



## St. Helens Council

**DRAFT**

### **Audit Report 2008/09**

### **Children and Adults Emergency Duty Team**

#### **Contents**

- Executive Summary
- 1. Objectives
- 2. Conclusions & Recommendations
- 3. Action Plan

#### **Draft Report Distribution**

Chris Williams	Senior Assistant Director, Children and Families	Children and Young People Services – St Helens Council
Barry Fitzgerald	Acting Assistant Director, Care Management	Adult Social Care and Health – St Helens Council
Audrey Williamson	Operational Director, Adults of Working Age	Health & Community – Halton Borough Council
Nigel Moorhouse	Divisional Manager, Children in Need	Children & Young People – Halton Borough Council

Date	March 2009	
Contact Officer	Barbara Aspinall	Lesley Boyle
E-mail	BarbaraAspinall@sthelens.gov.uk	Lesley.boyle@halton.gov.uk
Telephone	(01744) 456148	0303 333 7303 ext 2167



---

# St. Helens Council

---

## EXECUTIVE SUMMARY

### Partnerships

#### Children and Adults Emergency Duty Team

##### Scope

To review the joint arrangements for the Emergency Duty Team (EDT) and provide assurance that appropriate governance, staffing and operational procedures and controls are in place. The audit was undertaken in conjunction with Halton Borough Council's Internal Audit Team.

##### Background

Following approval by both St Helens and Halton Executive Committees, a joint Emergency Duty Team became operational in October 2007 under a three year Partnership Arrangement. The EDT is located in Halton Borough Council's Contact Centre at Catalyst House, Widnes. The Team consists of an EDT Manager, 6 Full Time Social Workers and a Part Time Administrative Officer and all staff are directly employed by St Helens Council.

The EDT provides an emergency service for adults and children who are deemed vulnerable and are at immediate risk. Operating hours are 17.00 to 09.00 Monday to Friday and 48 hour cover over Saturday and Sunday.

The budget for 2008/09 is £391,499 and is funded on a 50:50 basis between St Helens Council and Halton Borough Council.

##### Audit Opinion

In our opinion, based on sample testing, review of documentation and discussion with officers, the control environment as currently designed and operated provides adequate assurance that the risks reviewed in this audit are being managed to an acceptable level.

##### Key Issues

###### *Governance*

In the main, sound governance arrangements are in place. However, there is scope for improvement as follows:-

- ✓ There should be an annual formal review of the service so that each Council can ensure that the partnership arrangement continues to be the preferred option for service delivery.

- 
- ✓ As specified within the Constitution and Partnership Agreement, quarterly performance monitoring reports should be provided to both Councils. Each member Council should then report performance to Senior Officers and Members through their governance framework.
  - ✓ Risk management processes could be improved by developing a risk register which should be subject to periodic review by the Board.
  - ✓ The partnership should develop ways to demonstrate that the current arrangements provide value for money.

### **Agreed Action**

Actions to address the recommendations are contained in the Action Plan which has been agreed with the Partnership Management Board.

---

## INTERNAL AUDIT REPORT

### CHILDREN AND ADULTS EMERGENCY DUTY TEAM

#### 1.0 Objectives

To ensure that the following control objectives are being achieved within an appropriate control framework:-

1. Appropriate governance, performance monitoring and reporting arrangements are in place and operating effectively
2. Staff are utilised effectively and suitable employee controls are in place
3. Appropriate policies and procedures have been developed and complied with to ensure the service operates within an agreed framework
4. The IT infrastructure meets the business needs of the service and is sustainable.

#### 2.0 Conclusions & Recommendations

##### 2.1 Control Objective – Appropriate governance and performance monitoring and reporting arrangements are in place and operating effectively

###### *Partnership Management Board*

The EDT is governed by a Management Board, which consists of representatives from Adults, Childrens and Youth Offending Services from both Councils. Terms of Reference for the Board had not been documented but this was addressed during our review, with draft Terms of Reference agreed by the Board in January 2009. From a review of Board minutes we confirmed that meetings have been held monthly since the Service started and have been well attended. Actions arising from matters discussed are documented and responsible persons identified. These actions are followed up at subsequent meetings.

An Operational Group was set up in January 2008, with representatives from all the relevant services from both Councils, including Information Technology Officers and representatives from the Halton Contact Centre. Draft Terms of Reference were drawn up in February 2008 for approval by the Board, however this has been overlooked. During our review the draft Terms of Reference were submitted to and agreed by the Board in December 2008. The Operational Group has dealt with policy and procedure documents, processes for the collection of data for performance monitoring and IT issues. We noted that minutes of the Operational Group were not being presented at Board meetings. Members of the Board had identified this at their meeting in November 2008 and requested minutes to be presented from December 2008.

### *Constitution and Partnership Agreement*

A Constitution and Partnership Agreement is in place which outlines the function of the EDT, the constitution and frequency of meetings, and arrangements for accountability, funding and termination of the Partnership. The Agreement has been signed by both parties.

When the Partnership was approved by both Councils in 2007, it was agreed that it would be a three year arrangement. However, the Constitution and Partnership Agreement is not dated and does not specify the period of the Agreement. In addition, there is no provision in the Agreement for a review of the arrangements during the period of the Partnership to ensure that they remain relevant and appropriate.

### *Performance Monitoring and Reporting*

The Constitution and Partnership Agreement provides for a quarterly performance monitoring report to Halton and St Helens and outlines areas to be reported to Members. However, although the Operational Director, Halton and Senior Assistant Director, St Helens indicated that they both report EDT issues to their respective Senior Management Teams, there have been no formal reports to either Council.

A Performance Monitoring Framework has been documented and agreed by the Board, which outlines outcomes to be delivered by the EDT. The measuring of these outcomes is to be achieved through customer quality assurance surveys and statistical data regarding the number and type of referrals, completed assessments and intervention outcomes. The St Helens Adult, Social Care and Health Performance Management Team has carried out a customer survey and reported findings to the Board in September 2008. Due to the low number of responses, there was limited feedback from this exercise; however, a recommendation was made regarding the method for future, ongoing customer surveys. To date there have been no further surveys.

The EDT Manager has provided statistical information in monthly reports to the Board, however, due to different IT systems being utilised, there have been problems collecting all required data in a consistent format for both Councils. Steps are being taken by the EDT Manager to address these issues with Halton IT.

Although the EDT service is included at a strategic level within both Council's Service Plans, there is no detailed operational plan for the Team to implement or monitor actions for ongoing improvement of the Service.

Budget reports are provided to and reviewed regularly by the EDT Manager and the budget position is reported and discussed at each Management Board meeting. At the time of this review, expenditure was within budget.

### *Risk Management*

There are opportunities for the Partnership to develop and improve its risk management processes. The EDT manager presents a report on the operation of the service over the previous period raising relevant issues, many of which are, in effect, the risks that the service is facing on a day to day basis. However, this process does

not represent the robust and overarching risk management process that the Board should be engaging in.

A more formal process would enable the Partnership to effectively manage strategic decisions, service planning and delivery and achieve its overall objectives. This should start with the identification, analysis, control and timely monitoring of risks by the Board.

#### *Value for Money*

One of the functions of the Board, as detailed in the Partnership's Constitution and Agreement, is to look for ways in which the efficiency, economy and effectiveness of the partnership arrangements might be improved. Also, in the Use of Resources, key lines of enquiry, Councils are required to regularly review their partnership working to demonstrate that they are providing effective outcomes and value for money. There are opportunities for the Partnership to further develop mechanisms to demonstrate that the EDT service provides value for money.

To demonstrate value for money the service first needs to identify all its operational costs regardless of how they are being met. The funding arrangements for the Partnership are detailed in the Partnership agreement which states that funding to meet the EDT budget will be split 50-50 between Halton and St Helens Councils. However the budget does not include all costs incurred on the service delivery. Elements are provided 'in kind' by the respective Councils. Although this is the agreement, these costs should be identified and included in the operational costs of the service. The total operational costs can then be used for comparison purposes and further analysis to demonstrate value for money.

Also the EDT now provides an 'out of hours' service for the Homelessness Service for both Halton and St Helens, and the 'appropriate adult' role for the Youth Offending service. Again, the costs of providing these additional elements should be known and included in the value for money equation. Consideration could also be given to recharging the respective services.

Also, if there are opportunities for providing an 'out of hours' service for neighbouring councils, then all costs should be known to ensure a realistic contribution is made by future participating Councils.

#### *Information Sharing Agreement*

Information Sharing Agreements were recommended to be established between agencies to facilitate effective and legitimate information sharing practices. These agreements are tiered to reflect the level at which they operate. For example:-

Tier One - To be agreed on a regional basis between Chief Executives of the respective agencies to demonstrate their willingness to the principle of sharing information.

Tier Two - Between specific partners and operational areas, signed by operational line management of those areas and details types of information to be shared.

Tier three & four – Directly connected to a specific operational area and details what and when information will be shared.

In line with best practice a Tier 2 Information Sharing agreement should be established specifically for this Partnership. Within the 'Accountability' section of the EDT Constitution and Partnership Agreement there is reference to the Board's

responsibility to ensure a Tier 2 Information Sharing agreement is in place. However, the Board has taken legal advice and guidance, the outcome of which it was agreed that only a Tier 1 agreement was required, which has been signed at a regional level. The Board should amend paragraph 17 (e) to reflect this decision.

### ***Recommendations***

1. The Constitution and Partnership Agreement should include the agreed period and duration of the Partnership.
2. The Constitution and Partnership Agreement should include review arrangements. There should be an annual, formal review of the service so that each Council can ensure that the partnership arrangement continues to be the preferred option for service delivery.
3. In accordance with the Constitution and Partnership Agreement, quarterly performance monitor reports should be provided to both Councils. Each member Council should then report performance to Senior Officers and Members through its governance framework.
4. The Board should ensure that performance targets and outcomes are reported in accordance with the agreed Performance Management Framework.
5. An annual operational plan should be introduced to include actions for improvement and development of the Service.
6. A more formal risk management process should be developed by the Board allowing strategic risks to be identified and appropriate controls developed to mitigate those risks. The risk register as recommended in Halton Borough Council's draft Code of Practice for Partnership Working could be utilized to evidence this process. The identified risks should be monitored on regular basis by the Board.
7. The Partnership needs to develop ways to demonstrate that it is not only providing an effective service but also providing value for money. An understanding of costs is needed to assess whether or not the Partnership is providing value for money. This information can assist in future decisions regarding the potential to expand the service. This should form part of the annual review of the partnership agreement as detailed in recommendation 2.
8. In line with best practice it is recommended that a Tier 2 Information Sharing Agreement is developed specifically for service delivery under this Partnership. Following legal advice and if the Partnership is satisfied that the Tier 1 Information Sharing Agreement satisfies the governance arrangements around information sharing practices required for the operation of the Partnership, then paragraph 17 (e) on the partnership agreements should be amended to that effect.

## 2.2 Control Objective – Staff are utilised effectively and suitable employee controls are in place

Sample testing confirmed that suitable employee controls are in place with regard to management of the work rota, recording staff attendance and compliance with sickness absence, supervision and appraisal procedures. Quality control checks on operational procedures are carried out by the EDT Manager through a sample of case reviews during Supervision and a monthly sample review of random cases extracted from the computer systems. From a sample review of annual leave request forms it was identified that leave had not always been signed as authorised by the EDT Manager. The requirement for this authorisation was discussed with the EDT Manager.

A six weekly employee work rota has been in place since the Partnership started in October 2007. This rota is based on 6 full-time Social Workers in post and provides an element of cover for sickness and annual leave. The rota is effective but is only intended to cover short-term absences. However, since the partnership arrangement started, one Social Worker has been on long-term sickness absence, followed by a secondment. This has resulted in the EDT Manager and two relief Social Workers covering shifts and payment is based on their standard pay rather than a flat rate. In addition, one of the full-time Social Workers and the two relief Social Workers are not qualified as Approved Mental Health Practitioners (AMHP). As AMHP cover is required on shift this has resulted in additional standby duties for the EDT Manager and other members of the Team.

These staffing issues and associated budget implications have been regularly reported to the Management Board and with the assistance of the CYPs HR Manager, St Helens Council, options have been considered. At the time of our review, one of the Social Workers had given notice to resign from her employment. Therefore an interim revised rota was being considered for implementation in March 2009 which would be based on four full-time Social Workers, with efforts being made to recruit to the vacant post and a number of sessional Social Workers to provide cover as and when required.

## 2.3 Control Objective – Appropriate policies and procedures have been developed and complied with to ensure the service operates within an agreed framework.

### *Occupational risk assessments*

The EDT has a comprehensive suite of policies, procedures and guidance which provides for a robust framework in which the Team can safely operate. Through sample testing it was evident that the team are carrying out their core function in terms of dealing with calls, recording of assessments and the hand-over process to the day-time duty teams was secure. Hard copies of policies and procedure documents are widely available within the office and copies are e-mailed to each member of the team for reference.

Included within the procedures are a number of risk assessments for specific events, e.g. dangerous dogs, lone working. It was noted that an occupational risk assessment had not been undertaken, specifically in relation to the risk of stress. The EDT manager has agreed to raise this issue with St Helen's Human Resources Section, which provides the HR support for the team.

---

### *Halton Direct Link Contact Centre Advisors*

There is an agreed protocol between the Halton Direct Link Contact Centre Customer Service Advisors and the EDT team. This is regularly reviewed by the Contact Centre Manager and the EDT Manager. Through discussions with the EDT Manager it was evident that there were some issues about the consistency and quality of information being collected and recorded from the caller, by the HDL advisors. It was agreed that this issue could be addressed by further training.

### *Cross Authority Procedures*

Due to the partnership arrangement the EDT Manager is able to obtain a good overview of the individual professional care practice and procedures operating within both Councils. This provides a useful mechanism to identify where certain practices prove to be more effective and can drive service improvements in the less effective areas. Therefore this overview provides an added benefit and should be demonstrated and celebrated as the 'added value' that the Partnership provides.

### *Recommendations*

9. A stress risk assessment should be undertaken for the EDT and issues identified should be addressed and monitored regularly.
10. Refresher training for the HDL advisors should be provided to ensure the information that is collected from the caller is accurate, comprehensive and meeting the right quality standards for the EDT team. This could be scheduled with the training requirements for the pending implementation of Carefirst 6 in Halton.
11. The benefits of partnership working by sharing good practice across both Councils should be clearly demonstrated and held up as a success of the Partnership.

**2.4 Control Objective** – The IT infrastructure meets the business needs of the service and is sustainable.

### *ICT Strategy*

The EDT is supported by a complex IT infrastructure. EDT staff are required to be proficient in accessing both St Helens care systems and Halton Borough Council's care systems, which vary dependent on the client group. Despite the complexities, the IT systems currently meet the existing business needs.

However, looking into the future, it is unlikely that systems will become more integrated. This may not be seen as a problem. For example, Halton is implementing Carefirst 6 and Careassess whereas St Helens are moving away from Careassess and adopting Liquidlogic. As each Council makes its own strategic decisions for future developments in their respective ICT infrastructures, the EDT service needs to have its own ICT strategic plan to future-proof service delivery and plan for any essential developments that may be required to overcome any incompatibility issues. Also, this

ICT plan could inform any future potential partners to enable them to evaluate their ability to integrate or adapt their own systems if they wished to join the partnership.

#### *EDT - Business Continuity Plan (BCP)*

Through discussions with the EDT Manager we identified that there have been a few occasions when, due to IT system failure in the main, the Team has put its BCP in operation. This has included temporarily returning to a paper-based system with success.

Currently there are three business continuity plans that are relevant to the EDT service. There is a HR business continuity plan which covers staffing issues; the Halton Direct Link Contact Centre's BCP makes reference to the EDT systems; Health and Community Directorate's BCP also includes the EDT but makes reference to the previous Cheshire County Council contracted service.

Due to BCP for the EDT being referenced in three separate documents, this could lead to confusion at a time when absolute clarity is required.

There should be one BCP for the EDT which should contain plans for all three areas i.e. staffing, systems and IT failure. This would provide one reference point in the event of a major incident occurring.

#### *Laptop Encryption*

The EDT staff have a laptop each which they take home after midnight whilst they carry out the remainder of their shift. These laptops are not encrypted which presents a risk that sensitive or personal information could be compromised if they were lost or stolen. It is not usual practice to save client information on the hard drive however, supervision notes and other sensitive data may be contained on the hard drives.

#### *Recommendations*

12. The EDT Partnership Board should develop its own ICT Strategy to provide a plan of how the EDT IT infrastructure will adapt as both Councils follow their own Strategic ICT plans. This will assist in the sustainability of the partnership and allow future potential partners to evaluate their ability to integrate or adapt their own systems.
13. The BCP for the EDT should be brought together in one document.
14. The implications of data on the laptop being unencrypted should be assessed and appropriate arrangements made to ensure that personal or sensitive data is not compromised.

### 3.0 Action Plan

#### Emergency Duty Team

Re c. No.	Recommendation	Responsible Officer	Agreed Action and Date of Implementation	Actual Date of Implementation
1	The Constitution and Partnership Agreement should include the agreed period and duration of the Partnership	Senior Assistant Director, CYPS, (St Helens)	Partnership Agreement to be amended and recirculated to Board and Directors identifying dates of partnership and dates for review. June 2009	
2	The Constitution and Partnership Agreement should include review arrangements. There should be an annual, formal review of the service so that each Council can ensure that the partnership arrangement continues to be the preferred option for service delivery.	Senior Assistant Director, CYPS, (St Helens), Operational Director (Halton)	Partnership to be reviewed at September Board with approval by each Council in line with change in Charing arrangements in October. October 2009	
3	In accordance with the Constitution and Partnership Agreement, quarterly performance monitor reports should be provided to both Councils. Each member Council should then report performance to Senior Officers and Members through their governance framework.	Senior Assistant Director, CYPS, (St Helens), Operational Director (Halton)	Report to be completed each quarter. First report to include summary report for Oct 07 to February 2009.	May 2009
4	The Board should ensure that performance targets and outcomes are reported in accordance with the agreed Performance Management Framework.	Acting Service Manager (St Helens)/ EDT Manager	Current performance report to be incorporated into a reviewed Performance Framework. October 2009.	

5	An annual operational plan should be introduced to include actions for improvement and development of the Service.	Chair of the Operational Group	Operational Plan to be completed and presented to the Board by September 2009 and to be commenced from 1 October 2009.	
6	A more formal risk management process should be developed by the Board allowing strategic risks to be identified and appropriate controls developed to mitigate those risks. The risk register as recommended in Halton Borough Council's draft Code of Practice for Partnership Working could be utilized to evidence this process. The identified risks should be monitored on regular basis by the Board.	EDT Manager	Risk Register and Business Continuity Management Plans reviewed and updated.	April 2009
7	The Partnership needs to develop ways to demonstrate that it is not only providing an effective service but also providing value for money. An understanding of costs is needed to assess whether or not the Partnership is providing value for money. This information can assist in future decisions regarding the potential to expand the service. This should form part of the annual review of the partnership agreement as detailed in recommendation.	Finance Officers (St Helens & Halton)	Full costings exercise to be completed and inform practice. Ongoing partnership agreements. September 2009	
8	In line with best practice it is recommended that a Tier 2 Information Sharing Agreement is developed specifically of service delivery under this Partnership. Following legal advice and if the Partnership is satisfied that the Tier 1 Information Sharing Agreement satisfies the governance arrangements around information sharing practices required for the operation of the Partnership, then paragraph 17 (e) on the partnership agreements should be amended to that effect.	Group Solicitor (Halton)/ System Information Management Officer (St Helens)	Tier 2 information sharing agreement for EDT to be developed, led by information from both Councils. August 2009	
9	A stress risk assessment is undertaken for the EDT and any issues identified should be addressed and monitored regularly.	Acting Service Manager (St Helens)/ EDT Manager	Risk assessment to be completed via the appraisal process. June 2009	
10	Refresher training for the Halton Direct Link advisors should be	Divisional	Refresher training to be provided	

	provided to ensure the information that is collected from the caller accurate, comprehensive and meeting the right quality standards for the EDT team. This could be scheduled with the training requirements for the implementation of Carefirst 6 in Halton.	Manager (Halton)/ EDT Manager	by September 2009	
11	The benefits of partnership working by sharing good practice across both Councils should be clearly demonstrated and held up as one of the successes of the Partnership.	Senior Assistant Director, CYPS, (St Helens), Operational Director (Halton)	To be detailed in report to Chief Officers and Members (Cross referenced to Rec No 3) June 2009	
12	The EDT Partnership Board should develop their own ICT Strategy to provide a plan of how the EDT IT infrastructure will adapt as both Council's follow their own Strategic ICT plans. This will assist in the sustainability of the partnership and allow future potential partners to evaluate their ability to integrate or adapt their own systems.	Senior Assistant Director, CYPS, (St Helens), Operational Director (Halton)/ ICT Strategy Officers (St Helens & Halton)	Strategy for EDT to be completed and approved by both Councils. January 2010.	
13	The Business Continuity Plan for the EDT should be brought together in one document.	Acting Service Manager (St Helens)/ EDT Manager	Business Continuity Plan to be completed. June 2009	
14	The implications of data on the laptop being unencrypted should be assessed and appropriate arrangements should be made to ensure that personal or sensitive data is not compromised.	EDT Manager/ICT Strategy Officers	Assessments completed and laptops secured	April 2009

