



Internal Audit

FINAL

Dacorum Borough Council

Assurance Review of Safeguarding & Prevention

2021/22

April 2022

Executive Summary

OVERALL ASSESSMENT



ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Not identified as a direct Key Strategic Risk however in line with the organisational objectives and was raised as a risk by management at the time the 3 year plan was discussed.

SCOPE

The review has examined the Council’s self-assessment and associated action plan required by the Hertfordshire Adult Safeguarding Board (HSAB), the adequacy of the Council’s safeguarding related training and awareness (staff/members/contractors) and the Council’s safeguarding related information systems.

KEY STRATEGIC FINDINGS



The Council has a comprehensive Safeguarding Policy which expires in March 2022. The Policy was being reviewed but was awaiting more significant updates linked to the Council's restructure and significantly a planned change in approach to the Designated Safeguarding Leads.



A sample review of training records identified 3/10 instances where safeguarding training had expired (one councillor and two managers), with expiry dates ranging back to 2019.



There is no clear approach to the safeguarding requirements expected of contractors working for the Council. The approach differs depending on the basis of the contract award and instances were identified where contractors would be public facing but no safeguarding requirements were put in place by the Council.

GOOD PRACTICE IDENTIFIED



The Council completed a comprehensive self-assessment against the standards and requirements of the Hertfordshire Safeguarding Adults Board (HSAB) criteria. The assessment, and associated presentation, was comprehensive and recognised as such by the HSAB.



The Council has developed an action plan to address issues arising from the self-assessment and additional comments raised by the HSAB. The action plan has been formally reviewed and approved by the Council's Senior Leadership Team.

ACTION POINTS

Urgent	Important	Routine	Operational
0	3	2	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The Council has a comprehensive Safeguarding Policy and supporting Procedures. This was approved in March 2019 and is in date until March 2022. Whilst evidence of the Policy being reviewed and updated was seen during the course of the audit, it is currently awaiting key updates relating to the Council's restructure and significantly a planned change in approach to the Designated Safeguarding Leads.	The Policy be reviewed and updated in line with the proposed changes and communicated to staff at the earliest opportunity.	2	<i>Policy is in the process of being reviewed and updated following staff changes and changes to the designated safeguarding leads.</i>	31/07/22	Sue Warren, Lead Officer, Safeguarding

PRIORITY GRADINGS

1 URGENT Fundamental control issue on which action should be taken immediately.

2 IMPORTANT Control issue on which action should be taken at the earliest opportunity.

3 ROUTINE Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>Review of a sample of 10 members of staff/councillors identified that in 3 cases, Safeguarding training was out of date (expiry dates ranging from July 2019 to December 2021). The 3 cases related to 1 Councillor (Sept 2020) and 2 Managers (July 2019 and December 2021).</p> <p>Whilst this will have been flagged up to more senior managers due to the automatic escalation nature of the training system, the training modules remained outstanding.</p>	All Staff and Councillors be instructed to complete any outstanding Safeguarding related training.	2	<p>All training is on DORIS and if it is mandatory training then the individual will receive reminder emails to prompt them to book the specific course. Training is also reviewed by line managers who again can prompt individuals to book themselves on courses.</p> <p>Training Team to run a report to see who has completed the safeguarding training and for those outstanding, the training team will send out a reminder email.</p> <p>Report to be run every quarter to monitor.</p>	<p>30/04/22</p> <p>31/07/22</p>	<p>Priti Gohill, HR & OD Team Leader</p> <p>Priti Gohill, HR & OD Team Leader</p> <p>Priti Gohill, HR & OD Team Leader</p>

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	<p>Review of the safeguarding requirements for contractors, noted a fragmented approach, as set out below:</p> <ul style="list-style-type: none"> where tenders are let by the Council (>£75k), the tender process and resultant contract imposes Safeguarding requirements on the contractor; where contracts are awarded through the Framework agreements, these will be let in accordance with the relevant Framework terms, which may or may not contain appropriate Safeguarding expectations; and for lower value contracts it is less clear, with a mixture of the Council's standard terms and conditions forming the contract or the supplier's terms and conditions being adopted. <p>There is therefore no consistent obligation on contractors to comply with Safeguarding practices. A review of the 2021/22 procurement register identified contracts below the £75k tender threshold that would necessitate contractors interacting with the public.</p>	The Council introduce contractual terms, in line with those in place for tendered contracts, to apply to all procurements where contractors are likely to interact with the public.	2	<p><i>Safeguarding clauses to be included (generally stated in the agreement where relevant) introduce additional clauses into the agreements where safeguarding is required and not included in the standard agreement.</i></p> <p><i>For below threshold agreements (£75k and below) this is more difficult. Procurement in general will not have sight of these and on most occasions the officers will manage this, meaning the Council will sign up to the suppliers Terms and Conditions and it will be governed by the Council's T&Cs on our Purchase Order. T&Cs being reviewed by Legal and add a safeguarding clause which can be referred to on the Council's Purchase Orders.</i></p> <p><i>Raise awareness to the clause around the Council so any contract where there is interaction with the public should be included in any new agreements.</i></p>	<p>31/05/22</p> <p>31/08/22</p> <p>31/08/22</p>	<p>Andrew Linden, Procurement, Team Leader</p> <p>Andrew Linden, Procurement Team Leader</p> <p>Andrew Linden</p>

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Delivery	<p>At the time of the audit review, the Council utilised the Community Safety mailbox and supporting spreadsheet records to record and monitor the receipt and actioning of safeguarding related referrals/requests.</p> <p>This is cumbersome and involves manual monitoring via a combination of the mailbox and the spreadsheet records. In April 2022, it is planned to trial moving to a more bespoke case management system which will allow all key information to be recorded and significantly will support enhanced data interaction with existing systems and also improved reporting and analysis.</p>	The planned trial and subsequent implementation of the Inform case management system be progressed as scheduled.	3	<i>InForm system is being trialled by the Community safety team to ensure it is fit for purpose.</i>	31/05/22	Joe Guiton, Team Leader, Community Safety & Children's Services
5	Delivery	<p>Review of reporting to the Housing and Community Overview and Scrutiny Committee established that the level of safeguarding referrals had been reported as part of the People and Communities Performance Report for quarters 1, 2 and 3.</p> <p>Whilst the level of activity had been reported it was noted that there were no specific KPIs in relation to dealing with safeguarding referrals and consequently reporting was limited to the number of referrals received only.</p>	Development of key performance indicators be developed relating to the receipt and actioning of safeguarding referrals. Performance against these KPIs be reported as part of the People and Communities quarterly performance report to the Housing and Community Overview and Scrutiny Committee.	3	<i>New KPI's have been proposed following the implementation of the InForm System. These KPI's will be included in the quarterly overview and scrutiny report once approved.</i>	31/08/22	Joe Guiton, Team Leader, Community Safety & Children's Services

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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No Operational Effectiveness Matters were identified.				

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings



Directed Risk:





Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1	-
RM	Risk Mitigation The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	2 & 3	-

Other Findings

- Review of the self-assessment noted that the assessment was comprehensive and that actions had been identified against standards, the assessment concluded that the activities in place did not fully address the requirements of the standards.
- Review of the action plan developed was comprehensive, addressing the areas identified from the Council's self-assessment, and also further areas were identified, following the Hertfordshire Safeguarding Adults Board (HSAB) review and feedback. The action plan was considered and approved at a meeting of the SLT on 16th March 2022.
- The Council's website contains guidance for the public on Safeguarding and signposts the public to appropriate referral mechanisms and the Council's current Safeguarding Policy and Procedures.
- The Council's Safeguarding Policy and Procedures address the regulatory requirements linked to safeguarding.

Other Findings

-  Review of the Council's strategic risk register did not identify any risks relating to the areas of Safeguarding. Discussions with the Team Leader Community Safety and Children's Services did not identify any local/operational risk registers that referenced safeguarding. Notwithstanding this, the Council's Safeguarding Policy and Procedures are considered to be comprehensive and compliance with these would serve to mitigate any risk relating to safeguarding.
-  The Council's training system operates on the basis of the training profile that an employee/job role is allocated to, which then shows the required training for the individual. A traffic light system is used to show when the training is in date. The system then goes on to provides an overall assessment for that individual, so any incomplete/out of date training will result in a 'red' summary. So if an employee has training outstanding then their manager will also show as out of date/red.
-  The Council's Policy requires all new starters to sign a declaration confirming that they agree to the principles contained within the Policy. Sample testing of 5 new starters who had joined the Council in 2021/22 established that declaration forms were in place as required.
-  Review of the training profiles set up within the Council's training system established that each of the 10 profiles contained safeguarding training as a mandatory requirement.



Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Partially in place	4, & 5	-
FC	Financial Constraint The process operates within the agreed financial budget for the year.	In place	-	-
R	Resilience Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings



There is no separate budget/cost centre that focuses on safeguarding within the Council. Instead the costs associated with safeguarding are, in the main, contained within the overall Community Safety budget. Review of this overall budget for 2020/21 established that it underspent by £69kk and is forecast to underspend by £20k in the current year.

EXPLANATORY INFORMATION

Appendix A

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	16 th November 2021	10 th January 2022
Draft Report:	12 th April 2022	21 st April 2022
Final Report:	25 th April 2022	

AUDIT PLANNING MEMORANDUM

Appendix B

Client:	Dacorum Borough Council		
Review:	Safeguarding & Prevention		
Type of Review:	Assurance	Audit Lead:	Head of Audit

Outline scope (per Annual Plan):	The review has examined the Council’s self-assessment and associated action plan required by the Hertfordshire Adult Safeguarding Board (HSAB), the adequacy of the Council’s safeguarding related training and awareness (staff/members/contractors) and the Council’s safeguarding related information systems.		
Detailed scope will consider:	<p>Directed</p> <p>Governance Framework: There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.</p> <p>Risk Mitigation: The documented process aligns with the mitigating arrangements set out in the corporate risk register.</p> <p>Compliance: Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.</p>	<p>Delivery</p> <p>Performance monitoring: There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.</p> <p>Financial constraint: The process operates with the agreed financial budget for the year.</p> <p>Resilience: Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.</p>	
Requested additions to scope:	(if required then please provide brief detail)		
Exclusions from scope:			

Planned Start Date:	1st March 2022	Exit Meeting Date:	25th March 2022	Exit Meeting to be held with:	Group Manager - People
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SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N