

FINAL INTERNAL AUDIT REPORT
EDUCATION, CARE AND HEALTH SERVICES

REVIEW OF CHILDREN'S SAFEGUARDING FOR 2017-18

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REVIEW OF CHILDREN'S SAFEGUARDING FOR 2017-18

INTRODUCTION

1. This report sets out the results of our systems based audit of Children's Safeguarding for 2017/18. The audit was carried out in quarter 4 as part of the programmed work specified in the 2017-18 Internal Audit Plan agreed by the Section 151 Officer and Audit Sub-Committee.
2. The controls we expect to see in place are designed to minimise the department's exposure to a range of risks. Weaknesses in controls that have been highlighted will increase the associated risks and should therefore be corrected to assist overall effective operations.
3. The original scope of the audit was outlined in the Terms of Reference issued on 22 February 2018.
4. A process is in place for Children's Safeguarding. Between 1st April 2017 and 1st March 2018 there have been 467 Closed Children's Safeguarding cases. As of 1st March 2018 there were 675 Open Children's Safeguarding cases.

AUDIT SCOPE

5. The scope of the audit is detailed in the Terms of Reference.

AUDIT OPINION

6. Overall, the conclusion of this audit was that substantial assurance can be placed on the effectiveness of the overall controls. Definitions of the audit opinions can be found in Appendix C.

MANAGEMENT SUMMARY

7. Controls noted to be in place and working well, based on the sample testing conducted, included:
 - Policies and procedures were in place and available to staff;
 - Referrals were being received and recorded on CareFirst in a timely manner;
 - Assessments were completed and recorded on CareFirst in a complete and timely manner;
 - A Child Protection Plan or Children in Need Plan was developed and monitored against where required;

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- Regular monitoring meetings took place to monitor children;
 - The safeguarding process was closed and appropriately approved where the safeguarding concern had been removed; and
 - Management information was produced and reviewed on a weekly basis.
8. However, we would like to bring to management attention the following issues:
- Staff were not all following the same practices with regards to use of CareFirst/CareStore; and
 - Not all staff had completed regular training sessions related to Children's Safeguarding.

SIGNIFICANT FINDINGS (PRIORITY 1)

9. There were no priority one recommendations raised as part of this audit.

DETAILED FINDINGS / MANAGEMENT ACTION PLAN

10. The findings of this report, together with an assessment of the risk associated with any control weaknesses identified, are detailed in Appendix A. Any recommendations to management are raised and prioritised at Appendix B.

ACKNOWLEDGEMENT

11. Internal Audit would like to thank all staff contacted during this review for their help and co-operation.

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DETAILED FINDINGS

APPENDIX A

No.	Findings	Risk	Recommendation
1	<p><u>Use of CareFirst/CareStore</u></p> <p>Whilst undertaking testing of a sample of Children’s Safeguarding cases, it was identified that staff members were using inconsistent document names. In addition, documentation regarding Children’s Safeguarding cases was found to be stored in inconsistent locations on CareFirst/CareStore.</p> <p>As a result, locating the documentation for testing took more time. However, all the required documentation was located.</p>	<p>Where staff members store documentation and information in inconsistent locations and use inconsistent document names there is a risk that this information will not be easily accessible if required. This could result in duplication of work or work not being completed.</p>	<p>Staff should be reminded and, if appropriate, further training provided to ensure that staff use consistent document names and locations to save documentation.</p> <p>(Priority 3)</p>

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DETAILED FINDINGS

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No.	Findings	Risk	Recommendation
2	<p><u>Training</u> Examination of training logs provided by the Workforce Development Officer identified that some staff had not received any training related to Children’s Safeguarding in the last 12 months.</p> <p>Discussions with the Workforce Development Officer confirmed that it was not fully known why all staff have not undertaken training. The Workforce Development Officer said that this may be due to the fact that the officers did not require the training or they have not had a chance to complete the training, however there was no definitive answer provided.</p> <p>Discussions also confirmed that the Workforce Development team are due to implement new training materials in 2018 which will specify the training required for different teams.</p>	<p>Where staff do not receive adequate and regular training there is a risk that staff may be inefficient and ineffective in carrying out their duties. This could result in the Council suffering a financial loss and low staff morale because of poor performance.</p>	<p>Management should review training programmes to ensure that there is a set standard for what training related to Children’s Safeguarding is required for different job roles and the timeframes in which this training should be completed</p> <p>Training records should be better maintained to show where staff require training and have not completed it, rather than just showing where staff have not completed the training with no reasoning.</p> <p>Where training has not been completed and it is required, management should be informed of these staff so that training can be appropriately scheduled.</p> <p>(Priority 2)</p>

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APPENDIX B

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
1	Staff should be reminded and, if appropriate, further training provided to ensure that staff use consistent document names and locations to save documentation.	3	Practice Note to be sent out with list and observation to be placed	HOS	Ongoing
2	<p>Management should review training programmes to ensure that there is a set standard for what training related to Children's Safeguarding is required for different job roles and the timeframes in which this training should be completed.</p> <p>Training records should be better maintained to show where staff require training and have not completed it, rather than just showing where staff have not completed the training with no reasoning.</p> <p>Where training has not been completed and it is required, management should be informed of these staff so that training can be appropriately scheduled.</p>	2	<p>All completed and signed off by the Director week ending 28.4.18</p> <p>We have quarterly bespoke training</p> <p>Discuss document will pick up training needs and development</p> <p>1-1 Supervision records will contain information about training/development undertaken and how this will improve practice.</p> <p>Attendance sent out to HOS and regularly reported to R & R Board.</p> <p>Workforce Development attend SMT regularly.</p>	<p>Director and Workforce Development</p> <p>HOS</p> <p>HOS</p> <p>Workforce Development</p>	<p>Completed</p> <p>April 2018</p> <p>Ongoing</p> <p>Monthly R & R Board & Governance Board updates</p>

OPINION DEFINITIONS

APPENDIX C

As a result of their audit work auditors should form an overall opinion on the extent that actual controls in existence provide assurance that significant risks are being managed. They grade the control system accordingly. Absolute assurance cannot be given as internal control systems, no matter how sophisticated, cannot prevent or detect all errors or irregularities.

Assurance Level

Definition

Full Assurance

There is a sound system of control designed to achieve all the objectives tested.

Substantial Assurance

While there is a basically sound systems and procedures in place, there are weaknesses, which put some of these objectives at risk. It is possible to give substantial assurance even in circumstances where there may be a priority one recommendation that is not considered to be a fundamental control system weakness. Fundamental control systems are considered to be crucial to the overall integrity of the system under review. Examples would include no regular bank reconciliation, non-compliance with legislation, substantial lack of documentation to support expenditure, inaccurate and untimely reporting to management, material income losses and material inaccurate data collection or recording.

Limited Assurance

Weaknesses in the system of controls and procedures are such as to put the objectives at risk. This opinion is given in circumstances where there are priority one recommendations considered to be fundamental control system weaknesses and/or several priority two recommendations relating to control and procedural weaknesses.

No Assurance

Control is generally weak leaving the systems and procedures open to significant error or abuse. There will be a number of fundamental control weaknesses highlighted.