

Meeting of South Ayrshire Health and Social Care Partnership	Performance & Audit Committee
Held on	30 June 2022
Agenda Item:	10
Title:	Social Work Casefile Audit Policy
<p>Summary:</p> <p>The purpose of this report is to provide the Performance and Audit Committee with an update on the development and implementation of a Social Work Case File Audit Policy.</p>	
Author:	Steven Kelly, Quality Assurance Team Leader
<p>Recommendations:</p> <p>It is recommended that the Performance and Audit Committee</p> <p>i. Note the development of the Case File Audit Policy and tools (attached) ii. Provide any comment on the policy or the approach to implementation.</p>	
<p>Route to meeting:</p> <p>The Casefile Audit Policy has been presented to DMT, Social Work Governance Board and Health and Care Governance Committee.</p>	
<p>Implications:</p> <p>Financial <input type="checkbox"/></p> <p>HR <input type="checkbox"/></p> <p>Legal <input type="checkbox"/></p> <p>Equalities <input type="checkbox"/></p> <p>Sustainability <input type="checkbox"/></p> <p>Policy <input type="checkbox"/></p> <p>ICT <input type="checkbox"/></p>	

Development and implementation of a Social Work Casefile Audit Policy

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the development and implementation of a Social Work Case File Audit Policy.

2. RECOMMENDATION

- 2.1 It is recommended that the Integration Joint Board
- i. Note the development of the Case File Audit Policy (Appendix 1).
 - ii. Provide any comment on the policy or the approach to implementation.

3. BACKGROUND INFORMATION

- 3.1 At the start of 2022, as part of our wider quality assurance agenda, the HSCP agreed to develop a Casefile Audit Policy to be rolled out across adult, children's and justice social work services.
- 3.2 With a focus on case recording and evidence-based practice, the purpose of developing a clear policy accompanied by audit and evaluation tools was to establish regular audit and evaluation activity across all social work service areas.
- 3.3 The following documents including an overarching policy (appendix 1), a casefile audit tool (appendix 2) and an evaluative summary (appendix 3) were all created to support our approach.

4. REPORT

- 4.1 Regular audit and evaluation activity play a key role in performance monitoring and continuous service improvement and supports the achievement of service objectives. In order to achieve this, we have developed a policy, tools and a schedule across all social work services that will deliver systematic review and evaluation of service provision with a focus on both outcomes and social work practice against explicit criteria.
- 4.2 Following the completion of the policy and tools, we have carried out a series of meetings with both Service Managers and Team Leaders and provided a walk-through of both the purpose and requirements of the audit and self-evaluation process.

- 4.3 It was agreed at the Social Work Governance Board to roll out the audit and evaluation process through March 2022. This involved a small number of cases being subject to audit and an evaluative statement being uploaded to SharePoint with feedback and learning.
- 4.4 The evaluative statements were received at the end of March through a designated SharePoint site. The learning and feedback has been collated and we shall make some changes to both the Policy and schedules as we continue to develop and implement our audit and evaluation activity.

5. IMPLICATIONS

6.1 Financial Implications

- 6.1.1 No financial implications.

6.2 Human Resource Implications

- 6.2.1 There are no specific human resource implications arising directly from the consideration of this report.

6.3 Legal Implications

- 6.3.1 There are no specific legal implications arising directly from the consideration of this report.

6.4 Equalities implications

- 6.4.1 An equality impact assessment is not required.

6.5 Sustainability implications

- 6.5.1 There are no environmental sustainability implications arising directly from the consideration of this report.

6.6 Clinical/professional assessment

- 6.6.1 There is no requirement for a clinical/professional assessment.

6. CONSULTATION AND PARTNERSHIP WORKING

- 7.1 This Policy discussed in this report has been and will continue to be developed with relevant officers from across statutory Social Work services.

7. RISK ASSESSMENT

- 7.1. There are no anticipated risks arising from the content and recommendations of the report.
- 7.2. In terms of the IJB Risk Management Strategy, the level of risk is low.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Steven Kelly, Quality Assurance Team Leader
Phone number: 01292 559373



Email address: steven.kelly@south-ayrshire.gov.uk

Name: Danielle Rae, Planning and Performance Coordinator

Phone number: 01292 612665

Email address: danielle.rae@south-ayrshire.gov.uk

BACKGROUND PAPERS

10.06.2022