

Internal Audit



Healthcare Governance – Governance Arrangements in place over Child Protection Services

June 2018

Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four	Objective Five
Significant Assurance	Significant Assurance	Significant Assurance	Significant Assurance	Significant Assurance

Timetable

Date closing meeting held: 22 June 2018

Date draft report issued: 22 June 2018

Date management comments received: 25 June 2018

Date Final report issued: 26 June 2018

Date presented to Audit and Risk Committee: 27 August 2018

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Introduction

Effective arrangements for child protection are of vital importance to NHS Lothian, requiring liaison with partner agencies such as local authorities, the Police, and with Social Care and Social Work Improvement Scotland which is the independent regulator of care services in Scotland.

The Public Protection Action Group is the main group within NHS Lothian which oversees the work, and it meets quarterly. In addition, there is oversight by the Healthcare Governance Committee, and the child protection committees which sit within the local authorities. A monthly report is provided to the Chief Executive and the Director for Nursing, Midwifery & AHPs, which covers significant incidents such as child deaths and significant case reviews, and there is also an annual report.

The main guidance for this work is National Guidance for Child Protection in Scotland (Scottish Government, 2014). In addition, a Learning & Development Strategy is in place and training is provided through a learnPro module.

Scope

This was an annual audit to review the arrangements in place for areas of healthcare governance identified as higher risk by the Healthcare Governance Committee. This audit was a review of the governance arrangements in place to obtain assurance relating to the work performed for child protection services. Specifically, the audit determined if the Healthcare Governance Committee was provided with sufficient information in order to provide effective oversight of the work, but did not cover the completeness and accuracy of the information provided, or of the operation of the child protection function. The audit work performed is stated in Appendix 2.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Summary of Findings

The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	Roles and responsibilities for child protection services governance activities have been clearly defined and individuals are aware of their roles.	Significant Assurance	-	-	-	-
2	Effective links and communications are in place across the organisation to ensure appropriate oversight takes place.	Significant Assurance	-	-	-	-
3	An effective reporting framework has been implemented to ensure child protection services governance issues are highlighted and escalated appropriately.	Significant Assurance	-	-	-	-
4	The Healthcare Governance Committee has determined the child protection services activities for which it requires assurance specifically and this information is regularly reported to it.	Significant Assurance	-	-	-	-

5	The Healthcare Governance Committee receives an annual report from child protection services setting out what has been achieved in the year and what areas require development.	Significant Assurance	-	-	1	-
TOTAL			-	-	1	-

Conclusion

The area under review comprised 5 control objectives, all of which received Significant Assurance.

The review did not include an assessment of the Child Protection Service itself, or of the data underlying the reporting process, but instead focused solely on the governance and reporting arrangements in place.

They are effective governance arrangements in place to provide oversight of child protection work performed by the organisation, including clearly documented roles and responsibilities, and oversight by the Healthcare Governance Committee. However, the Public Protection Annual Plan for 2016-17 (which includes information on child protection and should be provided to the Healthcare Governance Committee) was not provided to the Healthcare Governance Committee.

Main Findings

The roles and responsibilities for child protection with the organisation are clear, and there is an effective structure in place to provide oversight of work performed. The key operational group covering child protection work is the Public Protection Action Group, with the Healthcare Governance Committee providing further oversight.

We identified one finding for improvement during the review:

- As part of the Healthcare Governance Committee's assurance process there is a requirement to receive the Public Protection Annual Report, in order to help demonstrate that the organisation complies with the Adult Support and Protection (Scotland) Act 2007. In addition, the Annual Report contains an overview of the Public Protection work performed during the year, achievements made, and areas for future development. However, although the Public Protection Annual Report for 2016-17 was created, it was not provided to the HGC.

Further details of this point are set out in the Management Action Plan.

Management Action Plan

<p>Control objective 5.1: The Healthcare Governance Committee receives an annual report from child protection services setting out what has been achieved in the year and what areas require development.</p> <p>Associated risk of not achieving the control objective: The Public Protection Annual Report for 2016-17 was not provided to the Healthcare Governance Committee</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>Reporting on Public Protection was provided to each meeting of the Healthcare Governance Committee (HGC) during the period May 2017 to March 2018, with Child Protection being part of the information received. The reporting included the regular provision of the Public Protection Update paper which included information on significant case reviews, staff learning and development, and key risks.</p> <p>As part of the Healthcare Governance Committee's assurance process there is a requirement to receive the Public Protection Annual Report, in order to help demonstrate that the organisation complies with the Adult Support and Protection (Scotland) Act 2007. In addition, the Annual Report contains an overview of the Public Protection work performed during the year, achievements made, and areas for future development. However, although the Public Protection Annual Report for 2016-17 was created, it was not provided to the HGC.</p> <p>If the Annual Report is not provided to the HGC in a timely manner each year then the HGC will have diminished oversight of Child Protection work performed during the year and areas for future development.</p>	
<p><u>Recommendation</u></p> <p>The Public Protection Annual Report should be provided to the Healthcare Governance Committee in a timely manner each year.</p>	
<p><u>Management Response</u></p> <p>The Director of Public Protection and Executive Nurse Director accept the Report and acknowledge the oversight in relation to the 2016/2017 Public Protection Annual Report not being provided to the Healthcare Governance Committee.</p> <p><u>The Management Action</u></p> <p>The 2017-2018 final draft Public Protection Annual Report will be presented to the Public Protection Action Group (PPAG) on 15th August for sign of and will be reported to the Healthcare Governance Committee in September.</p>	
<p><u>Responsibility:</u> Director of Public Protection</p>	<p><u>Target date:</u> 30 September 2018</p>

Appendix 1 - Definition of Ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>

<p>Moderate assurance</p>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<p>Significant assurance</p>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>

Appendix 2 – Audit work performed for each control objective

The purpose of this review was to assess the governance arrangements in place relating to the work performed for the child protection function. It tested the design of the governance structure, but not the operation of the controls over the child protection function itself.

Control objective 1: Roles and responsibilities for child protection services governance activities have been clearly defined and individuals are aware of their roles

- Confirmed with key staff that they are aware of their roles and responsibilities
- Obtained an organisational chart and confirm that key staff were listed on it, demonstrating their child protection responsibilities

Control objective 2: Effective links and communications are in place across the organisation to ensure appropriate oversight takes place

- Confirmed that there are clear and effective reporting lines to the Director of Public Protection, the Lead Paediatrician, and to the Executive Director for Nursing, Midwifery & AHPs, and that there is regular communication and provision of information between these key staff members
- Confirmed these reporting lines by reference to the organisational chart

Control objective 3: An effective reporting framework has been implemented to ensure child protection services governance issues are highlighted and escalated appropriately

- Determined the committees in place within the organisation who are charged with operational and strategic oversight of Child Protection, including the HSCP committees, the NHS Lothian-wide Public Protection Action Group (PPAG), and the Healthcare Governance Committee (HGC)
- Confirmed that PPAG and the HGC both have remits which include the requirement to oversee Child Protection issues
- Determined if PPAG and the HGC meet with sufficient frequency
- Confirmed that PPAG and the HGC both have senior staff membership and that those staff are regular attendees
- Confirmed that both PPAG and HGC note any concerns related to Child Protection and add them to an action plan, which are then followed-up at future meetings to be followed-up at future meetings

Control objective 4: The Healthcare Governance Committee has determined the child protection services activities for which it requires assurance specifically and this information is regularly reported to it

- Reviewed HGC minutes to determine if the Committee has expressed any concern regarding the information that is being provided to it
- Determined if the HGC receives regular and detailed information and reporting about Child Protection issues and Child Protection work within the organisation

Control objective 5: The Healthcare Governance Committee receives an annual report from child protection services setting out what has been achieved in the year and what areas require development

- Determined if an annual report was produced for 2016-17 (the most recent report at the time of audit testing), and the annual reporting process
- Determined if the annual report was provided to both PPAG and the HGC
- Confirmed that the annual report contains what was achieved during the year, and future areas for development.