



# Public Health

## City of York Council

### Internal Audit Report 2019/20

Business Unit: Health, Housing and Adult Social Care Directorate,  
Responsible Officer: Assistant Director of Public Health  
Service Manager: Head of Public Health (Healthy Child Service)  
Date Issued: 7th May 2021  
Status: Final  
Reference: 10845/010

	P1	P2	P3
<b>Actions</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Overall Audit Opinion</b>	Reasonable Assurance		

## Summary and Overall Conclusions

### Introduction

The Healthy Child Service is responsible for delivering The Healthy Child Programme which is the universal evidence-based prevention and early intervention programme that provides information, advice and support to all children and young people across York. From 2016 the Council has been responsible for the Healthy Child Service and since July 2019, it has been under the Public Health Directorate.

The Care Quality Commission (CQC) is the regulatory body responsible for overseeing and inspecting health and social care services, including the Healthy Child Service. A framework has been provided by the CQC to guide health and social care operations and assessments. This includes a number of key lines of enquiry to aid services in controlling, managing and governing operations. The key lines of enquiry are under the headings of Safe, Effective, Caring, Responsive and Well-led.

The Well-led key line of enquiry specifies that management and governance of the service aims to assure the delivery of high quality care, supports learning and improvement and promotes a culture of openness and fairness. This is expected to be delivered via a number of methods including strategies, plans, policies, procedures and strong leadership. In view of the recent changes to the Healthy Child Services, current governance and management arrangements will be reviewed.

In addition, as part of the well-led key lines of enquiry, services are expected to carry out a systematic programme of internal quality audits. These should be in place to robustly monitor processes and systems, identify risks and appropriately address issues to improve the service. Internal audits within the Healthy Child Service have been carried out. Work to develop these and address identified areas for improvement were at an early stage at the time of the audit.

### Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system ensure that:

- Robust governance arrangements are in place for managing the Healthy Child Service.
- There are comprehensive strategies, plans and objectives in place that are routinely monitored.
- Quality assurance processes are in place and operating effectively.
- Where issues are identified through quality assurance processes, appropriate actions are agreed and implemented to improve operations.

### Key Findings

The audit was completed in April 2020 and findings reflect the position of the service at this time. Completion of the audit was postponed due to the significant pressures placed on the service as it responded to the Covid-19 pandemic. Weaknesses and areas for improvement identified are known and accepted by Healthy Child Service management and, at the time of the audit, work was ongoing to resolve these weaknesses. Progress has been delayed due to the Covid-19 pandemic and, as of April 2021, work to resolve identified issues has now resumed.

Appropriate governance arrangements were found to be in place for the Healthy Child Service (HCS). Regular meetings are held across all levels of the HCS at directorate, management and team levels. A Supervision Policy is in place which sets out the regular, planned and structured supervision within the HCS. Objectives, requirements and processes for these meetings are clearly documented in the policy.

A structure chart of the HCS is in place. The current structure chart does not show management responsibility for the three HCS managers. Management highlighted the ratio of HCS staff and line managers as a potential weakness and area for review. Development of the chart to include line management responsibility would help facilitate review and ensure the ratio of staff to managers is appropriate and reasonable.

Job descriptions for the HCS include accurate information related to the specific job role and responsibilities. However, the majority of job descriptions require updating to reflect the new departmental and directorate structure. Eight job descriptions were reviewed, and only one was found to be a final version that reflected the new arrangements. The current HCS service description and plan is from 2017 and management are in the process of updating HCS strategies to ensure they are consistent with wider Public Health plans and strategies. This includes a revised specification for the HCS.

Services provided by the Healthy Child Services are split into two age groups; 0-5 and 5-19. The 0-5 services provided are mandated. Therefore, objectives and targets are clearly defined by national standards. Established process are in place for monitoring these standards. Performance data is submitted to NHS England as part of a quarterly return and the HCS has adopted these targets as internal performance indicators. Progress is routinely monitored by management. Services related to children aged 5-19 are not mandated and therefore objectives and targets are less prescribed. Performance targets and monitoring will be established as part of the strategy review.

An internal audit programme for the HCS was completed in 2018/19. Eight audits were completed in this period and approaches, conclusions and results from these audits were found to vary. The majority of audits completed did not clearly identify objectives for the work or reference the standards or best practices as a basis for audit testing. Additional information on the sample selection would have been beneficial to understanding findings. However, nearly all audits provided details of testing methodology and used consistent questionnaires and checklists within the work.

Overall, results of HCS audit field work were presented appropriately and clearly via audit summaries. However, conclusions were not drawn on the results of these audits to determine whether identified issues were significant. Recommendations were also not raised where there were weaknesses or opportunities for improvement. There was also little comparison of practices across the three HCS teams. Only one audit had had an action plan to address weaknesses but actions were found to be minimal, with no responsible officers or target dates in place. We saw no evidence that identified issues or weaknesses had been addressed.

Currently, no policies and procedures related to HCS internal audits are in place and management are aware of this weakness. Practical guidelines for carrying out and addressing weaknesses from internal audits would promote a consistent approach. A draft Quality Assurance policy has been produced to promote monitoring, evaluation and a continuous cycle of improvement take place within the

Service. This includes an annual audit schedule. The policy is due to be reviewed annually and inclusion of additional areas of risk or weakness will be considered.

### **Overall Conclusions**

The arrangements for managing risk were satisfactory with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.

## 1 Audit Policies and Procedures

### Issue/Control Weakness

Lack of guidelines for carrying out internal audits within the Healthy Child Service (HCS). Objectives for audits are not clear. Identified weaknesses and areas for improvement are not addressed via monitored action plans.

### Risk

Non-compliance with CQC standards.  
Risks and issues to the service are not identified and addresses appropriately.

### Findings

In 2018/19, eight internal audits were carried out within the HCS covering operational activities, record management and feedback from service users and partners. All audits were carried out by a Health Visitor selected to complete this work. Approaches, assessments and results from these audits were reviewed.

Overall, results of audits were presented clearly and appropriately via audit summaries. The majority of these provided details of the testing methodology including examples of standard questionnaires and checklists used to gather information. However, the following issues were identified across the eight audits:

- 6 did not clearly identify an objective or purpose for the audit work.
- 5 did not clearly reference the standards or best practices being used as a basis for the audit testing.
- 6 made no comparison of practices across the 3 HCS teams.
- 7 did not draw conclusions on whether identified issues were significant or made recommendations to improve these areas.
- 7 did not have a corresponding action plan to addresses identified weaknesses.
- Only 1 had an action plan in place, however actions agreed were found to be minimal with no responsible officers or target dates.

A Quality Assurance policy for the HCS has been created. This aims to ensure that monitoring, evaluation and a continuous cycle of improvement take place within the service. An annual audit schedule is included within the policy and sets out areas for audit focus and frequency. Currently, the policy is in draft and, once finalised, is due to be reviewed annually. Inclusion of additional areas of risk or weakness will be considered as part of this review.

Practical guidelines for carrying out and addressing weaknesses from internal audits would promote a consistent approach. Establishing clear objectives at the outset of the work may improve quality of the results and conclusions drawn. A rating system to grade the results of the audit overall and each individual finding would promote improved understanding of the significance of each audit's results. This would also facilitate management in prioritising the highest risk findings via action plans.

### Agreed Action 1.1

Guidelines for carrying out audits, addressing the areas for improvement identified above, will be implemented. Best practices for implementing and deploying audit guidelines will be provided by Veritau and adapted where applicable for use across the service. The Quality Assurance policy will be adapted to align with these guidelines prior to being finalised. Governance structures in place will ensure sufficient oversight of annual audit plans and resolution of identified weaknesses from completed audits.

**Priority**

2

**Responsible  
Officer**

Healthy Child  
Service Manager

**Timescale**

30 April 2022

## Audit Opinions and Priorities for Actions

### Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

Our overall audit opinion is based on 4 grades of opinion, as set out below.

Opinion	Assessment of internal control
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

### Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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