



FINAL INTERNAL AUDIT REPORT

DISCHARGE TO ASSESS

PEO/10/22

1 December 2023

Auditor	Principal Auditor
Reviewer	Head of Audit and Assurance

Distribution list
Director of Adult Services
Assistant Director of Integrated Commissioning ASC
Assistant Director ASC - Operations
Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau (ToCB)
Operations Manager, Short Term Intervention
Assistant Director for Safeguarding, Practice and Provider Relations, ASC
Head of Finance ASC, Health and Housing

Executive Summary

Audit Objective	The objective of this audit was to review Discharge to Assess arrangements to ensure efficiency, best outcomes for the client and best use of Council Funds.
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Assurance Level		Findings by Priority Rating		
Limited Assurance	There are significant control weaknesses which put the service or system objectives at risk. If unresolved these may result in error, abuse, loss or reputational damage and therefore require urgent management attention.	Priority 1	Priority 2	Priority 3
		3	1	0

Key Findings
<p>The D2A service starts with processes owned and delivered by the Local Care Partnership and we acknowledge the good practice evidenced by the Integrated Commissioning Service with regard to quality assurance and SPA discharge procedures. Our review of the D2A process has been completed from the point of referral to the Adult Social Care (ASC) Hospital Team through to the draft Support Plan referred to the Brokerage Team. The three main elements of our review were the assessment process, financial management and performance monitoring.</p> <p>We have identified the following areas for management attention:-</p> <p>Financial Management and Budget Monitoring (Priority 1) – There is no Operations Service budget monitoring of D2A expenditure, nominated budget holder or responsibility for actual spend. There is no process to identify, review and resolve high spend, long term D2A cases. There was no clarity or formality for the transfer of D2A cases that have exceeded the 6 week threshold. There was no priority set to refer Financial Assessment requests in a timely manner to achieve client contributions where applicable. See Recommendation 1.</p> <p>Operational Procedures (Priority 1) - The ACS Operating Procedures for D2A do not reflect actual service delivery. Key areas of the service are not included or are misrepresented. See Recommendation 2</p> <p>Performance Monitoring and CASE MANAGEMENT SYSTEM Reporting (Priority 1) – The current weekly reports for D2A do not include adequate information for the responsible ASC officers to make informed decisions regarding the service, identify log jams and pressure points or represent the service at the Strategic and Operational SPA Interface Boards. See Recommendation 3</p>

Consistency and Accuracy of CASE MANAGEMENT SYSTEM record keeping (Priority 2) – Audit testing on a sample of D2A cases over 6 weeks for both Domiciliary Care and Residential Placements identified inconsistencies, anomalies and omissions with data input, dates and record keeping. **See Recommendation 4**

Our findings and recommendations are detailed in **Appendix A**. Management have agreed actions to all of our recommendations and the detailed Management Action Plan is set out in **Appendix B**.

Definitions of our assurance opinions and priority ratings are in **Appendix C**.

The scope of our audit is set out in **Appendix D**.

Appendix A - Recommendations

1. Financial Management and Budget Control

Finding

The Assistant Director of Integrated Commissioning ASC and the Associate Director Discharge Commissioning, Urgent Care and ToCB control the funding available for D2A from the Better Care Fund and ICB funding streams. However there is no budget control or financial management evidenced in Adult Social Care Operations Service for the D2A expenditure at an operational level. It was not clear which officer has been nominated as the operational budget holder although the Team Leader Hospital Team was assigned to the 22/23 expenditure code.

Although there is a designated D2A budget code in the Council's accounting system, all non chargeable D2A service lines are included in the normal Domiciliary Care and Residential Placements budget codes. These can however be identified separately from system reports so that the projected spend can be reported as required and for budget monitoring purposes. The 2022/23 Council budget for D2A was £725K and the actual spend at year end was £3,146K of which £2,780K was met by the Better Care Fund and funding from Health. The 2023/24 Council budget for D2A care packages is set at £956K (as per the budget book) which is partly funded from the Better Care Fund. The June 2023 budget monitoring sets a projected spend of £2,118K for Dom Care and £3,117K for Placements which would be an overspend of £4,279K. However there is Hospital Discharge Funding allocated to both LBB and the ICB for D2A in year of £1,341K which, if fully used, could reduce the projected overspend to £2, 938K. In-year savings could reduce this further as the service aims to reduce the time service users remain in the D2A service. The projected overspend will also fluctuate given the variable number of cases week by week as clients enter and leave the service.

Finance produce weekly system reports for ASC expenditure but the suite of reports did not include D2A actuals. The Associate Director takes the weekly financial report to SPA Interface meetings but as they are not responsible for budget monitoring this role should be assigned to the Bromley ASC Operations Officer that attends the meeting.

For the audit review Finance generated a bespoke report to identify weekly payments for D2A services over 6 weeks. As at 1.8.23 there were 20 open cases receiving Domiciliary Care with the duration ranging from 7 to 65 weeks, an average of 23 weeks. There were two domiciliary care packages costing more than £700 per week and one case at £661 that had been open for 53 weeks. As at 2.8.23 there were 41 open residential placements of which 28 were more than six weeks the range being between 43 and 253 days with an average of 115 days. These reports show actual expenditure at client level but will enable the service to identify high cost cases, cases approaching the 6 week threshold and long term cases.

There was no clarity regarding the 6 week threshold date for D2A services or process for cases to be transferred to a disputed line or chargeable service line. The weekly report “Temporary Services Following Hospital Discharge” clearly sets out the number of cases still on a non chargeable D2A service line. The current operational arrangement does not align to our D2A funding (which was based on 2 weeks for Domiciliary Care and 4 weeks for Residential Care with a 20% contingency, to allow for the cases up to a 6 week threshold), is contrary to senior management’s understanding of current process and is adding financial burden to Public Funds as these services should be transferred to a chargeable service to allow client contribution to be collected where appropriate.

Risk

Overspent budget and/or efficient use of public money.

Non compliance to D2A funding guidelines which may result in reputational damage, poorer outcomes for clients or deterioration in joint working relationships.

Recommendation

ASC Operations Service must nominate a budget holder responsible for D2A expenditure. This officer will then represent financial management and projected spend for D2A expenditure. However for the nominated officer to be effective in this role there should be adequate financial reporting, development and training if required.

Formalise the financial reports to monitor actual spend, identify high cost cases, monitor cases approaching threshold and focus resources accordingly.

Review the procedure to process D2A cases that have exceeded the 6 week threshold. This will necessitate consultation with all interested parties but predominantly the Hospital Team, ASC Operations Manager and Brokerage.

Refer the request for the Financial Assessment in a timely manner to ensure we collect client contribution at the earliest opportunity for chargeable service.

Rating

Priority 1

Management Response and Accountable Manager

Please see Appendix B – Management Action Plan.

Agreed timescale

2. Operational Procedures

Finding

Appendix 12 of the ASC Operating Procedures sets out the practice guidance for D2A. These are high level principles for the service but are not step by step definitive procedures. The Operating Procedures do not reflect actual service delivery and are not a comprehensive document to clarify and assign roles and responsibilities.

Section 5.3 “Hospital Team” is a brief overview of the team but does not address any operational guidance or refer to assessments undertaken by the community social work teams.

During the course of the audit we identified several key areas that were not operating as senior management expected:-

- The D2A service line should be limited to 6 weeks, 2 weeks for domiciliary care and 4 weeks for residential placement after which the service should be moved to a disputed line. The number of D2A service lines exceeding 6 weeks is circulated weekly in the “Temporary Services Following Hospital Discharge” report. For week ending 22.7.23 there were 124 clients in receipt of D2A services of which 101 were over 6 weeks.
- From the same report 49 clients were assigned to the hospital team (40%), the remaining cases spread over 16 other teams. There was a lack of clarity during the audit on where cases should be allocated to in ASC. With effect from 31.7.23 the AD ACS – Operations has directed that all hospital discharges are to go through the Hospital Team.

Both examples are key elements of the D2A service and should be formally documented in D2A Operating Procedures available to all officers involved in the process.

There were anecdotal issues raised by the Hospital Team that information provided to the service user at the point of discharge does not reflect their future liability to pay for services and the duration of free support. Whilst there is no documentary evidence to support this, a review of the patient letter (there were several versions available from ToCB and ASC) did not clearly show possible duration of post discharge “free” care and a liability to pay for assessed services.

Risk

Social work practice and / or case management is not as desired, leading to inconsistencies, actions that are not in the best interests of the service user or the Council and increased likelihood of complaints or challenge.

Recommendation

Standard Operating Procedures need to be reviewed, revised and reissued for the D2A process from the point that the case has been referred to ASC, which takes place in the SPA. The procedures need to include the roles and responsibilities of all teams

Rating

Priority 1

<p>involved in the D2A process, expected input and output with target times and an expected level of data entry to deliver consistency, completeness and accuracy and ensure management information reflects actual service delivery, identifies pressure points and an improved service for users.</p> <p>The procedures should also include communication (with colleagues in Health, Central Placement Team and Exchequer contractor), updating the case management system and access to management reports generated from the system. The procedures should also include adequate checks to manage social care fraud risks specifically overstatement of need.</p> <p>As a priority the service need to resolve the 6 weeks D2A service line to ensure compliance to agreed D2A funding, transfer to a chargeable service line and applying financial assessments to collect client contribution where appropriate.</p> <p>The service should confirm information distributed at the point of discharge, clarifying key points such as variable duration of care dependent on assessed need in the community and liability to fund. Service user expectations need to be effectively managed and these can be confirmed or reinforced by the Hospital Team Seniors during the first contact call post discharge.</p>	
<p><u>Management Response and Accountable Manager</u></p> <p>Please see Appendix B – Management Action Plan.</p>	<p><u>Agreed timescale</u></p>

<p>3. Performance Monitoring and Case Management Reporting</p>
<p><u>Finding</u></p> <p>The ASC Performance Team provide weekly reports to enable managers to monitor their service. For D2A the primary document should be the “Temporary Services Following Hospital Discharge” which has a distribution of 49 officers including senior management. The report shows all open D2A service lines, allocated across ACS and the duration of service. As at 23.7.23 there were 174 service lines of which 101 were over 6 weeks. These numbers will fluctuate given the unpredictability of the service. As at 21.8.23 there were 191 service lines of which 87 were over 6 weeks. These reports should enable the service to identify “log jams” and to focus on pressure points in the process. The issues arising from our review of the case management system reports and performance monitoring are:-</p>

- There was no clear ownership of the information distributed, although we acknowledge that the cases are discussed at the fortnightly Performance Review meetings and the Operations Manager (Short Term Interventions) directs update enquires to the allocated Social Worker.
- Initial interviews with the Associate Director Discharge Commissioning, Urgent Care and ToCB and the ASC Performance Team had a view that the current CASE MANAGEMENT SYSTEM processes present a “log jam” with the hospital or allocated team as the D2A service remains open to this team until moved to a permanent care package or residency. The system report does not include the completed assessment dates and/or support plan date that would confirm when the Hospital Team have completed their work and the case has passed to Brokerage.
- We reviewed the accuracy of data input to the case management system during our sample testing. We found ambiguity of dates, inconsistency of information uploaded and non compliance to procedures. Given the data is the basis of all case management reports and subsequent service decisions, the quality of that data is paramount.
- There is no “tracker” on an individual service user as the case is progressed through the case management system. There is no evident reconciliation between the system reports and outstanding tasks report to reconcile numbers and give assurance that we can account for all service users on a D2A service line.
- There are regular planned meetings for both Strategic and Operational issues, chaired, minuted and with action points. In the current report format the ASC Operations officers do not have the data available and in a format to lead and effectively represent the actual position within their service. This includes ASC case and financial information.
- As discussed in Finding 1 above, there is no operational budget monitoring. There is a weekly Dom Care and Residential Placements financial report generated from the case management finance system by the Finance Team but this had not been filtered to show D2A only and distributed to ASC management. There is no summary report that brings together D2A service at client level and client expenditure to identify high cost and long term service users on D2A.
- It is not clear if the Quality Assurance work completed by the Integrated Commissioning Service and reported to the SPA Interface Meeting is then used by ASC Operations to follow up and investigate any issues at a local level.

Risk

The management information does not represent actual service delivery or allow considered business decisions relating to service pressure points. Clients are lost in the system incurring additional expenditure for the Authority and a poor outcome for the service user.

Recommendation

Clarify the roles and responsibilities with regard to owning the D2A weekly report, taking action, escalation and compliance to agreed procedures with regard to the 6 week threshold.
 Develop the system performance reports to include the FCAA completion date to clearly identify the end of the hospital team’s responsibility and transfer to Brokerage.
 Liaise with the ASC Performance Team to develop a suite of reports that will support the ASC representation at the Operational and Strategic SPA Interface Boards. These reports should be in a simplified format, represent the key information required and allow that data to be analysed to support decisions and allocate actions.

Rating

Priority 1

<p>Liaise with Finance to develop and formalise regular expenditure reports to identify high costs and long term D2A service user to focus review and resolution.</p> <p>Develop a methodology to reconcile all clients held in the case management system and at each stage of the process to limit D2A service, minimise costs and improve service users care and support.</p>	
<p><u>Management Response and Accountable Manager</u></p> <p>Please see Appendix B – Management Action Plan.</p>	<p><u>Agreed timescale</u></p>

4. Consistency and Accuracy of Case Management Record Keeping

<p><u>Finding</u></p> <p>We sampled 5 cases that had been on a D2A service for over six weeks from the “Temporary Services Following Hospital Discharge” Report for week ending 22.7.23 and were assigned to the Hospital Team. We found that:</p> <ul style="list-style-type: none"> • There is no temporary suspension or brokerage work tray to show that the Hospital Team’s active role has been completed, when the FCAA has been completed, the support plan drafted and the case transferred to Brokerage. • For our testing and the source of system performance reports, the date fields were used to calculate duration. However the discharge date, allocation to the hospital team, social worker assignment and completion of the FCAA were not easily identifiable or consistent. We had to source dates from a variety of screens and for some clients refer to Case Notes to establish a chronology. We therefore have limited confidence as to the accuracy of dates. • For 4/5 cases checked the FCAA was started within the suggested threshold for Dom Care and Residential Placements, 2 and 4 weeks respectively and completed within the 28 day threshold. The delay on these cases was either prior to the assignment to the Social Worker or once transferred to Brokerage. The sample cases have been shared with the AD ASC Operations for information and investigation where necessary. • There was no evidence that a financial assessment had been completed for 3/5 cases although the FCAA records that the service user had been advised that a Financial Assessment would be required. • The Discharge Passports differed in format and length but neither version showed the actual discharge date. For 1/5 the estimated discharge date was 4 weeks prior to actual and for 1/5 there was no estimate. The Assistant Director of Integrated Commissioning ASC confirmed that “<i>the Passports are designed by each hospital whose guidance says they have to give an estimated discharge date at the point of admission. This date should have no consequence to the discharges that we manage</i>”. • There is no authorisation of the draft Support Plan. Brokerage use the draft support plan and the FCAA authorisation to initiate procurement of services. Formal authorisation of the support plan is after the services have been commissioned and agreed. • The Care Pathway overview did not consistently show the most recent care plan or status.
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We understand that there is a concurrent Quality Assurance review of the Hospital Team which will give management an opinion on social worker practice, care packages and client experience.

Risk

Agreed time thresholds and performance are not met resulting in additional expenditure to the Authority and poor customer outcomes.

Recommendation

Review the assignment of D2A cases between teams to accurately reflect workflow, manage log jams and identify pressure points.

Review and agree input of key dates to allow accurate and consistent reporting of performance.

Review and agree when the financial assessment request should be referred to the Exchequer contractor to ensure transfer to a chargeable service can then be met by client contribution, if appropriate, timely. It is acknowledged that charges can be backdated but this will represent poor customer service and likely issues regarding collection of debt.

As part of the review of Operating Procedures, ACS will need to look at consistency of information held on the case management system, authorisation of Support Plans and Discharge Passports (to liaise with ICB as this is their document).

Rating

Priority 2

Management Response and Accountable Manager

Please see Appendix B – Management Action Plan.

Agreed timescale

Appendix B – Management Action Plan (as at finalisation of report 01.12.2023)

Action No.	Date	Priority	Key Finding	Recommendation	Action	Action Owner	Comments	Update	Evidence/Statement	Due Date	Status
1		1	1. Financial Management and Budget Control	1.1 ASC Operations Service must nominate a budget holder responsible for D2A expenditure. This officer will then represent financial management and projected spend for D2A expenditure. However for the nominated officer to be effective in this role there should be adequate financial reporting, development and training if required.	Budget holder to be nominated within ASC Operations Service for responsible for D2A expenditure	NG	Completed		The named holder is NG	31/10/2023	Closed
2					To develop and a budget reporting template to show D2A actuals (Dom care & Placements)	PF	NG met with PF 19/10/23 06/10/23 and agreed future fortnightly reporting arrangements. The budget is to be refined to show D2A actuals for Dom and Placement costs	NG met with PF and shared a report, final amendments required. This will be produced fortnightly at the budget meeting.	Template included	31/10/2023	Closed
3					Start monthly Operational D2A budget meetings, to be attended by NG, CB, MT, SR, SE,	NG	To monitor high cost packages, timeliness of assessments, identify blocks, and monitor financial assessments have been triggered, troubleshoot and agree actions to progress cases.	Meetings are currently scheduled	Invitations sent for scheduled meetings	31/10/2023	Closed
4					Confirmation required of total D2A budget	JJ	Create a single D2A Budget report including all ICB and LBB funding streams	NG has sent further email to request update Currently ongoing		31/10/2023	Open
5				1.2 Formalise the ContrOCC reports to monitor actual spend, identify high cost cases, monitor cases approaching threshold and focus resources accordingly.	Weekly finance system reports to be developed to include D2A actuals.	NG, JJ, CB, PF, SR, JA	Possibly remove as included in first action with PF above?		Template included	31/10/2023	Closed
6					Finance to share the reports with the AD for Operations and Head of Service for Hospitals	PF	This has been confirmed, PF will share with NG fortnightly for the D2A budget monitoring meeting	Fortnightly reporting is agreed and first report received	Template included	31/10/2023	Closed

7				AD for Finance and Head of Service for Hospitals to take the reports to the SPA interface meeting as the responsible budget Managers for Operations.	JJ		In progress Confirmation required if this is still needed for purposes of D2A Audit		31/10/2023	Open
8				ToR for the SPA interface meeting to be reviewed and updated to reflect this.	NG, SR	Clear roles and responsibilities required	ToR shared by SR	Document produced on 31/10	31/10/2023	Closed
9			1.3 Review the procedure to process D2A cases that have exceeded the 6 week threshold. This will necessitate consultation with all interested parties but predominantly Hospital Team, ASC Operations Manager and Brokerage.	Operational Teams responsible for Discharge to Assess to continue to adhere to set timescales for completion of the Care Act assessment post discharge of 2 weeks for Domiciliary Care Services and Enhanced Care and 4 weeks for Placements.	CB, SE	This is built in to our performance reports	NG is currently exploring funding an independent agency to respond to Dom Care pressure		31/10/2023	Open
10				Performance will continue to be monitored through the review of the weekly 'Temporary Services Following Hospital Discharge' report at the Operational Performance meeting fortnightly every Thursday. As well as the SPA Interface meeting, where this will be monitored. As well as the new D2A budget monitoring meeting	NG	This is updated in the SPA Interface meeting terms of reference	NG has confirmed that this is currently taking place through the weekly performance meeting.	Report produced 31/10	31/10/2023	Closed
11			1.4 Refer the request for the Financial Assessment in a timely manner to ensure we collect client contribution at the earliest opportunity for chargeable service.	This will now be monitored at the weekly operations performance meeting and the D2A budget monthly monitoring meeting	NG	This will be a new meeting with NG, MT	Brokerage will also be closing D2A service lines at the point that they receive service lines for D2A service, this will automatically triggered a financial assessment as reassurance.	D2A performance report	31/12/2023	Closed

12		<p>1</p> <p>2. Operational Procedures</p>		A working group to be established to review and revise the Discharge to Assess pathway from the point that the case has been referred to ASC.	CB & AS	The Policy Development Officer is working with the Head of Service to update the policy from the point that the case is referred to ASC	Draft of updated Operational Guidance with NG for review and will be presented to the Editorial Board on 27th November. Updated policy will then be presented at the SPA Interface meeting 22nd December, before publishing.	31/12/2023	Open
13			<p>2.1 Standard Operating Procedures need to be reviewed, revised and reissued for the D2A process from the point that the case has been referred to ASC, which takes place in the SPA.</p> <p>The procedures need to include the roles and responsibilities of all teams involved in the D2A process, expected input and output with target times and an expected level of data entry to deliver consistency, completeness and accuracy and ensure management information reflects actual service delivery, identifies pressure points and an improved service for users.</p>	Roles and responsibilities of all internal teams involved to be outlined in the D2A process.	CB & AS		As above	31/12/2023	Open
14				Target timescales for allocation, Assessment, support planning and triggering financial assessment to be confirmed	CB & AS		As above	31/12/2023	Open
15				Central Placement Team Process to be confirmed, including timescales for sourcing services and clear guidelines and adherence to the choice policy. This will include confirmation of whose responsibility it is to liaise with families regarding provision.	MT & AS		As above	31/12/2023	Open
16				Procedures required to set out the local authority's interface with Health post discharge. I.e. the SPA interface meeting.	CB & AS		As above	31/12/2023	Open
17				Interface with Liberata (Financial Assessment processes) to be included.	AS & SR		As above	31/12/2023	Open
18				The procedures should also include communication (with colleagues in Health, Central Placement Team and Liberata), updating system and access to management reports generated from system. The procedures should also include adequate checks to manage social care fraud risks specifically overstatement of need.	AS & CB		As above	31/10/2023	Open
19				The procedures should also include adequate checks to manage social care fraud risks specifically overstatement of need.	CB		As above	31/10/2023	Open

20				2.3 As a priority the service need to resolve the 6 weeks D2A service line to ensure compliance to agreed D2A funding, transfer to a chargeable service line and applying financial assessments to collect client contribution where appropriate.	Colleagues in Central Placement Team to end service lines for D2A cases at 6 weeks, on receipt of the Care Act assessment. This triggers a financial assessment and in theory, should be within 6 weeks.	MT		As above		31/11/2023	Open
21					Social workers within the Hospital Discharge Team to ensure that cases are assessed and financial assessments are triggered within the 6 week timeframe.	CB & SE		This will be reviewed in the monthly budget meeting and weekly performance meeting.	As above	31/11/2023	Open
22				2.4 The service should confirm information distributed at the point of discharge, clarifying key points such as variable duration of care dependent on assessed need in the community and liability to fund. Service user expectations need to be effectively managed and these can be confirmed or reinforced by the Hospital Team Seniors during the first contact call post discharge.	A letter to be developed for people discharging from hospital with care and support to be sent by the Hospital Discharge Team Administrator on allocation of cases to the Hospital Discharge Team.	CB, KS, MT		The letter will set out the requirement of the local authority to complete a formal Care Act Assessment within 6 weeks of discharge to determine ongoing services and provide information on the charging policy and links to the online financial assessment	As above	31/10/2023	Open
23		1	3. Performance Monitoring and LAS Reporting	3.1 Clarify the roles and responsibilities with regard to owning the D2A weekly report, taking action, escalation and compliance to agreed procedures with regard to the 6-week threshold.	As reflected in Audit recommendation	NG & EA	The performance reports are developed by Performance and Strategy are own by ASC Operations and shared at the weekly performance meeting and monthly budget meeting. Reports to include: - Dates of allocation to the hospital social work team - Completed assessment/support plan dates - Date of authorisation - Date case assigned to Brokerage - Completion of financial assessment date. This will enable officers to better identify where the blocks are in the process.	This is monitored through the SPA Interface meeting. Escalation will be actioned to appropriate team, following discussion at this meeting	SPA Interface meeting established and defined to cover	31/11/2023	Closed
24				3.2 Develop the LAS performance reports to include the FCAA completion date to clearly identify the end of the hospital teams responsibility and transfer to Brokerage.	As reflected in Audit recommendation	NG & EA		System doesn't currently produce financial information. Mitigation in place against this		31/11/2023	Open

25				<p>3.3 Liaise with the ASC Performance Team to develop a suite of reports that will support the ASC representation at the Operational and Strategic SPA Interface Boards. These reports should be in a simplified format, represent the key information required and allow that data to be analysed to support decisions and allocate actions.</p>	As reflected in Audit recommendation	EA		<p>I have devised some KPIs on the second tab to measure the following:-</p> <ol style="list-style-type: none"> 1. Number D2A Clients 2. Number D2A CPLIs 3. Number of Non D2A cases assigned to the Hospital Team. 4. Duration of D2A service 5. Type of D2A services 6. Team D2A Clients are assigned to 7. Care Act Assessment completed since D2A commenced 8. D2A cases with completed assessment and length of D2A Service 9. Of Cases Assessed, time taken from start of D2A service to assessment completion 10. Cases yet to be assessed and length of D2A service 	D2A performance report	31/11/2023	Closed
26				<p>3.4 Liaise with Finance to develop and formalise regular expenditure reports to identify high costs and long term D2A service user to focus review and resolution.</p>	Covered in 1.1 & 1.2	NG & PF	Completed within 1.1			31/11/2023	Closed
27				<p>3.5 Develop a methodology to reconcile all clients held in system and at each stage of the process to limit D2A service, minimise costs and improve service users care and support.</p>	Covered in 1.1 & 1.2	NG	Methodology established			31/11/2023	Closed
28		2	4. Consistency and Accuracy of LAS Record Keeping	<p>4.1 Review the assignment of D2A cases between teams to accurately reflect work flow, manage log jams and identify pressure points.</p>	As reflected in Audit recommendation	CB		Currently in progress. Process is currently under review.		31/11/2023	Open
29				<p>4.2 Review and agree input of key dates to allow accurate and consistent reporting of performance.</p>	As reflected in Audit recommendation	NG				31/10/2023	Closed

30			<p>4.3 Review and agree when the financial assessment request should be referred to FA contractor to ensure transfer to a chargeable service can then be met by client contribution, if appropriate, timely. It is acknowledged that charges can be backdated but this will represent poor customer service and likely issues regarding collection of debt.</p>	Review current process to ensure that assessments are triggered and completed within timescales, as backdating capability is limited	CB	Currently exploring an earlier assessment timeframe, however this is dependent on the OFA. This will be completed by Liberata once trigger raised.	Ongoing, awaiting enforce of financial year		31/03/2024	Open
31			<p>4.4 As part of the review of Operating Procedures, ACS will need to look at consistency of information held on system, authorisation of Support Plans and Discharge Passports (to liaise with ICB as this is their document).</p>	As reflected in Audit recommendation	CB & MB	To be reviewed at future SPA Interface meeting	Currently in progress. Process is currently under review.		31/11/2023	Open

Appendix C – Assurance and Priority Ratings

Assurance Levels

Assurance Level	Definition
Substantial Assurance	There is a sound system of control in place to achieve the service or system objectives. Risks are being managed effectively and any issues identified are minor in nature.
Reasonable Assurance	There is generally a sound system of control in place but there are weaknesses which put some of the service or system objectives at risk. Management attention is required.
Limited Assurance	There are significant control weaknesses which put the service or system objectives at risk. If unresolved these may result in error, abuse, loss or reputational damage and therefore require urgent management attention.
No Assurance	There are major weaknesses in the control environment. The service or system is exposed to the risk of significant error, abuse, loss or reputational damage. Immediate action must be taken by management to resolve the issues identified.

Action Priority Ratings

Risk rating	Definition
Priority 1	A high priority finding which indicates a fundamental weakness or failure in control which could lead to service or system objectives not being achieved. The Council is exposed to significant risk and management should address the recommendation urgently.
Priority 2	A medium priority finding which indicates a weakness in control that could lead to service or system objectives not being achieved. Timely management action is required to address the recommendation and mitigate the risk.
Priority 3	A low priority finding which has identified that the efficiency or effectiveness of the control environment could be improved. Management action is suggested to enhance existing controls.

Appendix D – Audit Scope

Audit Scope

We reviewed the adequacy and effectiveness of controls over the following risks:

- Overspent budget and /or inefficient use of public money
- Poor decision making resulting in poor outcomes for the client
- Delays in assessment and accessing permanent care plan

Our scope included:-

- Procedures for the D2A process, including time targets, authorisation and compliance with the Care Act 2014 and associated regulations.
- Workflow and communication between teams including the Discharge Coordinators, SPA, Hospital Team, Central Placements, Exchequer contractor (Financial Assessments) and Locality Teams. This will also include key decision points and timely information shared with the client and family to measure expectations and ensure positive outcomes.
- Completeness and accuracy of the information uploaded to the case management system including mandatory fields, templates, confirmation of the clients address and documentation to support D2A decisions.
- Measures in place to reconcile between systems to ensure all D2A clients are accounted for.
- Management reports available from the case management system to monitor performance, account for all discharges and identify any delays in the process.
- D2A expenditure, funding and budget monitoring
- Sample testing from all hospital discharges since 1st October 2022 to check to case management system records and against agreed processes.
- Controls in place to manage social care fraud risks, specifically overstatement of need, and the Council's obligation to assess and support.