Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were governance arrangements in place which provided leaders with oversight of quality and practice. However, the local authority's use of data to understand their performance under Part 1 of the Care Act 2014 was not consistent. Leaders demonstrated an understanding of where the gaps were and we heard how strategic work was intended to address them. There were also interim measures in place to maintain oversight and reporting while the improvements to data were implemented. The local authority had a governance framework with systems for leaders and teams to understand performance and risk. There was a performance board with a quarterly system of reporting on a wide range of performance measures, such as staffing, volumes and outputs.

Performance was scrutinised by lead elected members of the council but we heard from elected members with roles in the opposition and scrutiny functions that they did not receive the same level of insights about performance. This impacted on their ability to fully scrutinise the local authority's performance in relation to adult social care and their duties under the Care Act 2014. The local authority was in the process of looking at ways to improve this and there was sharing of data outside of formal scrutiny processes, but feedback we heard showed this could be limited.

There had been recent data projects which had improved the level of detail presented to leaders and the performance board in areas such as waiting lists or delegated functions. The local authority had also undertaken annual benchmarking against national data, to compare performance with other local authorities nationally. The outcome of this work was compiled into an annual benchmarking report.

There was extensive work underway to improve data across the local authority. A data strategy for adult social care had been recently published and a council-wide data strategy was due to be published at the time of our assessment. Leaders and staff told us there were some areas of data improvement that could only be fully implemented once the local authority-wide data strategy had been realised, such as systems shared across departments for performance reporting. Our findings showed there were numerous areas where work had not yet had its desired impact because of improvements to data not yet becoming embedded and teams not routinely using data to inform performance in areas such as safeguarding or monitoring commissioned functions.

Leaders and staff described how recent improvements provided better visibility and reporting of risk and had been used to inform resourcing decisions based on demand in the different locality teams. However, this work had not yet had a significant impact on people's experiences with data showing that whilst waiting times for assessments had come down over the course of the year, they had only recently started to improve for people in two districts or people in the mental health teams. In areas such as deprivation of liberty safeguards (DoLS) or the monitoring of delegated functions like OT and mental health, work was at too early a stage to demonstrate a meaningful impact.

Staff use of data was inconsistent, with some staff being unfamiliar with performance data whilst others were involved in recent work to enhance the way they used and understood local authority data and their own performance. Staff from some teams told us they did not use data to inform their performance and practice, but we also heard from staff who were data champions and were being upskilled in data literacy to support their peers and contribute to the local authority's data strategy. The inconsistent feedback from staff showed that the benefits of this work had not yet been fully realised.

The local authority was enhancing its focus on quality and had recently improved the strategic influence of professional disciplines. The principal social worker role had been adapted to become more strategic and a principal occupational therapist role had been recently introduced at the same level in the organisational structure. These roles were newly appointed to, but we heard about a wide range of plans already underway to implement audits and improve reflective practice or training in response to learning themes. There was a focus on quality which was more established than the use of data to understand individual and team performance.

Staff told us they felt leaders were visible and accountable. We received positive feedback about leaders from staff and partners. We heard positive feedback about the senior leadership team from staff, including their visibility and approachableness. The local authority undertook surveys and reviewed staffing data to understand staff experiences and we noted a focus from leaders on the wellbeing of their staff. For example, staff sickness had gone over the local authority's target in 2023 and we heard from leaders how they were exploring the reasons for this and undertaking work to understand and improve staff wellbeing in response. There were a variety of staff equality networks which leaders led and championed. Senior leaders chaired some of these groups and spoke with passion about using the experiences of staff to inform anti-racist approaches and inclusivity in how the local authority met Care Act duties.

Local authority data showed this had led to improvements in record keeping of people's protected characteristics, which would contribute to improvements to how the local authority used data to understand the experiences of people from minority groups. Staff and leaders told us how leaders took an interest in how they could improve representation, as well as showing a compassionate and reflective response to recent riots and the impacts they had on staff.

There were risk management and escalation arrangements in place. There was a risk register which captured several organisational risks and rated them, including risks relating to waiting lists, data or external monitoring that we identified during this assessment. These risks were regularly discussed, and leaders were well briefed on these. Leaders felt the plans in place were sufficient to overcome these challenges but acknowledged some of this work had yet to become fully established or implemented.

Strategic planning

The local authority was in the middle of implementing a transformation strategy and improvement plan at the time of this assessment. The plan was wide-ranging and focused on several areas identified as strategic priorities, such as commissioning, prevention and co-production.

Whilst improvements to data were a strategic aim for adult social care, the use of data within the local authority's public health function was more advanced and we saw examples of it being used to inform strategy within the local authority and amongst partners, for example around commissioning or achieving shared strategic ambitions with health partners.

The local authority had identified a strategic need to improve the way data was shared to monitor their external contracts, because this information was not consistently used to inform strategic planning. The local authority's improvement plan included actions to review some of these arrangements and the local authority had identified a need to improve oversight of contracts as part of its adult social care data strategy. This showed a coherence between the various strategies being implemented, but also demonstrated that work in this area had not fully progressed.

Shortfalls in data meant the local authority did not routinely use data to inform strategic planning around its functions under the Care Act 2014. This meant use of data to inform strategy in areas such as carers assessments, mental health and occupational therapy was not as advanced. There had been some improvements, such as we saw there was better visibility of mental health waiting lists since March 2024 but improvements to waiting times were very recent. We also heard how the safeguarding adults board had no access to local authority safeguarding data for two years, which meant its most recent strategy was drafted without access to important local authority data around safeguarding.

Information security

There were systems and processes in place to ensure people's personal information was kept safe, but there were some gaps in the availability of external data. Staff described using systems to safely share data between the local authority and internal or external partners.

There were defined processes and policies around information governance and staff were knowledgeable around General Data Protection Regulations. There was a council-wide privacy notice as well as a notice for adult social care which clearly set out expectations about what information would be collected and held for people, for what purpose and for how long.

External data about delegated functions was not easy to collate and the local authority was working to improve this. We heard how performance data for mental health had to be manually entered into local authority systems because the social work staff within the Gloucestershire Health and Care NHS Foundation Trust mental health teams used an NHS system which could not report on Care Act duties. We also heard how this could sometimes provide difficulty for staff who could not access the system because they could not see all the information about a person's interactions with mental health services.