



Doncaster Council

Report

Date: 31st January 2019

To the Chair and Members of the
AUDIT COMMITTEE

INTERNAL AUDIT REPORT FOR THE PERIOD: OCTOBER TO DECEMBER 2018

Relevant Cabinet Member(s)	Wards Affected	Key Decision
		No

EXECUTIVE SUMMARY

1. The report attached at **Appendix 1** updates the Audit Committee on the work done by Internal Audit for the period October to December 2018, and shows this in the context of the audit plan for the year. The report includes details on the implementation of internal audit recommendations and the Internal Audit Teams performance information.
2. The attached report is in four sections:
 - Section 1. The Audit Plan / Revisions to the Plan
 - Section 2. Audit Work Undertaken During the Period
 - Section 3. Implementation of Audit Recommendations
 - Section 4. Internal Audit Performance
3. A summary of the main points from each of the sections is provided in the following paragraphs:

Section 1: The Audit Plan / Revisions to the Plan

4. Section 1 of the attached update report shows that 4 new jobs have been added to the plan or have substantially increased in scope due to anomalies identified. The changes are in response to emerging risks and concerns.
5. Some planned work has been removed from the plan to help accommodate this. Current progress in delivering the audit plan is commented in more detail within Section 2 of this report.

Section 2: Audit Work Undertaken During the Period

6. Details of the work being carried out in this area are included in Section 2 of this report.
7. The audit work done continues to confirm the Council generally has appropriate controls in place and that the controls are operating effectively. More details are provided in paragraph 2.4 and Appendix A of the attached report.
8. Internal Audit continues to deliver unplanned work, either in response to requests from management or contingency work identified by Internal Audit. This work is important as it helps to address weaknesses and potential errors and/or irregularities, and Internal Audit's support is generally highly regarded in these circumstances.
9. Considerable resource has been applied in working with Management in the implementation of audit recommendations and further detail is set out in the following section.

Section 3: Progress on the implementation of audit recommendations

10. There are now 10 overdue major recommendations; these all fall within Adults, Health and Wellbeing. This is a decrease from the number outstanding reported last period of 12 (also, all within Adults). Although originally agreed timescales have not been fully met for some recommendations, there has been significant progress made overall, implementing other major and lower level recommendations.
11. The current number of audit recommendations outstanding overall is down to 85 (99 reported last period) of which 50 (84 reported last period) of these have revised implementation dates that were beyond their original agreed implementation date. This is a good improvement from the position previously reported and demonstrates the commitment by management to improve the position. Further information is set out in Section 3 of the report.

Section 4: Performance Information

12. Performance on four out of the service's six key performance indicators are above target and is currently below target on the other two as summarised below.
13. The percentage of planned audit work completed is below target at 66% compared to a target of 75%. This is due to several factors including:-

Issues within customer directorates

- High levels of responsive work experienced by the team in the first quarter.
- A higher degree of follow up work than budgeted for, the majority taking place in Adults Health and Wellbeing.

- Additional time being required to complete some jobs due to the number or complexities of issues identified as the audit progressed.

Issues within Internal Audit

- Higher levels of time spend than planned for due to a full risk assessment of services to inform the 19/20 Internal Plan currently being drafted.
 - Higher levels of sickness than budgeted for
 - Higher levels of training than budgeted for.
14. The plan for the remainder of the Financial Year has been assessed and the Head of Internal Audit considers that sufficient work will be delivered to be able to provide his opinion on the Council's, risk governance and control arrangements. Should delivery of this programme of work become a problem, then additional resources will be put into the team in line with existing assurances to the Audit Committee and past actions by the Chief Financial Officer.
15. The percentage of jobs completed within 110% of the time allowed is slightly below target at 83% against target of 90%. Results relating to major recommendations and customer satisfaction remain very positive, with 100% of critical or major recommendations agreed and 100% of Customer Satisfaction Surveys rated Satisfactory or above.
16. Issuing draft reports within 15 days of fieldwork completion is exceeding target at 95% against a target of 90% as is issuing final reports within 5 days of client feedback on the draft report at 100% against a target of 90%.

RECOMMENDATIONS

17. The Audit Committee is asked:
- To note the changes to the original audit plan
 - To note the internal audit work completed in the period
 - To note progress made by officers in implementing previous audit recommendations
 - To note information relating to Internal Audit's performance in the period.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

18. Effective Internal Audit arrangements add value to the Council in managing its risks and achieving its key priorities of improving services provided to the citizens of the borough.

BACKGROUND

19. This report provides the Audit Committee with information on the outcomes from internal audit work and allows the Committee to discharge its responsibility for monitoring Internal Audit activity.

OPTIONS CONSIDERED

20. Not applicable - for information only

REASONS FOR RECOMMENDED OPTION

21. Not applicable - for information only

IMPACT ON THE COUNCIL'S KEY OUTCOMES

22. Internal Audit assesses how effectively the Council is managing risks that threaten the achievement of the Council's objectives. Any improvement in the management of the risks will have a positive impact thereby increasing the likelihood of the Council achieving its objectives. Internal Audit's work is, therefore, relevant to all priorities.

Outcomes	Implications
Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are supported to flourish• Inward Investment	
Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time; <ul style="list-style-type: none">• The town centres are the beating heart of Doncaster• More people can live in a good quality, affordable home• Healthy and Vibrant Communities through Physical Activity and Sport• Everyone takes responsibility for keeping Doncaster Clean• Building on our cultural, artistic and sporting heritage	
Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; <ul style="list-style-type: none">• Every child has life-changing learning experiences within and beyond school	

<ul style="list-style-type: none"> • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes. 	
<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>Effective oversight through the Audit Committee adds value to the Council operations in managing its risks and achieving its key priorities of improving services provided to the citizens of the borough</p> <p>The work undertaken by the Audit Committee improves and strengthens governance arrangements within the Council and its partners.</p>

RISKS AND ASSUMPTIONS

23. The implementation of internal audit recommendations is a response to identified risks and hence is an effective risk management action.

LEGAL IMPLICATIONS [SRF16/01/19]

24. There is a statutory obligation on the council to provide an adequate and effective internal audit of its accounts and supporting systems of internal control.

Legal advice can be provided on individual items on the work plan as required.

FINANCIAL IMPLICATIONS [SB 18/01/19]

25. There are no specific financial implications associated with this report. Internal Audit’s budget forms part of the monthly monitoring process and is not reporting any significant issues.

HUMAN RESOURCE IMPLICATIONS [AT 22/01/19]

26. There are no specific human resource implications associated with this report.

TECHNOLOGY IMPLICATIONS [PW 15/01018]

27. There are no specific technology implications associated with this report. As outlined in Appendix 1, work is progressing to implement an upgraded version of the PNC system used within the Alarm Receiving Centre (ARC). The overdue recommendation relating to Contract Monitoring Review – Supported Living is being addressed as part of the implementation of the Doncaster Integrated People Solution (DIPS), as outlined in Appendix B..

EQUALITY IMPLICATIONS [PJ 21/01/19]

28. We are aware of the Council's obligations under the Public Sector Equalities Duties and whilst there are no identified equal opportunity issues within this report; all of the reports covered by the document will have taken into account any relevant equality implications.

HEALTH IMPLICATIONS [RS 16/01/19]

29. Good governance is important for healthy organisations and for healthy populations. Specific health implications should be addressed through individual audits and action plans.

CONSULTATION

30. There is consultation with managers at the outset, throughout and at the conclusion of individual audits in order to ensure that the work undertaken and findings are relevant to the risks identified and are accurate. Regular meeting are held with Senior Management to ensure there is effective and relevant Internal Audit coverage provided.

BACKGROUND PAPERS

31. United Kingdom Public Sector Internal Audit Standards, audit working files and management information, customer satisfaction responses.

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Appendices Attached

Appendix 1 - Internal Audit Progress Report to December 2018



**Doncaster
Council**

Appendix 1

Doncaster Council

Internal Audit Progress Report

October to December 2018

Section 1: Revisions to the Audit Plan

- 1.1. The 2018/19 Audit Plan was approved by the Audit Committee on 5th April 2018. As the audit year progresses, the plan is reviewed to take into account new and emerging risks and any responsive work arising. During 2018/19 the service has continued to receive and responded to a number of responsive work requests (see section 2). These, alongside significant ongoing work within the Adults Health and Wellbeing directorate, have required a review of the plan alongside a review of available resources. Significant amendments to the plan, this quarter, are set out below.
- 1.2. The following jobs have been added to the plan, or significantly increased in scope:
 - Direct Payments Year-End Follow Up Review – added at the request of Audit Committee
 - Deprivation of Liberty Standards (DoLS) - Year-End Follow up Review - added at the request of Audit Committee
 - Data Matching - Supplier to Payroll Payments – Increased due to volume of matches
 - Adult, Health and Wellbeing Governance Development (significantly increased due to departmental complexities)
 - General Follow up work – increased as budget for year exceeded
- 1.3. The following jobs have been deleted from the plan (these will be considered for inclusion in future years plans) or have been significantly reduced:
 - Data Matching – Creditors to Debtors - removed
 - Resilience and Emergency Planning - removed
 - Fleet Management - Customer Charges - removed
 - Highways Operation and Street Lighting Costing - removed
 - DIPS System Advice and Support (reduced with agreement of Manager)
 - Improving Data Quality (reduced due to delays in starting)

Section 2: Audit Work Undertaken During the Period

Internal Audit Opinion

- 2.1 Internal Audit provides an opinion on the control environment for all systems, services or functions which are subject to planned audit review. The opinions given are taken into account when forming our overall annual opinion on the adequacy and satisfactory operation of the Council's governance, risk management and internal control arrangements at the end of the year.
- 2.2 A “*substantial*” opinion is given where there are no/low levels of concern. A “*partial*” opinion is given where there are issues of concern that need to be addressed but represent a reasonable level of assurance. A “*limited*” opinion is

given in any area under examination where one or more concerns of a 'fundamental' nature are identified. A 'no assurance' opinion is given where the area under review is considered to be fundamentally exposed to critical risks, although 'no assurance' opinions are rare.

Summary of Findings from Audit Reviews

2.3 Summary conclusions on all significant audit work October to December 2018 are set out in **Appendix A**.

Responsive Audit Work and Investigations

2.4 In addition to our planned assurance work, we also investigate allegations of fraud, corruption or other irregularity and/or error, and respond to requests for assistance from services and functions in the Council. A summary of the significant pieces of work that have been completed or are ongoing is provided below:

Audit Area	Update
Bereavement Services, Stocks and Sales	<p>During previous investigation work it was identified that there are weak controls in this area. This piece of work ensured that income and stock, in this area are correctly accounted for and adequately protected.</p> <p>Complete – Limited Assurance report issued containing 21 agreed management actions, of which 5 have already been implemented.</p>
Review of ARC Practices	<p>A review of systems and processes within the Alarm Recording Centre (ARC) has raised concerns about the efficacy and business continuity of assistive technology.</p> <p>A new system has been procured and is being installed. Ongoing support is being provided to the appointed Project consultants. Project end anticipated March / April 19.</p>
Officer working arrangements	<p>Management concerns raised have resulted in an investigation into a potential conflict between an officer's private work and their employment with DMBC.</p>
Income Management Project Support	<p>The piece of consultancy work is to support corporate arrangements in the identification and reconciliation of income. It is an important area due to weaknesses identified in this area though both audit work and in income project work previously carried out by Financial Management.</p> <p>Ongoing support</p>

Audit Area	Update
Liquid Logic Access	<p>Assistance from Internal Audit regarding a potential issue with access to the Liquid Logic Children's system and the Early Help module, revealed access rights were not being systematically amended / cancelled when staff leave the authority or change posts.</p> <p>Complete – Information provided to management for further action</p>
Doncaster East Internal Drainage Board (DEIDB)	<p>Support continues to be provided to the Board in finalising a governance review of a major project. Independent consultants have been engaged to support this review and their findings are being assessed by the Board supported by Legal advisers</p> <p>Ongoing</p>
Data Matching - Supplier to Payroll Payments	<p>Additional time required to allow completion of the routine monthly checks which are proving very worthwhile in identifying anomalies that require investigating. For example, employees are being paid through both Payroll and Accounts Payable which may be in breach of Inland Revenue regulations (IR35) or where the employee has not informed their manager of secondary employment.</p> <p>Ongoing</p>
Invoice Fraud (IPOS)	<p>Concerns were raised regarding an 'invoice' from Intellectual Property Organisation Service, for services that we had received and paid for. Investigation showed that the Intellectual Property Office website holds a trademark register that details all the trademarks that have been applied for and granted, with the name and address of the organisation requesting the trademark and the application number. Clearly the sender of the scam invoice has lifted the information from the website as this is freely available information.</p> <p>The fraudulent 'invoice' was not paid and was referred to Action Fraud for assessment. Action Fraud is the UK's national fraud reporting service. When a fraud is reported to Action Fraud, victims are given a crime reference number and their case is passed on to the National Fraud Intelligence Bureau (NFIB), which is run by the City of London's police service.</p>

Savings / Income Resulting from Audit Reviews

- 2.5 Internal Audit work, both planned and responsive, adds value to the organisation by providing assurance and support to Management. In some instances, Internal Audit work results directly in quantifiable monetary savings or income generation, which cannot always be identified until some time after the completion of Internal Audit work. Further detail on such savings / income is listed below:

Business Waste and Recycling

A data comparison exercise undertaken by Internal Audit identified customers that had not been billed for differing lengths of time. Subsequently, an Internal Audit recommendation for a quarterly reconciliation to be carried out of income due to income actually billed has been implemented. To date, backdated bills have been raised totalling in excess of £50,000. The quarterly reconciliations are now identifying limited anomalies but ensure that any 'missed' bills are identified and rectified in a timely manner.

Section 3: Implementation of Audit Recommendations

- 3.1 Following the completion of audit work, improvement plans are produced in consultation with service management containing details of actions and dates agreed by management for their implementation. Final reports, incorporating agreed improvement plans, are then formally issued to the appropriate Director, Assistant Director and Head of Service.
- 3.2 Internal Audit subsequently seeks assurance that agreed actions arising from audit work have actually been implemented. This involves contacting the officer allocated to complete the action to obtain evidence that agreed actions have been implemented or, where they have not, that appropriate progress is being made. Where fundamental weaknesses in internal control arrangements have been identified, more detailed follow up work is undertaken.
- 3.3 Any major recommendations that are not implemented in line with agreed timescales are reported as part of the Council's Resource Management processes (previously called the Quarterly Finance and Performance Challenge) and consequently monitored through that process. It is now intended to report the total number of overdue recommendations in addition to major ones.. Additionally, Assistant Directors are provided each month with details of all actions outstanding in their area and these are then reviewed with Internal Audit and the Director and their management teams each quarter. Major recommendations outstanding are reported routinely by Internal Audit to the Audit Committee
- 3.4 A summary of overdue major recommendations is provided in **Appendix B**. The number of both major and lower level recommendations that are currently overdue for completion is distributed as follows:

Directorate	Overdue major recommendations		Overdue lower level recommendations	
	At 02/07/18	At 15/01/19	At 02/07/18	At 15/01/19
Adults, Health and Wellbeing	16	10	53	29
Regeneration & Environment	0	0	11	7
Corporate Resources	0	0	22	1
Learning & Opportunities (Children & Young People)	0	0	10	2
Council Wide	0	0	2	1
TOTAL	16	10	98	40

- 3.5 The majority of the Adults, Health and Wellbeing overdue major recommendations listed above are in respect of the audits of the Deprivation of Liberties Safeguards and Direct Payments / Personalised Budgets and further information is detailed below.

Deprivation of Liberties Safeguards – in total, 15 actions remain outstanding, of which 4 are overdue major recommendations

One major action as well as a number of lower rated actions have been implemented this period. There have been major staffing changes in the management of the service which has been a major contributory factor in the implementation of the outstanding actions and has caused some delays.

Consequently, there has been some slippage in the outstanding major actions and these are partly due to the DoLS team being dependent on other teams to provide information or complete processes in order to complete the actions in question. Progress is still being made with these actions and the service is currently operating effectively and performance has improved.

Direct Payments / Personalised Budgets Follow Up – in total, 8 actions remain outstanding, of which 4 are overdue major recommendations

Strong progress continues to be made in this area. Implementation of actions has progressed satisfactorily under the new leadership in this area.

- 3.6 Both the number of major and lower level recommendations overdue has decreased this period (major recommendations by 1, lower by 4). Internal Audit will continue to rigorously pursue their implementation with senior management.

- 3.7 The number of audit recommendations currently awaiting implementation is 85 (99 reported last period) of which 50 (84 reported last period) have passed their original agreed implementation date. The above noted Deprivation of Liberties Safeguards, Direct Payments audits and the previous Safeguarding Adults Personal Assets Team (SAPAT) audit account for a significant number of the recommendations currently awaiting implementation. Internal Audit are working closely with these sections to promote the timely implementation of these recommended actions.
- 3.8 In this period, extensive work has again been undertaken on implementing long overdue outstanding recommendations. The spread of recommendations still awaiting implementation is shown below:

Directorate	Number of rec's at April 2018	Plus New rec's in year	Less Rec's implemented	Number rec's at 15 th Jan 2019
Adults, Health and Wellbeing	43	+157	-155	45
Regeneration & Environment	15	+64	-47	32
Corporate Resources	35	+19	-50	4
Learning & Opportunities (Children & Young People)	8	+29	-34	3
Council Wide	5	14	-18	1
TOTAL	106	+283	-304	85

- 3.9 This represents a more positive situation than has been previously reported reflecting the extensive work put into clearing the actions by Management and Auditors in all directorates and not just within the Adult, Health and Wellbeing Directorate. At Directors meeting in 13th January, a further measure to improve arrangements was agreed; this was that all future extensions of time to implements actions would need to be authorised by the relevant Assistant Director.

Section 4: Internal Audit Performance

Performance Indicators

- 4.1 The Audit Committee has previously agreed the key performance indicators that should be reported to it relating to the performance of the Internal Audit service. The indicators are shown below along with current performance for the period October to December 2018:

Performance Indicator	Target	Oct to Dec 2018	Variance (positive is good)
Percentage of planned audit work completed	75%	66%	-9%
Draft reports issued within 15 days of field work being completed	90%	95%	+5%
Final reports issued within 5 days of customer response	90%	100%	+10%
% of critical or major recommendations agreed	100%	100%	0%
Percentage of Customer Satisfaction Surveys rated Satisfactory or above	90%	100%	+10%
Percentage of jobs completed within 110% of budget	90%	83%	-7%

4.2 The percentage of planned audit work completed is below target. This is due to several factors including:-

Issues within customer directorates

- High levels of responsive work experienced by the team in the first quarter.
- A higher degree of follow up work than budgeted for, the majority taking place in Adults Health and Wellbeing.
- Additional time being required to complete some jobs due to the number or complexities of issues identified as the audit progressed.

Issues within Internal Audit

- Higher levels of time spend than planned for due to a full risk assessment of services to inform the 19/20 Internal Plan currently being drafted.
- Higher levels of sickness than budgeted for
- Higher levels of training than budgeted for.

4.3 The plan for the remainder of the Financial Year has been assessed and the Head of Internal Audit considers that sufficient work will be delivered to be able to provide his opinion on the Council's, risk governance and control arrangements. Should delivery of this programme of work become a problem, then additional resources will be put into the team in line with existing

assurances to the Audit Committee and past actions by the Chief Financial Officer.

- 4.4 Results relating to major recommendations and customer satisfaction remain very positive, with 100% of critical or major recommendations agreed and 100% of Customer Satisfaction Surveys rated Satisfactory or above.
- 4.5 Issuing draft reports within 15 days of fieldwork completion is at 95% and issuing final reports within 5 days of client feedback on the draft report is at 100% which is good performance in this area.
- 4.6 The percentage of jobs completed within 110% of the budget is slightly below target but this is anticipated to improve.

Summary of Planned Audit Work Completed in Period

APPENDIX A

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
LEARNING AND OPPORTUNITIES:CYP – Nothing to Report				
CORPORATE RESOURCES				
Core Financial Processes – Procure to Pay	Ensure the operational risks and operational processes are effectively managed within Procure to Pay to ensure that the right goods and services are procured correctly and the right amount is paid to the right suppliers at the right time.	16/11/18	Partial Assurance	This audit assessed two fraud related risks which will always be present in this system but further controls are considered to be disproportionate to the level of these risks. This is reflected in the overall opinion for the system.
Disaster Recovery	To provide an independent assurance of the extent to which the ICT Disaster Recovery Plan covers all areas required to enable minimal disruption to the business in the event that the plan is activated.	16/11/18	Substantial Assurance	None.
Core Financial Processes – Cash Book	Review of the arrangements to collect, record and receipt income collected to ensure all income is adequately receipted and is not lost.	10/01/19	Partial Assurance	Whilst we are able to provide substantial assurance over the central cash book system, team and processes, we are only able to provide partial assurance for the establishment cash book processes. This overall opinion is due to the risk exposures within the

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
				<p>establishments which sit outside the control of the Cashbook Team.</p> <p>The 4 establishments reviewed were Museums (Substantial Assurance), Markets (Substantial Assurance), Tourist Information (Partial Assurance) and Thorne Library (Substantial Assurance).</p>
REGENERATION AND ENVIRONMENT				
Bereavement Services – Sales and Stocks	To give assurance that income and (where appropriate) stocks, processed by Bereavement Services are correctly accounted for and are properly protected.	10/01/19	Limited Assurance	Delays in the billing of Funeral Directors. Money Laundering checks had not been undertaken as appropriate. Outstanding debts were not being chased. Delays in completing purchasing transactions.
Bereavement Services – Public Health Funerals	To give assurance on the proper financial administration of public health funerals / environmental health funerals (as they are sometimes known).	10/01/19	Partial Assurance	A lack of policy and procedural documentation. Not recharging the NHS when they have responsibility for deceased patients. Poor budget monitoring and financial reconciliations.
ADULTS AND COMMUNITIES				
Troubled Families Grant (August to	Grant certification. Confirm expenditure and that it is in keeping with the conditions of	16/11/18	No report, grant certification only	None

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
November)	the grant.			
COUNCIL WIDE				
National Fraud Initiative (NFI)	<p>The NFI for this year consisted of 3 main strands;</p> <ul style="list-style-type: none"> • the investigation of released possible fraud / error matches from the 2016/17 data matching work completed by the Cabinet Office (this includes any subsequent re-matches released in 17/18); • the submission of new data sets as required for the upcoming 2018-2020 data matching exercise; and • participation in a pilot exercise releasing data matches for investigation with a business rates theme. 	Not applicable	Not applicable. Each match is dealt with on its own merits.	Not applicable. The results of these exercises are reported annually in October in the Preventing and Detecting Fraud and Error Report to Audit Committee.

Overdue Major Recommendations

APPENDIX B

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
ADULTS AND COMMUNITIES						
Solar Centre	The DMBC / RDaSH contract for the provision of services at the Solar Centre ended March 2013 with a CPR Waiver to extend for 1 year. However, actual service provision is still ongoing which is a breach of CPR's.	Penalties for non compliance with EU Procurement Regulations. Best value is not obtained.	Allocate responsibility; produce a clear project plan with timescales, report to and challenge by each DLT.	30/06/18	30/11/18	<p>Assistant Director responsibility and a Project Lead is in place. A Joint Project Board (Senior Leadership Team and all partners) meets regularly and is responsible for monitoring the project plan and unblocking problems.</p> <p>Slippage against the Project Plan occurred and a revised time lined plan is not currently available. A 'preferred options and timescales report' is now to be submitted to May 19 Cabinet. Work is currently progressing in partnership with RDASH, families and carers to refresh the individual's needs assessments and to undertake best interest assessments. This work will</p>

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
						inform commissioning options for the remaining 15-20 service users who live at home or in residential accommodation (other than the RDASH accommodation) who attend the Solar Centre.
Contract Monitoring Review - Supported Living	The CareFirst system is not currently capable of being used to record service delivery and associated payment. A project is currently being progressed under the Council's Digital Transformation Programme, which should address this issue.	Changes to client related data may not be updated on a timely basis by both the Council and the CCG. This issue is reinforced as at the 21st July 2017, circa £2.4M of debt was in the process of being recovered from the CCG, of which circa	As part of the scope of the CareFirst project the intention is to move all elements of care packages onto CareFirst which will include Service Provider payment processes. Progression of the project will be closely monitored in order to ensure that project deliverables are met including improved payment processes.	31/05/18	31/07/19	A decision was taken in March 2018 that due to a number of issues linked in the main to data quality and the implementation of the DIPs system, that it would not be possible to move the care packages onto CareFirst. The Board agreed that all elements of care packages, including the service provider payment process would now be included in the new IT system which was procured in June 2018 with an implementation date of July 2019. Interim arrangements continue

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
		£1.3M related to Supported Living.				to be reviewed
Direct Payments / Personalised Budgets Follow-up	There are limited procedures documented for the social care workers to follow when completing an assessment or review of a service user. It is also acknowledged by management that there are different systems and processes potentially operating within the different areas as well as for different staff.	Inappropriate and ineffective practices may be being followed.	Procedures will be documented for all the systems and processes in operation to ensure that all staff are consistent in their work. A subsequent exercise will be completed for staff feedback on what is actually working in practice. This will then be incorporated into the wider review for the processes moving forward with the new systems to be established.	31/03/18	28/02/19	A revised direct payment policy was signed off by Damian Allen on the 16th October 2018. A working group of staff are now developing the supporting procedures. Subsequently training will be provided to all staff to ensure that they know the most up-to-date procedures and where to find them.
Direct Payments /	There is still a backlog of care plan	The service user may not	The Programme Management Office	30/06/18	31/03/19	It is believed that this is in a good position and reducing

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
Personalised Budgets Follow up Review	reviews to be undertaken to ensure all existing service users have been reviewed within the year. The backlog figure as at December 2017 was 242 reviews overdue out of 760 current Direct Payment service users.	be getting the care they require and incorrect payments may be being made.	team will work with area teams to reduce the backlog figure and ensure these are as up-to-date as possible.			however the figures need evidencing and clarifying.
Direct Payments / Personalised Budgets Follow up Review	A post has previously been in place within Adult Social Care which has provided a vital link between Finance and Adult Social Care. The role has helped to reduce packages on review, avoided future debt arising and contributed to the collection / reduction of outstanding debt. If cases are reviewed which are considered higher financial risk	Lower cost care plans may be set up and debt may increase due to the lack of debt management in place.	Management should review the debt management arrangements taking into account a holistic view of the costs and benefits for the Council. This will be included within the Direct Payment Project Board agenda for future developments.	30/06/18	30/06/19	Work continues embedding robust processes to manage direct payment debt management. Additional funding has been secured as part of the transformation project to undertake a project to recover outstanding debt from direct payment recipients. Carers' payments are now being issued on pre-paid cards. The completion date has been extended due to the additional piece of work being undertaken around debt management.

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
	these can help prevent further debts being raised and ensure appropriate care is provided.					
Direct payment follow up review	Whilst there has been a positive increase in Direct Payment uptake of 91%, there is however a concerning increase of 22% in the average cost of a Direct Payment.	Inconsistency of decisions for service users and therefore inappropriate plans may be agreed. Budgetary pressures on Adult Social Care.	The team are currently undertaking a deep dive audit of all Direct Payments authorised to date this financial year to ensure the costs associated are reasonable and appropriate plans are in place for service users care needs.	31/12/18	31/04/19	The team are undertaking a deep dive audit of all Direct Payments authorised to date this financial year to ensure the costs associated are reasonable and appropriate plans are in place for service users care needs. All new Direct Payments are now authorised at Risk Panel and evidence is suggesting that Direct Payment costs are now reducing.
DoLS	The DoLS team have not determined a series of specific exception reports that they require to provide management information on the processes carried out by the team. These	Management information is not available to enable performance monitoring ensuring key targets are	The DoLS team will determine what their exception reporting requirements are and arrange for the Strategy and Performance Team to develop the	30/06/18	30/04/19	The reports were being developed using a new system, PowerBI, for which DoLS were part of a pilot scheme, however SPU have now withdrawn their support due to resource issues. The reports in PowerBI are in the final stages of development

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
	would help inform them of any part of the process taking longer than expected, any cases stuck at particular stages, parts of the process not being completed or data quality errors that require correction.	met. Data quality and processes issues cannot be detected and corrected.	appropriate reports.			although adjustments are still required for the more complicated data and support is required. Enquiries are being made to request further support to finalise the reports.
DoLS	The DoLS team have not determined a series of specific exception reports that they require to provide management information on the processes carried out by the team. These would help inform them of any part of the process taking longer than expected, any cases stuck at particular stages, parts of the process not being completed or data quality errors	Management information is not available to enable performance monitoring ensuring key targets are met. Data quality and processes issues cannot be detected and corrected.		31/08/18	31/01/19	This cannot be actioned until the exception reports are in place. The reports were being developed using a new system, PowerBI, for which DoLS were part of a pilot scheme, however SPU have now withdrawn their support due to resource issues. The reports in PowerBI are in final stages of development although adjustments are still required for the more complicated data and support is required. Enquiries are being made to request further support to finalise the reports.

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	that require correction.					
DoLS	<p>The transfer of sensitive personal information between the DoLS team and external assessors is not carried out using a secure method.</p> <p>External assessors have not been made aware of data protection rules and requirements and have therefore not agreed to adhere to them.</p> <p>Whilst the individuals contracted to do the assessments are not part of the Council, they are in fact data processors for the Council. It is the Council that retains overall liability for any data protection</p>	<p>Breach of the Data Protection Act</p> <p>Inefficient manual intervention is needed to take the assessment information into CareFirst.</p>	<p>The Framework Contract for DoLS external assessors that is currently being procured will include in its terms and conditions the data protection rules and requirements. All assessors will be required to read and agree to these terms and conditions. This will include the external assessors responsibilities regarding data protection and also the consequences of a breach occurring and reporting arrangements.</p>	30/09/18	18/02/19	<p>A decision has been made to use the recruitment agency Reed to manage our framework of assessors. Data protection rules and requirements will be included in the framework contract with Reed which is due to become live in February 2019.</p>

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	breach, whether this is caused by the Council or by the independent assessor.					
DoLS	Data quality within the DoLS element of the CareFirst system is poor. A monitoring exercise was carried out during the audit on cases that had already been validated by the allocated admin worker and issues were found on every case checked which raises serious concerns over the data quality of the information contained in the CareFirst system and consequently the information reported to Audit Committee and the Annual Report.	Data quality issues may affect the annual return to Government. Poor data quality may lead to inappropriate service decisions and an inability to answer any litigation brought against the Council. Breach of the Data Protection Act	Management will ensure that data quality issues within the Carefirst system for 2018/19 cases are investigated and rectified. Once other actions resulting from this audit have been implemented the number of data quality problems should decrease, thereby reducing the number of corrections required.	30/06/18	18/02/19	Weekly and monthly monitoring actions and checks are carried out which have had a positive impact on staff morale, output and data quality. Weekly validation work is underway to ensure the data is ready for the 2019 annual return submission. This work is ongoing and is on track to be completed by the time the annual return is due.

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	It would be difficult for the team to produce an accurate data response in the event of a Data Subject Access Request.	(Principle 4 - Accuracy).				