



Internal Audit Report
Housing & Community Care
Forensic Mental Health Service 12-16
May 2013

Final Report

Chief Executive's Service
Finance Division
Perth & Kinross Council
2 High Street
Perth PH1 5PH

Background and Introduction

This assignment forms part of the Internal Audit plan for 2012/2013 as approved by the Audit Sub-Committee on 27th March 2012.

The forensic Mental Health team is based at Murray Royal Hospital. Internal Audit undertook a consultancy style audit as part of the 2010/11 Internal Audit Plan. This resulted in a number of actions being highlighted by the Service which formed part of the outcome of the review. The indicative scope of the audit included within the 2012/13 plan was to ensure that amendments to the arrangements in place for the management of forensic mental health clients have been fully implemented following on from previous consultancy work.

The issues raised in the consultancy review referred specifically to:

- the reliance on the medical assessment of the client;
- the ability of staff in post to undertake the required assessments; and
- inconsistencies in the information held on potentially multiple permanent client files, with only 1 out of a sample of 32 having an adequate chronology in place.

The Service identified and were in the process of undertaking a number of actions in order to mitigate the risk involved with forensic mental health management.

Findings

Through interviews with relevant staff and examination of documentation relating to the issues raised at the last review, the progress of the team with regard to the specific actions has been assessed.

The Forensic Social Work Team Leader was appointed in January and is based at Rohallion, Murray Royal Hospital. He has undertaken an initial assessment of the service and compiled an action plan, which is now being developed into a Service Improvement Plan.

The Service operates as part of a multidisciplinary team in the unit and staff work closely together within their defined remits. Social workers are an integral part and the development of the Service has been noted in a recent peer review undertaken through the NHS. Key risk assessments of clients have taken place, with statutory reporting being undertaken as required.

The Service is also working closely with others in order to develop protocols to enhance the service provided to clients. These include the development of a housing discharge protocol and exploring the possibility of input from specialist Citizens Advice Bureau personnel in providing relevant advice as required.

The Service has developed quite rapidly with the opening of the medium secure unit and the social work team continue to provide the service required for the Council.

Acknowledgements

Internal Audit acknowledges with thanks the co-operation of the Forensic Mental Health Team in Housing & Community Care.

Control Objectives and Opinions

This section describes the purpose of the audit and summarises the results. A 'control objective' is a management objective that requires the maintenance of adequate and effective internal controls to ensure that it is achieved. Each control objective has been given a rating describing, on the basis of the audit work done, the actual strength of the internal controls found to be in place. Areas of good or poor practice are described where appropriate.

Control Objective: To ensure that amendments to the arrangements in place for the management of forensic mental health clients have been fully implemented following on from previous consultancy work.	
<p>Auditor's Comments: There have been developments in the Service since the original assignment took place. The Team Leader has recently been appointed and is compiling an improvement plan. This will be assisted by the imminent acquisition of IT for use within the establishment.</p> <p>There continues to be engagement with the State Hospital, Carstairs. This is to ensure that the appropriate protocols are in place within the unit, for those being discharged from / to Carstairs and other units and into the community. The engagement will assist in ensuring consistency of good practice throughout the forensic mental health service.</p> <p>Further social work appointments have been made to fulfil the requirements of the service and staff have been appropriately trained in the assessment tools. A programme of professional development is in place, including regular supervision, planned training and team meetings, which will ensure that staff are clear on their roles and responsibilities. This forms part of the improvement plan being developed by the Team Leader. There are also opportunities to develop this further within the multidisciplinary environment. In addition, clerical support has recently been provided and the transfer of manual client files to an electronic format is now in progress. As part of this process the consistency of filing structures has been addressed. The adequacy of chronologies in client files is also being addressed through this process and by developing the use of SWIFT.</p> <p>The use of SWIFT in facilitating the recording of essential client information continues to be progressed in conjunction with the Community Mental Health Team. This includes the requirement for additional reporting requirements. This is the only area from the last review which has not been fully progressed.</p> <p>The peer review of the whole unit, undertaken by the NHS, has highlighted areas of good practice where the social work team have involvement</p>	
Strength of Internal Controls:	Moderately Strong

Management Action and Follow-Up

Responsibility for the maintenance of adequate and effective internal controls rests with management.

Where the audit has identified areas where a response by management is required, these are listed in Appendix 1, along with an indication of the importance of each 'action point'. Appendix 2 describes these action points in more detail, and records the action plan that has been developed by management in response to each point.

It is management's responsibility to ensure that the action plan presented in this report is achievable and appropriate to the circumstances. Where a decision is taken not to act in response to this report, it is the responsibility of management to assess and accept the risks arising from non-implementation.

Achievement of the action plan is monitored through Internal Audit's 'follow up' arrangements.

Management should ensure that the relevant risk profiles are reviewed and updated where necessary to take account of the contents of Internal Audit reports. The completeness of risk profiles will be examined as part of Internal Audit's normal planned work.

Feedback

Internal Audit welcomes feedback from management, in connection with this audit or with the Internal Audit service in general.

Distribution

This report has been distributed to:

B Malone, Chief Executive

D Burke, Executive Director (Housing and Community Care)

J Walker, Depute Director, Housing and Community Care

J Gilruth, Head of Community Care

J Newton, Service Manager (Criminal Justice)

J Symon, Head of Finance

D Armstrong, Team Leader, Forensic Mental Health

G Taylor, Head of Democratic Services

P Dickson, Complaints & Governance Officer

External Audit

Authorisation

The auditor for this assignment is M Morrison. The supervising auditor is J Clark.

This report is authorised for issue:

Jacqueline Clark
Chief Internal Auditor
Date: 24 May 2013

Appendix 1: Summary of Action Points

No.	Action Point	Risk/Importance
1	Development Of The Use Of SWIFT	Medium

Appendix 2: Action Plan

Action Point 1 – Development Of the Use Of SWIFT

SWIFT is the social work system which is used to record events in relation to clients. For forensic mental health clients, SWIFT does not have the functionality to hold all the reports required (risk assessment, statutory reports to the Scottish Government etc).

There is scope for improving the functionality of SWIFT to record details of significant events, in the form of a chronology, which would be of assistance to the team in ensuring that records are up to date for each client. It would also assist in ensuring the accuracy and timeliness of reporting.

Management Action Plan

The Service will explore and put in place mechanisms for recording key events onto SWIFT.

Importance:	Medium
Responsible Officer:	D Armstrong, Forensic Mental Health Team Leader
Lead Service:	Housing & Community Care
Date for Completion (Month / Year):	October 2013
Required Evidence of Completion:	Extract from SWIFT

Auditor's Comments

Satisfactory