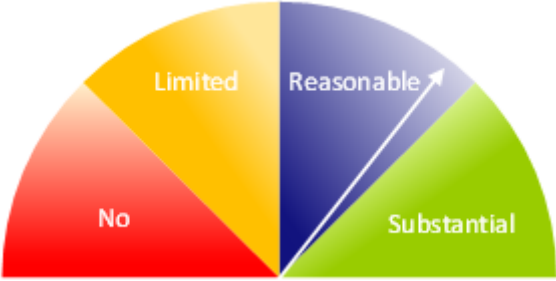


Safeguarding 2020/21

Final Report

Issue Date: 11 June 2021

Executive Summary

Assurance Opinion		Number of Actions	
	Reasonable	Priority	Number
	<p>There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.</p>	Priority 1	0
		Priority 2	2
		Priority 3	1
		Total	3

Audit Conclusion

The following areas were found to be well controlled:

- A strong working relationship is maintained with the Cwm Taf Morgannwg multi agency support hub. This includes operational, managerial and senior leadership team staff attending meetings led by this hub.
- A Disclosure Barring Service (DBS) Policy is used to guide the HR Team in identifying roles for which the differing levels of DBS check should be applied to each type of role. This helps ensure that people who may represent a threat to vulnerable members of the community are not recruited into roles in which they would be working with these people directly.
- Safeguarding incidents are logged and tracked using the WCCIS system. This is audited by the Care Inspectorate for Wales regularly.
- In response to the Covid-19 Pandemic, the Social Services Directorate worked with the Cwm Taf Morgannwg multi agency support hub to ensure the delivery of vital services could be sustained. Services returned to normal by September 2020. Evidence was available to show Merthyr Tydfil Local Authority and its multi-agency safeguarding partners worked closely with the CTM Safeguarding Board Business unit and achieved an effective emergency response whereby quantitative and qualitative data were shared and sufficiently scrutinised. This change was mobilised quickly, was well supported. Reassurances were made to the Safeguarding Board that effective safeguarding measures remained in place.

However, we also identified some areas for improvement:

- Staff training is inconsistent and non-Social Services front-line staff, who do not have access to computers, are currently not being reached.
- At the time of the audit, the Elected Members did not receive Safeguarding training. Since we raised this issue, HR and Democratic Services have been working to roll out training to the Elected Members.
- The Corporate Safeguarding Policy is in place, but has yet to be updated to reference the 2019 Wales Safeguarding Procedures. It should be noted that 2019 update constituted little material change to the procedures, so the risk presented here is minimal.

Finally, we have noted one instance in which an agency member of staff, who no longer works for the Council, completed a safeguarding referral, but made two administration errors in doing so. There is no need for these to be corrected, as they relate to a historical referral, which has since been closed.

Background

An audit review of Safeguarding was undertaken by SWAP Internal Audit Services as part of the 2020/21 Merthyr Tydfil County Borough Council's Annual Internal Audit Plan. Safeguarding denotes the ethical and legal obligations organisations have to protect the health, well-being and human rights of individuals. The aim is to ensure that all people can live free from abuse, harm and neglect.

This is primarily achieved through maintaining compliance with Part 7 of the Social Care & Wellbeing (Wales) Act 2014 (introduced in April 2016); which explains the duty to report to the Council any adult or child suspected to be at risk

It should be noted that, during the period under review, the Safeguarding Team faced unprecedented challenges presented by the Covid-19 Pandemic and Lockdown. We therefore considered the degree to which novel risks had been managed during this time.

Corporate Risk Assessment

Objective

The objective will be to assess the degree to which the Council is meeting its duties, and is preserving the safety and wellbeing of vulnerable customers, in compliance with the Social Services and Wellbeing (Wales) Act 2014.

Risk	Inherent Risk Assessment	Manager's Initial Assessment	Auditor's Assessment
A customer, or member of staff, suffers harm.	High	Medium	Low

Scope

We achieved the objective of this audit by reviewing the adequacy and effectiveness of the following controls; as operating during the period: 1 January 2020 to 31 December 2020:

1. A corporate process is in place for maintaining relationships with the local multi agency support hub for both Adults and Children and a dialogue is maintained to ensure shared learning.
2. A clear Safeguarding Policy is in place and is available to all staff.
3. Safeguarding training is provided to new and existing staff on an ongoing basis. The training is tailored to the requirements of the Organisation and is adapted to reflect new developments as required.
4. Staff and contractors working with vulnerable customers are identified and vetted appropriately.
5. Referrals are logged, monitored and escalated appropriately.
6. Additional risks presented by the Covid-19 Pandemic and Lockdown have been managed effectively.

Findings and Outcomes

1	A customer, or member of staff, suffers harm.	Medium
---	---	--------

1.1 Finding and Action	
Issue	Risk
<p>Some improvements could be made to the current safeguarding training arrangements</p>	<p>Without a consistent safeguarding training programme, there is a risk that the Council's ability to demonstrate a commitment to fulfilling its duty of care to vulnerable residents is compromised; resulting in reputational damage.</p>
Findings	
<p>All staff are required to complete a standard e-learning module. The e-learning module is provided by the NHS, who provide the HR Team with reports of which staff have completed the training.</p> <p>Social Services staff are then provided regular, in-depth training by the Cwm Taf Morgannwg multi agency support hub.</p> <p>However:</p> <ol style="list-style-type: none"> 1. Most non-Social Services frontline staff do not have immediate access to computers and so. They were invited to attend the safeguarding eLearning course at the Civic Centre building together. However, this was cancelled, before it could take place, due to the Covid-19 Pandemic. HR have since planned a means of conducting this training within a council building; using the current Covid-19 safety guidelines. 2. The training attendance reports from the NHS are infrequent and irregular. This hinders efforts to monitor attendance centrally. Plans are being put in place by Human Resources to address this. <p>The above issues inhibit the Council's ability to demonstrate all workers are fully aware of their duty to report and the Council is doing all it can to fulfil its duty of care to its vulnerable residents and customers.</p> <p>The HR Team explained that the Corporate Safeguarding Reference Group had already identified this issue themselves. They meet quarterly and so could receive these quarterly attendance reports going forward. The CSRG then report to SLT, where required, so could escalate any significant attendance issues identified.</p>	

Action		Priority Score	2
<p>The Organisational Development Manager has agreed to:</p> <ol style="list-style-type: none"> 1. Identify those staff working directly with vulnerable people in performing their roles. 2. Provide all non-Social Services frontline workers with the equipment required to access the e-learning training. 3. Run more frequent attendance reports and continue to provide these to the quarterly Corporate Safeguarding Reference Groups. <p style="text-align: right;"><i>SWAP Ref: 45122</i></p>			
Management Response			
Agreed.			
Responsible Officer	Organisational Development Manager	Timescale	30 September 2021

1.2 Finding and Action			
Issue		Risk	
Safeguarding training should be being provided to Elected Members		In not providing safeguarding training to Members, there is a risk that key strategic decisions are being made regarding the Council's approach to Safeguarding; without sufficient understanding of the implications. This could result in reputational damage.	
Findings			
<p>The Council has a duty of care to the vulnerable persons in its jurisdiction. As key parts of the Council's governance and risk management framework, the Elected Members, and member committees, share in this duty of care. It is therefore important that they are appraised of the risks presented in this regard and are adequately prepared to manage them.</p> <p>At the time of the audit, the Elected Members did not receive Safeguarding training. Since we raised this issue, HR and Democratic Services have been working to roll out training to the Elected Members.</p>			
Action		Priority Score	2
The Organisational Development Manager has agreed to ensure that safeguarding training is provided to all Elected Members.		<i>SWAP Ref: 45204</i>	
Management Response			
Training can be provided immediately, but as the Elected Members will be on leave over August, it is likely that most will complete it between September and November 2021.			
Responsible Officer	Organisational Development Manager	Timescale	30 November 2021

1.3 Finding and Action

Issue	Risk
The Corporate Safeguarding Policy needs to reference most recent guidance	There is an opportunity to improve the effectiveness with which the Corporate Safeguarding Policy is managed. This should result in a better Council wide awareness of Safeguarding

Findings

The Council maintains a comprehensive Corporate Safeguarding Policy, which references the primary relevant legislation (the Social Services and Well-being (Wales) Act 2014). However:

1. It has yet to be updated to reference the 2019 Wales Safeguarding Procedures. It should be noted that 2019 update constituted little material change to the procedures, so the risk presented here is minimal.
2. It was produced in 2015 and was supposed to be reviewed in 2017, but appears not have been reviewed since production.
3. Pg. 2 states that review is expected every three years, but then Pg. 7 says that review is expected every two years.

Action	Priority Score	3
--------	----------------	----------

The Safeguarding Principal Manager has agreed to update the Corporate Safeguarding Policy. This will include adding reference to the 2019 version of the Wales Safeguarding Procedures and establishing a clearly defined deadline for the next review.

SWAP Ref: 45121

Management Response

This issue was raised verbally by the Auditor in February 2019, at which point management assure that the Corporate Safeguarding Policy was updated. This included adding reference to the 2019 version of the Wales Safeguarding Procedures and establishing a clearly defined deadline for the next review.

Responsible Officer	Safeguarding Principal Manager	Timescale	Complete
---------------------	--------------------------------	-----------	----------

Other Observations

1. Of our sample of 10 Adult's and Children's safeguarding referrals, we found one instance in which the referral was processed by an agency member of staff; who temporarily joined the Adult's Team during a period of low capacity. They recorded the details of the referral sufficiently within the WCCIS system, but did not attach the physical referral form itself. This means we cannot assure that this referral was entered accurately into the system.

The agency member of staff no longer works in the team and the referral has been completed, so there is no further action to take.

Audit Framework and Definitions

Assurance Definitions

No	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.
Limited	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
Reasonable	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Substantial	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

Corporate Risk Assessment Definitions

Risk	Reporting Implications
High	Issues that we consider need to be brought to the attention of both senior management and the Audit Committee.
Medium	Issues which should be addressed by management in their areas of responsibility.
Low	Issues of a minor nature or best practice where some improvement can be made.

Categorisation of Actions

In addition to the corporate risk assessment it is important that management know how important the required action is to their service. Each action has been given a priority rating at service level with the following definitions:

Priority 1	Findings that are fundamental to the integrity of the service's business processes and require the immediate attention of management.
Priority 2	Important findings that need to be resolved by management.
Priority 3	Finding that requires attention.

Authors and Distribution

Please note that this report has been prepared and distributed in accordance with the agreed Terms of Engagement. The report has been prepared for the sole use of the Client. No responsibility is assumed by us to any other person or organisation.

Report Authors

This report was produced and issued by:

Moya Moore	Assistant Director
Dan Newens	Principal Auditor
Kristian Hawkes	Senior Auditor

Distribution List

This report has been distributed to the following individuals:

Gary Evans	RIAS Audit Client Manager
Mark Thomas	Head of Regional Internal Audit Service
Lisa Curtis-Jones	Director of Social Services
Jon Eyre	Safeguarding Principal Manager
Hannah Brown	Organisational Development Manager