

## Final Internal Audit Report

### Adult Social Care – Caseload Management

May 2017

**Distribution:** Executive Director People (Final only)  
 Director of Adult Social Care, 0-65 Disability & SEN  
 Adult Social Care & 0-65 Disability & SEN  
 Interim Head of Commissioning  
 Service Redesign Lead

Assurance Level	Recommendations Made	
<b>Limited Assurance</b>	Priority 1	1
	Priority 2	4
	Priority 3	2

#### Status of Our Reports

This report ('Report') was prepared by Mazars Public Sector Internal Audit Limited at the request of the London Borough of Croydon and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, we have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

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Please refer to the Statement of Responsibility set out in appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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## Executive Summary

### 1. Introduction

- 1.1 In order to facilitate a new way of providing services for individuals in need of Adult Social Care, changes were required to the way the Council reported and monitored the work that was carried out. The main way that this was intended to be achieved was through the implementation of a new software system - the Adult Integrated Solution (AIS) system, a web based system enabling staff to record and manage client needs and outcomes effectively. Features of the system include:
- Standardised assessment templates (contact, generic needs and reviews) across DASHH;
  - Electronic workflow communication and authorisation of various assessment processes;
  - Integration with the SWIFT system; and
  - Electronic recording and viewing of Social Care client records.
- 1.2 Management meet on a weekly basis to discuss potential cases and how these should be allocated. Once allocated, cases are managed in-situ on AIS. The Business Development Team is in the process of analysing caseloads across each team within Adult Social Care.
- 1.3 This audit is part of the agreed Annual Internal Audit Plan for 2016/17 and the objectives, scope and approach are included in the Audit Terms of Reference at Appendix 1.

### 2. Key issues

Priority 1 Issues
There were a significant number of cases, some dating back some time, on the respective team waiting lists as at 20 September 2016 (Rec. 2).
Priority 2 Issues
The AIS training provided was aimed at new users and was not business process led, (Rec. 1).
Cases are assessed by the Centralised Duty team as either priority 1 or 2, however, as the bulk of cases are priority 2, these can differ widely and it is more difficult to easily prioritise these (Rec 3).
Included in staff caseloads are cases not being closed due to ongoing outstanding tasks, such as financial assessments (Rec 4).
There was no evidence of Head of Service approval for the instances noted where staff caseloads exceeded the maximum number (Rec 5).

Priority 3 issues are included under item 4 below.

3. Actions and Key Findings/Rationale

Area 1 – Management, Organisational and Regulatory requirements	
Priority	Detailed Finding/Rational
2	<p>Critically review the training provided and consider providing a refresher course.</p> <p>To achieve desired outcomes and comply with required practices, all staff should be suitably trained and have access to appropriate procedure notes.</p> <p>It was confirmed that all staff have access to the AIS user manual and that formal training, consisting of a ½ day overview and a 2 day practitioner course, on the use of the AIS is provided to staff. This training provided by Capita is; however, aimed at new starters, concentrating on navigation and using the system. There is no refresher training provided, although staff are able to re-attend the practitioner course.</p> <p>Discussion with the course trainer and examination of the summary of the training evaluation feedback comments highlighted that:</p> <ul style="list-style-type: none"> <li>• The training was systems and not business process led;</li> <li>• ‘The length of training was too short and too parked for a new user’, and</li> <li>• Users considered AIS to be ‘cumbersome and complicated’, ‘time consuming and generates unnecessary work’ and that the server was slow.</li> </ul> <p>The above training evaluation feedback comments were echoed during the course of the audit, where users and managers stated that they felt that the system was laborious, slow and included duplication, which if corrected would save them time and help them progress cases quicker.</p> <p>Capita and the AIS Project met in June 2016 to discuss changes to the training but the outcome of that meeting was that the situation would be reviewed again once the upgrade had been done.</p>

		Where staff are not properly trained on the use of the system, there is a risk that the system is not utilised to its optimum and that staff may not comply with required practices and that unnecessary duplication etc. may occur.		
<b>Management Response</b>	<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>	<b>Deadline</b>	
<p>A limited review has taken place and the new Senior Management Team have attended the AIS training and observing practice from within the teams over the last 6 months.</p> <p>It has been identified in conjunction and in agreement with the audit report, that the training requires updating and a more holistic and responsive offer be considered.</p> <p>Training needs to be more person and role centred to ensure front line staff engage and understand the significance of maintaining the recording system.</p> <p>Floor walkers, targeted surgeries and 1:1 tuition are recommended.</p> <p>In addition the training manuals are too complex and not accessible to front line staff.</p>	Agreed	Director of Adult Social Care & 0-65 Disability & SEN	31 <sup>st</sup> December 2017	

<b>Area 2 - Allocation of New Cases</b>	
<b>Priority</b>	<b>Detailed Finding/Rational</b>
<p><b>Recommendation 2</b></p> <p>1 Critically review the respective team waiting lists and the actions taken in backlog management and reduction.</p>	<p>Adult care referrals to the Council are initially assigned to the Centralised Duty team, where these are assessed, assigned a priority (1 or 2) and allocated to one of the adult care teams. The Team Manager of each team is responsible for reviewing the cases assigned to their team and allocating each of these to a care worker.</p> <p>Examination of the 'Caseload Pressures Reporting', dated 20 September 2016 identified that there were a significant number of cases on the respective team waiting lists, i.e. cases not yet assigned to a case worker. There were further cases on the Centralised Duty team waiting list, i.e. cases not yet assigned to the respective teams.</p> <p>Discussion with the Team Managers of the OP North and South teams confirmed that no priority 1 cases were on the waiting lists; however, as some cases had been on the waiting lists for some time the initial priority assigned to these cases may no longer be appropriate. It was also explained that a Care Act Facilitator had been assigned to help review the cases on the wait lists, which had helped identify cases that were no longer valid because circumstances had changed, as well as cases that were now a higher priority.</p> <p>It was also noted that management of the wait lists and assignment of cases was a task for either a manager or an experienced senior care worker.</p> <p>Notwithstanding the actions taken, the waiting lists are likely to be considered too large.</p> <p>Where there are large number of cases on the waiting lists and where cases are on the wait lists for a length of time, there is a greater risk that cases needing care are not dealt with in a timely manner.</p>
<b>Management Response</b>	
<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>
<b>Deadline</b>	

<p>This continues to be a significant issue.</p> <p>The report provides an accurate picture of the systems and issues that front line practitioners and managers have identified.</p> <p>Development and implementation of the Standard Operating Procedures have made a positive impact on practice and has gone some way in respect of addressing the identified priority 1 issues.</p> <p>The Senior Team however remain concerned, particularly in respect of the cases allocated waiting system.</p> <p>To this effect a Task and Finish Group has been established which is scrutinising waiting list management systems for all teams and making recommendations for a sustainable approach moving forward.</p> <p>Demand on the service is growing and remains the overriding factor in respect of responding to allocations in a timely manner. A wider review including the "Front Door" and user pathways needs to be completed.</p>	<p>Agreed</p>	<p>Director of Adult Social Care &amp; 0-65 Disability &amp; SEN</p>	<p>30<sup>th</sup> September 2017</p>
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<b>Area 2 - Allocation of New Cases</b>		
<b>Priority</b>	<b>Recommendation 3</b>	
2	<p>Critically review the priority ratings assigned to cases by the Centralised Duty team and consider the use of additional priorities to help differentiate and prioritise.</p>	
<p><b>Detailed Finding/Rational</b></p> <p>Adult care referrals to the Council are initially assigned to the Centralised Duty team, where these are assessed, assigned a priority (1 or 2) and allocated to one of the adult care teams. The Team Manager of each team is responsible for reviewing the cases assigned to their team and allocating each of these to a care worker.</p> <p>Discussion with the Team Managers of the OP North and South teams confirmed that priority 1 cases would always be urgently dealt; however, the bulk of the referrals are assessed as priority 2. These priority 2 cases can differ widely in priority and are thus more difficult to easily prioritise.</p> <p>Where the relative priority of cases is not easily determined, there is a risk that resource time is unnecessarily required to make this determination.</p>		
<b>Management Response</b>		
<p>The priority ratings are being considered by the Task and Finish Group and findings and recommendations will be reported on by 1st September 2017.</p> <p>It has been identified that there needs to be a change in practice that encourages and supports team managers to have robust information sharing around transfer of cases between teams and the prioritisation in the respect of allocation of cases.</p> <p>The limited Business Support infrastructure is having a negative impact on communication and monitoring of case work management.</p>		
<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>	<b>Deadline</b>
Agreed	Director of Adult Social Care & 0-65 Disability & SEN	30th September 2017



<b>Area 4 – Caseload Reviews</b>		
<b>Priority</b>	<b>Recommendation 4</b>	
2	<p>Review whether cases not being closed due to outstanding tasks, such as financial assessments should be included in the maximum number of cases that may be assigned to a social worker.</p> <p>There is a maximum number of cases (i.e. 28 Cases) that may be assigned to a social worker at any given time, unless prior authorisation has been given by the Head of Service to exceed this number.</p> <p>Discussion with the Team Managers of the OP North and South teams highlighted that on occasion cases were not closed due to ongoing outstanding tasks, such as financial assessments, which prevented new cases being allocated to care workers. It was; however, accepted that cases should not be closed until these tasks were completed.</p> <p>Where cases are not closed in a timely manner, there is a risk that these social workers may have too low a workload and that cases on the wait lists cannot be assigned.</p>	
<b>Detailed Finding/Rational</b>		
<p>Agreed</p>	<p>Director of Adult Social Care &amp; 0-65 Disability &amp; SEN</p>	
<b>Management Response</b>		
<p>It has been established that cases not being closed due to outstanding tasks such as financial assessments continues to have a negative impact on caseload management. This aspect of management is being reviewed by the Task and Finish Group.</p> <p>Limited access to business support services impacts negatively on the effectiveness of caseload management.</p> <p>SMARTER working practices need to be implemented.</p>	<p>30th September 2017</p>	
<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>	<b>Deadline</b>

Area 4 – Caseload Reviews	
Priority	Recommendation 5
2	<p>Approval for exceeding the caseload limit should be given in writing and justification given in each case to show that careful consideration has made at the time the limit was exceeded.</p>
<p><b>Detailed Finding/Rational</b></p> <p>There is a maximum number of cases (i.e. 28 Cases) that may be assigned to a social worker at any given time, unless prior authorisation has been given by the Head of Service to exceed this number.</p> <p>Analysis of the caseloads for the social workers in the North and South Teams established that 6 of the social workers had been assigned more than the maximum 28 cases each. Five of these were in the South team (with the highest having 35 cases) and the remaining one was in the North Team (with 31 cases.) Approval from the respective Heads of Service for these caseloads was not evident.</p> <p>Where social workers are assigned more than the maximum number of cases and this is not approved, there is a risk that these social workers may have too high a workload and that the quality of care provided may as a consequence suffer.</p>	
<p><b>Management Response</b></p> <p>There is a move towards a more stable, established and substantive work force. It is anticipated that this will have a positive impact on allocations and workflow.</p> <p>ASYE limited caseloads must be adhered to.</p> <p>Any exceeding of caseloads must be signed off by the relevant Head of Service and reported to the ADs.</p>	
<p><b>Agreed/Disagreed</b></p> <p>Agreed</p>	
<p><b>Responsible Officer</b></p> <p>Director of Adult Social Care &amp; 0-65 Disability &amp; SEN</p>	
<p><b>Deadline</b></p> <p>Immediate</p>	

**4. Priority 3 Recommendations**

Recommendation	Findings
<p>a) The draft Standard Operating Procedures (SOPs) be completed.</p>	<p>Discussion with the Area Team Managers and review of previous audit evidence collected confirmed that Standard Operating Procedures were not yet in place, although a draft version was being developed as part of the TRASC programme.</p>
<p>b) Any agreed actions arising from the weekly team managers meetings on 'caseload pressures' should be recorded.</p>	<p>It was established that weekly team managers meeting on 'caseload pressures' took place. While copies of 'Caseloads Pressures Reporting' were available, no minutes or actions plans arising from these meetings was sighted.</p> <p>Discussion with the North Team Manager and the Care Facilitator confirmed that only notes of the management meetings were taken and that no notes, actions arising or minutes of the weekly team managers meeting was taken.</p>

## **TERMS OF REFERENCE**

### **ADULT SOCIAL CARE – CASELOAD MANAGEMENT**

#### **1. INTRODUCTION**

- 1.1 Each new adult social care case is assigned to a Social Worker. Management meet on a weekly basis to discuss potential cases and how these should be allocated. Once allocated, cases are managed in-situ on the Adult Integrated Solution (AIS) system, a web based system enabling staff to record and manage client needs and outcomes effectively. Features of the system include:
- Standardised assessment templates (contact, generic needs and reviews) across DASHH;
  - Electronic workflow communication and authorisation of various assessment processes;
  - Integration with the SWIFT system; and
  - Electronic recording and viewing of Social Care client records.
- 1.2 Social Workers generally have a target of dealing with no more than 25 cases at any one time, although each case is different and therefore some Social Workers may have more or less cases, depending on complexity. The Business Development Team is in the process of analysing current caseloads across each team within Adult Social Care.
- 1.3 A project is due to be implemented in October 2016 for integrating Safeguarding on AIS, so that front line teams are responsible for investigating any safeguarding referrals/concerns received regarding their clients.
- 1.4 The General Purposes and Audit Committee agreed the Internal Audit Plan for 2016/17 on the 23 March 2016. As part of that plan, an internal audit in respect of Adult Social Care Caseload Management was identified to be undertaken.

#### **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 control / 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 examined the arrangements for Caseload Management by focusing on Older People Services teams and included the following areas:

Control Areas/Risks	Recommendations Made		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Management, Organisational and Regulatory Requirements	0	1	1
Allocation of New Cases	1	1	0
Management Review and Approval of Cases	0	0	0
Caseload Review	0	2	0
Performance Monitoring and Reporting	0	0	1
<b>Total</b>	<b>1</b>	<b>4</b>	<b>2</b>

## DEFINITIONS FOR AUDIT OPINIONS AND RECOMENDATIONS

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 recommendations are based on the following criteria:

<b>Priority 1 (High)</b>	Fundamental control weaknesses that require the immediate attention of management to mitigate significant exposure to risk.
<b>Priority 2 (Medium)</b>	Control weakness that represent an exposure to risk and require timely action.
<b>Priority 3 (Low)</b>	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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