



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	21 September 2022
Agenda Item	9
Title	Audit Update
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> • Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in June 2022 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2022 • Summary of all open audit recommendations 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

21 September 2022

Report by Chief Officer

AUDIT UPDATE

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on:
 - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in June 2022
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2022
 - Summary of all open audit recommendations

RECOMMENDATION

2. Performance and Audit Committee are asked to note and comment on the report.

BACKGROUND

3. As agreed at the Performance and Audit Committee in June 2021 we will continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on any outstanding recommendations since last reported.
4. As previously requested, audit activity for the HSCP is provided in full and includes all current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. The specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Audit Scotland also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.

6. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

High	<ul style="list-style-type: none"> • Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole. • Corrective action must be taken and should start immediately.
Medium	<ul style="list-style-type: none"> • There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole. • Corrective action should be taken within a reasonable timescale.
Low	<ul style="list-style-type: none"> • Area is generally well controlled or minor control improvements needed. • Lower level controls absent, not being operated as designed or could be improved
Efficiency	<ul style="list-style-type: none"> • These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.

7. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

4	<ul style="list-style-type: none"> • Very high risk exposure - major concerns requiring immediate senior management attention.
3	<ul style="list-style-type: none"> • High risk exposure - absence / failure of key controls.
2	<ul style="list-style-type: none"> • Moderate risk exposure - controls not working effectively and efficiently.
1	<ul style="list-style-type: none"> • Limited risk exposure - controls are working effectively but could be strengthened.

REPORT

Audit Activity relating to the Integration Joint Board Audit (Appendix 1)

8. No new audits have been undertaken in relation to the Integration Joint Board since last reported in June.
9. Outstanding recommendations relating to the Integration Joint Board are detailed in Appendix 1. These are from the following audit reports:-
- IJB Follow up (MB1163FM) (Appendix 1A)
 - The previous outstanding action is now considered closed, pending verification by internal audit
 - Audit Scotland annual audit plan (Appendix 1B)
 - No changes since last reported however this action plan will be superseded by the 2021/22 action plan from the audit of the Annual Report and Accounts 2021/22, due to be reported to PAC in November.

East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 2)

10. Since last reported, there have been 2 new audits undertaken by the Council's internal audit team which impact on the HSCP. Although there have been no HSCP specific audits, the Council wide audit on debtors and a follow up of Environment department audits did include recommendations for the HSCP.

Audit report MB1158FM on debtors (Appendix 2A)

11. A Council wide audit was undertaken on debtors as part of the Council's 21/22 Annual Audit Plan. The report issued 26 June 2022 made a total of 10 recommendations, however only 2 were relevant to the HSCP; one medium and one low risk.
12. A copy of the full audit report along with the recommendations and our response to those impacting the HSCP is attached at Appendix 2a.
13. The two recommendations included are considered closed pending verification and discussion with the Chief Internal Auditor.

Audit Report MB1166NS on Environment follow up (Appendix 2B)

14. A follow-up audit of previous reports issued to the Environment Department included the audit on Procurement Red Flags (MB/1121/RM issued 28 February 2020). The full audit report was issued on 27 June however only the section relating to Procurement Red Flags is relevant to the HSCP. The extract of this section is included at Appendix 2B, along with the HSCP response to recommendations.
15. It should be noted that these are the same recommendations previously reported to PAC where the HSCP had considered the actions closed as no follow up work could be completed as no tenders had been issued since the original audit. The 3 recommendations that supersede the original report will therefore remain open until future activity allows for future follow up work.
16. In the meantime committee members should take assurance that the Strategic Planning, Performance and Commissioning Manager maintains close links with our partner procurement colleagues and her team support with advice and guidance as required.

Recommendations from previous audits (Appendices 2C-2M)

17. The previous audit recommendations which have still to be implemented by the HSCP, or which the HSCP consider implemented but have yet to be verified by Internal Audit are included at appendices 2c-2m.
18. Since we last reported to the committee in June, Internal Audit follow-up work has verified 24 recommendations as implemented and will be removed from future reports. This also means that 3 reports are now fully completed.
19. As part of the recent verification work it should be noted there were 4 recommendations which the HSCP had considered closed which have been re-recommended by Internal Audit.
 - a. 3 within Carers Legislation at Appendix 2F
 - b. 1 within Emergency Payments at Appendix 2K
 - c. 1 within Follow Up of HSCP Audits (Kinship Care) at Appendix 2M
20. Whilst no changes are shown for Care Finance (Appendix I) and Self Directed Support (Appendix L) Internal Audit follow up work is ongoing. Follow up work is also being undertaken on the Follow Up of HSCP Audits (Appendix 2M).

21. The table below summarises the number of recommendations and the status for all audits which impact on the HSCP, include the new audit reports referred to earlier in the report. Further detail is included on the relevant appendix.

Audit Report and Appendix		Changes since last reported to PAC	Recommendations			
			Total no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Debtors	2A	New	2	0	2	0
Environment Follow-up	2B	New	3	0	0	3
Fostering, Adoption and Kinship	2C	Yes	3	0	1	2
Payroll	2D	No	8	0	8	0
Follow up of Corporate and Community Services Audits	2E	Complete	6	6	-	-
Carers Legislation	2F	Yes	5	2	-	3
Procurement Red Flags	2G	Superseded	3	3	-	-
Data Protection Act / GDPR	2H	Complete	5	5	-	-
CareFinance	2I	No	14	0	10	4
Homecare	2J	Complete	15	15	-	-
Emergency Payment	2K	Yes	10	9	0	1
Self-Directed Support	2L	No	10	0	8	2
Follow up of HSCP Audits	2M	No	11	6	3	2
TOTAL			95	46	32	17
Summary of Changes since June 2022			+5	+24	-23	+4

NHS Internal Audit Activity relating to the Health and Social Care Partnership

22. Since last reported, we have not been made aware of any new recommendations from NHS Greater Glasgow and Clyde which impact on the HSCP.

CONCLUSIONS

23. To provide assurance of control, all open audit recommendations relating to both the IJB and HSCP are included in the relevant appendices to enable oversight of previous audits and demonstrate progress.

RECOMMENDATIONS

24. Performance and Audit Committee are asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Chief Financial Officer
Lesley.Bairden@eastrenfrewshire.gov.uk

19 August 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: 22.06.2022 – Audit Update

PAC Paper: 16.03.2022 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/7490/PAC-Item-08-16-March-2022/pdf/PAC_Item_08_-_16_March_2022.pdf?m=637825962397570000

PAC Paper: 22.09.2021 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/6842/PAC-item-07-22-September-2021/pdf/PAC_item_07_-_22_September_2021.pdf?m=637673822306700000

PAC Paper: 23.06.2021 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/5749/PAC-Item-10-23-June-2021/pdf/PAC_Item_10_-_23_June_2021.pdf?m=637596213484470000

PAC Paper: 27.11.2019 - Audit Actions Update

https://www.eastrenfrewshire.gov.uk/media/1985/Performance-and-Audit-Committee-item-06-27-November-2019/pdf/Performance_and_Audit_Committee_Item_06_-_27_November_2019.pdf?m=637356832021000000

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Appendix	1A
Title	IJB follow up (MB1163FM)
Area	Internal Audit Activity relating to the Integration Joint Board
Status	4.4.1 – Note updated - considered closed

Appendix 1A: MB/1163/FM – Follow up IJB Audits (New)

Ref/ Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	At the forthcoming SMT risk session, officers should be advised that the most recent version of the ERC operational risk register should be used in all cases.	We will reschedule a session on risk and will reissue the current template for use.	30 June 2022	Closed (pending verification by internal audit)	Discussion on risk registers at LRMT on 12.08.2022 (delayed to maximise attendance) and template shared. Development work taking place to streamline service planning, business continuity and risk.

Appendix	1B
Title	Audit Scotland 2020/21 Action Plan
Area	Internal Audit Activity relating to the Integration Joint Board
Status	No changes since last reported to PAC 22 June 2022 and next update will be November 2022

Appendix 1B: Audit Scotland 2020/21 Action Plan

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
1	General Reserve position						
	The general reserve position at 31 March 2021 is £272,000 which is below the IJBs reserve strategies recommendation that it holds uncommitted reserves of around 2% of the IJBs revenue budget (excluding significant fixed costs), which equates to around £1 million.	There is a risk that the uncommitted reserves held are not sufficient to meet longer-term financial pressures.	The level of general reserves should be reviewed, and appropriate action taken to comply with the stated reserves policy and bring the level of general reserves held into line with the Boards target. Paragraph 35	Whilst fully accepting we are not compliant with this policy this is a long-standing position for the IJB. As we have previously reported there is a tension between holding unallocated reserves when we have operated for a number of years with significant financial challenges. Our earmarked reserves strategy has allowed the IJB to prioritise service delivery. Without a significant increase in funding it is unlikely that the optimum 2% level of general reserve will be achieved.	Chief Financial Officer	31-Mar-22	Please see management actions - no change
2	Financial Sustainability						
	The IJBs medium-term financial outlook has been updated to reflect the impact of COVID-19. Over the next five years from 2022/23 a potential funding gap has been identified of £22 million. It is unlikely that efficiency savings alone will be sufficient to bridge the funding gap identified over the longer-term without significant impact to the level of service currently delivered by the IJB.	There is a risk that the IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery.	Continue to engage with partner bodies in relation to future funding levels, to ensure the IJB remains financially sustainable. Paragraph 40	The maturity of our IJB has allowed us to not only recognise the long-standing financial challenges we face, but also take a pragmatic approach to our financial planning. The future uncertainties have never been greater including understanding the impact Covid-19 on demand and complexity of need. The IJB recognised that the 2021/22 budget would be an iterative process, with funding changes relating to Covid-19 and other initiatives emerging as the year progressed. The IJB also recognised that without support for Covid-19 costs, including unachieved savings, that we would most likely need to invoke financial recovery planning. We will continue with our scenario planning, financial modelling and report our position to every IJB meeting. We will continue to work with our partners to articulate these challenges as part of our funding and performance discussions.	Chief Financial Officer	31-Mar-22	A refreshed MTFP is being taken to IJB on 16 March 2022 subject to agreement of the IJB Budget for 2022/23

3	Key performance indicators The IJBs performance against the key performance indicators reflect the impact of COVID-19, however the targets themselves have not been reviewed to ensure these reflect a realistic baseline position for the IJB to measure performance against.	Risk – There is risk that the key performance targets and the IJBs performance against these are not aligned, as a result of the impact of COVID-19.	Review key performance indicators and, where appropriate, re-base relevant targets to ensure these reflect the impact of the pandemic on the IJBs performance. Paragraph 60	Whilst many of our performance indicators are national or part of a wider Greater Glasgow and Clyde suite of measures we will endeavour to re-base those where we can. Covid-19 has had a direct impact on people's health and wellbeing. The indirect effects on other conditions as well as long Covid may take some time to manifest. This means our performance indicators may need revision over a longer period of time	Chief Financial Officer	31-Mar-22	The development of the new HSCP Strategic Plan for 2022-25 with associated implementation plan will include the review of the performance framework and performance reporting in consultation with the PAC. This work will commence following approval of the Strategic Plan by the IJB in March 2022.
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Appendix	2A
Title	Debtors MB/1158/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New



REPORT ON AUDIT OF DEBTORS

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Chief Auditor
MB/1158/FM

28 June 2022

REPORT ON AUDIT OF DEBTORS**1. INTRODUCTION**

As part of the Annual Audit Plan for 2021/22, an audit of debtors was carried out. The total amount of outstanding sundry debt for the Council as at 17 May 2022 was £2.1 million (which is all sundry debt outstanding irrespective of debtor nature), of which £1.1 million (52%) was greater than 12 months old. The top 20 debtors account for £0.7 million (33.3%) of the total debt. The debt that was issued within 30 days of the report being generated and was therefore not yet due to be paid amounted to £0.34 million.

The main risks relevant to this area are that there is insufficient monitoring of debt which results in services continuing and debt accruing for which no action is being taken to recover. There is also a risk that departments do not take ownership of the debt resulting in amounts which could be recovered being approved for write off.

The co-operation and assistance given to the auditor during the audit is gratefully acknowledged.

2. SCOPE

The scope of the audit was to ensure that monies received are correctly accounted for and proper financial records are maintained. The audit covered the following control objectives:

- Accounts are properly raised and posted for all chargeable services
- Accounts are issued promptly in advance of the service being provided where possible
- Payments received are promptly processed and correctly posted to debtors' accounts
- Write-offs, cancellations and credit notes are properly controlled
- Arrears follow-up procedures are properly controlled.

These objectives were agreed with the Senior Revenues Manager and testing was carried out on transactions covering the period April 2021 to date.

This audit has been conducted in conformance with the Public Sector Internal Audit Standards.

3. GENERAL CONCLUSION

Testing carried out during the audit showed that invoices raised were accurate however, in many instances these were not raised in advance of the service being provided and often the invoice detail was insufficient to enable customers to verify the charges.

The main concerns arising from the audit are that suppression reports are not being generated and therefore there is no assurance that debtors accounts where recovery has been suppressed are being monitored and reviewed to ensure that the suppression of recovery action is valid. It was also noted that the sundry debt recovery processes have recently changed and new processes are underway which have yet to be

formalised and documented. Stakeholders are currently working together to finalise sundry debt recovery procedures which will enable income collection to be maximised.

The following recommendations are made and require action.

4. FINDINGS AND RECOMMENDATIONS

4.1 Integra Access to Raise Invoices/Credits

A copy of the documentation relating to the recently completed review of Integra systems access was obtained from the Information and Improvement Officer. The users with systems access to raise debtors invoices and credit notes were reviewed and four users were identified by audit that could not be traced to the organisational hierarchy or the payroll system as either a current or former employee. Further investigation revealed that two of these users were current agency workers, one was a former agency worker and the fourth person was not recognised. The unrecognised user has never logged into the Integra system and as the validity of their user access was not confirmed it is recommended that their access rights are disabled. The former agency worker should also have their access rights disabled. The Information and Improvement Officer will be given a note of the users name to arrange for access to be disabled.

As the list of users was very recently circulated to each department, two of the users mentioned above should have been identified at that time as not requiring systems access and removed. As these users were not identified by the department at the time of the review, it raises doubts about the thoroughness of reviews being conducted and it would appear that the objectives of the exercise are not being met. It is noted that these workers are agency workers and would therefore not be removed from systems access as part of the normal leavers processes which generally only applies to employees. It would be beneficial for enquiries to be made with ICT to confirm that network systems access for these two agency workers have been disabled.

The exercise to confirm access rights to integra users was carried out in early March 2022 and the covering email asked each manager who was emailed to confirm whether any changes should be made to permissions/access rights of their team. The exercise might be more effective if managers actively have to confirm for each employee that they still work for the council and require access by adding an additional column in the spreadsheets sent to managers.

Recommendations

4.1.1 Departments must ensure that systems access reviews are carried out thoroughly to ensure that only the appropriate officers (both employees and agency workers) have access to financial systems.

Action: Director of Environment

4.1.2 Enquiries should be made with ICT to ascertain if network systems access for the two officers mentioned above has been disabled.

4.1.3 The annual Integra access verification exercise should require managers to actively confirm each employees ongoing need to access the system. In the absence of any user not being confirmed by a manager, they should be removed from the system.

Action: Director of BO&P

4.2 Invoicing in Advance of Service Provision

A sample of 15 council debtors invoices were selected at random for testing. One aspect of the testing was to ascertain if the invoice had been issued to the customer in advance of the service being provided. It was found that in eight cases, the invoice was issued after the service had been supplied or during the supply period. The invoices not issued in advance related to community alarms, residential care and the school bus service. It is also noted that one of the top twenty debtors sampled below was an Environment invoice that should have been issued and paid for in advance. Only part of the invoice has been paid and the balance due falls in to the 181-365 days old category. The debt has been referred to the Sherriff Officers and the current outstanding balance is £22,500. Invoices should always be issued in advance of the service being supplied where possible to maximise the possibility of collecting payment and ensure that the council does not accumulate debt unnecessarily.

It was also noted that on some invoices within Environment and HSCP there was insufficient detail to readily determine the period being charged. Some invoices stated "for the period ended" but the start of the period or duration of the period was not stated. Others listed individual days but not the actual month the charges related to. It is important to provide the exact period being charged to allow customers to verify that the invoice is correct and accurate.

Recommendations

4.2.1 Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.

Action: Chief Officer of HSCP, Director of Education, Director of Environment

4.2.2 To ensure that the charges being levied are clear to the customer, the exact period for which charges are being raised should be clearly stated on the invoice. This should include the start and end period.

Action: Director of Environment and Chief Officer of HSCP

4.3 Recovery Suppression Reporting

Enquiries with the Accounts Payable/Receivable Manager confirmed that currently recovery suppression reports are not being generated and reviewed. These reports were generated prior to lockdown but recovery efforts ceased during lockdown and recovery suppression reporting has not since resumed.

There is a risk that debts have been suppressed for a prolonged period of time making collection of the debt more challenging and also a lack of assurance that recoveries that have been suppressed are reasonable and valid.

Recommendation

4.3.1 Debt recovery suppression reports should be resumed as soon as possible and these should be generated and reviewed on a regular basis.

Action: Director of BO&P

4.4 Sundry Debt Recovery Processes

Debt recovery action was halted during lockdown and has only recently resumed. In addition to this, sundry debt recovery processes have changed significantly with fewer

accounts being sent to the internal legal service and to the Sherriff Officers. There is now a designated officer within the team that targets overdue invoices to encourage debtors to pay outstanding amounts in full or by setting up payment arrangements.

A sample of five debts, ranking within the top twenty high value debtors, were selected to review the recovery action taken and determine whether it was appropriate. It was found that in three cases the overdue amounts were being actively pursued. Of these three cases, a payment arrangement was in place for one, the debt had been sent to the Sherriff Officer in another and a payment was expected in the near future in the remaining case. In the final two cases, there was no evidence of the debts being pursued in recent years. Both of these debts were significantly aged, the invoices having been raised in the old financial ledger.

Due to the method used to run reports and target debt, there is a risk that debtors could be overlooked and recovery action not implemented promptly. Currently overdue debt is being monitored by the use of a spreadsheet however, management should review the efficiency of this process.

The working group led by the Accounts Payable/Receivable Manager should prioritise documenting and issuing the sundry debt recovery procedures.

Recommendations

4.4.1 Comprehensive sundry debt recovery procedures should be documented and issued as soon as possible.

4.4.2 The procedures should clearly define which debts will be dealt with in-house by the accounts receivable team and at which point debts will be escalated to the legal team or the Sherriff Officers. The responsibilities of the issuing department should also be recorded in the written procedures.

4.4.3 A clear methodical approach to targeting sundry debts should also be documented within the procedures to ensure that no debts are overlooked.

4.4.4 Management should review the process used to monitor overdue debt and consider improvements which could be made to the spreadsheet.

Action: Director of BO&P

4.5 Overdue Debt Reminders

The 90+ days aged debtors report was reviewed and analysed by audit to determine if reminders and recovery action was implemented within the predetermined timescales. The table below shows the outcome of the analysis.

	Per Procedures	Actual per Audit Testing
Invoice due date	28 days after invoice issued	28 days after invoice issued
1st reminder issued	28 days after invoice issued	38.5 days after the invoice issued
Final notice issued	14 days after the 1 st reminder	9.5 days after the 1 st reminder
Stage 3 action	30 – 90 days after invoice issued	17 days after the issue of the final notice

Audit selected a sample of five invoices where the first reminder was sent late, five invoices where the final notice was sent late and five invoices where the stage 3 action was raised late.

For the sample of five invoices where the first reminders were sent late, it was noted that three of the invoices had been put on hold due to requests from the individual departments, of which one invoice was still on hold despite the invoice being raised in July 2021. In the other two cases the reminders were issued late due to time being granted to set up a DD payment schedule and to raise a credit note.

For the sample of five invoices where the final notice was sent late, it was confirmed that there was a valid reason in each case and either a payment plan had subsequently been set up, the invoice had been paid or recovery action had proceeded.

For the sample of five invoices where the stage 3 action was delayed, it was noted that three of these invoices were still on hold. In one of these cases it was the department that requested the invoice be put on hold and in the other two cases it is not clear why the invoices were put on hold. In the remaining two cases the invoices were marked to be followed up by the internal legal service due to the value of the invoices.

It is recommended in point 4.3.1 above that recovery suppression reports should be generated and reviewed on a regular basis. Such reports will highlight invoices that have been put on hold, ensure that there is a valid reason for recovery action being suppressed and make sure that there are no undue delays in proceeding with recovery action. As a recommendation has already been included at 4.3.1 above, no further recommendation is required.

Chief Auditor

28 June 2022

Appendix 2A: MB1158FM - Debtors

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.2.1 (Med)	Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.	The HSCP invoices highlighted in the report relate to community alarm and residential services. These are always billed in arrears in the event of a death of a service user to allow us to bill for the correct period.	N/A	Closed (pending verification by internal audit)	Will be discussed with Chief Internal Auditor as part of follow up work.
4.2.2 (Low)	To ensure that the charges being levied are clear to the customer, the exact period for which charges are being raised should be clearly stated on the invoice. This should include the start and end period.	This will be included depending on system limitations and further information can be provided to service users if required.	N/A	Closed (pending verification by internal audit)	<p>We have explored system options and this is not possible with the current system. As there is an ongoing project to replace our case recording system we will consider this for future developments.</p> <p>Given the current set up has been in place for a significant number of years we would propose to continue as is in the interim. Where any service user or their family have an issue, we will of course address directly.</p>

Appendix	2B
Title	Follow up of Environment Department Audits MB1166NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New Recommendations supersede those from Procurement Red Flags Audit (MB/1121/RM)

EXTRACT OF MB11NS

6. PROCUREMENT RED FLAGS (MB/1121/RM)

6.1 Specification and evaluation

The Corporate procurement guidance (in place at the time of the original audit) on the writing of tender specifications in a paragraph headed “Who should check my specification?” stated:

“It is very important to have the specification checked by someone in your section with an understanding of the subject matter to confirm if the specification is:

- *easy to read;*
- *easy to understand;*
- *clear;*
- *logical structure;*
- *reasonable;*
- *time based.”*

It was noted at that time that evidence was not always kept or readily available that the specification for the sample contracts had been checked by a second officer.

In the response from Environment, it was suggested that peer group reviews of documents are carried out before going out to tender.

Since the original audit, the guidance on writing tender specifications has been updated by procurement and it is now recommended best practice to have the specification checked by someone else.

Follow up checks were carried out on contracts issued by PATS and Roads to determine the level of evidence retained to support a review of tenders. Two Roads contracts were selected at random and email evidence of a review being carried out on the specification was received.

Discussions with the Principal Officer – Technical Service confirmed that there is not the resource available within PATS to allow the recommended checks to be completed. The Head of Environment (Strategic Services) confirmed that management are accepting the risks of not following best practice as outlined in the guidance issued by Corporate Procurement but that the resources are not available to allow this to take place. However, it is planned to implement a series of checks on a sample basis to further mitigate the risk of no checks being carried out in tenders.

It should be noted that no detailed checks were able to be completed in relation to HSCP and Business Operations & Partnerships as no tender had been issued since the original audit to allow a sample to be taken and as such, the recommendations remain open for future follow up. The recommended reminders had been issued to employees within each department who have responsibility for tenders so they are aware of the audit recommendations.

Recommendations

6.1.1 Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.

6.1.2 In accordance with current corporate procurement guidance, all tender specifications should be checked by another officer and readily available evidence kept that this has been done.

Action: Director of Environment, HSCP Chief Officer, Director of BO&P

6.2 Verification of qualifications submitted by contractor

The original audit highlighted that in some cases, bidders for Council contracts are being asked to submit a statement of “the relevant professional and technical skills available within their organisation”. This sometimes leads to a lot of information being submitted as companies attempt to show every type of training or qualification, some of which may be less relevant than others to the type of work to be done as part of the contract. The relevant qualifications have then to be identified from the less relevant ones by the evaluators and assigned a score. In general, verification is not being sought by the Council from the contractor as to the qualifications or training which they state that their staff have achieved and is accepted on a trust basis.

It may be of benefit for the Council to define what is relevant and what qualifications would be required rather than the contractor doing this.

This recommendation was accepted by both HSCP and Business Operation and Partnerships but as no tenders have been issued since the last audit that would allow this recommendation to be checked it is included again and will be followed up in due course.

Recommendation

6.2.1 Evidence should be sought from the successful bidder(s) of their relevant staff qualifications/training stated in their bid. It could be made clear in the tender wording that this will be required of the winning contractor thus incentivising the bid stating those qualifications held by personnel which are only the most relevant.

Action: Director of BO&P, Director of HSCP

Chief Auditor

27 June 2022

Appendix 2B: (MB1166NS)

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
6.1.1 (Low)	Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.	Ensure new guidance for tenders is available to staff and that full understanding of requirements is clear. Separation of duties will be allowed for where possible, recognising that for any specialist services this may not always be practical.	Guidance will be issued by August 2022 and support and training will be offered. Implementation dependant on tender timescales	Open	Updated guidance is available as part of the tender documentation and services will be supported to complete this by the Commissioning Team to ensure new guidance is adhered to.
6.1.2 (Low)	In accordance with current corporate procurement guidance, all tender specifications should be checked by another officer and readily available evidence kept that this has been done.	Ensure new guidance for tenders is available to staff, as above. Strategic Planning, Performance & Commissioning Manager will co-ordinate and ensure checks are in place.	Guidance will be issued by August 2022 and support and training will be offered. Implementation dependant on tender timescales	Open	Please see above
6.2.1 (Low)	Evidence should be sought from the successful bidder(s) of their relevant staff qualifications/ training stated in their bid. It could be made clear in the tender wording that this will be required of the winning contractor thus incentivising the bid stating those qualifications held by personnel which are only the most relevant.	This requirement will be included in all tender wording.	Dependant on tender timescales	Open	Please see above and procurement advice will be sought during each tender process.

Appendix	2C
Title	Fostering, Adoption and Kinship Care (MB/1154/NS)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Notes updated at: 1.1.1 1.2.1

Appendix 2C: MB1154NS – Fostering, Adoption and Kinship Care

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
1.1.1 (Low)	Procedures covering payment of discretionary monies to carers should be produced and distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made.	By their nature discretionary payments are based on the individual and specific needs of children in placement. Therefore payments are unique and not typical. This is consistent with the authority's statutory corporate parenting duty. Clarification of the approval process will be re-issued to managers as a reminder and will confirm the requirement of additional Head of Service sign off if a payment is above a value of £10,000.	August 2022	Open	Procedure providing clarification produced – awaiting sign off prior to circulation
1.1.2 (Low)	A Standard Operating Procedure should be created and issued to all relevant staff documenting the steps involved from the start to end of a placement in care.	We do agree a procedure should be used and the existing CareFirst guidance documents the steps from the start to end of a placement. The CareFirst Guidance will be re-issued to staff.	August 2022	Considered closed (pending verification by internal audit)	Carefirst guidance shared with internal audit 19.05.2022
1.2.1 (Low)	An annual report should be presented and approved by the IJB detailing the carer rates to be paid for within each financial year.	Either a specific report will be issued or this will be incorporated into the budget or revenue monitoring report depending on timing. The annual budget report to the IJB allows for budget increases for allowances.	September 2022	Open	The current year budget allowed for an inflationary increase. The service will determine if any further change is proposed during this year and if so detail will be brought to IJB.

Appendix	2D
Title	Payroll (MB/1151/FM)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since reported to PAC 22 June 2022

Appendix 2D: Payroll (MB/1151/FM)

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (High)	Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.	A reminder will be issued to Managers. We have requested from HR colleagues whether a compliance report can be produced.	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System only able to report on who forms have been completed for.
4.3.2 (Med)	Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.	As above	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System unable to generate reports
4.4.1 (Med)	Line managers must ensure that all employees on 35 hours contracts or part-time contracts have worked 37 hours in the week before overtime at time and a half can be claimed.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.2 (Med)	Line managers must ensure that care is taken to look at overtime claimed according to the week in which it was worked to ensure that the correct rate of pay is claimed.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.3 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.5.1 (Low)	Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.	The example quoted in the report was an exceptional circumstance in an unprecedented pandemic situation and this was agreed to ensure capacity to safely deliver services and protect our residents. The authorising manager has now left however this was discussed with trade unions at the time and steps put in place to ensure it would not happen again.	N/A		
4.10.1 (Low)	Line managers should be reminded of the managing absence policy and their responsibilities as managers.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.10.2 (Low)	Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

Appendix	2E
Title	Follow up Corporate and Community Services Audits (MB1140NS)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Complete

Appendix 2E: MB1140NS – Follow up Corporate and Community Services Audits

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.1.1 (Med)	Directors should implement a process which ensures that a leavers checklist is completed for every employee who leaves the council and that this form is uploaded to information@work.	Reminder will be issued to all managers. There is no capability to run reports on this and we do not have the capacity to follow up with individual managers for all leavers to ensure this has been completed.	Sep-21	Superseded (Verified by internal audit August 2022) This point is re-made in MB1151 (Appendix 2D)
6.2.1 (Low)	Reports should be reviewed for high usage outwith the individual's data package and checks carried out to ensure that this is for business use only. Where necessary, reimbursement should be sought for personal use.	Monitoring process was put in place in 2019 however this fell away during pandemic. This will be reinstated	Sep-21	Implemented (Verified by internal audit August 2022)
8.1.1 (Med)	Managers should ensure that all periods of absence are recorded in the flexi system and under the correct category to ensure all employee balances are accurate.	Reminder will be issued to managers. Process will be established where Advanced Managers run high debt balance reports quarterly and issue to managers for review	Sep-21	Implemented (Verified by internal audit August 2022)
8.4.1 (Low)	All managers responsible for authorising overtime claims should ensure that they are aware of the enhanced rates and when they are applicable.	Reminder will be issued to all managers	Sep-21	Implemented (Verified by internal audit August 2022)
8.4.2 (Low)	Officers responsible for maintaining overtime records must ensure that these are complete and available on request to support all overtime paid.	Reminder will be issued to all managers	Sep-21	Implemented (Verified by internal audit August 2022)
8.4.3 (Low)	HSCP managers must ensure that they hold appropriate records to demonstrate that waivers have been signed by all employees breaching the EWTD. Where no waiver is held the employees should be prevented from working additional hours.	Reminder will be issued to all managers	Sep-21	Implemented (Verified by internal audit August 2022)

Appendix	2F
Title	Carers Legislation (MB1128FM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Verified as implemented: 4.1.2 4.1.4 Notes updated at: 4.1.1 4.1.3 4.2.1

Appendix 2F: MB1128FM - Carers Legislation

Ref / Risk Rating	Recommendation	Comments	Timescale for completion	Status	Latest Note
4.1.1 (M)	All carers recorded on the CareFirst system or within the Carers Centre's records should be offered an assessment in accordance with the Carers Eligibility Framework.	<p>Carer's rights awareness sessions currently being delivered to HSCP teams highlight the importance that carers eligible for support from services have their own support plan. That this plan and any actions required to achieve the outcomes of the carer are recorded within the Carefirst system independently of the person they care for.</p> <p>An independent review of carers experience using SDS in East Renfrewshire was requested and received in Jan 2021. This will also be used to inform practice going forward.</p> <p>A new process is being built into assessments referred to as the 'Carers Conversation' this will ensure and evidence, on a carer being identified, they are being offered an Adult Carer Support Plan (ASCP). This will be reviewed in 6 months (Sept 2021) to ensure it is working as expected.</p>	31 March 2022 (with a review for September 2021 included)	Not implemented	Discussion will take place with Internal Audit to agree what further action is needed.
4.1.2 (M)	A copy of the carers conversation, assessment, support plan, self-directed support details and RAG minutes (where applicable) should be saved to the document hub on CareFirst or be accessible from documents or systems maintained by the Carers Centre	<p>The carers' personal information and support plan is recorded by East Renfrewshire Carers Centre (ERCC) on Charity Log, a specialist charity database software system and in the Carers Scotland Census.</p> <p>ERCC will distribute an annual questionnaire / survey to carers (date tbc taking account of pandemic and recovery) on behalf of HSCP and provide monthly tracker reports for the HSCP on carer activity.</p> <p>Other relevant carers data will be gathered from The Carers Scotland Census completed every six months by ERCC and the HSCP.</p> <p>A clearly defined process has been developed that will ensure and evidence that each time a carer is identified by the HSCP staff the carer relationship is recorded on the Carefirst system, that they have been</p>	31 March 2022 (with a review for September 2021 included)	Implemented	Verified as implemented by internal audit August 2022

		<p>offered advice, information and support along with an opportunity to have their own support plan. (This process is referred to as the 'Carers Conversation' and will be included in assessments and other relevant forms across HSCP services). This process should start April / May 2021.</p> <p>REG decisions are recorded in the supporting minutes and will identify carer's assessment outcomes.</p>			
4.1.3 (M)	<p>The frequency of which carers support plans are reviewed should be documented and evidence of the review and the outcome should be recorded on the CareFirst system or the system and documents maintained by the Carers Centre.</p>	<p>A revised ACSP is being tested by practitioners during April and May 2021 this includes a required review date that will create a review activity on Carefirst system awaiting completion. The ACSP also includes carers outcomes measures that will be recorded in Carefirst and / or Charity Log. The ACSP will be approved for use on completion of testing and any changes required on feedback received</p> <p>The revised ACSP includes a required date for review of plan along with outcome measures. This data will be recorded in Care First and / or Charity Log.</p> <p>Existing ACSPs will be reviewed to ensure a review is offered and if accepted completed with the carer. This review will be completed by September 2021.</p> <p>Where the carer's support has been included within the Outcomes Assessment for the cared for person, further work will be needed as to how we can capture and extract information related specifically to the carer. This is not unique to East Renfrewshire and as these 'joint' assessments are reviewed each carer will be offered an ACSP.</p>	<p>31 March 2022 for existing carers.</p> <p>For joint assessments the date will depend on the date for a joint review</p>	Not implemented	Discussion will take place with Internal Audit to agree what further action is needed.
4.1.4 (L)	<p>The group of people who are canvassed for the annual survey should be recorded so it is clear which of these are caring for individuals involved with the service.</p>	<p>Please see 4.1.2 above. The methodology supporting the survey will also be recorded.</p>	31-Mar-22	Implemented	Verified as implemented by Internal Audit (August 2022)

4.2.1 (L)	Managers in HSCP should ensure that all staff complete the EPiC learning resource.	<p>Carers Rights Awareness sessions currently being rolled out across HSCP teams include the recommendation that all staff complete the EPiC learning resource. Numbers of staff completing the course will be able to be evidenced and 20 people have already been recorded since January 2021.</p> <p>Consideration being given as whether EPiC should be mandatory and included as part of induction for all HSCP staff. A refresher timetable will also be considered.</p>	30-Sep-21	Partially implemented	Discussion will take place with Internal Audit to agree what further action is needed.
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Appendix	2G
Title	Procurement Red Flags (MB1121RM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Previous recommendations now included under MB1166NS (Appendix 2B)

Appendix	2H
Title	Data Protection /GDPR (MB1124RM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Complete

Appendix 2H: MB1124RM - Data Protection /GDPR

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.3.1 (L)	In accordance with the procedures, a record of screening decisions on whether a DPIA is required should be maintained by all departments.	DPIA screening decision to be incorporated into project mandate documentation. This will be overseen by HSCP Change Programme Manager Issue comms to HSCP detailing when DPIA should be undertaken and a point of contact Create and maintain DPIA log	31-Dec-20	Implemented (Verified by internal audit August 2022)
4.3.2 (L)	Departments should keep evidence of Head of Service sign off if DPO advice in relation to a DPIA is not being followed. DPIAs should be built into each Department's project and change processes.	DPIAs will be signed off at HSCP Change Board as part of the change process.	31-Dec-20	Implemented (Verified by internal audit August 2022)
4.4.1 (M)	A review of current contracts and sharing agreements should be completed and in the meantime this control measure moved into the proposed risk control measures column in the next review of the strategic risk register.	A review of existing arrangements needs to take place to identify review periods and this will include diarising future reviews.	30-Jun-21	Implemented (Verified by internal audit August 2022)
4.6.1 (L)	Directors should ensure that all application forms have up to date direct links to a relevant privacy notice rather than a page listing many different council services and leaving the reader to ascertain which one is relevant.	Links have been updated and now take the user straight to HSCP privacy notice	31-Dec-20	Implemented (Verified by internal audit August 2022)
4.8.1 (L)	Departments should monitor that all of their staff are undertaking annual on-line data protection training as a minimum. A prompt to act as a reminder would assist in this regard.	Communication to be issued to all ERC employees reminding them to complete the annual online data protection course	13-Nov-20	Implemented (Verified by internal audit August 2022)

Appendix	21
Title	CareFirst Finance (MB1044RL)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC on 22 June 2022 however follow up work is ongoing

Appendix 2I: MB1044RL – CareFirst Finance

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Priority needs to be given to ensure that annual review takes place for each client with an authorised service agreement however the Head of Finance and Resources stated that it is not possible to undertake a full annual review on every care package and that this operates on a risk based approach. Details of the risk based approach needs to be documented and approved by the IJB	A risk based approach was agreed a number of years ago. The policy will be revised and taken to the IJB for approval.	31-Mar-19	Considered Closed – pending verification by internal audit	A temporary review team was created to complete reviews for all east Renfrewshire care home residents which was completed in December 2021. This team have now started reviewing care packages of residents in the community with 70 reviews allocated/completed as of March 2022/ Based on the success of this model, a permanent review team has been created to ensure we complete annual reviews timeously. The full team will be in post by April 2022
4.1.2	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first. In practice these cases should have been reviewed under routine work.	Will be in line with policy as above.	31-Mar-19	Considered Closed – pending verification by internal audit	The temporary and permanent review teams have and will continue to prioritise reviews according to need and risk.
4.2.1	Action is required by operational managers to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. Operational managers should prioritise checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate.	This is already in place, however the formal sign off recording will be strengthened. To avoid duplication of effort and issues the sign off will incorporate some of the points below, as we suggested during the audit.	31-Mar-19	Open	As there is no simple export from CareFirst which gives this data, a report was developed which uses Excel to link three different Carefirst reports; varies processed, invoices paid and commitment. This was initially send out in June 2019 and feedback from managers was that it was data intensive and not user friendly. Changes were made to the report and user guidance was drawn up, which was issued in September 2019 alongside the reports for sign-off. Again, managers still felt the process was cumbersome and it is accepted this report needs work to make it more meaningful, this format remained in place in the interim. In March 2020, the decision was taken to not amend individual care packages unnecessarily due to the pandemic response, in line with national guidance many providers moved to being paid on planned hours. During the Covid response phase, these reports were not produced, but with a move to recovery, the aim is to restart reporting. In addition, a significant piece of work is ongoing with migration to the Scotland Excel national framework. This will act as an additional review of the data and we will continue to develop reporting to best meet everyone's needs.

4.2.2	A positive response should be obtained by the Finance Team from each operational manager regarding review and approval of vary reports to ensure that each case is addressed and the manager is confirming an awareness of the differences and any required actions. This could be combined with the quarterly client verification check (which covers existence of client, commitment value and provider) and signed off within budget monitoring to avoid numerous verification checks.	Per 4.2.1	31-Mar-19	Open	June'21: See above
4.3.1	Operational managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments to providers.	Reminder issued 23 May 2018. However the planned centralised entry of service agreements will also improve authorisation times.	31-Mar-19	Considered closed - pending verification	Email issued 24.05.2018. This will be superseded by the centralised entry of service agreements once implemented
4.3.2	Social Workers should be instructed that updating the CFF system is essential and that this must be done before the service agreement commences where possible.	See 4.3.1	31-Mar-19	Considered closed - pending verification	Email issued 24.5.18 attached to scorecard outcome
4.4.1	Regular review of provider rates should take place within the commissioning team and appropriate action taken where anomalies are found. Evidence of this review should be held.	Report developed, will inform actions and any compliance issue will be taken to DMT	31-Mar-19	Considered closed - pending verification	Commissioning, CareFirst and Finance meet weekly to discuss any new rate anomalies. Records are maintained by CareFirst.
4.4.2	The report should be presented to DMT in line with procedures to obtain approval of rates not set by commissioning.	See 4.4.1	31-Mar-19	Considered closed - pending verification	Commissioning report to DMT annually when rates are reviewed. HOS approval for individual non-framework rates is now delegated to locality managers per 4.6.1. The Commissioning team also have access to business objects reports to check rates on an ad-hock basis.
4.5.1	A review of the uprating process should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	See 4.2.1 and 4.4.1. However the planned centralised entry of service agreements will mitigate.	31-Mar-19	Open	An exercise is currently underway to address all Service Agreements on the system to ensure rates transition to the Scotland Excel Framework correctly. The annual uplift of rates will be an ongoing process and this will include non-framework rate changes. A new business support post has recently been filled and this is one of the tasks they will undertake

4.5.2	Processing staff should be reminded to check the number of hours charged to the service agreement to ensure that varies processed for rate changes do not also cover increased charges for additional hours.	Reminder issued during audit and will be routinely reviewed	31-Mar-19	Considered closed - pending verification	Team were reminded at time of audit. This is also included within the procedures to deal with invoice variations.
4.5.3	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	This was deemed low risk, when team is fully staffed will be a routine process	31-Mar-19	Open	Invoice processors now regularly complete a tidy action for their allocated providers, ensuring any un-invoiced periods are promptly raised with the provider. Given the dynamics of care package profiles and actual spend there are a large volume of varies which are often not significant. The updating of Service Agreements for the Scotland Excel framework will remove the need for many of these varies.
4.6.1	Head of service approval must be seen by the carefirst team before they enter a non-framework rate.	Sign off process being refreshed	31-Mar-19	Considered closed - pending verification	This requirement was causing a delay in Service Agreements going onto the system, due to the demands already on HOS. As agreed with the Chief Officer, this has now been delegated to Locality Managers.
4.7.1	The deceased clients with open service agreements report should be reviewed and service updated to: <ul style="list-style-type: none"> • Remove clients whose service agreements were not authorised • Ensure that service agreements effectively ended do not appear • Appropriately end agreements on the system, 	Reminder issued 23 May 2018 and also see 4.2.1	31-Mar-19	Considered closed - pending verification	The deceased clients report was updated in July 2018 to ensure cancelled and ended service agreements do not appear on the report. Incomplete/unauthorised service agreements are still included in the report as these require action; i.e. cancelled or completed and authorised.
4.7.2	Homecare Managers should be instructed of the procedure and the requirement to end the service agreements promptly of clients who have died.	See 4.7.1	31-Mar-19	Considered closed - pending verification	All managers instructed, per email of 24th May 2018. Weekly reports are sent to Intensive Services Manager. Any outstanding service agreements are discussed as part of the routine budget meetings.

Appendix	2J
Title	Homecare (MB1060EL)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Complete

Appendix 2H: MB1060EL – Homecare

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.4.1 (Med)	Call up paperwork should be held on file for all clients.		Dec-18	Confirmed as implemented by Internal Audit – August 2022
4.5.1 (Low)	Annual leave record cards should be created and kept up to date for all homecare employees including patch 7 and the re-ablement team.	Records to be reconciled at the commencement of the new leave year	Jan-19	Confirmed as implemented by Internal Audit – August 2022
4.7.1 (Low)	Consideration should be given to developing a means of ensuring that all providers are offered potential new client services and that services are allocated on a fair and equitable basis to those who are able to fulfil the requirements.	We will consider this with our providers as part of the development of new contractual arrangements	Apr-20	Confirmed as implemented by Internal Audit – August 2022

Appendix	2K
Title	Emergency Payments (MB1077NS)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Notes updated at: 4.1.1 Verified as implemented 4.3.3

Appendix 2K: MB1077NS - Emergency Payments

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.1.1 (Med)	Section 12 or 22 monies should not be disbursed unless there is an application form with all sections fully completed and all required signatures obtained	(1) A reminder will be issued to all relevant social workers team leaders and service managers (2) Existing forms and guidance will be reviewed, agreed and implemented.	Not implemented	We had previously considered this recommendation closed as reminders had been issued and forms and guidance were updated, however on follow-up by internal audit, a sample showed signatures to be missing in some cases. This recommendation will be re-issued. The service will work with Internal Audit to agree the follow up process and ensure remedial action is taken.
4.3.3 (Low)	Section 12 and 22 monies should not be used to provide income to purchase items available from other sources (e.g. clothing grants).	Existing forms and guidance will be reviewed, agreed and implemented.	Implemented	Confirmed as implemented by Internal Audit – August 2022

Appendix	2K
Title	Self-Directed Support (MB1078EL)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC on 22 June 2022 however follow up work is ongoing

Appendix 2K: MB1078EL - Self-Directed Support

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Update
4.1.1 (High)	Financial review of all direct payment clients should be undertaken as soon as possible and resource should be targeted to allow this.	<p>Letters were issued to all Direct Payment recipients w/c 28th Jan 2019 reminding them of financial record-keeping responsibilities and advising that HSCP Finance will be writing to them in March/April 2019, asking for a year-end balance and a random month's receipts.</p> <p>Participated in 3 SDS Forum events to explain record keeping, auditing and monitoring requirements to those in receipt of direct payments.</p>	31 st July 2019	Open	Financial reviews of Direct Payments recommenced in 2021, however it should be noted that guidance on Direct Payment use was amended due to the pandemic, with people being urged to be more creative and flexible in their approach to paying for available care and support. Where we might previously have simply asked for an accumulation of funds to be returned, we acknowledge that capacity issues and carer stress may mean that people are not able to use their budgets wholly right away, but may decide to use them creatively in future to meet a supported person's outcomes. The finance team work closely with operational colleagues to ensure that any referrals for financial review are carried out promptly, as well as continuing to work through the ongoing rolling reviews.
4.1.2 (Med)	HSCP management should ensure at least annually that all option 1 clients have provided receipts to support expenditure and that any unspent monies are recovered.	<p>Current requirements are that a year-end balance plus one random full months' worth of receipts are asked for.</p> <p>New procedures are currently being produced, which will ensure recovery of surplus funds in accounts, within agreed parameters.</p> <p>The new role of Finance Support Officers (FSO) will be responsible for monitoring of direct payments, liaising with social workers to ensure appropriate use of funds.</p> <p>All clients will be written to in March/April 2019 as part of the annual review.</p> <p>During 2019/20 we will review our existing contractual requirements.</p>	New procedures by 31 st July 2019 and reviews ongoing thereafter	Considered closed - pending verification from internal audit	Receipts required as per procedure. 2021 reviews underway
4.2.1 (Med)	A review of the process for direct payments should take place with a view to ensuring that the process is easier to control, monitor and recover monies if necessary. This should take place as a priority.	The process will be re-written to ensure FSOs are all aware of procedures. The spreadsheet log has been altered already to separately identify ended Service Agreements where action is needed with regards to a potential recovery of funds.	July 31 st 2019	Considered closed - pending verification from	Process and spreadsheet updated

				internal audit	
4.2.2 (Med)	As soon as an alternative method of payment is implemented, relying solely on a spreadsheet database as a means of monitoring and controlling payment should cease.	Alternative methods of payment will be investigated, including using CareFirst and payment cards.	31 st March 2020	Open	Process unlikely to change until new care first replacement system in place
4.3.1 (Med)	Detailed and structured guidance should be produced to assist staff in assessing the appropriate use of direct payment option 1 monies. Where specific circumstances occur and more creative use of DP funding is being considered, there should be a process for recording and authorising this.	Work has already begun around writing new guidance in conjunction with the locality managers. Once approved by DMT, this will be issued to all staff and separate guidance will be made available to clients.	31 st July 2019	Considered closed - pending verification from internal audit	All documentation relating to individual budgets and Direct Payments was produced and trained out to staff in summer of 2019. All documentation is also available on the intranet. The care plan should be used to record outcomes and a DP can be used creatively to meet those outcomes.
4.4.1 (Med)	Training across all teams should be provided for operational staff in how to complete DP agreements generally and how to support clients receiving a direct payment, specifically those under option 1.	All documentation is currently being revised in line with the work on Individual Budgets. Thereafter training will be provided to relevant staff. Regular refresher training will be provided as required. We will continue to work with the SDS Forum to ensure any issues they become aware of can be addressed.	31 st July 2019 thereafter ongoing	Considered closed - pending verification from internal audit	As above
4.5.1 (Med)	A review of the policy adopted regarding the rate payable to option 1 clients should take place to ensure that: - clients are not placed in financial detriment for choosing option 1 with agency support - a fair and equitable payment policy is adopted for all clients regardless of the option chosen.	Work on implementing Individual Budgets for clients is nearing completion, which will ensure equity across all options. In the interim a review can be requested if clients feel they don't have enough money to pay for the care they are assessed as needing. A reminder of this was sent to staff in Sept 2018 and was forwarded to Internal Audit in November 2018. All care packages will be reviewed to bring them under the new individual budget process, which will commence once the Individual Budget Process is implemented.	31 st July 2019 and ongoing thereafter	Considered closed - pending verification from internal audit	New individual budget process implemented Dec 2019. The equivalence rate is the same across all options. Once an indicative budget is known, a plan is costed up within those parameters using the actual rate, if known.
4.6.1 (Low)	The SPAEN checklist should be used by care managers to ensure that all appropriate measures are in place for clients employing a personal assistant and that the client fully understands their obligations as an employer such as having relevant insurances in place.	Information on the responsibilities of becoming an employer, or where to find further information, will be incorporated into the new guidance currently being written. SPAEN membership is not compulsory and other forums and networks are available to people.	31 st July 2019	Considered closed - pending verification from internal audit	New DP guidance in place.

4.6.2 (Low)	Clarification should be provided as to how £152 per annum which the HSCP has agreed to fund will be paid i.e. as a separate payment or within the overall SDS package.	<p>This should be costed as part of someone's individual budget going forward.</p> <p>Currently, this is paid in year one. A separate payment may not be necessary depending on the balance of funds in a client's bank account, but if an additional payment is needed and authorised in subsequent years this will be provided. This should be picked up at the operational annual review.</p> <p>It needs recognised that there are alternatives to SPAEN and this will be identified within the review of documentation.</p>	31 st July 2019	Considered closed - pending verification from internal audit	Costed as part of budget. HSCP will pay annually if needed, however often slack in budget means it's not necessary for a separate payment.
4.7.1 (Med)	A process should be implemented to allow formal recorded recovery action to be taken to ensure that amounts overpaid are recovered from ongoing payments or repaid directly to the HSCP.	A report has been developed to identify all direct payment care packages that have ended. This report is reviewed monthly to ensure any payment made after an end date (for example due to the timing of notification of the change) will be recovered, linked to the closing statement for the account.	31 st July 2019	Considered closed - pending verification from internal audit	As per comment

Appendix	2M
Title	Follow up of HSCP Audits (MB1087FM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Verified as implemented: 6.1.1 6.1.2 7.1.1 7.2.1 Notes updated at: 7.1.2 7.1.3

Appendix 2M: MB1087FM - Follow up of HSCP Audits

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.2.1 (Low)	Officers must ensure that clients with outstanding debt are not allowed to book places on forthcoming Play Schemes until all outstanding invoices have been settled in full.	New policy and procedures were fully implemented for the spring programme. Clients with outstanding debts have made payment arrangements via debtor section.	Complete 01.04.19	Not implemented - internal audit will re-recommend	The HSCP previously considered this implemented however clients with outstanding debt were allowed to book onto playscheme - the Covid pandemic was exceptional and children attending were prioritised based on a multi-agency assessment of need. We will consider whether amendments need to be made to policy and procedure
6.1.1 (Low)	The inventory records should be reviewed and updated to include the serial number of each item.	The inventories will be reviewed and annotated as required. 6 months moving forward	Initial review completed by 30 th June 2019 and on going	Implemented	Verified by Internal Audit (August 2022)
6.1.2 (Low)	All items of inventory being disposed of must be supported by an authorised inventory deletion form.	Staff reminded that the inventory deletion form should be completed in every case	30 th June 2019	Implemented	Verified by Internal Audit (August 2022)
7.1.1 (Low)	The printers with serial numbers QLC13102 and JWF82425 should be removed from the St Andrews House inventory list.	The printers are recorded on the central inventory of printers held by IT and no longer itemised on the SAH inventory.	Complete - 2.5.19	Implemented	Verified by Internal Audit (August 2022)
7.1.2 (Low)	The relevant paperwork should be completed and signed in respect of all disposals.	Staff reminded of this requirement	Complete - 2.5.19	Closed (pending verification by internal audit)	Internal audit following up on this action.
7.1.3 (Low)	All disposals during the financial year should be recorded in the "disposed" column on the inventory spreadsheet.	Staff reminded of this requirement	Complete - 2.5.19	Closed (pending verification by internal audit)	Internal audit following up on this action.

7.2.1 (Low)	Records on the flexi system should be reviewed and updated to ensure that employees are correctly assigned to the location where they work.	A review will be undertaken and records amended as required	30 th June 2019	Implemented	Verified by Internal Audit (August 2022)
7.3.1 (Low)	An update should be provided to audit when the details on the bank statements have been successfully changed.	Manager has again contacted bank to ask that this bank account be closed down. all future correspondence will be directed to Kirkton Service address	Complete - 28 th May 2019	Closed (pending verification by internal audit)	Internal audit following up on this action.
7.5.1 (Low)	Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made and improve consistency between cases should be provided to Audit.	The kinship care guidance has been amended to reflect guidance in a likely circumstance. This has been distributed to all relevant staff		Not implemented	Kinship care guidance shared with internal audit lacks detail in terms of discretionary payments. This will be re-issued Service will work with Internal Audit to confirm appropriate action is taken.

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