

Argyll and Bute Council

Internal Audit Report

May 2018

FINAL

Educational Psychology Services 2017/18

Audit Opinion: ***High***

	High	Medium	Low
Number of Findings	0	0	3

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1. Executive Summary

Introduction

1. As part of the 2017/18 internal audit plan, approved by the Audit & Scrutiny Committee in March 2017, we have undertaken an audit of Argyll and Bute Council's (the Council) system of internal control and governance in relation to Educational Psychology.
2. The audit was conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) with our conclusions based on discussions with council officers and the information available at the time the fieldwork was performed.
3. The contents of this report have been agreed with the appropriate council officers to confirm factual accuracy and appreciation is due for the cooperation and assistance received from all officers over the course of the audit.

Background

4. There is a statutory duty on every education authority in Scotland to provide a psychological service for their area. The British Psychological Society (BPS) states that all educational psychologists are expected to conform to the standards exemplified in the BPS Code of Ethics and Conduct (2009) and that educational psychologists must be registered with the Health and Care Professions Council (HCPC).
5. The Council's Educational Psychological Service (EPS) vision is, "To promote the wellbeing and development of all children and young people using the knowledge and evidence base of child psychology". The service aims to fulfil this vision by:
 - undertaking high quality assessment, intervention and consultation
 - working in close partnership with children and young people, parents and carers, schools and other agencies following Getting it right for every child (GIRFEC) principles
 - raising attainment and promoting achievement through Curriculum for Excellence by training and developing the skills of others
 - adopting a reflective and evaluative approach
 - contributing to research and policy development.
6. EPS promote child development and learning, mainly with children and young people from birth to 19 years, through the application of psychology. EPS also works with schools and other agencies to support young people moving on from school to further education, training or employment.
7. The Council's Children & Young People's services plan 2017-20 sets out Mental Health & Wellbeing as a strategic priority which comprises of six individual outcomes. EPS contribute to the outcome 'Children and young people's mental health and wellbeing outcomes improve'.
8. The five core functions of a psychological service were defined by the Scottish Executive Education Department Review of Provision of Educational Psychology Services in Scotland 2000 (Currie Report), as consultation, assessment, intervention, training and research and strategic

development. The Council's internet page has a section on educational psychology which discusses the core functions in greater detail.

9. The EPS team consists of a principal educational psychologist, 5.8 FTE educational psychologists, one trainee educational psychologist and 1.4 FTE administrative support across four office bases.

Scope

10. The scope of the audit was to test compliance with documented policies and procedures and ensure these are aligned to relevant legislation and also undertake a review of general controls, specifically around the security and maintenance of data and records as outlined in the terms of reference agreed with the Head of Education: Lifelong Learning and Support on 10 April 2018.

Audit Opinion

11. We provide an overall audit opinion for all the audits we conduct. This is based on our judgement on the level of assurance which we can take over the established internal controls, governance and management of risk as evidenced by our audit work. Full details of the five possible categories of audit opinion is provided in Appendix 2 to this report.
12. Our overall audit opinion for this audit is that we can take a **high** level of assurance. This means that internal control, governance and the management of risk are at a high standard. Only marginal elements of residual risk have been identified with these either being accepted or dealt with appropriately. A sound system of control designed to achieve the system objectives is in place and being applied consistently.

Key Findings

13. We have highlighted three low priority recommendations where we believe there is scope to strengthen the control and governance environment. These are summarised below:
 - Pyramid performance measures should be reviewed and updated to ensure information is clearly presented.
 - EPS staff should use a uniform version of the Consultation Form to ensure data is recorded in a consistent manner.
 - Network access should be reviewed on a periodic basis to ensure access to sensitive data is restricted to appropriate officers.
14. Full details of the audit findings, recommendations and management responses can be found in Section 3 of this report and in the action plan at Appendix 1.

2. Objectives and Summary Assessment

15. Exhibit 1 sets out the control objectives identified during the planning phase of the audit and our assessment against each objective.

Exhibit 1 – Summary Assessment of Control Objectives

	Control Objective	Assessment	Summary Conclusion
1	There are appropriate and accessible policies and procedures in place.	High	Policies and procedures were found to be in place and available to staff covering core functions and BPS Code of Ethics and Conduct.
2	There is a process in place to review and monitor progress against the relevant outcomes in the Children and Young People's Services Plan and the wider Education Vision and strategy.	High	There is clear evidence of good progress in delivering the Children and Young People's Services Plan through performance reporting and provision of information to the Community Services Committee.
3	The service is operating in compliance with policies, procedures and relevant legislation.	High	Relevant policies, procedures and legislation are complied with and school visits are undertaken according to schedule and training is delivered as required.
4	Documentation is complete, accurate and is compliant with the data retention policy. It is stored securely and made available only to appropriate members of staff.	Substantial	Sufficient processes are in place to ensure information input to systems is accurate, retained for appropriate periods and staff are aware of GDPR compliance requirements. A review of user access to EPS data highlighted one officer that had been granted access in error. This has been promptly addressed however due to the sensitive nature of the data held period review of logical access should be carried out.

16. Further details of our conclusions against each control objective can be found in Section 3 of this report.

3. Detailed Findings

There are appropriate and accessible policies and procedures in place

17. There are policies and procedures in place which are made available to staff via the Council's shared network drive and internet site. They provide appropriate guidance on the core functions as required by the BPS code of ethics and conduct.

There is a process in place to review and monitor progress against the relevant outcomes in the Children and Young People's Services Plan and the wider Education Vision and Strategy.

18. The EPS Improvement Plan and the Education Strategy (Our Children Their Future) are closely aligned with the Children and Young People's Services Plan. There is clear evidence of good progress being made against these plans. This includes reports on standards and quality being published on the Council website, validated self-evaluation reports submitted to Education Scotland and performance reporting to the Community Services committee.

19. The Pyramid performance management system is predominantly updated accurately and on a timely basis with relevant performance information. However issues were identified in relation to the following measures in Pyramid:

- *ED18_02 to effectively identify and respond to mental health issues deliver bespoke intervention training to all secondary establishments* – This contained conflicting targets with the narrative in one section advising the target is 100% but the data input section displaying a target and achievement of 50%.
- *LAC Secondary Attainment 2014-15 onwards* – This has no narrative to describe the data being reported making it difficult to understand what is being reported.

Action Plan 1

The service is operating in compliance with policies, procedures and relevant legislation

20. Education psychologists are registered with the HCPC and demonstrate a clear commitment to their work through the research and development work undertaken and shared with colleagues. The process followed by the EPS is consistent with the compliance guidance issued by the BPS.

21. The frequency of school visits are initially based on the school roll however educational psychology is a demand led service and visit frequency will vary throughout the year based on actual needs identified. Education psychologists are allocated responsibility for a cluster of schools to provide consistency and familiarity with the children and young people involved unless another member of staff has a particular expertise that is required. Our sample testing confirms that visit schedules have been prepared, reviewed and appropriately revised to focus on the needs of children and young people.

22. Evidence of parental involvement was noted on all nine sampled files, however parental consent was not found on one file. This was due to the meeting being ended after a disagreement between the parents. EPS are currently pursuing the written consent form. This is considered to be an isolated incident and, as remedial action is being taken, no issue has been highlighted in the action plan. Where parental consent is not provided to allow EPS involvement, EPS will discuss support strategies with teachers where this is deemed to be appropriate.

23. The reason for EPS involvement was recorded on all sampled files and consultation forms were present however there was some variation in the format of the forms in use. This may lead to inconsistent recording of information or failure to meet the most up-to-date legislative requirements. Where deemed appropriate meetings have taken place with additional parties present as required e.g. speech and language therapist or social worker. It was clear that the level of involvement of the child or young person is appropriately considered.

Action Plan 2

24. Consultation forms are appropriately completed and core information including progress being made by the child/young person documented. Timescales of involvement with EPS are agreed in accordance with visit schedules and communication between parties outwith formal visits recorded on file.

25. Of the nine sampled cases, five required review meetings. Documentation held on file confirmed that these meetings had taken place for all five.

26. Both formal and informal training is provided by EPS to teachers and relevant others, training is tailored to requirements identified and evaluation forms are issued and reviewed.

Documentation is complete, accurate and is compliant with the data retention policy. It is stored securely and made available only to appropriate members of staff.

27. EPS data is stored on a shared network drive with access restricted to EPS staff. Access to the shared network drive is allocated through a central corporate process following appropriate authorisation. However an issue was identified whereby access that should have been granted to an EPS clerical assistant was granted to a different officer who did not work in EPS. This was due to the two officers having very similar names. The officer was unaware of this error and was not provided with the file-path required to access the EPS data. This is considered to have been an isolated incident of human error and, due to the very low level of staff turnover in EPS, is not thought to have exposed the council to a high level of risk. Corrective action has been taken to address this issue with the inappropriate access revoked. Due to the sensitive nature of the data held on the shared drive, periodic review of access rights should be carried out to ensure permissions remain appropriate. EPS also use SEEMIS (education system) and SharePoint, access to these systems follow a robust authorisation process and access is assigned appropriately.

Action Plan 3

28. Manual (hard copy) files are retained by EPS staff at each of five locations whilst cases are ongoing. They are held in locked cabinets and keys are held securely. Electronic files are closed following receipt of a discharge sheet and hard-copy files are stored in a secure location at the Council offices in Dunoon.
29. Sufficient processes are in place to ensure information input to systems is accurate, retained for appropriate periods and officers aware of GDPR compliance requirements.

Appendix 1 – Action Plan

	No.	Finding	Risk	Agreed Action	Responsibility / Due Date
Low	1	Pyramid performance Information Two issues were identified in relation to Pyramid performance measures. One (ED18_02) contained conflicting targets with the narrative setting a 100% target but the data input section having a target and achievement of 50% The other (LAC secondary attainment 2014-15 onwards) contained no narrative to describe the content making it difficult to understand what is being reported.	Conflicting targets and absence of narrative may result in confusion and possible misinterpretation of performance information.	Pyramid measures will be reviewed and updated as necessary.	Principal Educational Psychologist 31 December 2018
Low	2	Consultation Form Consultation forms were completed in all files reviewed however the format was inconsistent.	Information may not be gathered in a consistent manner or using the most up-to-date requirements.	Consultation form to be reviewed and agreed at the service development days in June 2018 in line with Solution Oriented Consultation principles and GDPR requirements. Agreed form will be passed to staff for uniform use.	Principal Educational Psychologist 31 August 2018
Low	3	Network Access Access to a shared network drive that should have been granted to an EPS clerical assistant was granted to a different officer who did not work in EPS.	Sensitive data may be viewed by inappropriate personnel.	Periodic review of network access rights will be undertaken.	Senior administrative Assistant in consultation with Principal Educational Psychologist 31 May 2018 and thereafter each school term

In order to assist management in using our reports a system of grading audit findings has been adopted to allow the significance of findings to be ascertained. The definitions of each classification are as follows:

Grading	Definition
High	A major observation on high level controls and other important internal controls or a significant matter relating to the critical success of the objectives of the system. The weakness may therefore give rise to loss or error.
Medium	Observations on less significant internal controls and/or improvements to the efficiency and effectiveness of controls which will assist in meeting the objectives of the system. The weakness is not necessarily substantial however the risk of error would be significantly reduced if corrective action was taken.
Low	Minor recommendations to improve the efficiency and effectiveness of controls or an isolated issue subsequently corrected. The weakness does not appear to significantly affect the ability of the system to meet its objectives.

Appendix 2 – Audit Opinion

Level of Assurance	Definition
High	Internal control, governance and the management of risk are at a high standard. Only marginal elements of residual risk have been identified with these either being accepted or dealt with. A sound system of control designed to achieve the system objectives is in place and being applied consistently.
Substantial	Internal control, governance and the management of risk is sound. However, there are minor areas of weakness which put some system objectives at risk and specific elements of residual risk that are slightly above an acceptable level and need to be addressed within a reasonable timescale.
Reasonable	Internal control, governance and the management of risk are broadly reliable. However, whilst not displaying a general trend, there are a number of areas of concern which have been identified where elements of residual risk or weakness may put some of the system objectives at risk.
Limited	Internal control, governance and the management of risk are displaying a general trend of unacceptable residual risk above an acceptable level and placing system objectives are at risk. Weakness must be addressed with a reasonable timescale with management allocating appropriate resources to the issues raised.
No Assurance	Internal control, governance and the management of risk is poor. Significant residual risk and/or significant non-compliance with basic controls exists leaving the system open to error, loss or abuse. Residual risk must be addressed immediately with management allocating appropriate resources to the issues.