Final Internal Audit Report
Adult Social Care – Waiting List
December 2019

Distribution: Executive Director Health Wellbeing and Adults (Final Only)

Director of Operations, Health, Wellbeing and Adults

Head of 25 to 65 Disability

Service Manager Adult Social Care and All Age Disability

Head of Business and Service Compliance

Assurance Level	Identified Issues	
Limited Assurance	Priority 1	2
	Priority 2	2
	Priority 3	0

Contents

1. Introduction

1.1 Adult Social Care is defined as the provision of social work, personal care, protection or social support services to adults with needs arising from illness, disability, old age or poverty.

1.2 Under the Care Act 2014, local authorities need to provide comprehensive information and advice about care and support services in their local area. This will help people to understand how care and support services work locally, the care and funding option available, and how people can access care and support services.

1.3 The 2016/17 audit on adult social care caseload management highlighted that as at 20 September 2016 there were a total of 901 cases, some dating back to December 2015, on the respective team waiting lists. Subsequent to this, the Department critically reviewed and amended the manner in which caseloads were assigned and managed. The 'ASC Front Door and Localities Review Q2' report detailed that as at 19 August 2019 the wait list was 505 and steadily decreasing.

2. Key Issues

Priority 1 Issues
The Front Door call statistics for up to the week commencing 12 August 2019 identified that 1 in 5 calls (21%) are lost and that the average call wait time was 4.05 minutes. **(Issue 2)**
The 'All Team Waiting List' dated 18 August 2019 detailed that there were 609 cases (with 221 of these relating to prior years), whereas the 'ASC Front Door and Localities Review Q2' report detailed that as at 19 August 2019 the wait list was 505. (**Issue 4**)

Priority 2 Issues
Tri.x, the online procedure application, had not been updated to reflect the new staffing structure from April 2019. **(Issue 1)**
'Front Door: Open Task List', dated 26 August 2019, detailed that there were 119 open tasks designated as a 'Safeguarding concern'. This included 25 tasks which were over 2 months old. **(Issue 3)**

There were no Priority 3 issues.

3. Action and Key Findings/ Rationale

Control Area 1: Legislative, Operational and Management Requirements		
Priority	**Action Proposed by Management**	**Detailed Finding/Rationale – Issue 1**
2	The link to the defunct SOPS has been shut down, and replaced with a Tri X link. The Editorial Board will assess how up to date the Resources are – meeting to allocate work 27/11 – deadline to match item below. Adapt have been asked to host a one year review of Tri X in early December – awaiting date – from this a plan to review / update all sections to be made.	In order to help ensure the achievement of desired outcomes and to provide appropriate guidance to staff, procedural guidance should be available to staff. It was established that Tri.x (an online procedure application) superseded the Standard Operating Procedures (SOPs) in November 2018. Tri.x is the procedures, practice guidance and tools for Adult Social Care (ASC). It was confirmed that Tri.x illustrates the process and how day to day working should be undertaken in Adult Care Services. However, it was noted that Tri.x had not been updated to reflect the changes from the ASC Point of Access workforce reform (in April 2019). For example, the Team Process Overview Flowcharts still reflect the process for the previous staff structure.
Responsible officer	**Deadline**	In addition to the above, the SOPs were still available on the intranet (even though now superseded), where there is possibility of staff still referring to these.
Adults Social Work Consultant Practitioner	December 2019	Where the procedural guidance available to staff is not up to date, there is a risk that staff may adopt incorrect practices.

Control Area 2: Receipt of Referrals		
Priority	**Action Proposed by Management**	**Detailed Finding/Rationale – Issue 2**
1	The proposed staffing for the Front Door team did not reflect the volume of both emails and calls. The Contact Centre offered 5.3FTE to cover over 350 contacts per day when in fact the true FTE requirement is 12 FTE the shortfall in resourcing of the Front Door team is currently being covered by 3 temporary employees and 1 extra resource from the Contact Centre. This has resulted in an improved performance of 84% of calls handled for September however there is still a gap of 3 FTE working on process and performance there is room for further improvement.	The Front Door team deals with initial adult social care enquiries, which include requests for information and advice and people wishing to make a referral or request an assessment, re-assessment or review. Enquiries may be via the phone, fax, letter or on-line. The most common method is over the phone where the Front Door team handle an average of 2,700 adult social care calls in a month.

Examination of the call statistics for up to the week commencing 12 August 2019 noted that 1 in 5 calls are lost, which is a marked decline from the performance a year ago, as follows: |

	2018/19	2019/20
Calls Handled YTD	13848	10477
Calls Handled % in month	94%	79%
Calls Handled YTD (average)	92%	79%

Furthermore the average wait time for the week commencing 12 August 2019 was 4:07 minutes with the longest wait time being 19:42 minutes.

Call statistics were not reported on in the 'ASC Front Door and Localities Review Q2'.

When there is high number of abandoned calls and long waiting times to get through, there is risk that incoming calls, which may include urgent cases, are not dealt with.

Responsible officer	**Deadline**
Service Manager-Adults Front Door	December 2019

Control Area 2: Receipt of Referrals		
Priority	**Action Proposed by Management**	**Detailed Finding/Rationale – Issue 3**
2	The open task list issue has been addressed and there is much clearer oversight of the open task list which has reduced. There is also an emphasis on quality assurance and this will be part of the appraisal targets. The team are working through the QA issues highlighted by the audit.	Adult Integrated Solution (AIS) is workflow management software that is used for managing cases for adult care services in the Council. For every new case an action task is created and work flowed to the relevant team. When an action is being assigned, it will appear in 'task list' of the officer responsible for completing the task. After the task has been carried out, the officer is required to record the task as completed by selecting the 'Complete Task' button at the task list.

Responsible officer		Deadline
Service Manager- Adults Front Door		December 2019

Examination of Front Door's Croydon Adult Support team (CAS) 'Front Door: Open Task List', dated 26 August 2019, found that there were total of 119 open tasks designated as a 'Safeguarding concern'. Further examination of the open tasks found that 25 of these tasks were over two months old, being dated before July 2019 (as follows: two from July 2018, one from September 2018, two from January 2019, three from May 2019 and the remaining 17 from June 2019).

Discussion with the Service Manager (Adults Front Door) established that most of the older cases had already been dealt with and she could not comprehend why the cases were on the Open Task List. Further follow up has established that these may be where the 'Complete Task' in AIS is not being used to close cases.

Where the Front Door: Open Task List is not correctly reported, there is a risk that management may be making decisions based upon inaccurate information. This is particularly key where the open cases are designated a 'Safeguarding concern'.

Control Area 3: Maintenance and Management of Waiting Lists		
Priority	**Action Proposed by Management**	**Detailed Finding/Rationale – Issue 4**
1	Waiting lists across Adult Social Care are down by 84%. The breakdown by localities (Older People) is: • East Croydon is down 79% • Purley is down by 94% • Mayday is down by 90% • New Addington down by 92% • Thornton Heath down by 100% • Woodside and Shirley down by 100% Disability • 25 – 65 Disability down by 91% • Sensory Impairment waiting list has increased by 12%. – this is due to increase in referrals but it is being monitored daily. Continued mitigating action: Highest waiting list in Older People is 33. Grade 14 SW allocated to manage that and it has direct oversight from Service Manager. All waiting lists are closely monitored by Service Managers and Heads of Service and reduction targets are clear	The All Team's Waiting List is sent across the Adult Social Care team every week to the manager(s), Head of Service(s) and Director of Integration and Innovation. The list is updated with the total number of clients in the waiting list based on the services assigned. Examination of the All Team Waiting List dated 18 August 2019 found that there were a total of 609 cases on the waiting list, with 221 cases being dated 2018 or earlier, as follows:	

Start Date (Year)	2013	2014	2015	2016	2017	2018	TOTAL
No. of Clients in Waiting List	2	3	1	12	54	149	221

In addition, it was noted that, while some teams were updating the notes field to detail the priority of the cases, (such as P2/P3) this was not being consistently done.

It was established that the waiting lists are also actively monitored by senior management and examination of the 'ASC Front Door and Localities Review Q2' report detailed that as at 19 August 2019 the wait list was 505, a marked decrease from the 1424 recorded for the 6 April 2019. Notwithstanding, it is not known why there is a difference of over 100 cases between the 'All team Waiting List' and the ASC Front Door and Localities Review Q2.'

Where the number of cases on the all team waiting lists are not correctly reported, there is a risk that staff knowing that these are incorrect, ignore these. Furthermore, management may be making decisions based upon inaccurate information.

	to team managers as are plans to achieve goals.
Responsible officer	**Deadline**
Director of Integration and Innovation	December 2019

TERMS OF REFERENCE
Adult Social Care – Waiting List

1. INTRODUCTION

1.1 Adult Social Care is defined as the provision of social work, personal care, protection or social support services to adults with needs arising from illness, disability, old age or poverty.

1.2 Under the Care Act 2014, local authorities need to provide comprehensive information and advice about care and support services in their local area. This will help people to understand how care and support services work locally, the care and funding option available, and how people can access care and support services.

1.3 Anyone can make a referral to Croydon Adult Social Services. Help and advice about social care or support for an adult is available by submitting a form using Croydon website, a contact number is also provided for urgent referrals or further enquiries.

1.4 This audit is being conducted as part of the agreed Internal Audit Plan for 2019-20.

2. OBJECTIVES AND METHOD

2.1 The overall audit objective is to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.

2.2 The audit will for each controls / process being considered:

- Walkthrough the processes to consider the key controls;
- Conduct sample testing of the identified key controls, and
- Report on these accordingly

3. SCOPE

3.1 This audit included the following scope areas:

Control Areas/Risks	Issues Identified		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Legislative, Operational and Management Requirements	0	1	0
Receipt of Referrals	1	1	0
Maintenance and Management of Waiting Lists	1	0	0
Allocation of Referrals	0	0	0
Caseload Management	0	0	0
Management Information and Reporting	0	0	0
TOTAL	**2**	**2**	**0**

DEFINITIONS FOR AUDIT OPINIONS AND IDENTIFIED ISSUES

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

🟢	Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are consistently applied.
🟡	Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance which may put this achievement at risk.
🟠	Limited Assurance	There are significant weaknesses in key areas of system controls and/or non-compliance that puts achieving the system objectives at risk.
🔴	No Assurance	Controls are non-existent or weak and/or there are high levels of non-compliance, leaving the system open to the high risk of error or abuse which could result in financial loss and/or reputational damage.

Priorities assigned to identified issues are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require the immediate attention of management to mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that represent an exposure to risk and require timely action.
Priority 3 (Low)	Although control weaknesses are considered to be relatively minor and low risk, action to address still provides an opportunity for improvement. May also apply to areas considered to be of best practice.

STATEMENT OF RESPONSIBILITY

We take responsibility to the London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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