Internal Audit Report

Initial Health Assessments 17/18

Final Report

Assignment Lead: Richard Abigail, Senior Auditor
Assignment Manager: David John, Audit Manager
Prepared for: Surrey County Council
Date: 2 November 2018

Report Distribution List

Dave Hill - Executive Director Children, Families & Learning
Tina Benjamin – Assistant Director Children's Service
Carol Douch - Head of Countywide Services
William Balakrishnan – Head of Insight and Innovation
Mark Mapstone – Principal Commissioning Manager (Performance Improvement)
Alex McKnight – Service Manager
Leigh Whitehouse - Executive Director of Finance
Kay Hammond - Chairman of Children and Education Select Committee
Clare Curran - Cabinet Member for Children
Cath Edwards – Service Improvement and Risk Manager
Audit and Governance Committee
External Audit - Grant Thornton UK LLP

This audit report is written for the officers named in the distribution list. If you would like to share it with anyone else, please consult the Chief Internal Auditor.

Surrey County Council - Internal Audit Key Contact Information

Chief Internal Auditor: Russell Banks, ☎ 01273 *481447,* russell.banks@eastsussex.gov.uk
Audit Manager: David John, ☎ 0208 5417762, ✉ David.John@surreycc.gov.uk
Anti-Fraud Hotline: ☎ *0800 374 199*, ✉ *surreycc@expolink.co.uk*

1. Introduction

1.1. There is a statutory requirement that all newly Looked After Children undertake an Initial Health Assessment (IHA). This must be completed and the resulting written report received by Children's Services within 20 working days of the child's first day in the council's care.

1.2. In Surrey performance against this target is currently poor and has been subject to criticism by OFSTED, including in their recent re-inspection report of May 2018. Less than 20% of assessments are completed by their target date, and many of those that miss are delayed by several months. This represents a missed opportunity to promptly identify health issues for these children.

1.3. The council is open to criticism for its overall performance in this area. Additionally there is a risk that valuable information that could affect health or safeguarding decisions is missed.

1.4. For the whole of Surrey the Guildford and Waverley Clinical Commissioning Group (CCG) manages a contract with Children and Family Health Surrey to deliver IHAs. Children and Family Health Surrey use one main provider, Surrey and Borders Partnership NHS Foundation Trust to undertake the assessments. Surrey and Borders use paediatricians to undertake the assessments in a hospital setting. A backlog of referrals was inherited from the previous provider.

1.5. LCS, the client record system, is SCC's main recording system for children's care. This contains information relating to IHAs in individual children's records. To give a clearer indication of the progress of IHAs as a whole a central tracker is maintained jointly by Children's Services and Children and Family Health Surrey. This collects key dates from LCS and from a shared email account where emails relating to individual IHAs are sent. There have, however, been discrepancies between the performance data reported by Children's Services and the main provider.

2. Scope

2.1. The scope of the audit was to ensure:

- All newly Looked After Children receive an Initial Health Assessment within the statutory timescales.
- Reported performance data is accurate.
- Data is shared effectively between Children's Services, the CCG and provider.

3. **Audit opinion**

Minimal Assurance is provided in respect of **Initial Health Assessments 17/18**. This opinion means that Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

Appendix A provides a summary of the opinions and what they mean and sets out management responsibilities.

4. **Basis of Opinion**

We have only been able to provide **Minimal Assurance** over the controls operating within the area under review because:

4.1. Performance against target remains very poor, with less than 20% of assessments undertaken within the statutory timescales.

4.2. There are regular delays at all key stages in the process, involving both Children's Services and the main provider.

4.3. The monitoring information collected in the central tracker is not routinely used as a basis to improve performance or to report on overall performance.

4.4. There are differences in the methodology used for calculating performance data by the council and the main provider, which diverts management attention away from addressing the key issues.

However:

4.5. Resource has been allocated to collect key dates together in the central tracker spreadsheet.

4.6. Discussions are taking place with the CCG and the main provider to improve performance, and a LEAN project is reviewing the process.

4.7. Plans to change the delivery model of assessments are being developed to speed up the process.

5. Action Summary

Risk Priority	Definition	No	Ref
High	Major control weakness requiring immediate implementation	2	1, 2
Medium	Existing procedures have a negative impact on internal control or the efficient use of resources	4	3, 4, 5, 6
Low	Represents good practice but its implementation is not fundamental to internal control	0	
	Total number of agreed actions	6	

6. Acknowledgements

We would like to thank all staff that provided assistance during the course of this audit.

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
1	**Performance** A significant effort is made to update the central tracker, maintained jointly by Children's Services and Children and Family Health Surrey. It contains sufficient reliable information to highlight that performance issues exist against each of the four key stages: Date the referral form and consent sent to the provider Date an appointment is offered Date of the appointment Date IHA report provided to SCC. Given the tight timescale all four stages must be undertaken promptly for a referral to be completed within target. The tracker is not routinely used as a tool to drive better performance. For example, until performance improves reminders could be issued as target dates approach for each key stage to help keep individual assessments on track.	Opportunities to meet targets not taken.	High	**1A** New monthly meetings with Children's Services, the health provider and performance to be set up to review the central list of children on the tracker and instigate actions accordingly across both organisations. **CD 30 November 2018** **1B** Reconcile data held in the spreadsheet, by health and in LCS to agree a single version of the truth. **MM 30 November 2018** **1C** Review the data fields being recorded in the spreadsheet and agree changes to LCS so that referrals for an IHA are embedded in LCS and trigger an alert to health once started. **MM 31 December 2019** **1D** Provide access to LCS to health colleagues with sustainable training so that health can access live data held on the child's central record and access tracking information via Tableau to eliminate the need for spreadsheets. **MM 30 November 2018** **1E** Move towards health recording essential IHA data directly into LCS so performance

				can be monitored and reported through Tableau and all parties are using a single source of data, the child's primary record E.g. LCS. **CD 31 December 2018** **1F** Currently the BAAF IHA form (24 pages) is used to make a referral for an IHA. This needs to be reviewed and simplified so that social workers can quickly alert health that an IHA is required. **AM 30 November 2018** **1G** Explore options for a revised IHA referral form that self populates by drawing data from LCS into a format that can be exported for secure electronic exchange and integration into the BAAF IHA form completed by health (Part B the assessment, Part C the plan and Part D data collection). **MM 30 June 2019** **1H** Ensure that all Section 20 agreements are signed by parents/ carers and shared as rolling consent for health appointments prior to a child entering care. **AD Areas/CD 30 November 2018**
Responsible Officer:		Carol Douch	**Target Implementation Date:**	As detailed above last date 31 December 2019

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
2	**Capacity** The main provider has a capacity of around 12 appointments per week. This may be sufficient to meet new referrals, but we consider it unlikely to clear the current backlog which is over 100. The size of the backlog is, however, disputed by the main provider. There were examples where the tracker was not recording the current position. As well as the number of appointments available, capacity is in effect reduced by the rigid structure adopted of hospital based paediatrician appointments. This limits the location and time appointments can be offered. As a result it is more difficult for the appointments offered to be accepted and attended. In addition the hospital based nature of appointments can sound more formal and daunting than a GP surgery appointment, reducing appointment acceptance rates. Other local authorities successfully use trained GPs or nurses to undertake the assessments, and this provides more flexibility and choice. Children's Services are discussing this option of delivery model with the CCG which would require	Insufficient capacity to clear the backlog.	High	**2A** Contract and budgetary review to review capacity. **CD 31 January 2019** **2B** Review information sharing agreement and complete a Data Protection Impact Assessment for GDPR compliance to assure children's information remain secure and appropriately shared. **MM 30 November 2018** **2C** Review and update privacy notices and ensure consent is obtained prior to a request for an IHA. **MM 30 November 2018**

	contractual changes. We consider it to be very difficult to regularly meet the target timescales with the current delivery model. Extra appointment capacity and flexibility is needed if performance against target is to improve.				
Responsible Officer:		Carol Douch	**Target Implementation Date:**	As detailed above last date 31 January 2019	

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
3	**Reporting** The central tracker is effective in collecting the key dates for each assessment in one place. It is not, however, routinely used for reporting. Instead LCS data in tableau is used. Tableau reports on the number of looked after children awaiting an initial health assessment, the number completed and the percentage within target. This doesn't include those children who cease to be looked after so doesn't show all those that have been initially referred to the provider. This understates the effort of the provider in these instances. A report could be calculated from the central tracker that gives data on the new referrals started in each month. This would help give a better picture of how new referrals are being undertaken, and separate them from the backlog cases. In particular the reasons for delays in new cases could be highlighted to direct management attention. This would give a clearer picture of work undertaken by month.	Reports do not present performance clearly, or identify the stages causing delays.	Medium	**3A** Develop a Tableau dashboard to show new children entering care by status (E.g. Becoming Looked After, Looked After and ISAC status). **MM 30 November 2018** **3B** Develop a Tableau dashboard to show children leaving care by status so that appointments that are no longer required can be freed up for current LAC. **MM 30 November 2018** **3C** Make available to health colleagues once data protection assurances are in place and agreed. **MM 30 November 2018**
Responsible Officer:		Carol Douch	**Target Implementation Date:**	As detailed above last date 30 November 2018

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
4	**Sharing Tracker Data** Under the current arrangements area teams and the main provider do not routinely see the central tracker. This means they do not have an opportunity to review the data. They would be well placed to identify referrals where the situation has changed but which is not reflected on the tracker. Routinely circulating the relevant element of the tracker to each area team and the main provider would usefully enable an ongoing review of the data. This could also act as a driver to chase progress.	Performance data is not accurate. Performance does not improve.	Medium	**4A** Authorisation for a child to become looked after and mechanism for escalation in relation to IHAs to be reviewed in Children's Services. **CD 31 December 2018** **4B** Health provider to be given access to relevant IHA data for auditing and follow up. **CD 30 November 2018**
Responsible Officer:		Carol Douch	**Target Implementation Date:**	As detailed above last date 31 December 2018

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
5	**Identification of assessments to meet target** At the initial referral stage some referrals could be identified which have no obvious barriers to meeting the target. Concentrating resources to achieve the target for these referrals could be useful as an interim measure. Although the outcome for all is more important than for a few, the process of prioritising the more straightforward cases may help drive future performance and better inform the management of the process.	Performance against target continues at the current level.	Medium	**5A** Health provider and Children's Services to agree a means by which IHAs can be prioritised and more easily fast-tracked through the system to help deal with the backlog. **CD 30 November 2018**
Responsible Officer:		Carol Douch	**Target Implementation Date:**	30 November 2018

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
6	**Initial call to explain process** Older children and carers often have concerns over the health assessment process and those who decline appointments, or who choose not to attend, are more likely to accept and attend future appointments if a nurse calls to explain the process and purpose of the appointment. At present this call is only made once an appointment is refused or the child does not attend. Consideration could be given to resourcing a routine call from a nurse at the initial referral stage before an appointment is offered to try to increase the take up of appointment offers.	Cost of declined or missed appointments.	Medium	**6A** Health providers to agree a process to improve take up of appointments. **CD 31 December 2018** **6B** Make changes to LCS to enable recording and reporting of refusers by age to ensure that refusals are appropriate and for a plan to be out in place for each young person refusing an assessment. This should be integrated into the young person's care plan for regular review and update by Social Worker and Independent Reviewing Officer. **CD 30 June 2019**
Responsible Officer:		Carol Douch	**Target Implementation Date:**	As detailed above last date 30 June 2019

Key :

CD – Carol Douch- Interim Head of Countywide Services

MM- Mark Mapstone- Performance Improvement

AM – Alex McKnight Service Manager LAC NW

Appendix A

Audit Opinions and Definitions

Opinion	Definition
Substantial Assurance	Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Reasonable Assurance	Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Partial Assurance	There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.
Minimal Assurance	Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

Management Responsibilities

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

This report, and our work, should not be taken as a substitute for management's responsibilities for the application of sound business practices. We emphasise that it is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal Audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.