, also incorporating activity to address key tasks such as responding to the Winterbourne report; responding to the QAA reviews and future commissioning. This was found not to be the case with disconnected service plans being the norm across SHSC and SCC.

Triangulation of information was sought were possible to validate findings. Saturation of findings was reached on most QAA themes and where not, this will be highlighted. Some themes could not be included, such as the application of ligature policies and procedures, due to time constraints. However QAA questions were asked regarding implementation of this requirement, following the need to escalate some safeguarding issues found during the QAA.

All of the evidence provided by SCC was considered in the QAA and in particular evidence provided of progress made on the development of policies and procedures. Within SCC there was lower evidence of sustained implementation of these policies and procedures. Not all of the SHSC evidence on application of policies and procedures was analysed, as there was extensive evidence submitted, applicable to long time periods and of a good quality. Thus random samples were taken at different time points and across different locations by both reviewers.

It was not the intention of the QAA to repeat the work undertaken in the separate reviews. Indeed in the time allocated, the QAA focussed on determining: the robustness of the reviews; subsequent action planning; implementation and related governance for action execution and monitoring.

QAA Interviews

The QAA took a chronological approach to interviews in which the point at which the person had become involved and in what capacity was established, with a sequence of questions then relative to their segment in what can be described as completing parts of an intricate jigsaw. A number of those interviewed had remained in the same post since February 2013, others had changed both post and responsibilities and some had joined part way into the process. Some parts of that QAA jigsaw remain uncompleted, either through unavailability of some key people in post at the time of the review, or through the time needed to collate information and complete what is now reported. It is not suggested the entire jigsaw needed to be completed, as both saturation of data and areas for development provided in this report, will guide the next stage of work to be completed. However a few outstanding areas do need to be addressed by SHSC and SCC, to be detailed in the areas for development at the end of this report.

Although the lead reviewer of the SHSC Culture and Practice Review had retired, they were willing to participate in the QAA and were interviewed by telephone.

The QAA TOR did not include being able to talk to SHSC and SCC service users, their carers and families about the impact of the findings of the reviews and if service provision had changed as a result. The QAA reviewers challenged this and indeed prior to the TOR being provided, the lead reviewer had asked on 10 January 2015 on the first pre-contract telephone call to SCC, if service user relatives and in some way service users could be included in both SHSC and SCC interviews, as the voice of this group is paramount. This would have allowed two months to provide a suitable channel for the carers to have been included. They were informed this would not form part of the QAA.

The request to not include the service users came from SCC and both CCG and SHSC agreed with the reviewers, that inclusion of the service users' voice in the QAA TOR should have occurred. SHSC had also not offered this group as QAA interviewees and have acknowledged this oversight. SCC made it clear to the QAA lead reviewer that their service users and family carers had not yet been spoken to about the review and ongoing Human Resource led processes and therefore would have no context for the QAA. This was difficult to understand given the time since the SCC reviews

commenced and ended. The inclusion of interviews with members of service user forums or the Learning Disability Partnership Board members could have enhanced this QAA.

SHSC had shared their review findings with a group of service users and their families directly affected by the significant issues, whilst SCC had not yet shared their reviews with any of their service users. The implications of this and of participation in general will be discussed later.

QAA Visit to an SCC LDS Respite Location

In order to validate some of the evidence of implementation and impact of the reviews both Dr Houghton and Mr Hoult undertook an announced visit on 5 March 2015 to the SCC wing of 136 Warminster Road, an LDS respite location. Had it been known that SHSC also provided services in the same building, arrangements would have been made to visit and see evidence of implementation within SHSC.

The visit to SCC's service location had been requested by both QAA reviewers as it became apparent that SCC were at a very early stage of implementation of new policies and procedures and evidence of impact was needed. The location was chosen as it played a prominent part in the SCC review and had been temporarily closed as a result of the significant issues found. This was not an inspection or repeat of the review and the findings from this visit are incorporated in this report.

Time did not permit an alternative visit to an SHSC service location. The QAA reviewers acknowledge this as a limitation, as they were not able to fully validate some areas in which changes had been made. This was partly compensated for by the submission of a high volume of evidence of audits, including:

- the outcomes of individual care plans and examples of audits;
- QA visits;
- health and safety checks;
- fire audits;
- Human Resource clinics.

However, the report has placed some emphasis on the findings at an SCC location, which whilst may not have been found at an SHSC location, the QAA cannot fully confirm this. Publication of a CQC inspection at SHSC's 136 Warminster Road location has taken place subsequent to this report, which will assist in achieving balance. It is also recommended that both SCC and SHSC utilise both internal and external Peer Reviews to expand this validation and QA process across the whole of LDS.

Due to the differences in the extent of communication of the various review reports to staff; service users; Councillors and governance forums the extent of the possible interviews for the QAA SCC and SHSC interviews was partially limited. For example, the SCC reports had not yet been raised at SCC Scrutiny or Cabinet, so interviews with relevant Councillors from these forums was not included. SCC reported to the QAA that the Chair of the Audit Committee, Cabinet Member for Health Care and Independent Living and Executive Director Communities had been kept informed of the: TOR; general progress, outcomes and subsequent action taken against staff. The QAA requested evidence of this by asking to talk to the Cabinet Member for Health Care and Independent Living and Chair of the Audit Committee, the results of these discussions are incorporated into this report. The Executive Director Communities was also included in this QAA.

SCC shared the review reports confidentially with the CCG Chief Nurse on 18 August 2014, however they were not shared formally with the CCG, which SCC stated to the QAA was due to the ongoing Human Resource led investigations within the Council and to ensure "due process was followed". SCC's Interim Director Care and Support stated in the e-mail to the CCG Chief Nurse on 18 August 2014 that the reports had not yet gone through internal Council internal processes, so could not be shared with the CCG governing body. In August 2015 the QAA understood a verbal presentation to the CCG private session will occur in October 2015.

The QAA continued to question why a redacted version of the SCC reviews could not be shared to allow for formal challenge in a number of forums including with Councillors and why, given there were continuing Police and Human Resource led processes in SHSC, this had not hindered full sharing of their report in the CCG private sessions. Changes need to be made to enable reviews such as these to receive wider scrutiny and monitoring of actions within SCC, when Human Resource led processes or criminal investigations are in progress, especially over long periods.

Furthermore, as some people had not received the report/ and or action plans, or had done so just prior to the interview, this created limitations in these interviews. For example, when asked about the progress of action plans, some of those who the QAA would have expected to have received all SHSC and SCC reports and action plans and be actively involved in their delivery, including both the Lead for Safeguarding at SHSC and SCC HoS for Safeguarding had not.

Additionally the CCG had not received copies of the SCC reports, rather verbal feedback, despite requesting they be formally received at a private session. Reasons behind the lack of communication will be discussed later in this report and the significant impact this has had on progress of actions; governance and understanding of risk within the LDS at all levels.

There was also confusion during some SCC interviews when people, who had not had the report shared, thought the interview was part of the Commissioning Strategy review.

On reflection had the QAA lead reviewer known how extensive and complicated the LDS and LDS reviews had been, more time would have been requested to review additional elements and some in more depth. At the time of being contracted to the work the lead reviewer asked if the time they had available was sufficient and was told it would be. Nonetheless the findings provide parties with information about robustness and a number of key areas to address across the LDS. It is also important not to further delay the full communication of reports and to ensure any gaps are addressed and outstanding actions have been implemented. Additionally a QAA recommended safeguarding review had been scoped after the first draft of this QAA report and this will provide the additional resource to further assess both safeguarding activity within the review action plans and findings from this QAA.

Reporting on the individual elements from this QAA, the remainder of this report provides an overview of findings and from these develops a set of strengths and areas for development which partners and stakeholders should consider within and across their organisations.

Findings of the Quality Assurance Assessment

Robustness of the Methodology and Findings Used in the Reviews

In this section the QAA reports on the robustness in selection and implementation of the methodology for the four separate reviews. A discussion about methodology is included followed by analysis of the impact of that used on the respective findings.

What is Methodology?
The use of an identified methodology to undertake reviews within health and social care environments is well recognised. A methodology sets out the tools and techniques reviewers will use to explore a service in a robust manner. A good methodology ensures that reviewers can evidence base their findings and enables full exploration of all aspects identified, allowing for escalation of critical findings. Furthermore, it should include the views of those directly receiving services and their carers and families. The audience for the findings also needs to be carefully considered and how the report is communicated impacts on how effectively outcomes can be taken forward. Over the years there have been advances in the methodological tools available to reviewers, allowing a move and acceptance towards increased utilisation of a mixed-methodology approach. Mixed-methodology is a term used when quantitative and qualitative methods are combined to help reviewers correlate and triangulate findings. In general, but not exclusively, quantitative methods focus on the analysis of data and are matched to compliance requirements, whilst qualitative methods involve textual analysis; interviews and observation and provide the voice and narrative. When applied effectively, mixed-methodologies provide a richness of data leading to greatly improved review outcomes and well informed recommendations and implementation plans. Furthermore in the health and social care environment the voices of the service user and their journey and that of staff delivering services, can be more easily captured and utilised when using qualitative methods. Another way of thinking of the difference between the two key methods is that quantitative methods generally ask and answer the "what and when" questions; whilst qualitative methods ask and answer the "why and how" questions. Both approaches have advantages and disadvantages and combining methods can help balance and mitigate for these. For example, performance management scorecards are a quantitative measure and give an indication of trends in the numbers involved in services. Illustrations of these for LDS may include measures, against targets, such as the monthly count of: safeguarding incidents; updated care plans and staff supervision sessions. Used in isolation, quantitative methods cannot fully inform management about the quality of services. For example, 25% of care plans may have been updated in the last month, however, they may not have: included service user's views; have multi-agency input; recognise individual risks or been based on a recent assessment of need. A qualitative audit in this area would therefore further inform on the quality of the service; what contributes to a good care plan and what barriers may need addressing to achieving best practice . In TOR it is usual to see reference made to applicable legislation and policies and procedures against which services are to be reviewed. If policies and procedures are known to be unfit for purpose or outdated, reviewers should ensure this is accounted for by measuring service provision against legislation and best practice models. Timescales in which outcomes are expected and reporting prior to this, should also be included. Furthermore an overall project sponsor should be identified and governance reporting made explicit.

Acceptance of Terms of Reference (TOR)

Whilst it was clear for SHSC that the Executive Director Group (EDG) and SHSC Board had discussed and challenged the TOR for both elements, with input from the CCG; SCC Audit; Scrutiny or Executive Board, sign-up to the TOR was not evident for SCC, although the Executive Director for Communities had approved the TOR and was the sponsor. SCC stated that the review was overseen by a steering group which met weekly, however no documental evidence was submitted to confirm this within the QAA. After the second draft of this report SCC stated this evidence was available, but had not been requested by the reviewers. However from January 2015, the reviewers had been clear that SCC should submit evidence which evidenced punctuation and management oversight points within and after the reviews, and this had not been provided.

The QAA determined that the TOR for these reviews were over ambitious and under resourced. Within the both the SHSC Culture and Practice and SCC Quality and Safeguarding reviews, it became apparent that the scale of the issues found was beyond that first considered. The QAA would have expected a combination of re-scoping and re-prioritisation, with governance approval, and additional resource to have been applied. This would have enabled an earlier conclusion and enhanced the quantitative evidence to baseline performance against compliance requirements. Clearly defined priority thematic audits with agreed audit toolkits, would have focused effort and guided outcome format, thereby meeting expectations of the receiving boards and moreover addressing issues with the highest risk in a timely manner.

Although stating that an initial report should be provided in December 2013, delays in SHSC soon surfaced. SCC were not specific in their TOR on reporting times and the review took longer than expected, due to the scale of issues found.

Assuring Compliance

In the context of the LDS reviews the QAA found that both the SHSC and SCC provided TOR or scopes for all four review streams which included only partial guidance on the methodology to be used. None specifically mentioned the need to look at compliance with key legislation; guidance; policies and procedures and best practice which is a significant shortfall and may have contributed to the lack of specific evidence of this within the findings. For example, compliance with: Care Act (2014); Mental Capacity Act (2005); Sheffield Adult Safeguarding Board's policies and LDS's procedures would have been expected to be explicit in the TOR. It is always good practice if reviewing serious service issues to return to compliance with legislation, as a baseline from which to quality assure. Additionally the review TORs and findings did not fully reflect this situation and did not guide reviewers to consider what they were measuring compliance against.

Assurance and Joint Working Relationships

This QAA found that as the reviews were taking place, during and shortly after the Interim Senior Operational Management arrangements had been put in place by SCC and SHSC, specific policies and procedures relating to LDS did not always reflect the interim governance arrangements and in March 2015 some continued to be joint or referred to by SCC when the QAA asked for evidence (e.g. medication; ligature). It was not clear if these policies and procedures were officially jointly owned. Furthermore this QAA found SHSC and SCC policies and procedures outside of their review date, suggesting that the separation of management arrangements has left some policies and procedures outside of review processes. As a result staff would have, and continue to

be, following a complex series of SHSC; SCC and SAB policies and procedures some of which have not been reviewed against current legislation and guidance.

Resourcing the Reviews

SHSC Approach

In SHSC the TOR and report suggested that a large team was involved. However in reality, due to operational demands and sickness leave, two people, one part-time, undertook the main Culture and Practice Review. Additionally utilising a largely qualitative approach, placed high demands in the transcribing of interviews and analysis of data. This QAA has determined that the academic methodological approach to this review, added to the resource requirements and led to significant and unnecessary delays. This was not a standard SHSC methodology, and had been introduced by the SHSC lead reviewer. Furthermore, in the methodology used, at least two people should have independently coded interviews and developed themes. Only one person undertook this, introducing a high level of subjective bias from somebody close to the service. The QAA found that there had not been sufficient time to return to those interviewed, to validate findings, a weakness in the methodology.

The QAA found at interview, dispute between the SHSC lead assessor and SHSC senior management, regarding the issue of available resource and time to effectively undertake the SHSC Review of Culture and Practice. Regardless of the cause, not undertaking full thematic audits from which to develop a baseline in performance management, influenced the findings of both the SHSC and SCC reviews.

Review team members within SHSC had either no prior specialist skills in LDS, and/or additional training in methodology to enable them to complete the review. Within SHSC there was additional resource made available, including back filling of posts, however this had not been implemented by the lead reviewer, for reasons unclear to the QAA. This had also included the provision of an external peer reviewer, from Humber NHS Foundation Trust, who had been sourced late in the process. This person was due to input in February 2014 and then due to personal circumstances could not. There was no evidence of sourcing an alternative, and the CCG Chief Nurse remained the only external perspective during part of the review.

On 8 January 2014 the CCG Chief Nurse e-mailed the SHSC Executive Director: Chief Operating Officer/ Chief Nurse providing a view from the CCG that despite the: "personal commitment to ensuring this work [the SHSC Review of Culture and Practice] with a level of independence and objectivity, that we may need to review our support for this approach and request a full independent external review. We are concerned that what every [sic] the review's findings it will not be perceived as being robust".

The lack of peer review external input had been challenged at SHSC board meetings and by the Executive Director for Finance and Executive Director: Chief Operating Officer/ Chief Nurse, however, despite being resourced, the lead reviewer did not procure an alternative external peer review perspective. The QAA could not determine why this additional external peer review had not occurred. The aim of peer review was to provide objective feedback on the process/ methodology and outcomes of the review. The impact of this was not explored in the report, however the SHSC Board noted the subjectivity issues and this was part of the reason they did not accept the report and requested an Executive Summary.

The QAA were informed that the SHSC Board were not aware that the SHSC lead reviewer had not shared the final draft Board report with the CCG Chief Nurse. The CCG Chief Nurse had seen an earlier draft, but not the final drafts. Specifically the final version of the report was not shared with the CCG Chief Nurse. Additionally as the SHSC Executive Summary was not accepted when shared with the CCG, copies were withdrawn and the CCG Nurse was not able to retain a copy. The CCG did not see the final reports until SHSC circulated them for a Board to Board meeting in September 2014, at which point SHSC became aware the CCG Chief Nurse had not been included in the final stages of the review.

SCC Approach

In SCC an external consultant was utilised as lead reviewer for the SCC Joint Learning Disabilities Service Management Review: - Part 1 Quality and Safeguarding, however this team of one with minimal additional support, was again not expanded to meet the ambitious scope and demands encountered when issues arose. The external consultant came from a health, social care and an LDS commissioning background; but would have needed time to familiarise themselves with Sheffield's complex LDS situation to have a baseline specific to Sheffield from which to measure against. Despite being experienced in assessing services, they also met barriers in accessing information and making sense of what was emerging as a chaotic service. It was acknowledged during the QAA interviews that additional resource should have been applied, to enable earlier completion of the review, identification and subsequent implementation of the actions. SCC offered the review more time, but not more resource to complete earlier. It can also be confirmed by the QAA reviewers that it takes a considerable amount of time to fully analyse the complexities of the LDS provision and gain a clear picture of operations. There was no CCG Chief Nurse input into the SCC review, the reasons for this were not explored by the QAA.

For their SCC Joint Learning Disabilities Service Management Review: - Part 2 Financial and Management Controls, SCC utilised an SCC Audit Manager from the financial audit team. Whilst this introduced some impartiality to the review, they were still internal and employed by SCC. The QAA were informed in August 2015 that a previous SCC internal audit employee also returned to assist with Part 2, overseen by the financial audit team. The QAA were unable to interview this person, as they were no longer on contract to SCC.

The issue of independence in SHSC and challenge to the delay in starting of SCC reviews, was raised in e-mail communication in early January 2014, between the CCG Chief Nurse and CCG Accountable Officer. At this point the SCC review had not begun.

The CCG Chief Nurse had concerns that the SHSC's reviewers could not adequately challenge particularly the SHSC Chief Executive and other senior Board members.

The QAA did not examine the outcome of this correspondence given the time constraints and fact that the SCC review began shortly after and remained separate. Moreover, the SHSC Culture and Practice review concluded without additional external input by the CCG Chief Nurse, and no external input in creating the final draft of the report.

Information Availability During the Reviews

This QAA considers that it was possible that poor recording, and in one case destroyed records within the SHSC part of the LDS, could have prevented some issues, including

criminal activity and safeguarding risks, being fully identified in the reviews. Indeed in an undated SHSC briefing from the SHSC Chief Executive, written by the lead reviewer, reference is made to the situation in Mansfield View where "inadequate record keeping, as well as the destruction of records have impeded financial audit and have required greater scrutiny".

Poor recording and weaknesses in control systems were also issues within SCC's LDS. This was acknowledged by SCC in their Financial Review in which it was stated:

> "It should be stressed at this point that no evidence of misuse of client monies was found during the review, however, given the weaknesses in control procedures it is also impossible to provide assurance that monies were not misappropriated".

Otherwise, given earlier comments access was unrestricted for all four reviews, albeit given there were Police investigations in progress in SHSC and some key interviewees would have been undergoing Human Resource led processes across both organisations. SHSC reviewers were clear that they had open access and good co-operation with the Police, when applicable. However the QAA found that it was not access, but predominantly limited resources, and in the case of SHSC an onerous methodology resulting in ineffective use of resources, that was the greatest contributor to limited reporting in both SCC and SHSC.

Commonality in Methodology

The QAA noted that whilst the SCC reviews began some months after SHSC's, there did not appear to be strong commonality in methodology or themes to be included. For example, SCC's approach, whilst having qualitative elements, took a more quantitative direction. Whilst both SHSC and SCC's methodology involved site visits; review of documents and interviews with staff, SHSC's TOR placed a strong emphasis on reporting culture; even within the section on working practice "particular focus" was requested on culture. As a result a more qualitative approach was adopted in execution and reporting. This was surprising given that just shortly before the reviews began LDS was operating as a joint service with a Joint Head of Service. As such it could be expected that poor practice found in one part of the service, may be propagated across all areas requiring a greater degree of commonality of approach and co-operation in application.

The reviews took place in an environment of significant change in which key personnel were undergoing Human Resource led processes; roles changed and the direction of SHSC and SCC diverged. Additionally evidence from the SHSC for this QAA also demonstrated that changes in commissioning were taking place, particularly in March 2014, which affected relationships between SHSC and SCC. The QAA determined that this environment had a detrimental effect and contributed to the lack of good co-operative working between organisations. During the QAA interviews the key message and outcome finding was that:

> In the summer of 2013, at a time when significant risks were being identified across the LDS, all agencies should have been "joined at the hip" from senior level to front-line in assessing and addressing risk. The QAA determined this was not the culture nor practice.

Benchmarking Performance

Neither review developed a quantitative benchmark of performance measures at that point in time, from which change could be measured. For example, 22 safeguarding incidents a year; 30% of supervisions within timescales; 20% of strategy meetings held within timescales. This was partly due to the fact that only samples of records were examined; many of the expected scorecard performance measures were not in place and records had been badly kept or destroyed. Moreover ineffective use of limited resources and time restricted this collation and reporting activity and it was not specifically requested in the TOR.

After the first draft of this QAA report SHSC provided QAA evidence of participation within the NHS Benchmarking Network LD Provider Service Project Benchmarking Data Specification undertaken in July 2014. The benchmarking provided SHSC with a richness of comparator factors, for example illustrating that SHSC have a lower than average (compared to the participating LDSs) of total adults registered with GPs as having a learning disability per 100,000 population. In addition SHSC had a significantly lower referral acceptance rate. The comparators did not specifically address all standard safeguarding indicators, but did provide information useful to SHSC in many other areas. It should be noted that the benchmarking data and fee for the service, needs to be renewed on an annual basis for SHSC to have continued access.

Of concern to the QAA was that SHSC had over three times the rate of serious incidents per 10,000 beds and had one of the highest levels in the statistics for violence against patients. The SHSC were asked by the QAA in April 2015, to provide information on how the service responded to this comparator data. Whilst some of the difference in performance was attributed to the serious events leading to the reviews, the April 2015 published data (to September 2014) indicated SHSC are in the highest 25% of reporters within 56 organisations. Although this can be seen as a positive, in that even minor safeguarding alerts are said to be reported, it may also indicate a higher rate of incidents against others, who also report all incidents. This needs to be fully understood and addressed. Moreover the QAA concluded that this may indicate residual risk in SHSC LDS, which will not have reduced until sustained improved performance was evidenced.

When this QAA asked if performance had improved in SCC, with the exception of timescales for overdue safeguarding alert forms; investigations and strategy meetings, no quantifiable measures were available after being requested by the QAA. A breakdown of the category of safeguarding alerts would have been expected. An SCC scorecard was being developed at the time of the QAA and the first month's reporting was due in March 2015. The QAA was not provided this scorecard as part of the evidence. SHSC's Safeguarding Lead spoke of the lack of aggregation for LDS of safeguarding data provided from SCC. Within SHSC performance measures had been in place for some time since the reviews, some prior to the reviews and resulting in alerts to the issues and the QAA was provided with examples of recent implementation.

Differences in Review Themes between SHSC and SCC

In both organisations QAA interviewees often related to discussing changes in culture; feelings and behaviour, not having hard evidence based baselines of data to refer back to when looking at changes made since the reviews.

There were also differences in the themes to be included across all four reviews. For example, SCC's TOR specifically included examination of fire safety records and medicines management books, SHSC's did not.

Furthermore SHSC's TOR requested that the experience of the tenants and their families and their perceptions, as to whether the services were meetings their needs and expectations being met, was included. Despite being included in the TOR, only two carers were interviewed early in the process, but the outcomes were not reported.

This critical requirement in any service review, was not included in SCC's TOR. Indeed in the report it was stated that "service users, families and carers were not asked to contribute to the review". The reason given to the QAA was that the HR processes related to staff were ongoing and information could not be shared until those processes were complete.

Notwithstanding the differences in themes, SCC's Quality and Safeguarding report stated (page 2) some of the concerns SHSC had already found were incorporated into the TOR. However the QAA determined that, whilst there had been SHSC Director to SCC Director level communication; this was not fully reflected in SCC TOR's. Additionally the lead reviewer for SCC did not at that point, have communication with the SHSC review team, nor sight of the initial findings minuted at review governance meetings.

Across all LDS review reports the theme and impact of age, equality and diversity was absent, nor was there any reference to the ‘nine protected characteristics’ as identified within the Equality Act, 2010.The reports provided no indication on the demographics of the LDS population and there is no clear understanding of how equality and diversity is incorporated into service delivery and service user experience. Equality and diversity needed to also be recognised in the financial audits, as ethnicity and diversity can have an impact on the potential for financial abuse against service users. For example, faith and the use of credit cards; age and trust in banking; handing of money; making of gifts, including food. Whilst the QAA found evidence in SHSC's and SCC's care plans that equality and diversity was considered at a basic level, this was not aggregated at a service level in terms of the impact on service development and delivery.

The reviews did not consider sustainability of the quality of services, both in relation to demographic changes and current and future commissioning models. This was absent from the SHSC and SCC TORs and the QAA determines that this affected the robustness of the reviews and future planning to address issues found. SCC and SHSC have stated to the QAA lead reviewer that this was not the purpose of the reviews and this theme lies outside of the TOR for this QAA, however the robustness of any safeguarding and quality review and subsequent action planning, needs to include consideration of how at least in short term planning, actions generated will address changes created by demand. For example, a ten percent increase in demand within a service shortly after conclusion of a review, may not be met by resultant action plans and without being addressed, move quality standards from met to not. Resilience of fundamental safeguarding, health and safety and quality of care planning, against current and potential commissioning models and service volumes, should have been explored or as a minimum recommended as an action for consideration, particularly when the Sheffield LDS commissioning strategy was starting in its development.
As a result action planning looked at a specific delivery model and was being delivered in a mode which is not sufficiently resilient to the near and more distant future, including having multiple providers. Commissioning strategy planning was not incorporated into improvement planning, both as a commissioner or provider or joint role. As a result short term changes to meet required standards, may not be sustained, as the LDS commissioning plan delivery unfolds. The findings of the SCC reviews were only shared with SCC's commissioning group after the publication of the first draft of this QAA. Thus

critical information on the quality of current provision was not being effectively fed into future planning. This is another reason the QAA recommends the use of programme management for both SHSC and SCC, to combine activity across all the streams of work in LDS, future proof the service and reduce duplication of effort.

The Department of Health (The Story So Far - DH, 2005) predicted that people with severe learning disabilities may increase by around 1% per annum for the next 10 – 15 years as a result of:

- Increased life expectancy, especially among people with Down's Syndrome.
- Transitions with a growing numbers of children and young people with complex and multiple disabilities who now survive into adulthood.
- A rise in the reported numbers of school age children with autistic spectrum disorders, some of whom will have learning disabilities.

Furthermore, highlighting that modified estimates are predicting even higher levels of increasing LDS demand, the Department of Health 2009 document *Valuing People Now* quoted Emerson and Hatton (2004) who "estimated that the total number of adults with a learning disability (aged 20 or over) would increase by 8% to 868,000 in 2011 and by 14% to 908,000 by 2021. Significantly all the growth projection shows much higher increases in the number of adults aged over 60". The *Valuing People Now* report provides data including that on housing and employment for people with learning disabilities and resourcing of LDS models.

After the first draft of the QAA report, SHSC notified the lead reviewer that they host on behalf of the SCC the Sheffield Case Register, used for strategic planning and research purposes. Thus LDS are said to have a clear understanding of need and the numbers of people with a learning disability from birth to death. The Case Register is a specific strength for Sheffield and is not available in other comparative sized cities. In October 2014 SHSC hosted the 40th anniversary celebrations of the Case Register, sharing demographic data with LDS providers and health and social care commissioners. The QAA noted that presentation at this event illustrated a marked increase in the number of people known to the LDS service between 2008 and 2014, particularly in the young adult age group, correlating and with The Story So Far and Valuing People Now predictions. Linked to sustainability the reviews and TORs did not consider the above factors and in turn forecasting for demand and sustainability of current practices against issues found.

Transition is the process by which the future provision of services to vulnerable children with learning disabilities, moves into provision through adult services. It is a concerning time for service users and their families as those workers they are familiar with, may no longer be part of their everyday lives and they move into provision where other service users may be elderly and the environment more adult orientated. The ability to effectively ensure that care planning and provision meets a young adult's needs is vital to their ability to lead an independent life as far as possible. Whilst there is work being undertaken in transition planning, the QAA determine that it was not sufficiently joined up to ensure the LDS was ready and able to provide good services to those in Transition. The Department of Health report: Improving mental health services for young people, March 2015, gives specific mention to supporting individuals with a learning disability during the transition process. Given the nationally acknowledged sharp increase in this young adult age group, as noted in Sheffield, moving into LDS this needs to be addressed in a wider programme management arena, to ensure work being undertaken now to address the review findings continues to sustain standards and drive outstanding practice.

Safeguarding as a Key Theme

Of concern to the QAA was that across all four TOR, safeguarding was only included indirectly, rather than having prominence as a theme and key risk area and specific legislation detailed from which to measure performance against. As a result analysis and subsequent reporting did not give this critical area sufficient prominence, especially in light of the findings reported within both the main texts and appendices. This was a concern raised by SCC's HoS for Safeguarding on 6 November 2014, in their response to the SAB Independent Chair. In drafting this report SCC stated to the QAA that safeguarding was a key theme, however the QAA, as reflected by the HoS for Safeguarding, believe that more emphasis was required.

The QAA found at interview that for all four reports, no evidence of inclusion of the SHSC Lead for Safeguarding and the SCC HoS for Safeguarding and Quality in shaping the recommendations and developing the actions plans. Given the SHSC Lead for Safeguarding had not seen the reports and action plans and that the SCC HoS for Safeguarding and Quality had only seen the SHSC and SCC reports (not the financial reports) in late September and October 2014, this was a significant omission impacting on this QAA's view on how effective development and implementation of action plans can be without this key involvement.

Financial abuse is a recognised adult safeguarding category and is "the unauthorised and improper use of funds, property or any resource belonging to an individual" (SAB safeguarding procedures, 2014). SHSC's KPMG TOR did not specifically request examination of financial abuse against specific safeguarding legislation, and the word safeguarding is used only in the context of "safeguard resident's monies". The review did not examine if safeguarding procedures were followed and understood, rather the context was that of fraud, a criminal offence. The TOR and findings did not acknowledge the impact of financial abuse upon LDS service users, including emotional abuse and distress, nor recommend any elements relating to safeguarding training; dealing with the outcomes of the financial abuse or reporting the abuse under safeguarding policies. Thus the forensic accountancy approach in the review could have been complimented by a qualitative approach to understanding the safeguarding elements. For example, how people can influence others when committing fraud to stay undetected and what strengths and weaknesses people can generate in the process to detect and prevent fraud.

Of interest was that the relationship between the SHSC central finance team and those involved in the fraud was described in the QAA interview by the SHSC Executive Director of Finance as good. The Director of Finance also spoke of how upset the SHSC central finance team had been when they discovered a person, who they had trusted and been friendly with, had committed fraud. The KPMG review did not examine sufficiently the human aspects of financial fraud and how relationships and "grooming" models can overcome controls. Being able to keep a level of detachment and relationship distance between those overseeing activity and those at operational level can be just as important as control mechanisms. There was also no exploration of how on a service user level, financial abuse can cause distress and confusion, nor of the role of families and carers as monitors or potential perpetrators. Members of the review team did not explore the impact on service users, as this responsibility was given to the Learning Disabilities Senior Management Team, who did capture data on the impact to the service users and their family members as part of the Police investigation process.

Part 2 of SCC's review does not provide sufficient focus on financial abuse as a form of safeguarding risk and as such there are no specific findings or recommendations relating to this. Within both the SHSC and SCC financial element reports, the QAA

would have expected to have found reference to the numbers of safeguarding alerts relating to financial abuse, institutional and community, within the LDS. No exploration of the robustness or presence of safeguarding training to spot the signs of financial abuse, was included, nor of the emotional impact this has on service users. The QAA considers that the importance of financial abuse as a safeguarding risk is currently viewed predominantly as a criminal activity and needs to be recognised at all levels as a category of safeguarding adult abuse, regardless of Crown Prosecution Service thresholds.

SCC accept the above, however they have reported to the QAA that Part 2 of their review was primarily set up to investigate financial management systems in the context of financial overspend in the LDS. The QAA questions, why in parallel, the need to explore financial abuse was not fully recognised, given the then well communicated significant issues found in SHSC and resultant Police investigation. As stated earlier in this QAA report, until a few months prior to the reviews, the service had been jointly managed and practices found in SHSC, may have been propagated across to SCC areas and this should have triggered SCC to include safeguarding, including financial abuse within the TOR.

Communication of the Reviews to Service Users and Inclusion

Within SHSC as the reviews progressed, the QAA found good evidence of communication to service users at the two key locations, as to what had been found and effective support being provided to service users; families and to staff. Communication programmes, in liaison with the Crown Prosecution Service and Police, kept service users informed as appropriate. Although not part of the TOR, early within the process the SHSC Director for Organisation Development/ Board Secretary organised meetings to agree communication and support strategies. Support was offered to service users and carers within SHSC via in house psychology provision. In addition, advocacy support around the financial safeguarding issues was provided to tenants at the SHSC Registered Care Home. This was funded from the existing advocacy de-registration contract. However, additional advocacy arrangements were funded by SHSC for those tenants within the supported living service affected by the financial safeguarding issues.

There has been no similar input for SCC service users regarding issues found in both reviews including failures in application of legislation; health and safety infringements and the need to temporarily close services and place SCC employees on authorised absence periods.

The QAA found that within SCC LDS provision, service users; carers and families had not received information that the reviews were being undertaken. Nor had they been provided with information on the outcomes, actions and progress.

This QAA determines this is a significant shortfall and that service users, carers and families should have been both participants in the review and partners in the findings and next steps. In parallel these are the service users and families who are being asked to participate in decisions on commissioning of their services, with an incomplete picture of the quality of SCC LD provision. This deficit needs urgent attention by SCC. SCC have informed the QAA that there is a current consultation programme in place within the properties affected by the current stage of the commissioning programme. However, there is no evidence that this includes the findings of the SCC reviews and has targeted those who were directly affected at relevant properties, including those who may have moved or left the provisions since the reviews. There was also no

evidence of wider dissemination of evidence, for example the Sheffield Learning Disability Partnership Board.

Within TOR for reviews and investigations in which service users are vulnerable it is expected to find escalation procedures to address urgent issues as found rather than wait until final reporting stage. Evidence was found across all four reviews of issues found being escalated to Director level. Responses will be discussed later in this report when reviewing action plan progress.

In common across all QAA interviews, where review findings had been shared with the person interviewed, there was a clear message that the findings had "shook" and "shocked" people. Many spoke of being disturbed as to the extent both in breadth and time that issues had been present. Indeed the QAA reviewers themselves found the SHSC and SCC review reports disturbing reading.

SHSC Methodology and Impact on Findings

Whilst the exclusion of safeguarding as a key theme was significant in the two financial TORs, the SHSC KPMG review TOR had been designed with specific aims of looking at responsibilities; controls and the effectiveness of contractual arrangements. How this was to be addressed formed part of the TOR. A QAA interview with the SHSC Executive Director for Finance confirmed that the aim was not to replicate the Police and Human Resource led fraud investigations, rather to look at what could be done to improve governance and control systems. The findings reflected a need to raise the profile of the risk of handling of resident's money and to enhance governance structures from front-line to Board level.

Notwithstanding this, the findings of the KPMG report provided a solid foundation on which to reduce risk. Actions covered clearer guidance on roles and responsibilities; processes and systems, tightening up accountability; scrutiny and organisational culture. The need to raise awareness of financial abuse (both institutional and community) as a safeguarding issue and how this can be recognised and addressed, was not included. For example, residents with insufficient funds to meet direct debit payments, missing allowances and showing distress regarding finance, may indicate community based financial abuse. There is also the potential for staff and family to be colluding in financial abuse, not recognised in the report findings.

The TOR for the SHSC Culture and Practice review provided methodology guidance and indirectly requested a mixed-methodology approach: "The Service Review will draw upon a variety of methods for data collection, gathering information and opinion". It was not clear to the QAA that the review team had the necessary experience to implement the methodology chosen.

This QAA determined that three of the five main topics to be included: culture; management and leadership; experience of tenants and their families, required a predominantly qualitative approach. In contrast working practice and quality of care would require a mixed methodology approach with an emphasis on quantitative compliance data collation and reporting of trends and statistics, supported by short case studies to provide the "why and how".

This QAA determined that there was sufficient flexibility in the methodology suggested to allow reviewers to explore many aspects of the LDS, adapt to incorporate any findings as the review progressed and triangulate. However there were a number of weaknesses in the execution of the largely qualitative methodology, in addition to

perceived tensions between CCG and SHSC, which the QAA has determined led to a series of events including a hastily collated Executive Summary in July 2014; action plan based on Executive Summary and not full report, resulting in key actions relating to safeguarding being excluded.

As a result during the period August 2014 to December 2014 there had been misunderstandings and confusion between key stakeholders and this resulted in some unintentional omission of the true extent of the serious issues found within LDS, and appreciating the extent of the implementations of actions taken to address these. It had also created the potential for effort to be wasted on explaining differences between reports, as opposed to execution of actions required and challenge of progress. The differences in reports came to light as the CCG Chief Nurse had been party to findings from the SHSC review on a monthly update basis and having understood the key issues, could not reconcile the differences. The CCG Chief Nurse requested that both reports were shared with the CCG and that the CCG Accountable Officer review these. This was undertaken in August 2014.

Issues regarding the differences between the main and executive summary reports were resolved in December 2014. Details of these differences had been noted in an August 2014 letter to the SHSC Chief Executive, as noted by the CCG Accountable Officer and considered significant. Information regarding this process can be included by SHSC in supporting evidence to this QAA within the various forums.

At no point did the QAA find that there was any attempt to conceal or change the reports in a deliberate attempt to hide issues, rather that the actions taken were in an honest attempt to make reports accessible to wider audiences, including the CCG. The QAA considered that this may have also highlighted some communication barriers between the SHSC and CCG. As clearly highlighted by the CCG's Accountable Officer in August 2014 (letter to SHSC Chief Executive dated 26 August 2014) the change in content and emphasis of the Executive Summary compared to the full report, reduced the impact on readers on the level of risk within LDS. Moreover the resultant and active action plan had been developed from the Executive Summary and not the full report. The CCG's Accountable Officer's letter in August 2014 clearly highlights a number missing elements which needed to be addressed.

After a number of discussions between CCG and SHSC, the formal response provided to the CCG, regarding the review and resultant actions, came in December 2014. The SHSC Director of Organisation Development and Board Secretary detailed in this report that the original Culture and Practice Review report had been deemed by the SHSC board to be inadequate, in its evidence and specificity. A subsequent Executive Summary was received and approved in July 2014. In this response to the CCG, SHSC brought together the two reports from the Culture and Practice Review and KPMG report from the financial element and identified further actions to be taken. In this the SHSC acknowledged the weaknesses in the TOR and capacity of the Culture and Practice Review team and stated this as a lesson learnt. The report then provided examples of statements in the original review report which led to the conclusion of a lack of rigour, citing statements such as "many teams" "some and "often".

A combined action plan was provided in which the original actions; Executive Summary actions and those from the KPMG review were listed together with current progress. It is this action plan that became the baseline from which the CCG monitored progress.

The QAA remains concerned that the SHSC Lead for Safeguarding had not been included in this process, despite asking for this information, and that the missing safeguarding elements recognised by the SCC Head of Service for Adult Safeguarding

in November 2014, across both the SHSC and SCC reviews, had not been communicated and fed into this CCG response. For example, "there is no sense that trends and underlying causal analysis of Safeguarding practice and management have been undertaken" and the "limited evidence of the impact of service failings on individuals using these services" (Head of Service for Safeguarding and Quality briefing for SAB Independent Chair, November 2014).

Moreover in November 2014 the Head of Service for Safeguarding and Quality stated that the "de-coupling of the JLDS [Joint Learning Disability Service] means shared learning and collaborative working to address issues may be inhibited". Indeed both SCC and SHSC actions failed to fully acknowledge that despite being commissioner/ provider and provider, there is a need for collaborative working, albeit recognised nationally within LDS commissioning guidance as difficult.

The SHSC review reported that they predominantly utilised the symbolic interactionist perspective, often known as the "methodology for listening" (Silverman, 1993). Whilst this is a major model in social and health care research for the examination of organisational culture and is related to grounded theory, it requires a careful implementation by experienced reviewers and is resource intensive. The style of report emerging from such research is also often difficult to correlate; generalise and develop actions with quantitative data to support these. Given that only one interviewer coded the interviews and other protocols were not followed, the QAA determines that in the true sense symbolic interactionist perspective methodology was not followed.

The selection of review methodology can also be influenced by resources available, including: time; skills and accessibility to data and people. Qualitative methods, such as interviews and observations, are generally more resource intensive requiring more time to both collate data and subsequently analyse. Techniques can be used in both quantitative and more often qualitative methods, which allow reviewers to know when they have saturated on data collection. Examples of saturation include: the last two interviews did not inform the reviewer of anything they had not previously found; audit of the twelfth case file concluded that there was no supervision on all. However the number of activities taking place is usually pre-determined by the time available and saturation may not be achieved. The SHSC Care and Practice Review is not clear if saturation was reached, however QAA interviews with the reviewers confirmed it had been. The SHSC review included interviews with Agenda for Change (AFC) grades seven to nine and with Very Senior Managers (VSM). As the lead reviewer for the SHSC Culture and Practice Review had retired, although interviewed as part of the QAA, they had not been able to provide full details of interviewees to the QAA.

Both quantitative and especially qualitative methodologies can be subject to reviewer and subject bias. Wanting to please an interviewer; concerned about the security of your job or Human Resource led action if you disclose something; inaccurate or poorly recorded records; lack of ability to accurately recall information; hidden agendas; reporting good and bad news to senior management and Chief Executive level and misinterpreting questions are all recognised influencers across methodologies. Triangulation of findings when looking at the same service from different angles assists in mitigating these, however all reviews should recognise how bias may have affected results, including their own bias especially if they are connected to the service.

Mixed methodology review outcome reports are usually more dense and longer than a quantitative methodology alone. For some audiences this can be a change to the short factual based reports they have previously received. Moreover it is vital that the reports

provided answers the questions provided in a format understood by the people responsible for the next steps and allow for clear action planning.

SCC Methodology and Impact on Findings

The SCC Quality and Safeguarding Review again was one of a mixed methodology, with an emphasis on audit. Whilst the audits provided some information on compliance, the sample size for each thematic was not usually reported and therefore validity could not be determined. For example, "medication records were reviewed at every supported living and day service" tells us of the breadth but not depth and what quality was being assessed against. Were findings based on one, two or more records? How cases were selected was also not clear. The QAA would have expected a large sample size stratified random selection in which a mix of service user types; ages; gender and needs were reviewed and sample type reported. Like the SHSC report there was reference to "some" and "vast majority" when referring to the frequency of cases on which issues had been found, without quantification as to sample size and number of occurrences.

Within the SCC report the reviewer had made occasional reference to what they were comparing standards to, for example, "documented procedures state that reviews should take place annually". They also reported the confusion as to this required frequency across documents and related in interview. Indeed often when determining what to measure against auditors find discrepancies between policies and procedures and this leads to recommendations for clarity of policies and procedures, as in the case of SCC for certain areas.

Issues found subsequently by the SCC Interim Area Managers in Employment Services, and in this QAA relating to staff convictions and DBS checks had not been included in the review TOR for SHSC nor SCC. It became apparent in the QAA how much time was needed to review just one employee or service users' file both against requirements and due to poor recording. This would have had an impact on the ability of the reviewers to have easily seen some of the issues and indeed of those found subsequent to the review. SCC reported to the QAA that additional time was given by the SCC Executive Director Communities and then SCC Interim Head of Service to review files when it became apparent that record keeping was poor. Given this it would have been useful for this and the number of cases reviewed to have been reported in the review outcomes to provide context in the methodology.

Communication with service users was addressed as a separate topic and given weight within the report. The reviewer was clear that managers did not appear to understand the vital role of good communication and that there had been no training in good practice communication methods. There was no evidence that specific learning disability communication mediums had been introduced, for example accessible information or intensive intervention. However given service users were not included in the review, their perspective on the impact of this was not included.

Although discussions were said to be held with staff and managers, it was not clear who and how many had been interviewed and how these had been conducted. The evidence from these inter-dispersed audit evidence in the report. SCC stated after the first draft of this QAA report that a list of names interviewed was retained and the QAA lead reviewer requested a copy of these. Approximately eighteen people were interviewed for the SCC Part 1 review, including the then SCC Interim Head of Service; safeguarding lead and a sample of grade staff through levels four to eleven.

Findings were clearly summarised at the end of each section, leading to the action plan provided at the end of the report. There did not appear to be any correlation or checking of findings with the parallel financial audit running in parallel and neither report fully acknowledge overlaps. SCC later confirmed to the QAA that the two reviewers did work in tandem throughout the whole review process, including visiting sites at the same time and where appropriate interviewed staff together. Unfortunately, this was not fully reflected in either SCC review report.

In essence the QAA found that the SCC reviewer was trying to deliver against an over ambitious scope with limited resource. In addition the reviewer had to spend time acting upon urgent findings, including closure of the respite unit, detracting from the time allocated for the review. SCC have stated that additional time was given to complete the work, however the QAA determines that additional resource through people, would have shortened the time for the review and therefore action planning to address all of the issues found.

Conclusion

Ideally one review across LDS involving all partners should have taken place from the period in which concerns were raised at two locations. Reasons for this QAA opinion include that:

- the service in August 2013, was only one month post separation of joint management arrangements, in which it is reported close working was a required requisite of the new Interim SHSC and SCC Heads of Service.;
- more effective use of review resources could have been achieved;
- earlier commencement by SCC may have been possible and the combined or closely working review teams could have leveraged skill sets and external challenge.

From this combined review, a clear multi-agency based or strongly co-operative action plans should have been developed, holistically addressing the outcomes from the perspective of the service user. Commissioning and provider arrangements should have been back-staged and not influenced the way the reviews were structured and implemented. Fundamentally the safeguarding of vulnerable adults needed to take priority.

The reality is that a number of disconnected reviews have taken place in which jointly considered actions are absent. Moreover in SCC there remained confusion over which actions plans were active at the time of this QAA and in SHSC the CCG finally only accepted a combined action plan in December 2014, which does not fully reflect the actions already undertaken.

On 12 November 2014 the Personal Assistant to the SHSC Director of Organisational Development and Board Secretary e-mailed the SHSC Director of Organisational Development and Board Secretary regarding preparation of the materials going to the CCG and stated "The action plan isn't quite right yet but hopefully no-one will delve too deeply into that". It was suggested both the SHSC Interim Clinical Director and SHSC Interim Head of Service could "add more on what's been done".

In Conclusion:

Across both reviews there were lessons to be learnt on providing a clearer Board approved achievable scope, in which the format of report was more clearly defined. As reviews progress resource and scope should be continually monitored to modify in-line

with the need to report within a reasonable timescale proportionate to risk. This should have included the targeting of thematic audits to address high risk areas and bringing additional resource in to shorten the timescales of the overall reviews given the level of risk requiring urgent consideration.
External reviewers and peer review must always be used when the available pool of internal reviewers are too close to the service or lack the appropriate methodological skills. Application of this had been mixed for SCC and SHSC reviews.

Clear service user focussed and multi-agency based or strongly co-operative action plans should have been developed. Commissioning and provider arrangements should have been back-staged and not influenced the way the reviews were structured and implemented. Fundamentally the safeguarding of vulnerable adults needed to take priority.

The QAA accepts that significant time has now elapsed between the reviews and this QAA. As such there now needs to be greater emphasis in examining on how actions are being progressed and determine if there are any shortfalls. The remainder of this report looks to these areas.

Progress on Action Plan Implementation

The TOR for this QAA also asked reviewers to consider whether existing actions taken to improve quality have been adequate and whether additional steps need to be taken under six main areas. Furthermore the QAA was to evaluate progress against action plans agreed following the completion of the reviews. This distinction is made due to complications found during the QAA, as to which action plans had been developed, were active or dormant.

This QAA looked at progress against the following action plans:

- SHSC combined action plan from Culture and Practice Review main report and executive summary and the KPMG Review of Resident's Monies as agreed with CCG in December 2014.
- SCC Part 1: Quality and Safeguarding Action plan.
- SCC Part 2: Financial and Management Controls.

SHSC Action Plan Implementation

The combined action plan for SHSC's reviews was SMART (Specific, Measurable, Achievable, Realistic and Timely) and had been agreed at SHSC Board level.

With the exception of the SHSC Lead for Safeguarding, reports and action plans were communicated to all managers and the SHSC Board and they continue to scrutinise progress on actions in addition to challenge from the CCG. Conflicting evidence was presented to the QAA for reasons why the report had not been shared with the SHSC Lead for Safeguarding and a conclusion could not be drawn. Interviews indicated this had not been intentional, and that the Director had asked for it to be communicated. However the Lead for Safeguarding said they had requested it twice and once again prior to the QAA interview and still not received it. Details of the report were known to the Executive Lead for Safeguarding, who was responsible for commissioning the whole review and Associate Director of Nursing, who was also the Senior Operational Lead for Safeguarding and the Head of Review Team.

The SHSC reports have also been provided to the CCG Board and discussed in ten of the last twelve private sessions to April 2015. Communication and support to service users and carers has been established in the services directly affected by the significant issues found. Sharing with SCC and other partners has been variable and limited a common understanding and ownership of the risks within LDS.

Progress on the SHSC Culture and Practice Review action plan was satisfactory. However, there has been a great deal of other activity outside of this limited action plan, which took place prior to the end of the review and continues, and is not reflected in this action plan. This activity started in 2013 when issues raised were acted upon as found. The action plan outside of the Culture and Practice Review was also subject to board level scrutiny at the Executive Directors Group and monthly reporting to Board. There was evidence that Care Quality Commission (CQC) actions at Mansfield View may not have been completed by November 2014 and at the time of this QAA SHSC awaited the final report from CQC to confirm if they have met standards in this service area, following a recent inspection, in December 2014.

Progress of the SHSC financial elements of the action plan has been reviewed by an external agency, 360 Assurance, in March 2015 at the request of the Executive Director of Finance and confirms that progress is as reported and that all actions will be completed by April 2015. The issue of "some slippage" in the time allowed for

implementation was noted, as actions planned for completion in Autumn 2014 had been moved to April 2015. Reasons provided to the QAA for this slippage, included the need to complete some actions in the timeframe of a financial year. The action plan has also had oversight by the Audit and Assurance Committee, whose membership included, Non-Executive Directors of the Board (excluding the Trust Chair).

As the LDS review actions and work does not encompass the extent of change management projects in place in the SHSC LDS, it was difficult for the QAA reviewers to determine linkages and programme management of the work to ensure an efficient and steam-lined approach to introducing change. SHSC need to develop a programme management approach to the various streams of work in progress. This will include increased input from Safeguarding; best practice models; SCC (including awareness of the findings in their reviews) and the CCG.

SCC Action Plan Implementation

SCC reported to the QAA, following receipt of the first draft of this QAA report, that action had been taken against a number of managers, at senior, middle and team level and that this illustrated how seriously SCC had taken this and the intention to "improve the Service on a long term basis. Undoubtedly, these Human Resources processes have added considerable complexity and at times delays to the situation within Joint Learning Disabilities" (SCC correspondence with lead reviewer). The QAA does not dispute that SCC took action regarding employees; these issues are outside of the scope of this QAA. However the issue of the reported and acknowledged delay was considered by the QAA not to be acceptable, particularly regarding safeguarding issues reported by both reviews and the need to review care plans at 136 Warminster Road, as also highlighted by CQC in January 2014. Arguably SHSC were also facing both Police and Human Resources processes prior to SCC, and these were also, at the time of this QAA, still in progress. This included the need to continue action plan implementation alongside Human Resource led processes and Police investigations.

As with the SHSC review, some issues found in the SCC review led to immediate action including the immediate temporary closure of 136 Warminster Road respite service in March 2014; escalation of an internal safeguarding report on issues found to the Interim Director of Care and Support and action on safety issues specifically related to fire safety and medicines administration. It was not clear what action plan was put in place to monitor these processes; if these had been communicated to key stakeholders, including service users and families and where governance and control resided. The report did not explain the full extent as to action taken on safeguarding and health and safety issues at both locations, and if these issues were found across all the service and if so what subsequent action had taken place.

The SCC Part 1 and Part 2 action plan documents (specified as included in the QAA) laid dormant from June 2014 to February 2015 and remained unfit for purpose, through not being SMART, not being fully completed nor actively programme managed and appropriately challenged at SCC Audit Committee or similar Councillor led challenge forums. Nor had they been fully communicated to all key staff; Council and partner governance structures including the CCG and SAB responsible for: operation; implementation of actions and monitoring of the LDS. Copies of the action plans had only just been shared with the SCC Interim Area Managers in February 2015 after a request from this QAA for a copy of the latest version. Indeed it was the SCC Interim Area Managers who were asked to update the dormant action plans for the QAA.

SCC reported that it is custom to wait until any Human Resource led procedures are concluded, before taking reports to SCC's Audit Committee, so as not to prejudice the

outcome of any process. Given the Human Resource led processes had been prolonged, the issue for the QAA was that the lack of audit and oversight of the significant issues found, may have contributed to delays in implementation through a lack of challenge on progress to date of the actions required. No private session task and finish group had been established and the QAA could find no evidence of any action plan versions being tracked and documented.

It is acknowledged by the QAA, that from October 2014 when new managers were brought into the service, work to address some of the issues found in the reviews had begun. However the QAA believe these actions were under resourced, and although in the right direction of travel and based soundly in compliance; were rudimentary, completed in a unilateral approach, with no cohesive programme management approach or sufficient challenge and support. Furthermore, the SCC Interim Area Managers had not seen the SCC or SHSC review reports or action plans and the Interim HoS, who could have guided work, was absent for personal reasons during some of November 2014 and December 2014. The QAA therefore questions how the SCC Interim Area Managers could have been able to deliver on action plans and reviews they had not been party to and without LDS programme support and sufficient resources. In place of this information the QAA found the SCC Interim Area Managers had taken a baseline compliance approach to addressing issues. By early March 2014, the QAA could only see very early implementation of some of the necessary actions. This is not yet sustained and related to one month of early implementation of some of the processes required. This was evidenced by the QAA on a visit to an SCC service location and in other evidence submitted to the QAA. No task and finish group had been established and the QAA could find no evidence of action plan versions being tracked. Therefore the risk in the SCC LDS remains high as will be detailed in this report.

SCC reported to the QAA that the Chair of the SCC Audit Committee and Executive Director Communities had been kept informed of the: TOR; general progress, outcomes and subsequent action taken against staff. The QAA requested evidence of this by asking to talk to the Chief Executive, Cabinet Member for Health Care and Independent Living and Chair of the SCC Audit Committee. The results of these discussions are encompassed in this report and include that the Chief Executive had not seen or challenged active action plans. The QAA considered that the pace of implementation to ensure risk is reduced and safeguarding concerns are addressed, is not yet fast enough and that acceleration through additional resource is needed to ensure risk is managed appropriately.

Given the above the QAA also found that the potential risk of financial abuse and fraud remains high. SCC wished the QAA to note after the first draft of the QAA report, that at the time of their Part 2 review fraud was not detected. The QAA agrees this was the case, but is highlighting that the potential risk remains high, as many actions remain outstanding from the Part 2 review. Furthermore, the SCC Interim Area Manager responsible for the financial elements of the SCC LDS, provided the QAA with additional examples they had found after the reviews, where controls were not yet robust and therefore open to financial abuse. This included lack of controls within and between outsourced commissioned services to the SCC LDS service users.

Issues found subsequently by both SCC Interim Area Managers, which were not included in the TOR and original action plans, and have an impact for service users need to be included in future action planning.

Furthermore the work being conducted to turn LDS around within SHSC and SCC, was running alongside many other projects both at LDS and adult services level, and there did not appear to be co-ordination of tasks. A programme approach is required to pull

together all the streams of work within LDS across SHSC and SCC. This will include increased input from Safeguarding; best practice models; sharing of findings between SHSC and SCC and input from the CCG. Although SHSC have taken a programme approach, a joint or co-operative programme approach was never achieved for the reviews and subsequent implementation of actions. It must also be noted that a number of service users share services across both SHSC and SCC.

The QAA found outward looking dedicated senior operational managers within both SHSC and SCC, who were working hard to turn around LDS. However, these were all in interim posts and one of the key SCC Interim Area Managers was due to leave SCC LDS in May 2015. After the second draft of this report a new Area Manager took up the post and shadowed the previous manager during April 2015.However, there was significant risk in both SHSC and SCC regarding business continuity, permanence and sustainability of the LDS, should further key staff leave and in replacing interim posts. There was no evidence that contingency plans have been put in place to address to issue of interim staff at in key strategic positions. This should include having robust service delivery action plans, whose delivery can be understood and continued by new managers.

The pace at which both SCC's action plans are being implemented needs to be accelerated in areas, such as care plan reviews and addressing outstanding safeguarding risks, including financial abuse. This should be achieved through targeted additional resource as discussed in this report. Commitment has been made by SCC's Chief Executive to time-limited resource to achieve this and recruitment for some posts has been started. However the QAA consider some time targets, such as completion of the care plan reviews by the end September 2015, are too long.

The QAA considered that the new SCC structure for LDS will provide a good level of internal challenge and support to the operational arm. There was some future proofing of this model which, with development, could provide support and challenge to other providers within a wider commissioning model.

Communication and Impact on Action Plan Delivery

A lack of communication of reports and action plans within SCC once again has caused significant issues in progressing actions and addressing risk. Situations have arisen where when action plans had been shared and staff had been asked to delete these e-mails to prevent others accessing their inbox. The difference between "secrecy" and "confidentiality" when Human Resource led processes are underway, as discussed in QAA interviews, has not been fully understood and has increased risk within the SCC LDS.

SCC continually have told the QAA lead reviewer that they firmly believe they acted in a desire not to unintentionally hamper the Human Resource led investigations, however as discussed earlier in this QAA report, redacted versions with only minor changes could have addressed this issue. Furthermore a lack of full SCC Audit Committee, scrutiny and/or task and finish groups and challenge on the progress of actions from these reviews, continues to be a significant deficit in governance of the LDS. The QAA asked what structures were in place to challenge the lack of progress and how an action plan with such significance became dormant and implementation so delayed? Despite the availability of the SCC Audit Committee, Scrutiny and Full Council, no formal governance structures had been used to track and monitor progress of actions. The TOR for these forums allow for challenge of LDS and as such redacted reviews could have been provided to allow for challenge and in turn support to progress action plans.

Quality Assurance Assessment Thematic Findings

It is recognised that the LDS is a complex service delivering many different services to hundreds of service users within an increasingly complex commissioning model environment. For those needing to review and understand the outcomes of these ambitious reviews and resultant action plans, the TOR directed the QAA to comment on six specific areas against six key themes relating to: culture; practice; management; leadership; working relationships between organisations; compliance; safeguarding and financial issues;. Discussion of the progress of financial elements has already been reported above. This section cannot provide a comprehensive QAA against each of these broad themes, rather has acted to guide the next steps for agencies to take and to highlight some critical areas which need urgent attention.

.

Culture, Practice, Management, Leadership and Working Relationships

Culture is defined by collective values and within an organisation or service it manifests itself in a clearly understood shared aim for the services provided. The QAA found strong evidence that the LDS "lacked a compelling and coherent vision and strategy that all agencies support". Cultural norms need to propagate from the highest level and senior leaders need to lead by example. Whilst some senior managers spoke of high aspirations for the service, this is not a clear and common message and "standard met" was a common term used across the service. When turning around a poorly performing LDS, aspirations need to be of delivering an outstanding service.

The QAA did not look in detail at the LDS commissioning model, considered by SCC to be out of scope for their elements, but found and were told by some people that both providers and commissioners alike were not yet seen as "local experts" and there was a lack of a trusting relationship between SCC and SHSC. In turn relationships between the CCG; SHSC and SCC were not yet effectively defined and the CCG was not yet seen as an equal partner. Without a clear strategic governance model for LDS, involving the Health and Wellbeing Board (HwBB); LD Partnership Board; CCG; SAB; SCC; SHSC and their respective scrutiny forums, the template for accountability and responsibility was not clear for LDS. In September 2014 the Chair of the CCG wrote to the Chair of SHSC thanking them for a suggestion of an LDS Summit, "which we agree would provide a basis for a city-wide conversation on developing that integrated vision for these services". To date this has not occurred and would have been of benefit given the stage at which the SCC commissioning strategy has reached. This LDS Summit could also be an opportunity to further include service users and their families in wider consultation on service design and commissioning.

A much needed command and control management style has been implemented to both support and guide staff. There is evidence of sustained impact of actions and improving management oversight in SHSC. However in SCC, due to late implementation and only recent evidence, changes have yet to make an impact. There is good evidence that both SHSC and SCC have started to gather and pull in support and advice where needed, although measuring quality against best practice LDS models has only just started.

Within SCC a culture, in which Human Resources led processes, continues to dominate over effective communication with all stakeholders and joint sharing of information regarding safeguarding; health and safety and non-compliance to legislation remained in place in March 2015. In contrast, SHSC were able to work with Human Resources; Crown Prosecution Service and the Police in ensuring the key messages were not blocked to those who were involved in the service and to service users. SHSC spoke of

a "confidential need to know approach" managed through a communications strategy and plan discussed regularly at specific communication meetings, as opposed to the "secrecy" SCC staff referred to when interviewed as part of the QAA.

The QAA found that the role, both during and post review, of the SHSC Clinical Director, was not as effective or clearly implemented as it could have been. There had been a permanent Clinical Director, replaced by an Interim Clinical Director in that time period. A permanent SHSC Clinical Director started in post on 1 May 2015 and this QAA recommends re-enforcement of their role in the quality assurance and management of the LDS, and to ensure this is embedded in practice. This will also provide much needed additional resource and support to the SHSC Interim Head of Service and provide clinical input to Local Authority social care staff and managers. These elements are clearly defined in their job description.

As discussed earlier within culture, the involvement of service users and carers in the findings of these reviews and actions being taken is mixed and urgently needs to be addressed on a service-wide basis.

The role of the SAB in addressing issues found within the LDS, whilst having a key challenge role for adult safeguarding, was not fully defined. The reviews have not yet been tabled at the SAB or sub-groups. The Independent Chair for Safeguarding had first been alerted to safeguarding issues found within the LDS in February 2013, when SHSC invited the Chair to discuss what was known at that point and how this was being addressed. Further updates to the Chair regarding the wider review were provided by SHSC and SCC in early 2014. In September 2014 the Chair ensured that the reviews were raised as an agenda item. The Chair received both the SCC and SHSC reports (not financial) in the autumn of 2014 (SHSC e-mailed these to the Independent Chair on the 14 October 2014), at which point the Chair requested a review from the SCC HoS for Safeguarding and Quality, which took place in November 2014. The autumn 2014 review raised issues in how effectively safeguarding had been addressed.

The Chair then understood that SHSC; SCC and CCG were to commission this independent QAA and that, by the end of May 2015, the SAB Board would receive the QAA report. Although discussed as early as May 2014, the proposal to commission this QAA was confirmed and minuted at the SAB meeting on 28 November 2014.The SAB have yet to see all the SHSC and SCC reviews (SAB Chair had a received copy only) or any of the action plans being reviewed in this QAA and it is planned they will be submitted for both SHSC and SCC together with this QAA report in May 2015 or June 2015.

Standards of Care and Compliance with Regulatory Frameworks

Within LDS a number of services are regulated and inspected by CQC, however a significant proportion fall outside of this CQC regulatory control and inspection regime. All SHSC and SCC registered services receive inspections from CQC including residential, respite and domiciliary settings. Both SHSC and SCC managers spoke of the need to ensure the same regulatory standards are applied to both regulated and non-regulated services, and indeed the current SHSC and SCC Interim Heads of Service want to go beyond CQC's minimum standards. The QAA commends this approach and noted that CQC have recently introduced new grading systems with a range of grades from inadequate to outstanding to allow for ambitious delivery. A clear message, when asked if standards of care would meet a CQC inspection within both SHSC and SCC, was "we are getting there". When some people were asked if they would be happy for their relatives to receive services from LDS the response was mixed. None would place a relative across the whole of LDS, rather only in specific

areas. In particular SCC social care respite and SCC day and some employment services were thought by SCC Officers not yet to be of a good enough standard, as were a number of the older housing stock supported living accommodation provisions.

It must be remembered that CQC only inspect a limited set of standards and are present for only a few hours at a location, every few years. As such, over reliance in their judgements as a quality assurance (QA) process is high risk. Organisations need to have constant vigilance through fully embedded QA, Key Performance Indicators (KPIs) and performance management (PM) frameworks.

Within SHSC effective QA and PM LDS specific frameworks were in place and had been for some time, including monitoring of KPIs; walk-about visits by senior managers and Non-Executive Board members and a comprehensive audit programme. This was overseen at operational and Board forums.

In contrast, this was at a very early stage of development and implementation in SCC LDS; and a QA framework and PM scorecard had not yet been delivered. Indeed it could be argued that the frameworks were at such an early stage, and many were yet to be implemented, that work on this area had not commenced at the time of interviews. After the first draft of this QAA report SCC began planning a new series of QA audits to address some of the issues found in this QAA. Where applicable and useful, SCC was receiving support including leverage of resources, from SHSC in this QA process, for example in medication audits. This was not a formal arrangement; however the QAA determined that it indicated that both parties were willing to place the needs of service users as a priority and begin to strengthen the communication bridges between SHSC and SCC. Additionally discussions with the two Councillors involved in this QAA, indicated they would like to see Councillor Champions and therefore wider Councillor ownership of the LDS.

Moreover, at the time of this QAA in March 2015, 60% of care plans across all of the SCC LDS locations remained out of their review date, including a number of those at 136 Warminster Road. A number had not been reviewed since 2010. The SCC Interim Area Manager had prioritised care plan reviews at CQC regulatory sites and the QAA found that, whilst they were correctly focusing on quality and not quantity of reviews, there was insufficient appropriate resource to undertake these in the timescales required to address risk.

Good practice indicates that reviews of care plans should occur at a minimum of every twelve months or more frequently if service user presentation, risks or circumstances change. As such the service had not completed the outstanding reviews prior to the next review period. It is recommended that some of the available SCC time-limited resource, offered by SCC's Chief Executive, is applied in ensuring that 100% of care and risk plans are promptly reviewed. This will also inform commissioning of current and in part future need at a strategic level. The QAA was informed in April 2015 after the first draft of this QAA report that additional resource had been agreed and recruitment was underway to appoint suitable resource to support this requirement. This will include recruitment of two additional Grade 7 workers, to complete the remaining reviews and transfer of care plans into the new format.

At present from the evidence of implementation the QAA had time to review the QAA considers that SCC would not yet meet CQC inspection standards in a number of areas including:

- sustained evidence of supervision and appraisals;
- quality of care plans and risks posed by medicine administration;
- management of choking.

Whilst new documentation and toolkits have been developed and were being implemented across a number of areas this is not yet comprehensive and evidence of sustained or consistent implementation is needed. Furthermore effective application of the Mental Capacity Act (MCA); Deprivation of Liberty Safeguards (DoLS) and Mental Health Act (MHA) has yet to be achieved. SCC is now actively seeking support from the CQC Compliance Officer; is questioning registration categories and establishing what frameworks need to be in place to monitor compliance. There has been a very early start in this, however SCC have yet to reach CQC compliance levels in a number of areas. CQC have yet to re-inspect SCC since the reviews.

Whilst there are organisational meetings on the review of policies and procedures, separation of the LDS has seen the decrease of multi-agency approaches to reviewing policies and procedures. Moreover as SHSC and SCC diverge and follow different policies and procedures, the QAA asks if this will lead to the situation becoming increasingly complex, when additional providers come on-line. Indeed it was not always clear, and more time would be needed to confirm this, which polices and procedures other agencies such as supported living providers were following. Best practice also suggests that all LDS organisations make their policies and procedures available online on their Intranets and the Internet. Destroying all obsolete policies in units will also ensure only the most current policy is available in one specific place for all employees to access.

Both SHSC and SCC Head of Service and Area Managers have taken an appropriate baseline approach to ensuring compliance. Where available they are seeking best practice models, however there are a number of sources such as the LGA sector led programmes, which have not been utilised.

Confirmation that Safeguarding Concerns Have Been Addressed

This QAA cannot provide confirmation that safeguarding concerns have been fully identified and assessed in the reviews, nor fully addressed. Assuring any governing body that safeguarding concerns are ever fully identified and addressed introduces complacency and false reassurance, in what is a dynamic and complex environment.

For this reason alone the QAA would not wish to prevent those reading this report, who are the "eyes and ears" from continuing to be vigilant. Issues with the validity of safeguarding data provided to SCC and SHSC and the high resource needed to extract aggregated information have an impact on fully understanding safeguarding trends in LDS. Whilst the number of safeguarding alerts has risen, a positive at this stage of change management, there is a need to understand the implication of these across the LDS service. Whilst there are differences in progress made between SHSC and SCC in safeguarding risks, the exclusion of the Safeguarding Leads in this activity does not provide assurance that all aspects have been included.

Safeguarding Concerns Raised During the QAA

Additionally, progress against some key areas relating strongly to safeguarding has been mixed and during the QAA four key areas, requiring immediate action, were identified and communicated to SHSC and SCC on 9 March 2015. Namely:

- ***Care plans:*** The QAA saw evidence of very poor care plans within SCC, and were told that 60% had not been reviewed within twelve months, some not since 2010. This presents a significant safeguarding risk within the LDS, including whether the service user is appropriately placed and receiving services to meet their current needs and that risk is being managed (e.g. challenging behaviour; care plans reflecting current risks and need; mix of service users at service delivery locations).

  Since October 2014, in SCC a good quality set of tools for care planning had been developed and were being utilised within the care plan reviews. The QAA commended the SCC Interim Area Manager in ensuring quality was not being compromised for speed. However, the QAA have concerns that given the time since initial concerns in the LDS (February 2013) and a CQC inspection action in January 2014, that so many had yet to be reviewed. Furthermore resource was limited to achieve review of 100% within a reasonable timescale and to a good quality. After escalation this issue and the first draft of this QAA report, additional resource had been agreed to complete this task at an accelerated rate. However, the timeline for bringing all care plans to an acceptable standard was September 2015 and there was no contingency plan to address potential risks in the interim.

- ***Medicine management and administration:*** Whilst the QAA saw evidence of a change in the medication processes being implemented in SCC, the risk remains high. For example, the QAA saw evidence of dispensing errors including the omissions of medications. After notification of this to SCC by the QAA reviewers, analysis was undertaken by SCC as to the frequency and reasons for the issues seen. The QAA was informed changes will be made to relevant processes, including ensuring actions taken are more clearly recorded. Additionally the wider issues of medication and responses to those raised within this safeguarding section of the QAA are within the TOR of the safeguarding review to be recommended from this QAA.

  Furthermore there was no PRN protocol in place for individual service users. PRN refers to non scheduled medication such as pain killers, which are given within prescribed limits as needed. The lack of a PRN protocol can lead to the inappropriate administration of PRN medication (e.g. paracetamol use). The QAA also found limited clinical input into new processes and procedures within SCC and minimal staff awareness of the risks of under- or over-medication to service users. All staff need to be fully aware of the risks and implications of inappropriate administering of medication. Furthermore the QAA believes that health professionals need to have a significant input into any policies and procedures and in monitoring compliance. Prior to the service separation there was a shared medication protocol, however this is no longer up to date. The Chief Pharmacist at SHSC indicated that they were more than willing to provide input to SCC provision and the expertise within SHSC should be utilised in this area.

  SHSC should also ensure that their systems are also fit for purpose given the findings within SCC and the lack of time to undertake a similar QAA visit to an SHSC LDS location to check compliance in this area.

- ***Poor and confused communication of significant incidents and response on actions taken to reduce risk:*** The QAA reviewers were given documental and verbal evidence of a number of significant incidents within LDS. When cross correlating this information between senior managers and Officers, not all knew about all the incidents. One incident referred to in the Appendix of SCC's Part 1 review document was later said to have been an issue in recording, but again there

was confusion regarding this and how it was communicated. Given these findings, it was difficult to determine how risk in these areas was being managed across LDS. Communication of serious incidents as they occur, and of immediate and subsequent lessons learnt, needs to be improved within and across agencies. Joint working in addressing and reducing the risk of choking within parts of the LDS client group, also needs to be further developed.

- ***Lack of communication of and involvement in the reviews and action plans for SHSC and SCC safeguarding leads:*** There is a need to ensure both SHSC and SCC Safeguarding Leads have access to all reports (including the financial reports) and have seen copies of all the action plans and subsequent revisions. Through joint working between the SHSC and SCC safeguarding leads, and with those implementing the action plans, there needs to be a review of safeguarding risk within the LDS to ensure that all areas have been included and that action plans are robust enough to reduce safeguarding risk. After the first draft of this QAA report a scope had been drafted by the Independent Chair of the Safeguarding Board for this safeguarding review.

The QAA did not have sufficient time to review ligature policies and procedures and seek evidence of application through assessments. This had also not been included in the SHSC nor SCC reviews. There had been no joint policy in place in the joint service. The QAA requested responses from SHSC and SCC to enable agencies to consider themselves what needed to be addressed. SHSC have a hospital based Procedure for Ligature Point Safety Assessment in Service User Accessible Areas, but no community policy. SHSC also provided hospital based ligature assessment templates. SCC were looking at guidance for social care settings to develop policies and procedures in the period of this QAA. Therefore this area needs to be further explored by both SHSC and SCC, to confirm compliance and ensure that relevant policies and procedures are in place and are adhered to for all service areas across LDS.

There is also the issue that SHSC's NHS Benchmarking exercise in July 2014 illustrated poor performance against peers, in some the areas as discussed earlier in this report.

Furthermore, whilst the SHSC Board have now accepted and responded to the risk associated with handling resident's monies, SCC's equivalent governance structure has not, partly as the review reports have yet to be widely shared and challenged, particularly with all Councillors. Both agencies have yet to completely acknowledge that safeguarding financial abuse processes are distinct from that of criminal activity, and fully reflected this distinction across relevant policies and procedures.

SHSC and SCC both have reported an increase in the number of safeguarding alerts reported since the reviews. This includes receiving alerts from locations, never having previously reported and an increase from others. Although any safeguarding alert should be reviewed in the context of the issues and impact for the service user, an increase in alerts usually indicates that staff are more safeguarding aware and familiar with the reporting process. Increased number of referrals, for a period following a serious incident, review or safeguarding training, is expected and in the short-term a positive trend, indicating the impact of changes made. SHSC consider one of the factors contributing to this increase has been the Care and Compassion training delivered to SHSC staff.

Performance Management Information

Performance management in safeguarding relies upon accurate and timely safeguarding data. Having an accurate scorecard allows monitoring of trends and contributes to an understanding if risk is being addressed. This QAA found issues relating to both the quality and service level detail available regarding LDS safeguarding data. All agencies across Sheffield have a responsibility to inform the Safeguarding Adults Office of alerts and referrals received. LDS safeguarding information appeared fragmented and although SCC are responsible, at their Safeguarding Adults Office, for collating and disseminating data both SCC and SHSC leads for safeguarding reported the following key issues:

- Safeguarding data was not always entered fully or accurately to systems by a number of services including adult social care.
- Systems in which data is recorded may not be adaptable to provide a reasonable safeguarding scorecard for LDS.
- Data was difficult and resource intensive to extract.
- Information was usually available only for SHSC conglomerated adult services and not aggregated for LDS or below, due to how resource intensive this process was and a lack of available appropriate resource.
- Information sharing with the SHSC Safeguarding Team occurred, but given a lack of accuracy and aggregation it could not fully inform on LDS safeguarding performance. Within SHSC safeguarding data at a conglomerated adult services level was presented at the SHSC Board, but again aggregated data was not routinely provided.
- There was no clear communication strategy for LDS safeguarding performance information sharing with relevant stakeholders.
- It is likely there is an under reporting of safeguarding incidents.
- No feedback loop to inform and educate individuals making safeguarding referrals.

Clearly there is a need to address the quality and communication of LDS safeguarding performance management information and to develop a recognised common scorecard to share with key stakeholders.

Safeguarding Training

Safeguarding training is fundamental to creating awareness of thresholds; reporting and risk management. Each LDS role should have a training pathway in which training programmes are clearly identified and records attendance on courses. Training pathways in LDS also include courses such as restraint; medication; choking; MCA and DoL all of which impact on safeguarding practice. Service training requirements should also be identified by the staff from appraisal process. Both at an individual and service level the impact of training should also be measured, to ensure training is improving the quality of services delivered and ensuring legislation is followed.

The QAA found evidence that training is now a higher priority. For example in SHSC all LDS staff had undertaken a two day course in Care and Compassion. Conflicting evidence in the QAA interviews raised a question whether the SHSC Lead for Safeguarding had approved the safeguarding content of this course and if it had been delivered by a safeguarding trained trainer. There appeared to be a lack of communication and clarity between the SHSC Lead for Safeguarding and the SHSC Interim Head of Service for LDS on this issue. It was also not clear if this training had been recorded in the training matrix and records. Nonetheless this training had been delivered to all SHSC LDS staff (January 2014 to March 2014), before the publication of the SHSC review report. A rolling programme for this Care and Compassion course will capture new staff.

Within SCC a number of staff had also undertaken a choking course following a significant incident and the death of a client and there was some evidence of continued refresher courses, but not at the rate expected.

Within SHSC and SCC there was evidence of training pathways in team supervision folders, however, the QAA considered that some of these pathways were out of date given the need to include outcomes from the review (both training requirements and attendance); the effect of separation of the joint management arrangements and changes in staff both new and transfers across services or grades. Furthermore lessons from Winterbourne View and serious case reviews, not just Sheffield's, needed to feed into the training programme. Individual training records were also reported as being dispersed, following separation of the LDS. It is therefore recommended that an online central training register be established for both SHSC and SCC.

Ongoing Concerns

Both the QAA and operational managers within SCC and SHSC have continued to find unaddressed safeguarding risks as they begin to more fully understand the breadth of issues found. This QAA recommended a safeguarding review in early findings feedback, led by the SHSC and SCC Leads for Safeguarding, across the LDS to ensure their perspective and experience has been applied to the service, as well as an independent view to be provided by the Safeguarding Adult's Board (SAB). This will also provide much needed support to the operational managers. At the time of writing the first draft of this report in April 2015, the QAA was informed this safeguarding review had started and a draft TOR had been completed by the Independent Chair of the SAB. Evidence was seen of this occurring very shortly after notification of QAA concerns to SHSC and SCC. Indeed there was also an early meeting between all parties to discuss the four significant issues raised by the QAA as requiring urgent attention as stated earlier in this report. In July 2015 the QAA reviewers were informed the safeguarding review had taken place and had been presented to the SAB. Comment on this report is not included in the scope of this QAA, as it was a recommendation stemming from this QAA.

"Early warning" systems alert services to safeguarding issues. Clearly prior to the reviews there was a systematic failure in both safeguarding and financial "early warning" systems. It was difficult for the QAA reviewer to understand how all the "eyes and ears" of professionals both within and outside of LDS; landlords; service users; carers; families and anybody visiting; auditing or inspecting locations such as 136 Warminster Road could have not raised the alarm about conditions at an earlier stage. Within SHSC Lead for Safeguarding had identified some "hot spots" within LDS in February/ March 2013. These were escalated and added evidence that a review was needed at Mansfield View and Cottam Road.

The QAA asked interviewees to explain what "early warning" systems were now in place across LDS. This explored PM frameworks; QA frameworks and greater prominence of the service user and families' voice.

At SCC's wing of 136 Warminster Road it was surprising to hear from staff that the SCC HoS for LDS, who had been the lead reviewer on the SCC element, had not visited since the review visit, which had led to the immediate temporary closure of the building on 9 March 2014. The QAA found that the lead reviewer had returned on the 31 March 2014 after the deep clean, but had not visited since their appointment as Interim HoS in September 2014. Furthermore the Interim Area Managers and staff at 136 Warminster

Road could not recall the last time the Interim Director for Care and Support, other senior managers and Councillors had visited service locations.

As discussed above SCC stated that the Interim Area Managers have been tasked with high visibility and that was well evidenced in the QAA. However from comments received in the first draft of this QAA report, SCC appear to substitute regular reporting back to the Head of Service for "walking the floor" activity by all senior managers, albeit on a smaller scale. The need to ensure "eyes and ears" are established has to be recognised at all levels and a keen sense of curiosity. This was an aspect of oversight also found to be missing in the Winterbourne investigation.

A positive change made in SCC has been to increase SCC team manager oversight provision out-of-hours, criticised in the review as being limited to normal working day cover and team managers are now expected to be on duty and visible both in the evenings and weekends.

Two findings from the visit to SCC's 136 Warminster Road highlighted that some significant elements of safeguarding practice were not yet embedded in practice. There was not time in the QAA to ascertain if similar incidents occurred in SHSC and there is a need to ensure across SHSC and SCC that all previous convictions are risk assessed and managed and that the Policy on the use of social media is clearly communicated, understood and signed by staff to say they have received it.

Whilst reviewing the supervision records of SCC staff, the QAA reviewers found evidence of a historic conviction for Actual Bodily Harm (ABH). The record indicated that the historic conviction "would" have been assessed under historic "HR processes". However the staff member's Disclosure and Barring Service (DBS) review was out of date and the QA reviewers could not see how the potential risk and context of the ABH had been assessed and risk managed. This was immediately escalated by the QAA reviewers to the SCC Interim Area Manager on-site and later in writing to the SCC Interim Head of Service for Learning Disabilities and Interim Director Care and Support. The outcome was that a risk assessment was to be completed with the staff member and documented and the DBS renewal was to be processed.

Also found when reviewing documentation, the QAA read evidence of a concerning incident in September 2014, at an SCC LDS location, in which two members of staff, in works time, completed the "ice bucket challenge". The challenge was recorded with service users and the footage shared on Facebook. A disciplinary hearing held at level 1, took place at the end of October 2014 and the outcome in November 2014 was that neither staff member was given a level 1 warning. Lessons learnt were listed, however it was not clear how these had been communicated across the SCC LDS, as the current Interim Area Manager had not been made aware of the ongoing disciplinary when they started in October 2014. The QAA determined, given the extent of the safeguarding risk and disregard for the service users, that it was difficult to reconcile the outcome and that this may have illustrated inappropriate cultural norms and lack of safeguarding awareness at that location. The current operational SCC Interim Area Manager assisted the QAA in obtaining information on the outcomes and expressed concerns that these had not been shared. The QAA was not party to any further action taken on this incident following notification to the SCC Interim Area Manager.

Additionally SCC's 136 Warminster Road is cited as an SCC LDS respite location. However the QAA found one SCC resident had been in placement for over a year and this raised questions regarding the appropriateness of some policies, procedures and guidance, designed for short-term stays being applicable to long-term residents. There also appeared to be limited acknowledgement of the differing support needs of each

resident. For example, on the QAA visit there was a highly mobile young individual living in the same area as an older person who, the staff informed the QAA reviewers, had early onset dementia.

At the time of writing this report and evidence submission to April 2015 the QAA were satisfied that a QAA recommended LDS Safeguarding Review had been scoped and was about to start. The aim was for this to be presented to various forums including the SAB and necessary actions from this would be incorporated into delivery of the overall LDS action plans.

Areas of Strength and Areas for Development

The TOR for this QAA, in common with that for the original reviews, has been ambitious for the time and resource allowed. It has not been able to thoroughly provide an in-depth review of every aspect of the LDS. The scope also did not include services provided to those who remain outside of Sheffield or in a hospital setting. However it has highlighted areas of strength within LDS and areas for development which need to be taken forward both within and across organisations to jointly deliver on the action plans for the LDS, evidence impact and ensure sustainability. More detailed evidence for the areas of strength and for development have been provided by the reviewers in: this report; e-mails; earlier QAA report drafts and verbally to the CCG; SHSC and SCC.

Firstly areas applicable to SAB; CCG; SHSC and SCC will be highlighted, followed by areas applicable to specific organisations. It is expected all parties review all the following recommendations to ensure that where there have been specific recommendations for one organisations, that the other ensures this has been fully addressed within their own. Moreover where system leaders can be identified to address common or individual recommendations the QAA would suggest these are used to aid action planning and implementation.

Common to All Agencies

Please note some areas for development are not applicable to the CCG and have been marked as such.

Areas of Strength Common to all Agencies:	
1	Recognition of the need to review LDS and provide a QAA process from which to assess robustness and progress to date.
2	Openness during the QAA to ensure lessons were learnt and the way forward understood. Recognition that this was a re-calibration point.
3	SAB Independent Chair request for HoS for Safeguarding and Quality input to review reports.
4	The QAA found that there are a number of key dedicated staff within SHSC at HoS level and in SCC at HoS and Area Manager level, who are working hard to implement change within the LDS, using a baseline standard for good practice as a strong guideline.
5	During the visit to SCC's 136 Warminster Road it was clear that operational non-management staff had very good relationships with the service users.
6	A much needed command and control style management ethos is in place in LDS. This provides staff a clear direction and the managers a framework on which to monitor adherence.
7	Managers are actively looking for best practice LDS models on which to build their service. Nationally it is difficult to locate these and there are some sources, such as the LGA sector led improvement programme and Inclusion North which could provide further assistance.

8	Senior managers know where they want to be and how to get there, it is predominantly the lack of effective resource, which is preventing progress at the pace they want, particularly in SCC.
9	The LDS is now less isolated than found during the reviews, however although individual organisations are outward looking, more work is needed to reduce the distance between SHSC and SCC at all levels.

Areas for Development Common to all Agencies:	
1	Need for a shared "compelling and coherent vision and strategy" for the provision of services for people with learning disabilities in Sheffield. The proposed LDS Summit could be used to address this vision.
2	Need for effectively communicated ambitious goals for today and in the future for the quality of services provided to service users.
3	System leadership models provide a culture in which agencies can assist one another through formal and informal support mechanisms. This may be an model CCG; SHSC and SCC could consider in adopting within LDS.
4	Need for a robust multi-agency governance model, with "teeth" to drive forward the necessary improvements required within LDS.
5	Need for the reports; action plans and this QAA to be shared with all relevant managers and to other agencies including SAB. Staff to receive key messages and clear information of what will happen next and their role in implementing actions.
6	Need for all agencies to fully acknowledge the residual high level of risk within LDS and to work in partnership to mitigate these.
7	Need to communicate all review reports and action plans (including parallel operational action plans) to the safeguarding leads in SHSC and SCC. From this a joint task driven LDS safeguarding review should be undertaken, to inform action planning of specific gaps (recommendation not applicable to CCG).
8	Need for the four critical areas, found during the QAA, to be urgently and jointly addressed, i.e.: ➢ poor quality of SCC LDS care and risk plans and lack of review over many years ➢ medicine administration ➢ poor communication of significant incidents between agencies ➢ mixed response on actions taken to reduce this risk and the lack of communication of and involvement in the reviews and action plans for SHSC and SCC safeguarding leads (see above). The QAA was informed in late March 2015 that a meeting had taken place promptly been parties to understand the issues raised and begin responses. It is understood that analysis of the full responses from the CCG; SHSC and SCC has been included in the TOR for the safeguarding review suggested by this QAA. This is accepted by the QAA as this is the most appropriate place for this to reside and to provide continued challenge and monitoring.

9	Clear and common understanding across SCC; SHSC and other providers of the number of deaths; hospital admissions and near misses relating to choking and dysphagia. Clear shared understanding of the causes of the incidents and how lessons learnt and actions taken have addressed the safeguarding risk. This will require an audit of both safeguarding data and Serious Untoward Incident reporting held by the NHS and SCC (recommendation not applicable to CCG).
10	Need to urgently assess the suitability of placements, given historic placements and care and risk plans being outdated in SCC.
11	Need to ensure historic and newly emerging staff criminal convictions and other relevant information has been appropriately risk assessed and action taken if needed. Continue to remind all staff of the need to disclose information between DBS checks and for SCC ensure all DBS checks are within timescales (recommendation not applicable to CCG).
12	Need to develop an SAB Adult Service's equivalent role to a Children's Services Local Authority Designated Officer, as seen in other Local Authorities. Although this is being consulted upon Nationally as part of the Care Act (2014) this has been implemented in other authorities in anticipation of and in response to increasing numbers of allegations.
13	Need to ensure there is sustainability and continuity of action planning when key staff leave; structures change and focus on the reviews decreases.
14	Need to have a common best practice LDS QA and PM framework from which the CCG and SAB are able to challenge and monitor progress.
15	QA programme to include elements of external and multi-agency audits and consideration of both internal and external Peer Reviews (recommendation not applicable to CCG).
16	A conglomerated LDS scorecard to be developed by LDS commissioners and populated by LDS providers, which can be scrutinised within organisations and form part of joint scrutiny in forums such as the SAB and Commissioners. This will contain specific and common data to all key organisations providing LDS provision in Sheffield.
17	Need to improve the accuracy; communication and aggregation of safeguarding data within and across agencies.
18	Need to clarify for health and social care staff the role of the multi-agency safeguarding adults office and the referral routes to be followed. This will include stopping frequently used reference to the Safeguarding Referral Unit as "Love Street" to clarify and stress the importance of the function.
19	Need to improve signposting and advice and guidance from the Safeguarding Referral Unit, when thresholds are not met.
20	Need to ensure all staff have read, understood and acknowledged receipt of social media policies and procedures (recommendation not applicable to CCG).

21	Need to consider use of modular policies and procedures across LDS to ensure continuity for staff and service users. These should be available on the intranet/ internet for all staff and all obsolete paper copies destroyed.
22	Need for an effective trusting commissioner/ provider model, not just between SCC and SHSC, but with all providers. Role of "expert" provider to be acknowledged.
23	Need to manage review; operational and commissioning action plans under an organisation programme to ensure connection between streams.
24	Need to have jointly owned multi-agency actions within each programme to ensure key areas such as communication; safeguarding; health and safety and compliance are worked on in partnership.
25	Need to provide opportunities for effective formal and informal communication forums at all levels and across commissioners and providers of LDS. This should include an effective multi-agency governance forum; sharing of best practice and shared multi-agency training and audits.
26	Need to ensure sustainability of the LDS service through stabilisation and permanence of the key managers delivering on the action plans (recommendation not applicable to CCG).
27	Need to provide opportunities for effective formal and informal communication forums at all levels and across commissioners and providers of LDS. This should include an effective multi-agency governance forum; sharing of best practice and shared multi-agency training and audits.
28	Need to ensure the LDS is future proofed to allow for good Transitions and that future forecasting of demand and need is acknowledged and LDS adapts to demographic changes.
29	LDS training matrices should be completed for all staff and where shortfalls are identified these are addressed. The Leads for Safeguarding must ratify all training in which there is a safeguarding element and ensure this meets the appropriate level required (recommendation not applicable to CCG).
30	Need to establish an online central LDS training register.
31	Need for an acknowledgement of the importance of ethnicity and diversity, at an individual service user level, but also in service design and provision. Greater understanding of the impact of current and future ethnicity and diversity within the service.
32	Need to ensure ligature policies and procedures and assessments are developed for each LDS service area and are robust (recommendation not applicable to CCG).
33	Need to ensure future reviews on this scale, have external input and peer review, are task centred with clearly defined expectations on the collation of information and provide detail on the format and audience for the report.
34	Communication strategy forms part of TOR for all future reviews.

35	When progress is to be monitored, reviews need to be able to provide a baseline of performance. Resource should be provided to deliver robust audits and collation of baseline data.
36	Need to enhance advocacy support and structures, including the role of Cloverleaf in SCC and equivalent in SHSC. Service user and carer networks should be further developed with the oversight of the Learning Disabilities Partnership Board.

SHSC

Areas for Strength for SHSC:	
1	Recognition of the need to review the whole service, when issues were found at two locations.
2	Action taken on immediate concerns as they arose, with many actions completed by the end of the review.
3	SHSC Board approval of the review TOR and continued scrutiny of action plan implementation.
4	Use of external experts for the review of Resident's Monies.
5	External validation of the progress made against reported action plan implementation for the Review of Resident's money.
6	Strong input from Non-Executive Directors and monitoring mechanisms via the audit committee.
7	Communication and support plan implemented for service users directly affected by the issues. This also involved carers and relatives.
8	Liaison with Police, CPS and Human Resources on what could be shared with other parties.
9	Good progress on the combined action plan and evidence of sustained impact.
10	Strong drive from the Executive Director: Chief Operating Officer/Chief Nurse and Interim Head of LD Service (Health) to improve services.
11	Good awareness of the barriers in communication between agencies and willingness to overcome these.
12	Clear Quality Assurance and Performance Management frameworks in place to continue to monitor LDS compliance.
13	Safeguarding competencies are operational within LDS.

Areas for Development for SHSC:	
1	Care and Practice Review needed to be re-directed, to provide clearer and more useful outcomes.
2	Review methodology must be resource sensitive and implemented effectively with sufficient expert knowledge to analyse and provide clear outcomes.
3	The role of the SHSC Clinical Director to be re-enforced and embedded to ensure they undertake an active role in the delivery of the QA Framework for LDS and become an effective pair of "eyes and ears" in the service.
4	SHSC to review their significantly greater than average rate of occurrence against NHS Benchmarking data, for the rate of serious incidents per 10,000 beds and violence to patients and assess if steps need to be taken to address any risk identified.

SCC

Areas of Strength for SCC:	
1	SCC has recognised the need to seek external expertise to provide effective communication to Service Users and their families, subsequent to the QAA review interviews, this had been commissioned for the next two years, through Inclusion North.
2	Use of external resource for Quality and Safeguarding Review to provide an objective view of service.
3	Strong drive from HoS and Area Managers to improve LDS quality and reduce safeguarding risk.
4	CQC Compliance Officer now actively involved in reaching compliance.
5	Safeguarding Team now actively involved in reducing risk.
6	Cost centre allocations set-up for next financial year to provide greater transparency.
7	SCC LDS statement of purpose in accessible format developed.
8	Service user surveys have begun at some locations and response rates are increasing. Evidence feedback is informing service design, however this is at a very early stage.
9	Interim Area Manager ensures all managers attend a cycle of LDS team meetings with a standard agenda, in which both operational issues and performance management are always discussed.
10	New structure will enable in-house challenge and support across SCC LDS.
11	Establishment of CQC compliance folders at locations on full view to staff members, to keep standards of care and compliance on the agenda.

Areas for Development for SCC:	
1	Communications: Need to communicate the reasons for and findings of the LDS reviews to service users; families and carers and involve them in understanding if there has been an impact following the changes made. Communication needs to be in a format accessible to audience. Communication of the SCC review findings and actions need to be taken to Safeguarding Adults Board and CCG. Communication of the SCC and SHSC review findings and actions taken to those responsible for and delivering the commissioning strategy for LDS. Action plans need to be communicated to those directly responsible for delivering the services, or with responsibility for monitoring impact.
2	Programme management approach to change management within LDS required, including activities as a result of: review findings; day to day activity and future commissioning programme. SCC have made a commitment to ensure the LD Programme Board formed in November 2014 and chaired by the Director of Commissioning, will fully embrace the agreed way forward and that the TOR of this Board will be amended accordingly.
3	Action plans need to be made SMART and active; incorporate findings in this report and the SHSC reviews. Safeguarding Lead input is also required.
4	Review reports and action plans need to be taken through the appropriate governance structures within the Council.
5	Action plans need to be owned at SCC Audit Committee and monitored for progress with time-limited resource allocated as appropriate to reduce risk and deliver change in a timely manner.
6	Action taken on some immediate concerns as they arose, however some which had been identified by both CQC; both SCC Reviews and this QAA, remain as significant risks. This includes, but is not limited to: SCC care plans; medication; communication and action taken on significant events such as choking and safeguarding as detailed in this report.
7	Provide additional capacity to Area Managers to deliver on the high priority actions including effectively reviewing all care plans within a short timescale.
8	Reducing the impact of parallel Human Resource Processes: Need to ensure there is a clearly understood distinction between "secrecy" and "confidentiality" when sharing information to stakeholders, when parallel Police and Human Resource processes are in place, to enable safeguarding and other risks to be fully understood in context and acted upon. Changes need to be made to enable reviews such as these to receive wider scrutiny and monitoring of actions within SCC, when Human Resource processes or criminal investigations are in progress, especially over long periods. Human Resource processes must not impede communication and action on safeguarding and health and safety risks.

9	Staff need to have appropriate access and training in the use of CareFirst and other client database and utilise accordingly to record and share information.
10	Staff need to have greater availability of IT to reduce the number of evidenced illegible hand-written records.
11	Check if appropriate window restrictors are required and are in place where needed at all relevant LDS locations.
12	Need to ensure Fire Safety is fully addressed across all locations and that responsibilities are clear at shared locations between SCC and SHSC, such as 136 Warminster Road.
13	Need for individual First Aid Plans to be included in documents held for each service users and be readily available in emergencies.
14	Decrease the time between maintenance requests being submitted and action taken to address issue. This was noted and evidenced as significant by 136 Warminster Road and undermined the drive to improve and maintain a good environment for service users as well as adding potential risks.
15	Provision of employment services needs to be reviewed in consultation with service users and resource provided to the Area Manager to resolve issues found.
16	The review indicated there continue to be issues within the provision of Day Services. Resource needs to be provided to the Area Manager to resolve issues found, in consultation with service users and their families.
17	Need for Councillors' visibility, not just Cabinet Member for Health Care and Independent Living, and "walking the floor" of as commissioners and providers of LDS services.
18	Need to develop for LDS a parallel ethos to a "corporate parent" as seen in Children's Services within the Councillor culture. Although there is Cabinet Member for Health Care and Independent Living involvement in LDS, the role of a parallel "corporate parent" is wider than the Cabinet Member for Health Care and Independent Living and encompasses a number of Councillors with specific responsibility and accountability.
19	Future reviews need to have clear governance structures, at an appropriate level to risk, which: agree terms of reference; select/ agree review team; monitor and challenge delivery; scrutinise findings; agree actions and monitor impact. Governance should be at a level appropriate to risk and include relevant stakeholders such as Councillors and Lead Members; Directorate Level Board members.

Conclusion

The aims of this QAA have been to inform a number of stakeholder audiences of the robustness of the methodology and findings from each of the SHSC and SCC reviews and assess progress against action plans. This QAA process has pieced together parts of an intricate jigsaw in which LDS fits. Like many senior managers interviewed as part of this QAA, the reviewers found that the task of understanding the service; issues and making sense of the current situation and finding a direction forward difficult. Given that the current commissioning provider environment is restricted to a few providers, and is therefore likely to become more complex, the need to ensure LDS delivers high quality services today and into the future, and therefore be ready to maintain this standard regardless of the model, needs to be fully accepted.

Various readers of this report and parties responsible for the LDS could spend valuable time reflecting on what could have been done to change the way the reviews were conducted. Whilst it is important lessons are learnt, one of the key messages from this QAA is that the LDS must move forward to urgently address residual risk still present; provide support to those who are implementing the action plans as well as managing the day-to-day operation and future commissioning models for these valuable services. Sustainability and future proofing of the services is currently weak and needs to be addressed alongside commissioning planning.

There has been satisfactory progress within SHSC and a start in SCC in addressing issues found in the reviews. For both there is a lack of programme management; joint and co-operative action planning. Both organisations could collaborate in sharing work to date including: new policies and procedures; communication and audit tools and thereby accelerate implementation.

The QAA was not able to fully validate their findings in SHSC through use of a site visit. Within this QAA this may have placed an imbalance on reporting of issues found at SCC's 136 Warminster Road. At the time of writing this report in April 2015, the outcome of a CQC inspection at SHSC's 136 Warminster Road was due. This will assist in balancing the findings of this QAA on the implementation of action plans within SHSC. A Peer Review across both organisations would also provide additional resource and external expertise in implementation of the required actions. However, there remain areas of high risk within SCC's LDS service and a number of issues still to be resolved in SHSC.

The LDS would benefit from a strong governance model and formal forums for all levels of manager and staff to improve communication and share best practice. A number of other significant issues in care and practice, not included in the original reviews, have been found by managers and during this QAA. These need to be shared and incorporated in an overall LDS strategic and programme management approach, including within the overarching LDS commissioning strategy being led by SCC.

Service user and carer networks should be developed with the oversight of the Learning Disabilities Partnership Board. Advocacy support, whilst in early stages for both SCC and SHSC should be further strengthened. The impact of ethnicity and diversity at both a service user and strategic level has yet to be grasped by the CCG; SHSC and SCC.

This report concluded with areas of strength and for development for all parties to consider. The QAA reviewers escalated, at the time of observation, a number of areas which they consider required urgent action. The recommendation is that key stakeholders meet to consider this report, together with the review reports and action

plans, and that a jointly agreed approach is taken to move forward and accelerate the pace at which services are improved and sustain improvements evidenced.

Whilst there may be a reaction to start another service-wide review, the QAA believes this would have the potential to move resources away from accelerating implementation of action plans. There is a need to conduct a safeguarding review in respect of both SHSC and SCC to ensure that Safeguarding Leads have provided input in ensuring that all aspects of safeguarding have been incorporated and provided expertise in designing the safeguarding elements of QA and PM frameworks. After the first draft of this QAA report the QAA lead reviewer was informed that that this has begun and the Independent Chair of the Safeguarding Adults Board (SAB) had developed a draft scope for this review for consideration by the SAB. In July 2015 the QAA reviewers were informed an LDS safeguarding review had taken place and had been presented to the SAB and evidence of this process was provided to the QAA reviewers.

The QAA considers that time-limited support needs to be provided to enable programme management for activity related to these reviews; operational action plans and future commissioning strategy project work. Moreover time-limited resource is needed to support the SHSC Head of Service for Learning Disabilities level to sustain progress made. In SCC more resource at both Head of Service for Learning Disabilities and Area Manager level would accelerate progress and assist in mitigating the delays encountered. Appropriate resource would be best used to implement high priority actions.

Despite there being misunderstandings and unnecessary friction between agencies, this QAA found no deliberate attempt to conceal the findings of the reviews within either CCG; SHSC nor SCC. However, communication needs to be greatly improved in the areas highlighted to avoid issues such as those found continuing to impede delivery of a high quality LDS and to enable a higher level of open scrutiny. There is an urgent need to ensure that SCC service users and greater numbers of Councillors are informed about the LDS reviews and findings from this QAA and become involved in the action plan implementation and challenge.

The QAA asked where were the "eyes and ears" which could have prevented service users from being affected by the issues found and where are they now?

It was clear that there was insufficient monitoring in place and a lack of curiosity from many parties. The lack of Councillor; Chief Executive; Non-Executive Director; Director; Head of Service and external expert "walkabouts", suggested a lack of curiosity about services and indeed in directly hearing service user's voices. It is acknowledged by the QAA that the Cabinet Member for Health Care and Independent Living, takes an active role in SCC's LDS. However communication with and active involvement of other Councillors to support, challenge and drive improved LDS performance needs to be urgently implemented. Staff interviewed, at the location visited by the QAA, could not recall any Councillor nor any senior manager visit. The reviewer for SCC's Part 1 undertook a return visit in March 2014 , but had not returned since starting the SCC Interim HoS LD role in October 2014. This was surprising given the findings of the review, including the need to urgently temporarily close the facility.

Whilst SHSC "walkabouts" are now in place, this is absent in SCC and needs to form part of the QA framework. Moreover consultation and participation with service users and the involvement of all Councillors; Executive Management and Commissioners in being "eyes and ears" needs to be a regular commitment. Whilst there are consultation mechanisms in SCC, the QAA found no evidence of those forums being used to share the findings from reviews as seen in parts of SHSC. The QAA supports the suggestion,

by the Cabinet Member for Health Care and Independent Living, to introduce Councillor Champions for LDS.

The QAA also asked if there was denial of the serious issues found within LDS and found that within some, but not all areas in place of denial there was poor communication and an absence of programme management, resulting in lack of ownership and challenge in progress against findings. Discussions with the SCC Chief Executive concluded that as issues within LDS steadily emerged into view. Human Resource led processes also began. However the QAA believes these inappropriately hindered full communication of the issues found in the reviews to all appropriate parties, and subsequent challenge on progress of action plan implemented. Whilst the SCC review addressed some of the then known urgent actions, a re-calibration of the residual risk was not undertaken. The QAA found that this allowed implementation of actions to drift and therefore the risk to remain.

Within SHSC communication between SHSC and CCG regarding the SHSC Review of Culture and Practice Review report and the related Executive Summary report, indicated that challenge was present, however identification of the resultant active action plan took some months to resolve between parties.

This QAA report has undergone a number of re-drafts and readers should place the findings in the context of the LDS as found in March 2015. More detailed evidence for the areas of strength and for development have been provided by the reviewers in: this report; e-mails between the reviewers and parties; earlier QAA draft reports and verbally to the CCG; SHSC and SCC. As the SHSC accepted the QAA first and second draft reports in April 2015 and the SCC did not agree the second draft at a joint meeting with the reviewers; CCG and SHSC on 27 April 2015, there has been a delay in completing this QAA. This has led to a further delay in handing over the finalised QAA findings to other key stakeholders such as the Safeguarding Adults Board; carers and service users. At all times when the QAA has considered the need for urgent action, agencies have been immediately informed of any findings to allow them to take appropriate action.

This QAA acts as a re-calibration point from which all parties must ensure effective co-operation to accelerate progress towards achieving a universally outstanding quality service delivery in LDS.

The amount still to achieve can appear overwhelming for those at the start of implementation; as such a programme management approach will assist in guiding priorities and resources and dovetail parallel day-to-day and commissioning strategy implementation.

Dr Kathryn A. Houghton, Independent Consultant, Safer Outlook Consulting Ltd.

Mr James Hoult, Independent Consultant working for CCG.
August 2015

Glossary

CCG: NHS Sheffield Clinical Commissioning Board
NYCS: NHS Yorkshire and Humber Commissioning Support
CPS: Crown Prosecution Service
DoLS: Deprivation of Liberty Safeguards
HoS: Head of Service

HwBB: Health and Wellbeing Board
KPMG: A global auditing company, The name "KPMG" was chosen when KMG (Klynveld Main Goerdeler) merged with Peat Marwick.
LDS: Learning Disability Service (also referred to as Learning Disabilities Service)
MCA: Mental Capacity Act (2005)
MHA: Mental Health Act (1983, amended 2007)
NHS: National Health Service

PM: Performance Management
PRN: "Pro Re Nata" (Latin term in reference to dosage of prescribed medication that is not scheduled)
SAB: Safeguarding Adults Board
SCC: Sheffield City Council
SHSC: Sheffield Health & Social Care NHS Foundation Trust

SMART: Specific, Measurable, Achievable, Realistic and Timely
TOR: Terms of Reference
QA: Quality Assurance
QAA: Quality Assurance Assessment

Appendix A:
Terms of Reference for the Quality Assurance Assessment

Sheffield Learning Disability Service Review:

Background

During 2013/14 Sheffield Health and Social Care NHS Foundation Trust and Sheffield City Council became aware of concerns about the standards of care in their directly provided supported accommodation for people with learning disabilities. Both organisations carried out management reviews in order to investigate the concerns raised and take remedial action. Although both reviews were undertaken separately the investigating managers in each organisation remained in regular contact and shared findings as the work progressed.

It was also agreed that, following completion of the individual reviews, an external reviewer would be appointed to quality assure the robustness of the investigations which had been undertaken and review progress against the recommendations and implementation plans agreed. This external review would be delivered to health and social care commissioners and to Sheffield's Safeguarding Adults Partnership Board.

Remit

1. To scrutinise and evaluate the robustness of the methodology and findings of the following investigation reports :

    - SHSC Review of Culture and Practice Learning Disabilities Provider Services 07 May 2014, Executive Summary Report July 2014, & Trust Board Response December 2014
    - SCC Joint Learning Disabilities Service Management review: - Part 1 Quality and Safeguarding; Part 2 Financial and Management Controls 30 June 2014

2. To consider whether existing actions taken to improve quality have been adequate and whether any additional steps need to be taken, specifically reviewing the following areas:

    - Culture and practice within services, lessons learnt and assurance of improvement
    - Standards of care and compliance with regulatory frameworks
    - Confirmation that safeguarding concerns have been addressed.
    - Financial issues and overspend, lessons learnt and assurance of improvement
    - Management and leadership of the services reviewed
    - Working relationships between organisations

3. To review progress against action plans agreed following the completion of the reviews and to recommend further action as required

4. To present the outcome of the reviews and quality assurance report to the relevant Executive Board and to share the findings with service users, family carers and staff.

Independent reviewer
The independent review will be undertaken by Dr Kathryn Houghton of Safer Outlook Consulting Ltd, whose CV is attached below.

Timescale
- Pre-reading of reports and documentation will take place prior to the 2 March 2015. It is expected that this will be one to two days
- Interviews and report writing will be carried out between 2 – 13 March 2015.
- Attendance at forums after the 13 March to present the report will be subject to availability and agreement on dates with the reviewer

Accountability:
The review will be presented to the following:

- Executive Boards within:
    - Sheffield Health and Social Care Trust
    - Sheffield Clinical Commissioning Group
    - Sheffield City Council
- Sheffield Safeguarding Adults Partnership Board
- Sheffield Learning Disabilities Partnership Board

Costs
The costs of the review will be split on a tripartite basis between Sheffield Clinical Commissioning Group, Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust. Payment will be made by Sheffield City Council who will reclaim the share of contributions from Sheffield Clinical Commissioning Group and Sheffield Health and Social Care Trust.

Executive Director, Sheffield Health and Social Care Trust
Chief Nurse, Sheffield Clinical Commissioning Group
Interim Director of Care and Support, Sheffield City Council

30 January 2015

Appendix B: Timeline for the QAA