

Cumbria Shared Internal Audit Service Internal Audit Report for Cumbria County Council & Cumbria Constabulary



Audit Follow up of Cumbria's Multi-Agency Safeguarding Hub

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Audit Resources

Audit Resources

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For Information:	Lynn Berryman (Assistant Director – Children & Young People) John Macilwraith (Executive Director – People) Mark Webster (Deputy Chief Constable)
Audit Committee	The Joint Audit & Standards Committee, which is due to be held on 12th September 2018, will receive the report. The County Council's Audit & Assurance Committee, which is due to be held on 17 th September 2018, will receive a summary of the outcomes of the audit.

Cumbria Shared Internal Audit Service

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1. Background

1.1 An audit of Cumbria's Multi-Agency Safeguarding Hub was previously carried out in 2016/17. Based on the evidence provided at that time, the audit concluded that the controls in operation provided partial assurance. Improvements were agreed in the following areas:-

- A refresh of the Safeguarding Hub Memorandum of Understanding to clarify the level of funding / resources required for the Hub and to define each partners' contribution.
- Preparation of a Communications Strategy to raise understanding and awareness of the Hub and clarify expectations, informed by a series of roadshows.
- The delivery of multi-agency Hub training and shared learning across partners.
- Introduction of multi-agency quality assurance checks with learning incorporated into a Performance Quality Framework.
- Arrangements for developing Hub operating procedures and ensuring staff follow the latest versions.
- Development of a multi-agency staff induction process with sign off by partner agencies.
- Implementation of a Hub SharePoint site providing access to new or updated procedural documentation and guidance.
- Partner agreement to a refreshed performance report that enables effective monitoring of Hub activity.
- Actions to improve security around data sharing and ensure Hub staff undertake information security training on an annual basis.
- Incorporation of outstanding phase 2 actions into a phase 3 Hub Action Plan and communicating the updated plan across partner agencies.

1.2 Internal Audit has recently undertaken a formal follow up audit to provide updated assurance to senior management, the Joint Audit and Standards Committee (Cumbria Constabulary & OPCC) and the Audit & Assurance Committee (Cumbria County Council) that the previously agreed actions to address each high and medium priority recommendation have been fully implemented and all controls are working effectively to mitigate the risks previously identified.

2. Audit Approach

2.1. Follow up Methodology

2.1.1 The Internal Audit follow up process involved obtaining details of management updates to Joint Audit and Standards Committee, receiving a direct update statement from management and then undertaking testing as necessary to confirm that the reported actions have been

fully implemented and that controls are working as intended to mitigate risk.

- 2.1.2 It is the responsibility of management to continue to monitor the effectiveness of internal controls to ensure they continue to operate effectively.

3 Assurance Opinion

- 3.1 Each audit review is given an assurance opinion and these are intended to assist Members and Officers in their assessment of the overall level of control and potential impact of any identified system weaknesses. There are 4 levels of assurance opinion which may be applied. The definition for each level is explained in **Appendix A**.
- 3.2 Where the outcomes of the follow up confirm that, the internal audit assurance opinion may be revised from that provided by the original audit.
- 3.3 From the areas examined and tested as part of this follow up review we now consider the current controls operating around Cumbria's Multi-Agency Safeguarding Hub provide **reasonable** assurance. This has been revised from the original opinion of partial assurance. The revised audit opinion assumes that controls assessed as adequate and effective in the original report have not changed and these have not been revisited as part of the follow up.

4 Summary of Recommendations and Audit Findings

- 4.1 There are three levels of audit recommendation. The definition for each level is explained in **Appendix B**.
- 4.2 The previous audit raised **10** audit recommendations for action. Whilst there have been some developments made, there are still a number of areas which require further action to enable a greater level of assurance to be reached; in summary:
- 5 recommendations have been successfully implemented (summarised at Section 4.3);
 - 5 recommendations have been partially completed and further action is needed to adequately address the risks exposed;
 - 0 recommendations are considered not to have been actioned.

4.3 Recommendations fully implemented:

- **Communications Strategy (Medium Priority R2)**

The original agreed action was that roadshows would be carried out to inform a communications strategy moving forwards. The Management Update Statement provided in April 2018 reported that a number of actions have been taken to further explain the purpose of the Safeguarding Hub. This has been actioned through clarifying criteria for contact with the Hub within policies and procedures and information available on the Local Safeguarding Children's Board (LSCB) website.

Tests confirm that Information on the LSCB website helps readers to understand when to refer children to the Hub and this has been reinforced through delivery of a series of multi-agency roadshows across the county to professionals who work with children and young people. Further training events are scheduled to take place during 2018/19, as set out in the LSCB Training Programme and Learning Events 2018-19 document. These will continue to raise awareness and understanding around the work of the Hub.

- **Hub Procedures (Medium Priority R5)**

The original agreed action was that Hub operating procedures would be enhanced and developed for implementation in November 2016. An examination of the Safeguarding Hub's SharePoint site confirmed that Cumbria Safeguarding Hub's Multi-Agency Practice Standards were updated and saved on SharePoint in November 2016. Further, procedures and guidance material for use in specific circumstances has also been published on SharePoint since to expand and enhance the guidance available to the team. Examples include guidance on Child Sexual Exploitation (CSE) in February 2017 and Domestic Abuse in March 2017. Tests confirm that documents are version controlled and only the most recent versions of procedures are available.

- **Staff Induction (Medium Priority R6)**

The original agreed action was that a multi-agency staff induction would be signed off by the Development Group and launched in September 2016. It was also agreed that a Hub SharePoint site would be available to use from November 2016. Tests confirm that an induction checklist was approved by the Hub Development and Enhancement Group in December 2016 and is available on the Hub SharePoint site and access to the site is included on the induction checklist. The Safeguarding Hub Operations Group is currently overseeing a further review of the induction checklist.

- **Performance Data (Medium Priority R7)**

The original agreed action was that a performance report, agreed by Programme Board would be made available on the Hub SharePoint site and discussed at a multi-agency level. Tests confirm that a suite of performance reports has been designed by Children's Services performance team for the Safeguarding Hub. The Programme Board has had input to the process and agreed a set of performance

indicators that form the basis of this reporting. Hub managers have been provided with access and guidance to run reports for selected time periods. In addition the bi-monthly performance report that is provided to the Programme Board is also made available to managers on SharePoint. There is evidence of performance being regularly discussed on a multi-agency basis.

- **Hub Action Plan (High Priority R9)**

The original agreed action was that Phase 3 of the Hub Action Plan would be overseen by the Hub Programme Board and full Hub staff meetings would be provided with updates from January 2018. Tests confirm that all outstanding actions from the Phase 2 Action Plan were carried forward into the Phase 3 Action Plan. The Hub Operations Group reviewed the Phase 3 Action Plan in July 2018 and confirmed that all actions had been addressed and there were no outstanding actions to carry forward. This is due to be ratified by the Hub Programme Board in September 2018.

4.4 **Areas for further development:**

From the evidence provided as part of this follow up there are 5 audit recommendations which require further action as follows:

4.4.1 *High priority issues:*

- There are no high priority issues

4.4.2 *Medium priority issues:*

- Updates to the Memorandum of Understanding have not been finalised and agreed by the Programme Board.
- The Hub Programme Board has not agreed performance targets to clearly define and communicate their expectations to Hub staff.
- The Information Sharing Agreement published on the Hub SharePoint site has not been signed and dated by partners.
- Arrangements are not in place for the Programme Board to receive assurances on an annual basis that all Hub staff have undertaken information security training.
- Attendance at lunchtime training events is not captured and recorded.

4.4.3 *Advisory issues:*

- There are no advisory issues.

Comment from the Executive Director - People:

I am pleased to see that the report acknowledges the work since the original audit in 2016/17. It is evident that the audit recommendations were given due focus and that the judgment is now reasonable assurance, moving from partial. It is my expectation that the Safeguarding Hub Programme Board will continue to oversee the medium priority issues reporting to the LSCB, People DMT and the relevant Cumbria Constabulary Governance Group on an appropriate basis.

Comment from the Deputy Chief Constable:-

It's encouraging to see the amount of progress that has occurred between the two audits. The report acknowledges that the highest priority actions have been progressed and completed, and goes on to helpfully indicate some remaining areas where more work is required. I am satisfied from the report that this additional work is not down to a failure to implement those recommendations; rather it is a failure to adequately record and report some of the detail of that implementation (eg capturing details of attendees at lunchtime training events).

I am satisfied that adequate steps are in hand to effectively implement and communicate performance indicators. However, I am disappointed that the MOU and ISA have taken so much time to formally sign off so I have spoken (today) to John Macllwarith at Cumbria County Council and we have both signed the MOU in its current format. I have also signed the ISA and I am assured this will be signed by John Macllwraith on his return from leave on 10th September. Whilst there are still a few points of detail being progressed which may revise them, this should not stop either document being signed as an interim measure as they are both in force and being complied with in practice in the Safeguarding Hub. Steps will be taken to get remaining signatures on those interim documents as a matter of priority.

M Webster T/Deputy Chief Constable 24.8.18

5 Matters Arising / Agreed Action Plan

5.1 Management - achievement of the organisation's strategic objectives.

Audit Finding

(a) Governance Arrangements (R1)

A Safeguarding Hub Memorandum of Understanding (MOU) was established and signed by all parties in December 2014. It broadly sets out the key objectives, principles of collaboration, governance structure and the roles & responsibilities of partners.

There is a clause in the MOU stating that 'the parties agree to share the costs and expenses arising in respect of the Hub between them in accordance with a Contributions Schedule to be developed and approved by the Programme Board within 6 months of the date of the MOU'. There is no evidence that a Contributions Schedule was developed.

There is limited clarity in the MOU around the staffing that that each party will provide for the Hub. It states that parties will 'deploy appropriate resources' (sufficient, appropriately qualified resources to fulfil the responsibilities set out in the MOU).

Partners do not share the cost of providing Business Support services to the Hub. These services are crucial to meeting time targets and data quality standards. Business Support is predominantly provided to the Hub from Children's Services.

By formally clarifying and agreeing the level of funding / resources required for the Hub and defining each partners' contribution the scope for funding disputes arising between partners is much reduced. It would also ensure that there are sufficient staff with the relevant skills and sufficient funds to effectively operate the Hub and continue to deliver improvements / actions.

● **Medium priority** - *partially implemented*

Outcome from follow up:

Minutes of Cumbria Safeguarding Hub Programme Board meetings confirm that the MOU is currently under review on a multi-agency basis. Progress finalising an updated version of the MOU has been kept under review since the audit action plan was agreed. Actions are agreed and allocated to named individuals and deadline dates are set to move forwards with this task but an updated MOU has not yet been finalised and agreed by partners. It is understood that four outstanding pieces of work were discussed at the Hub Programme Board in June 2018 to complete this action:-

1. Setting out the aim and purpose of the Hub.
2. Creating a new MOU setting out the agreed purpose.
3. Review of LSCB thresholds to ensure there are clear criteria for partner agencies to assess and grade risk consistently.

4. Create an LSCB public task statement to meet GDPR requirements.

A revised target date of 30-09-18 has been agreed for this and the Safeguarding Hub Manager confirmed that the MOU will remain on the Programme Board agenda until fully addressed.

Whilst progress is being made to update and improve the MOU and all partners are involved in this process Internal Audit is unable to provide assurance that the agreed actions have been fully implemented and controls are working effectively to address risks.

Recommendation:

Updates to the Memorandum of Understanding should be agreed and finalised by the revised deadline date and approved by the Programme Board.

● **Medium priority**

Audit Finding

(b) **Multi-Agency Training (R3)**

Multi-agency training for the Hub has been limited to date but the newly appointed Senior Manager is planning a series of themed workshops later this year. There is an acknowledged need for staff in the hub to develop a better understanding of working practices across partners, including the terminology in use. Joint training is a further opportunity to improve the way the team works together, deliver a more consistent approach, increase resilience and achieve improvements.

● **Medium priority - partially implemented**

Outcome from follow up:

Tests confirm that fortnightly multi-agency operational meetings for team managers take place and the minutes of these meetings are stored on SharePoint. The minutes show that the meetings provide an opportunity for managers to share information and work together to improve understanding across partner organisations and develop working practices.

A Hub Action Plan arising from a review commissioned by Cumbria Constabulary to identify efficiencies (Ad-Esse) includes an action around the development of a training programme. The action plan is a fixed agenda item at Operational Group meetings for ongoing progress monitoring.

Full Hub staff meetings were introduced in April 2018 to disseminate information. These meetings will continue on a quarterly basis.

Regular lunchtime briefing sessions are held for all Hub staff. They are delivered by subject experts with relevant information added to SharePoint for non-attendees. Recent topics covered include domestic abuse risk assessment for children, modern slavery and homelessness. Registers of attendance have not been taken consistently at these sessions. Without these records management cannot be assured that individual team members have the required knowledge and skills to meet the needs of clients and deliver key objectives.

Recommendation:

Attendance at lunchtime training events should be captured and recorded to inform management decisions around training and development, promotion, recruitment etc.

- **Medium priority**

5.2 Regulatory – compliance with laws, regulations, policies, procedures and contracts.

Audit Finding

(c) Data Quality Assurance (R4)

There is currently no framework for management / supervisory quality assurance checks to ensure adherence to safeguarding Hub policies and procedures and data quality standards.

There was some evidence of the dip sampling of cases and feedback being given to staff within the Hub but the sampling was limited and ceased in March 2016.

Findings from quality assurance activity would inform staff development plans and help drive improvement activity.

- **Medium priority - partially implemented**

Outcome from follow up:

Tests confirmed that a schedule of monthly Safeguarding Hub audits is in place, each with a different theme e.g. the focus in June was the MASH evaluation form. **Ten** cases are reviewed each month, selected at random according to the theme determined by the Operational Group. All audits are moderated and the results are presented to the Operational Group and the Programme Board, with relevant feedback provided to staff. Audit findings are also made available to managers on SharePoint. Operational Group minutes show that audits are fully discussed, covering strengths, areas for

development and improvements actions going forwards.

Children's Services Performance Team has developed a suite of performance reports for the Safeguarding Hub. Performance reporting is a standing agenda item at monthly Programme Board meetings and performance reports are made available to staff on SharePoint. In March 2018 the Programme Board was asked by the Safeguarding Hub Manager to provide clarity regarding what performance data is required for monitoring purposes and to agree what 'good performance' looks like. The Board reviewed and discussed each of the 18 existing performance indicators and agreed which ones to include in performance reports going forwards. The Board did not agree performance targets in respect of each indicator to establish and convey their expectations regarding performance. The agreement of performance targets could help streamline performance reporting to focus more clearly and efficiently on exceptions and any remedial action required.

Recommendation:

Programme Board members should agree a set of performance targets to clearly define and communicate their expectations to Hub staff.

- **Medium priority**

5.3 Security – safeguarding of assets.

Audit Finding

(d) Information Sharing (R8)

R8a

As a multi-agency Hub, information sharing between partners is a key requirement of daily operations. A Hub Information Sharing Protocol has been prepared to facilitate this sharing of information between partners but the document is still marked as a draft, it is not dated, and there is no evidence of agreement and sign-off by partner agencies. At the time of the audit review the Hub Information Sharing Protocol was not available to Hub management or staff.

R8b

Hub managers are currently unaware of the level of information governance / security training provided to Hub staff.

- **High priority** - partially implemented

Outcome from follow up:

R8a

Minutes of Cumbria Safeguarding Hub Programme Board meetings suggest the Safeguarding Hub Information Sharing Agreement was signed off by partners in November 2017 and implemented in June 2018. Tests confirm that a copy of the Information Sharing Agreement was uploaded to the Hub SharePoint site in June 2018. However this version of the Information Sharing Agreement is not signed or dated by partners and partner assurances within the document around compliance with legislation and other requirements are not up to date. It states within the document that the agreement will be reviewed every twelve months post commencement unless an earlier review for policy or legislative reasons is necessary. There is section within the document to record the start date for the agreement and scheduled review date. These dates have not been completed.

It is understood from the Safeguarding Hub Manager that a more recent, updated version of the agreement is currently being finalised for presentation to the Hub Programme Board in September 2018.

R8b

The original agreed action was to formalise an annual check of information security training. Minutes of Cumbria Safeguarding Hub Programme Board meetings show efforts made by the chair to obtain assurance from partners that at all Hub staff have undertaken up to date ICT security training. Meeting minutes do not indicate that this assurance has been provided by all partners and evidenced. Reference is made to mandatory information security e-learning for users accessing County Council information each year. However no assurances have been given to the Programme Board that all staff in the Hub have completed this training, per requirements, during the last year.

Recommendation:

a) The current review and sign-off of the Safeguarding Hub Information Sharing Agreement should be evidenced within an updated document and shared across partners.

- **Medium priority**

b) Arrangements should be put in place to give assurance to the Programme Board on an annual basis that all Hub staff have received up to date information security training.

- **Medium priority**

Audit Assurance Opinions

There are four levels of assurance used; these are defined as follows:

	Definition:	Rating Reason
Substantial	There is a sound system of internal control designed to achieve the system objectives and this minimises risk.	<p>The controls tested are being consistently applied and no weaknesses were identified.</p> <p>Recommendations, if any, are of an advisory nature in context of the systems and operating controls & management of risks.</p>
Reasonable	There is a reasonable system of internal control in place which should ensure that system objectives are generally achieved, but some issues have been raised which may result in a degree of risk exposure beyond that which is considered acceptable.	<p>Generally good systems of internal control are found to be in place but there are some areas where controls are not effectively applied and/or not sufficiently developed.</p> <p>Recommendations are no greater than medium priority.</p>
Partial	The system of internal control designed to achieve the system objectives is not sufficient. Some areas are satisfactory but there are an unacceptable number of weaknesses which have been identified and the level of non-compliance and / or weaknesses in the system of internal control puts the system objectives at risk.	<p>There is an unsatisfactory level of internal control in place as controls are not being operated effectively and consistently; this is likely to be evidenced by a significant level of error being identified.</p> <p>Recommendations may include high and medium priority matters for address.</p>
Limited / None	Fundamental weaknesses have been identified in the system of internal control resulting in the control environment being unacceptably weak and this exposes the system objectives to an unacceptable level of risk.	<p>Significant non-compliance with basic controls which leaves the system open to error and/or abuse.</p> <p>Control is generally weak/does not exist. Recommendations will include high priority matters for address. Some medium priority matters may also be present.</p>

Grading of Audit Recommendations

Audit recommendations are graded in terms of their priority and risk exposure if the issue identified was to remain unaddressed. There are three levels of audit recommendations used; high, medium and advisory, the definitions of which are explained below.

Definition:		
High	●	Significant risk exposure identified arising from a fundamental weakness in the system of internal control
Medium	●	Some risk exposure identified from a weakness in the system of internal control
Advisory	●	Minor risk exposure / suggested improvement to enhance the system of control