

# Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

## 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

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There were clear and effective governance, management and accountability arrangements at all levels within the local authority; these provided visibility and assurance. The local authority demonstrated a proactive approach to meeting Care Act duties through structured feedback mechanisms and continuous learning. For example, feedback from people was gathered using postcards and online surveys, and findings were analysed to shape priorities for improvement. The Adults Quarterly Report showed learning from complaints was thematically grouped to track systemic issues, supporting accountability and evidence-led governance. This meant people's voices influenced service design and improvements, ensuring statutory duties were met in a way that reflected their needs.

Leaders told us collaborative working within committee structures provided constructive challenge to officers. Regular meetings and reporting structures kept leaders informed and engaged, and they actively requested detailed data which has led to frequent updates on transformation programs and the participation of Healthwatch at committee meetings enabled people's views to be highlighted. Leaders explained there were strong strategic relationships with health partners, voluntary and community sector, and Healthwatch and effective use of the Better Care Fund and well-established funding arrangements.

Governance arrangements included regular monitoring of provider performance and escalation of concerns. For instance, the Service Concerns End of Year Report highlighted that 165 service concerns were processed and resolved without escalation to complaints or safeguarding, evidencing proactive resolution and early intervention. Year-on-year comparisons were used to track provider performance, and targeted monitoring was introduced for high-risk providers. This data-led approach allowed timely service adjustments, reducing risks to delivery and sustaining quality. People benefited from improved reliability and responsiveness in care provision.

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National data and local dashboards provided visibility of people's experiences. For example, the Resident Experience Dashboard showed 78% of people rated their interaction with the local authority as good or very good, and between 55% and 88% said they felt more independent after receiving support. Partners such as Healthwatch noted strong engagement when planning public health services, which helped ensure services were shaped around people's needs. This improved trust and satisfaction and supported better outcomes for people.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. The leadership team demonstrated visibility and capability through collaborative initiatives and strategic oversight. For example, professional standards teams held quarterly meetings to review complaints and compliments, and annual Safeguarding Adult Board meetings with partners set annual priorities. Leaders also engaged with academic institutions to support workforce development, including the ASYE programme, which had progressed 45 staff to senior roles. This stability and investment in leadership capability meant people experienced services delivered by skilled and accountable teams, fostering confidence in care quality.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. Risk management processes were embedded in governance structures. For example, the Care Governance Board monitored complaints data for the Community Equipment Service, noting 565 complaints in a 49-week period and requiring ongoing oversight until improvements were achieved. Escalation routes included Ombudsman involvement, where the local authority had 12 complaints upheld out of 14 investigations, but also provided remedies before escalation in 25% of cases, compared to a 12% average nationally. This proactive approach reduced risks and ensured people's concerns were addressed fairly and promptly.

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The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council. Political and executive leaders demonstrated awareness of risks through strategic engagement and partnership working. For instance, the local authority and the integrated care board jointly funded a co-production group to involve people and unpaid carers in service recommissioning. Housing initiatives, such as the demonstrator programme, brought together internal teams, external investors, and people with lived experience to address future housing needs. These actions reflected a commitment to mitigating risks and planning for sustainability, ensuring decisions across the wider council supported people's independence and wellbeing.

## Strategic planning

The local authority used information about risks, performance, inequalities and outcomes. The local authority analysed risks and performance data to shape its strategic priorities. For example, the Joint Health and Wellbeing Strategy was co-produced with partners and focused on tackling inequality, prevention, and community empowerment. This approach reflected learning from audits and needs assessments, such as the post-pandemic mental health review which identified high dementia prevalence and gaps in care planning. These findings informed the Health and Care Dementia Strategy 2022–2031, which set out pathway priorities from diagnosis to end-of-life care. Similarly, the Suicide and Self-Harm Prevention Strategy was developed after local analysis showed suicide rates in Richmond were higher than the London average, despite being lower than England overall. These strategies demonstrated how the local authority used evidence to target areas of greatest need. Examples such as the development of an all-age autism strategy for Richmond and Wandsworth showed how the local authority responded to identified inequalities for autistic people. Progress was monitored through governance boards, and actions were embedded in service plans.

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The local authority also created a Workforce Strategy for 2024–2027 to address recruitment and retention risks highlighted in annual surveys, ensuring sustainable delivery of care. The local authority set clear objectives to build a resilient and sustainable workforce and collaborate with adult social care and health partners to align workforce planning and delivery. These included tracking internal workforce trends, revising recruitment approaches to attract diverse talent and a focus on career progression, training and workplace treatment which included a commitment to fostering an inclusive environment. The local authority planned to work with partners to map outline pathways to enhance career alignment in integrated roles and facilitate shared learning across the local authority, NHS and voluntary providers.

In terms of impact, these plans meant people experienced services designed around local needs, with clearer pathways for dementia, mental health, and autism support. This helped reduce uncertainty and improved access to care for those most at risk.

The local authority used performance and demand data to allocate resources effectively. Service plans highlighted investment in safeguarding capacity, recovery of mental health assessment backlogs, and implementation of a demand management plan focused on early intervention. Examples such as the recommissioning of dementia-friendly initiatives and additional lunch opportunities to 469 extra meals weekly showed how resources were directed to reduce isolation and improve wellbeing for older people. Evidence from staff surveys informed equality, diversity and inclusion actions, leading to improved feedback and targeted workforce development.

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The local authority also supported unpaid carers through programmes like the Carers Development Plan and Carers Strategy, which aimed to ensure unpaid carers were identified and supported. Actions included creating carer champions, improving assessments, and developing contingency planning. These priorities were resourced through collaborative partnerships and dedicated funding streams. In terms of impact, this meant people and unpaid carers received more timely support, reducing stress and improving quality of life. Targeted investment in prevention and community-based services helped people remain independent for longer and reduced reliance on crisis interventions.

The local authority delivered a wide range of actions based on identified risks and outcomes. For example, integrated work reduced occupational therapy waiting times and improved hospital discharge through transfer of care hubs. Collaborative work with mental health services led to crisis prevention pathways and reduced delays for people in hospital. Digital initiatives, such as the launch of a recruitment site and increased referrals for care technology, supported modernisation and choice. Examples such as the Richmond Moves campaign, which enabled over 2,000 people to become physically active, demonstrated how public health actions improved wellbeing.

The local authority also strengthened safeguarding practice through thematic audits and peer reviews, using findings to inform workforce training and celebrate good practice. In terms of impact, these actions meant people experienced safer, more responsive services and improved health outcomes. Integrated working reduced delays and supported continuity of care, while digital and community initiatives enhanced independence and participation in local life.

## Information security

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The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. They implemented compliance with the Information Security Standard (ISO27001) and supported audit preparations to maintain robust governance. For example, the local authority led on compliance activities and introduced new processes to strengthen data handling and confidentiality. These arrangements were supported by timely statutory returns and budget monitoring, which demonstrated effective oversight of data management systems.

Evidence from service planning documents showed that the local authority introduced self-serve automated processes using Power BI and developed Client Level Data reports to meet national submission requirements. These innovations reduced manual handling of sensitive information and improved accuracy in reporting. This meant people's records were managed securely and efficiently, reducing risks of data breaches and ensuring timely access to accurate information for care planning.

The local authority also implemented a single training system for social care, covering classroom, virtual and e-learning courses. Training ensured staff understood data protection responsibilities and maintained confidentiality when handling records. For example, training supported compliance with safeguarding and information governance standards. This helped protect people's personal information and gave assurance that their data was treated with care and respect.