EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire COUNCIL

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 June 2022
Agenda Item	10
Title	Audit Update

Summary

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 March 2022
- Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2022
- Summary of all open audit recommendations

Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

Action Required

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

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 June 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 March 2022
   - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 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	• 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	• 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	• Area is generally well controlled or minor control improvements needed. • Lower level controls absent, not being operated as designed or could be improved
Efficiency	• 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	• Very high risk exposure - major concerns requiring immediate senior management attention.
3	• High risk exposure - absence / failure of key controls.
2	• Moderate risk exposure - controls not working effectively and efficiently.
1	• Limited risk exposure - controls are working effectively but could be strengthened.

REPORT

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

IJB Follow up

8.   A new audit report on IJB follow up (MB1163FM) was issued on 31 March 2022 by the Integration Joint Board's Chief Internal Auditor. This supersedes the previous report.

9.   The audit concluded that one recommendation had not yet been implemented from the IJB Risk Management audit. This is the same recommendation which has been reported to Performance and Audit Committee previously as outstanding; it was considered partially implemented and would be revisited once the HSCP moved out of Covid 'response'. It is considered low risk.

10. A copy of the audit report, including our response to the one recommendation is included at appendix 1a.

Audit Scotland Action Plan

11. Appendix 1b includes the Audit Scotland action plan from the audit of the Annual Report and Accounts 2020/21. This remains in place until the audit of the 2021/22 accounts.

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

12. Since last reported, there have been two new audits undertaken by the Council's internal audit team which impact on the HSCP; an HSCP audit on Fostering, Adoption and Kinship Care, and a Council wide audit on Payroll.

Audit of Fostering, Adoption and Kinship Care (Appendix 2A)

13. A review of Fostering, Adoption and Kinship Care was carried out during 2021/22. The audit report issued on 4th April 2022 made 3 recommendations for the HSCP. All recommendations are considered to be low risk.

14. A copy of the audit report detailing the recommendations and the HSCP response is attached at Appendix 2a

Payroll (Appendix 2B)

15. A Council wide audit was undertaken on payroll during 2021/22. The report issued 22 made a total of 19 recommendations, however only 8 were relevant to the HSCP. One of which was an HSCP specific recommendation. Of the 8 recommendations 4 were low risk; 3 medium and 1 high.

16. A copy of the full audit report along with the recommendations and the HSCP response is attached at Appendix 2b. All recommendations are considered implemented pending verification from internal audit.

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

17. In addition to the new recommendations from the audit reports noted above, 11 recommendations remain open from 5 previous HSCP audits.

18. 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-2k. Internal Audit are currently following up on a number of these audits, including homecare, emergency payments and self-directed support and we hope that a number of these will be closed

19. Since last reported, the status of one recommendation from the Carers Legislation audit has changed to 'considered closed'.

20. 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.

21. A new header sheet has been introduced in front of each appendix given the large volume of information and the new activity has been shown at the beginning of each section. This means the appendices' references may not be constant from report to report, however this also means there will be no gaps in references as recommendations are confirmed as verified.

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
Fostering, Adoption and Kinship	2a	**New**	3	0	1	**2**
Payroll	2b	**New**	8	0	8	**0**
Follow up of Corporate and Community Services Audits	2c	No	6	0	6	**0**
Carers Legislation	2d	**Yes**	5	0	4	**1**
Procurement Red Flags	2e	No	3	0	3	**0**
Data Protection Act / GDPR	2f	No	5	0	4	**1**
CareFinance	2g	No	14	0	10	**4**
Homecare	2h	No	15	12	3	**0**
Emergency Payment	2i	No	10	8	2	**0**
Self-Directed Support	2j	**Yes**	10	0	8	**2**
Follow up of HSCP Audits	2k	**Yes**	11	2	6	**3**
TOTAL			**90**	**22**	**55**	**13**

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

30 May 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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	New

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REPORT ON IJB FOLLOW-UP

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Senior Auditor
MB/1163/FM
31 March 2022

East R*enfrewshire*
COUNCIL

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REPORT ON IJB FOLLOW-UP

1.   INTRODUCTION

A follow-up audit of two reports previously issued to the IJB was carried out.

2.   SCOPE

The scope of the audit was to ensure that all of the recommendations which were accepted in the departmental responses had been implemented in the timescales stated. The following reports were included in the audit:

- Audit of IJB Risk Management (MB/1118/RM issued 21 February 2020)
- Follow Up of IJB Audit (MB/1110/RM issued 22 August 2019)

A total of six recommendations were made in the above reports, of which one has not yet been implemented.

3.   GENERAL CONCLUSION

All recommendations made in the previous IJB Follow Up audit have been implemented and only one recommendation remains outstanding from the IJB Risk Management audit.

4.   PREVIOUS RECOMMENDATION NOT IMPLEMENTED

4.1   Format of Operational Risk Registers

It was previously noted that two operational risk registers were found to be in the previous Council format which was several years out of date. Specifically, the previous version did not require specific timescales to be provided for proposed control measures. It was noted at the IJB meeting on 16 March 2022 that there were plans to undertake a risk session with SMT but it was postponed due to Covid-19. There are plans to re-schedule the session during which housekeeping issues, such as format, will be reviewed.

Recommendation

4.1.1   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.

Senior Auditor
31 March 2022

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	Open	Due to diary commitments, we have scheduled this session with LRMT for mid July.

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 16 March 2022

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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 to 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.

Appendix	2A
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	New

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Internal Memo

Our Ref: MB/1154/NS
Date: 4 April 2022
From: Audit Technician
To: Director of HSCP

East **R** *enfrewshire*
COUNCIL

Subject: Audit of Fostering, Adoption & Kinship Care

A review of Fostering, Adoption and Kinship Care was carried out during 2021/22. The budget in respect of fostering, adoption and kinship care for the financial year 2021/22 was £1,970,952 with an overall estimated spend of £1,473,714. The total spend figure is subject to change as year-end accrual work was ongoing at the time of the audit. It should also be noted that these figures are for a year that has been disrupted by Covid which has resulted in a lower overall cost in relation to foster care.

The last audit of this area was issued in June 2017 and highlighted that there was a lack of documentary procedures for the payment of discretionary amounts which still remains outstanding. All other recommendations have been actioned.

The scope of the audit was to ensure that

- Rates payable have been properly approved
- All payments are in accordance with the set rates and are appropriately authorised
- Appropriate documentation is held for placements and discharges
- Budgetary control is exercised on a regular basis
- Discretionary foster payments are made in accordance with the procedures.

This audit has been conducted in conformance with the Public Sector Internal Audit Standards. A sample of 15 Foster, 15 Kinship and 5 adoption payments were taken and traced to documentation held to support the ongoing payments being made and checks completed to ensure that the payments were in line with the charges approved by the relevant committee. In all cases there was paperwork held to support the payments and the rates being paid were accurate.

In addition to the main samples, a sample of 5 discretionary payments was taken and it was noted that there were no procedures in place detailing how such payments were to be made and there were no pre-approved rates to be used. Each of the discretionary payments was presented to management and assessed based on their individual merits. An audit trail for approval was provided in each case but the lack of a clear documented process leaves scope for disparity between discretionary payments. Audit recognises that no two discretionary payments are the same but there should be a consistent approach to what is paid for and how these are approved.

The following recommendations are made and require attention.

1.1 <u>Procedures for discretionary payments</u>

There appear to be no procedures covering the payment of discretionary payments with each claim made being presented to management and discussed on its own merit and subsequently authorised. Effectively there are no boundaries on appropriate amounts and/or typical items etc that may be purchased.

There should be clear guidance for staff so that they are aware of typical discretionary payments that may be requested for consideration for children placed with carers. This would increase consistency and help to ensure that all children in care had more equal access to available funding and that carers are made more aware of instances where they may be able to receive assistance in furthering the child's development or easing the family's financial burden.

It would also be beneficial if there was a Standard Operating Procedure (SOP) in place to document the steps to be taken by all parties involved in the process from the point of a decision taken to place a child in care through to the creation and authorisation of payments and on to the eventual closing of the care package.

Recommendations

1.1.1   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.

1.1.2   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.

1.2   Annual Approval of Carer Rates

The sample of payments taken as part of the audit were checked to ensure that they were consistent with the rates that had been approved by the relevant committee.

The carer rates for the current year were obtained and the supporting committee report provided was dated 2016. There was a subsequent report to the IJB in January 2020 but this did not provide a full breakdown of all rates paid.

Each year there is an uplift in the rates being paid and since 2016 this has been 3% and to allow the rates within the audit sample to be agreed it was necessary to apply this 3% to each year since 2016. Once this had been applied the rates in the sample were all accurate.

There is an annual report to Cabinet by all Departments each year detailing the fees and charges that will be applied to services provided by the Council for the new financial year and these are approved by Councillors. To improve transparency in the rates being paid to carers, a full report of all rates with the proposed uplift should be presented to and approved by the IJB.

Recommendation

1.2.1   An annual report should be presented and approved by the IJB detailing the carer rates to be paid for within each financial year.

I would be grateful if you could reply to the matters raised as soon as possible and in any case no later than 6 May 2022 by completing the action plan grid on the final page(s) of the report. Please note that all audit recommendations now have a risk rating which is detailed in the action plan grid together with the definitions used.

If you do not agree with any recommendation or cannot implement it please state the reason(s).

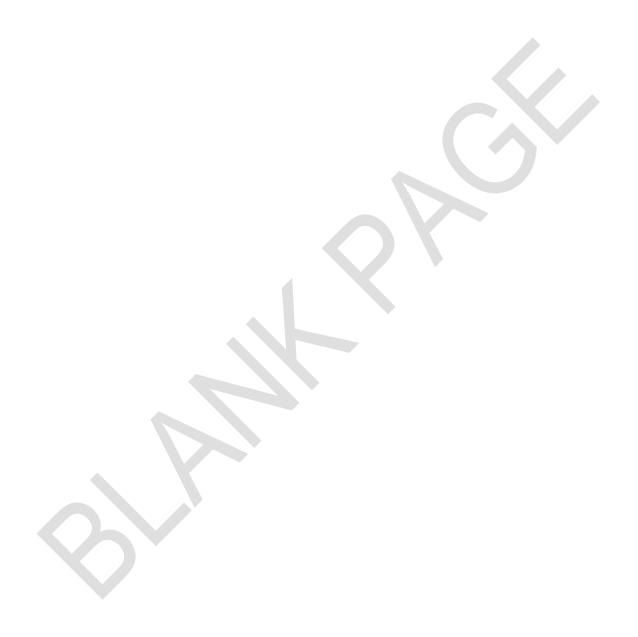Audit Technician
c.c. Chief Executive

Appendix 2A: 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	
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	

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Appendix	2B
Title	Payroll (MB/1151/FM)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New

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Appendix 2B

Report on Audit of Payroll

Senior Auditor
MB/1151/FM

31 March 2022

East *Renfrewshire* COUNCIL

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REPORT ON AUDIT OF PAYROLL

1. INTRODUCTION

As part of the 2021/22 audit plan, an audit of payroll was undertaken. The main findings noted in the previous audit of payroll were that there was potential inconsistency in the recovery of payroll related overpayments and there was no guidance on plus rates which were being paid to employees.

The main risks associated with a payroll system are that payments could be made to fictitious employees, employees could be paid more than they should be and third parties could be paid incorrect amounts.

The new HR and payroll system, iTrent was fully implemented in December 2020. The new system includes an employee self-service portal which allows employees to submit mileage, expense and overtime claims and view payslips. These employee requests work flow to line managers on the manager self-service portal for review and authorisation, if appropriate. The manager self-service portal is also used for recording sickness absence.

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

2. *SCOPE*

Testing included both local government employees and teachers and focused on the period from December 2020 to December 2021. The audit objectives were agreed with the Head of HR & Corporate Services prior to the start of the audit and were as follows:

- Payroll procedures are established
- Controls are in place to ensure that employee records are only created where an authorised post exists and the required documents/authorisations have been obtained
- Records are maintained of all statutory and non-statutory deductions made
- Variations to pay are calculated and authorised correctly
- Controls are in place to ensure that prior to employees leaving, all relevant sections are notified and appropriate documentation is provided to the relevant internal and external bodies
- Payments are made correctly, securely and in a timely manner
- Reconciliations are undertaken regularly
- Data is held in accordance with the organisations information classification and data retention policies.

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

3. *CONCLUSION*

Testing confirmed that the payroll/HR service is generally operating in accordance with procedures and that appropriate controls are in place. However, weaknesses were

identified in the lack of annual employee verification checks and the exit procedures relating to IT systems removal and the return of equipment for leavers.

As highlighted in previous audits, controls around the accuracy of overtime claims are sometimes inadequate with managers wrongly authorising claims at time and a half when plain time is the appropriate rate.

The following recommendations are made and should be addressed.

4. *FINDINGS AND RECOMMENDATIONS*

4.1 *New Starts*

A sample of 15 Council employees and two ERCLT employees who had commenced employment between 1 December 2020 and 5 July 2021 were selected and checks were carried out to ensure that the correct recruitment procedures were followed and the appropriate documentation had been obtained and saved to the employees file.

It was found that in one case (ERCLT) the Request to Recruit form had not been authorised by the director, although as the director was part of the recruitment panel it appears that this was simply an oversight.

In another case (Council) the employee's contracted hours recorded on the payroll system did not agree to the contracted hours recorded on the Request to Recruit form. The Request to Recruit recorded the contracted hours as 37 hours but the employee was incorrectly set up on iTrent with 35 hours. The employee left Council employment after approximately 5 months so the impact of this error was not material.

In another two cases (one ERCLT and one Council) proper proof of the employee's qualifications were not adequate. In one of these cases the post was a child development officer and there was no evidence of the employee's childcare qualification on file. In the second case the post was an accountant and the evidence of the employee's qualification was insufficient (this employee is no longer employed by ERCLT). There was a screenshot of a search on the register of members for the body but no actual certificate supporting the qualification awarded.

Recommendation

4.1.1   Officers must ensure that any Request to Recruit is fully complete and signed by the appropriate Director/Head of Service and that the details are correctly entered on to the payroll/HR system.

4.1.2   Officers must take care to ensure that the details entered on to the HR system agree to the details on the Request to Recruit, unless there is evidence of agreed changes such as a reduction in contracted hours, change in working pattern etc.

4.1.3   Officers must ensure that the appropriate proof of qualification is provided by candidates to allow full verification of the qualification awarded. This should be a certificate issued by the membership body.

4.1.4   The qualifications of the child development officer referred to above should be retrospectively verified and evidence filed to demonstrate that they are suitably qualified for the post.

Action: Director of Business Operations and Partnerships

4.2   ***Systems Access to iTrent***

A report listing users and access rights for iTrent was received from the HR Systems Development Officer. A review of this report was carried out to establish if there was sufficient separation of duties between payroll and HR to ensure that no member of staff has access to both areas of the iTrent system. It was found that there are five individuals with access to both the HR and payroll function within iTrent. Two of these users are external to the council (consultants) and three work in HR systems. Access rights for these users include the day to day functions of HR Direct and payroll which means they have access rights to set up new employees on the system and pay them, however access to their own records are restricted. Audit consider the separation of duties in these three cases to be inadequate.

If adequate separation of duties are not in place there is a higher risk that an invalid or fictitious employee could be set up on the system and paid and remain undetected.

Recommendation

4.2.1   The HR systems employees mentioned above, with access to both HR and payroll functions on iTrent, should have their access rights amended so that they have read only access to the payroll functions.

Action: Director of Business Operations and Partnerships

4.3   ***Leavers***

A sample of 15 leavers were selected at random and testing was carried out to ensure that the correct procedures had been followed and information recorded. There is an online leaver's form which should be completed by the employee's line manager in advance of the employee leaving. This form records essential information used by HR and payroll to calculate the employee's final pay and ensure that they are remunerated for any holidays that they are due or any outstanding sums are deducted.

It was found that in six cases a completed leaver's form was not available on Information at Work (I@W).

In a further three cases (excluding those where there was no leavers form) the online leavers form was not submitted to HR prior to the employee's leaving date however, this did not result in any of the employees being overpaid.

In one case the employee's final pay was wrongly calculated due to an error in calculating the annual leave due to be paid to the employee. It was established that workings were not available to show how the 7 days annual leave due to the employee had been transferred into hours and it also highlighted that these calculations were not routinely checked. This resulted in a gross overpayment to the employee of approximately £700. As a result of this coming to light, the HR Direct Team Leader issued a reminder memo to HR Direct staff requesting that annual leave calculation workings are shown on the online leavers form.

When HR receive the online leavers form they send the Exit Procedures Leavers Checklist to the employee's line manager. It is the line manager's responsibility to ensure that the tasks listed on the Exit Procedures Leavers Checklist (including arranging the return of property and notifying ICT to disable systems access) are completed and the form evidencing this is uploaded to Information at Work. It was noted that there were no Exit Procedures Leavers Checklists available on Information at Work for the sample of leavers selected and therefore it could not be verified that line managers had completed these tasks and that the employees ICT systems access had been disabled.

Recommendation

4.3.1   Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.

4.3.2 Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.

Action: All Directors, Head of Accountancy (for all Chief Executive's Office)

4.3.3   HR should ensure that all online leavers forms are saved to Information at Work.

4.3.4   HR should ensure that manual calculations, such as annual leave calculations, are checked by a second member of the team and saved to Information at Work.

Action: Director of Business Operations and Partnerships

4.4   *Overtime*

A sample of seventeen overtime claims were selected to ensure that they were correctly claimed, authorised and paid. This involved reviewing claims that were submitted on paper, on My Insider and also on the new employee self-service portal on i-Trent.

In two cases in the sample the employees worked part-time and should have worked 37 hours in the week before they were eligible to claim overtime at time and a half. However, in both these cases the employee's additional hours worked were claimed at time and a half instead of plain time. This resulted in one employee being wrongly paid at time and a half for 46.5 hours and the other employee being wrongly paid at time and a half for 16 hours. These amounts should have been claimed at plain time. Furthermore, it was evident that several weeks are often claimed on a single page manual timesheet and this appears to confuse matters regarding which hours have been worked in excess of 37 hours in individual weeks.

In two instances in the sample the employees were grade 10 or above. As such the HR policy states that: "*An employee who is graded Grade 10 or over is not eligible for overtime except in exceptional circumstances. Where a Director or Head of Service considers that a payment should be made to an employee who has reached the overtime ceiling or to an employee paid on or above Grade 10, consideration may be given to the payment of overtime at the appropriate enhanced rate recognising the employee's actual rate of pay. However, the normal recompense for employees Grade 10 or over, where it is required, should be time off in lieu at plain time for the period worked. Where an overtime payment is appropriate for an employee at Grade 10 over a Grade 18 or above must authorise the payment.*" The overtime payments for these two employees were not authorised by a grade 18 or above.

Individual employees overtime claims submitted can be obtained from BOXI to allow the detail of the claims to be reviewed and matched to the payment on the employee's payslip. In most cases in the sample this was reasonably straight forward, however for a small sample of employees it was difficult to match the overtime claim to the sums paid on the employee's payslip. The reason for this is that the date that the claim was paid is not recorded on the BOXI report, making it difficult in some cases due to the volume of transactions to trace the amounts to the employee's payslip.

Recommendation

4.4.1   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.

4.4.2   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.

4.4.3   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.

Action: All Directors, Head of Accountancy (for all Chief Executive's Office)

4.4.4   Consideration should be given as to whether it is possible to include a paid date in the overtime BOXI report to allow the amounts to be traced to the employee's payslip more easily.

Action: Director of Business Operation and Partnerships

4.5   *Payment of Double Time Out-with Public Holidays*

An analysis of overtime paid at double time identified several employees with unusually high claims for double time. Upon examination, six employees in the adult support protection section of HSCP were identified that had been paid double time over a period of five weeks for overtime worked at the weekend that should have been paid at time and a half. The total double time claimed for these employees was approximately £17,600 but the correct amount (paid at time and a half) should have been approximately £13,200, which means the potential overpayment was £4,400. The HR Business Partner for HSCP advised that the former Head of Adult Health and Social Care Localities had approved the payment of double time to these employees as there was an emergency situation whereby HSCP had to support the removal of residents from a privately run care home within the East Renfrewshire area due to closure resulting from a large-scale investigation.

This contravenes the council's policy which states that double time can only be paid for hours worked on a public holiday. None of the hours claimed in relation to the above were worked on a public holiday. Furthermore, audit were not provided with documentation to show what the conditions were approved by the Head of Adult Services, Learning Disability and Recovery and which particular employees they related to.

Recommendation

4.5.1   Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.

Action: Chief Officer HSCP

4.6 **_Annual Employee Verification Checks_**

Enquiries were made with the HR Manager to establish when employee verification checks were last carried out. It was established that the last time this exercise was carried out was in 2018/19. The HR Manager advised that some checks were carried out as part of the data transfer between the old and new HR/payroll systems, however not in the same way as the annual employee verification exercise.

Work is underway to implement a systems based process which will require all managers to confirm on iTrent that their employees are current and there are no leavers or ghost employees on their list.

It is expected that this process will be developed and available during April 2022, allowing the checks for 2021/22 to be completed. As the employee verification exercise has not been carried out for several years, this work should be prioritised.

Recommendation

4.6.1 Audit should be advised when the systems based employee verification process is rolled out.

Action: Director of Business Operations and Partnerships

4.7 **_Contracted Hours in Excess of 37 Hours_**

A report was generated to show all employees current contracted hours. This was then reviewed to identify any employees with contracted hours in excess of 37 hours per week. Two employees were identified, one of which was already identified in a previous audit and therefore no action is required.

The other employee has contracted hours of 37.5 hours per week. This indicates that they are entitled to 0.5 hours overtime each week ie: 2 hours per 4 week pay period. A review of the employee's payslips shows that the employee is not receiving this overtime payment.

Recommendation

4.7.1 A review of employee 6607242 contract should be carried out to confirm their entitlement to overtime as stated above. Consideration should also be given to calculating and paying overtime that was due but was not paid.

Action: Director of Business Operations and Partnerships

4.8 **_Overtime_**

Audit submitted a test overtime claim as an employee would on the iTrent system. It was found that certain essential fields (such as the date the overtime was worked and the actual times the overtime was worked) on the overtime claim were not compulsory and it was possible to submit the claim without recording these details. These fields are essential to allow the manager to ensure that the correct number of hours and rate of overtime is being claimed. It would be beneficial to make the completion of these fields compulsory.

It was also noted that when an employee at grade 10 or above submits an overtime claim the line manager receives only the standard notification that a claim requires to be authorised. It may be worthwhile investigating whether an alert could be built in to the system that would remind the line manager that the employee is a grade 10 or above

and that secondary authorisation should be obtained and consideration given as to whether an overtime payment is appropriate or whether the employee should be recompensed for the overtime worked by way of time in lieu at plain time per the HR policy.

Recommendation

> 4.8.1 Consideration should be given to making the date overtime worked and times worked compulsory fields in the iTrent overtime claim form.
>
> 4.8.2 Enquiries should be made to find out if it is possible to build a secondary authorisation alert into the iTrent overtime claim process for employees grade 10 and above.

Action: Director of Business Operations and Partnerships

4.9 Payroll BACS Transmissions and Limits

The BACS PTX user file was obtained and reviewed to ascertain which payroll officers were able to use BACS. It was noted that there are two officers within the payroll service who are BACS users. These are the payroll manager who has systems authority to authorise BACS transfers and the payroll officer who has systems authority to enable the transfers. It is good practice for BACS transmissions to be carried out independently of payroll to ensure that appropriate segregation of duties are in place.

A review of the BACS limit was carried out for a sample of 3 consecutive payment periods for each pay-run. It was found that for pay-run 7, the amounts paid out were within 3% to 6% of the BACS limit for the three periods under review. For pay-run 10, the amounts paid out were within 1% to 4% of the BACS limit and in one instance in the sample the BACS limit was exceeded. The annual review of the BACS limits was carried out in February 2022 by the Payroll Manager and the Senior Treasury Officer. It was decided that the limit for pay-run 10 would be increased and the limit for pay-run 7 would remain under review. As such, no recommendation is required.

Recommendation

> 4.9.1 BACS transmissions should be carried out independently of payroll to ensure that there is appropriate segregation of duties.

Action: Director of Business Operations and Partnerships

4.10 Sickness Absence

A sample of ten employees with at least one spell of sickness absence in the period under review were selected and the documentation held in relation to the absences was reviewed.

It was found that on six occasions (out of a total of sixteen) the MA1 or MA2 form was not available for review. In two instances the previous absences were not listed on the MA form and as such absence triggers were missed and correct procedures not followed. In one instance, there was a doctor's fit note missing for part of the period of long term absence. Audit were advised that the MA1 or MA2 forms that were not located were probably saved in Information @ Work but due to recent changes it was not possible to locate them at the time of the audit.

It is noted that the process of recording absence has now changed and forms are filed on iTrent. However, it was observed that there are two different versions of the MA1

form still available on the intranet, both of which still refer to protect + status which has now been superseded. The intranet should be reviewed to ensure that any defunct forms are deleted.

Recommendation

4.10.1 Line managers should be reminded of the managing absence policy and their responsibilities as managers.

4.10.2 Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.

Action: All Directors, Head of Accountancy (for all Chief Executive's Office)

4.10.3 Absence forms on the intranet should be reviewed to ensure that only the current versions are available.

Action: Director of Business Operations and Partnerships

Senior Auditor

31 March 2022

Appendix 2B: 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

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Appendix	2C
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	No changes since last reported to PAC 16-Mar-22

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

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
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	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
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	Considered Implemented - Pending verification by internal audit	Reminder issued in staff bulletin re data usage. Monitoring process with notification to DMT reinstated
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	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021 Quarterly task set to run reports
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	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
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	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
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	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021

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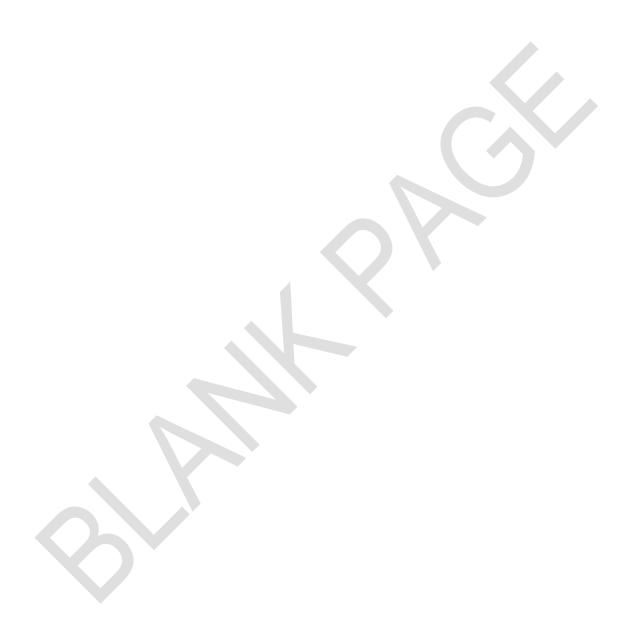| Appendix	2D
Title	Carers Legislation (MB1128FM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Status Changed: 4.1.4 Updated Notes: 4.1.4 4.2.1

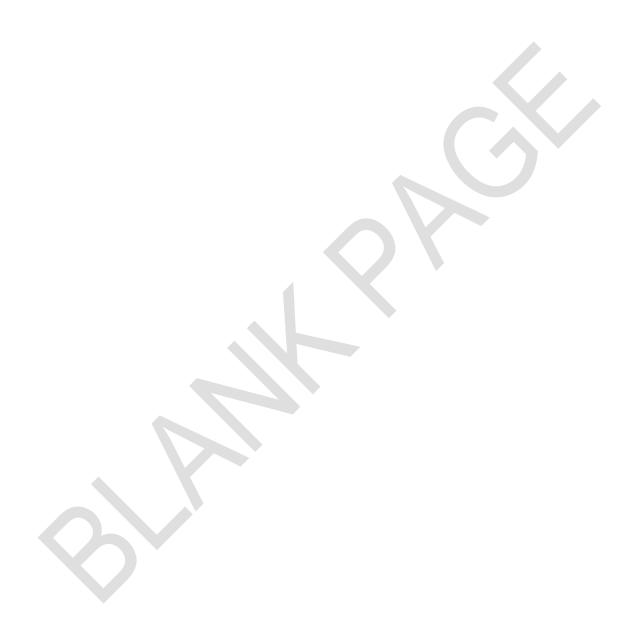BLANK PAGE

Appendix 2D: 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.	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. 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. 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.	31 March 2022 (with a review for September 2021 included)	Considered Closed (pending verification by internal audit)	Carers Conversation embedded in HSCP forms. Reviewed Feb 22. Questions ensure and evidence offer of ACSP, carers response and action taken Increased awareness of Carers right to Adult Carers Support Plan (ACSP) through Carers Rights & Support Sessions. Delivered to all HSCP frontline teams apart from care at home frontline workers. Last presentation Dec 2021 for GPs. Carers Tracker currently being tested by Eastwood Locality team. Tracker will record offer of ACSP to any carer identified during cared for person's Assessment or Review. Wider roll out planned April 2022. SDS Independent Review was completed with outcome of SDS Strategic Group, which includes carer reps, now established.
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	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. 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. Other relevant carers data will be gathered from The Carers Scotland Census completed every six months by ERCC and the HSCP. 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	31 March 2022 (with a review for September 2021 included)	Considered Closed (pending verification by internal audit)	Carers Conversations are embedded and recorded in Carefirst forms this was reviewed Feb 22. Wider roll out of awareness raising planned for April 2022. Resource Enablement Group (REG) inform the allocated worker on decision who then records REG outcome in Carefirst observations. This is most often recorded in the cared for person's records as ACSP has been declined and any carers budget is recorded as part of the cared for persons overall budget. Service Agreements for budgets recorded on Carefirst now include Carer Support option. Individual Budget Questionnaire review to be completed

| | | 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.

REG decisions are recorded in the supporting minutes and will identify carer's assessment outcomes. | | | Carers Centre ACSP records are saved in Charity Log system. These can be accessed with consent from carers through Carers Centre manager. Regular reports are received by HSCP on ACSPs offered, completed and declined, carer support delivered and other activity. Carers Centre also complete Carers Scotland Census. |
|---|---|---|---|---|---|
| 4.1.3 (M) | 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. | 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

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.

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.

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. | 31 March 2022 for existing carers.

For joint assessments the date will depend on the date for a joint review | Considered Closed (pending verification by internal audit) | HSCP ACSP's completed after July 21 have review date set by allocated worker on Carefirst and review is recorded on Carefirst.

HSCP Carers 'Tracker' (see above) linked to Cared-for person's review will ensure each carer receiving a service has their outcomes reviewed and this is recorded in tracker.

ERCC ACSP's and reviews are saved on Charity Log. Regular activity reports on these are received by HSCP.

Reviews of older HSCP ACSPs / Carers Assessments where no review date has been set have still to be actioned this will be highlighted with locality team managers. |
| 4.1.4 (L) | 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. | Please see 4.1.2 above. The methodology supporting the survey will also be recorded. | 31-Mar-22 | Considered closed (Pending verification by internal audit) | Carers survey 2023 and ongoing will include this question. We asked the group of carers canvassed in retrospect if the person they cared for received support from services. There was a higher response than to the Carers survey with a ratio of 1 in 2 carers saying the person they cared for did receive some element of support from services. It would be reasonable to assume this would also apply to approximately 50% of the carers canvassed in the survey. |

					East Renfrewshire HSCP and partners' staff wellbeing survey noted that 20% of staff reported that their caring role impacts on their overall wellbeing. The wellbeing lead officer is creating a plan to provide further support to staff who are carers as part of the overall staff wellbeing plan. A Working Carers Event is being held for HSCP staff during Carers Week on June 8th this will include the offer of advice, information on working carers rights and on support available to them as carers. Learning from event will contribute to any bespoke wellbeing resources/tools to support staff who are also caring for someone in their personal life.
4.2.1 (L)	Managers in HSCP should ensure that all staff complete the EPiC learning resource.	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. 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.	30-Sep-21	Open	Progress remains slow with this. **28** staff had completed by Dec 2021 this may be partially due to pressures of pandemic on staff throughout 2020-21. Discussions on how to improve take up have been requested with Learning and Development with the aim of this becoming mandatory part of induction for all HSCP staff. Learning & Development have agreed to see how they can promote EPiC training more routinely and within an induction context as suggested.

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Appendix	2E
Title	Procurement Red Flags (MB1121RM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 16-Mar-22

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Appendix 2E: MB1121RM - Procurement Red Flags

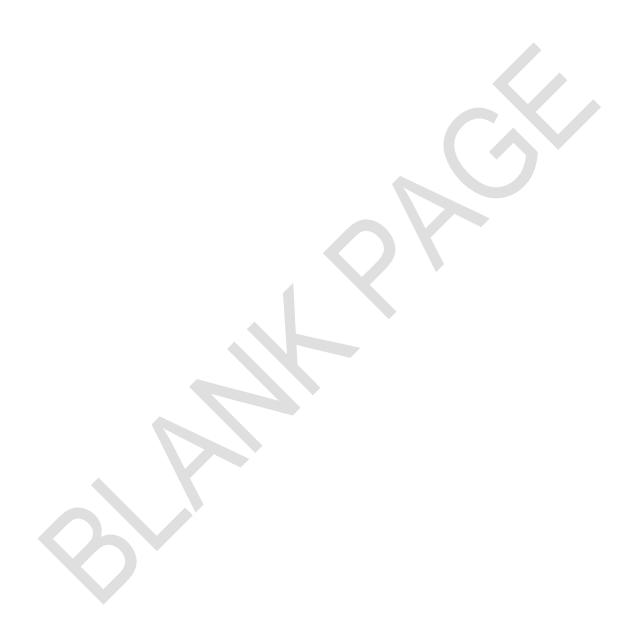| Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (L)	Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.	This is not always reasonably practicable due to level of resource within the department however this risk will be mitigated by the inclusion of relevant service representation for evaluation of each tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.1.2 (L)	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.	As above	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.4.1 (L)	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.	In any exercise procuring services for social care the tender would contain specific references to the requirement of any bidder meeting the requirements for its staff to be registered with the SSSC and for their services to meet the requirements for registration with the Care Inspectorate. It would be a reasonable undertaking therefore at tender to ask organisations to confirm that they are in a position to commence at award, a service registered with the relevant statutory bodies. The tender would ask bidders to confirm that they are in a position to comply in respect of the category of care being awarded. This could be supplemented by training plans and policies which would provide further suitable information on the ability of the bidder to successfully meet the requirements of the tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments

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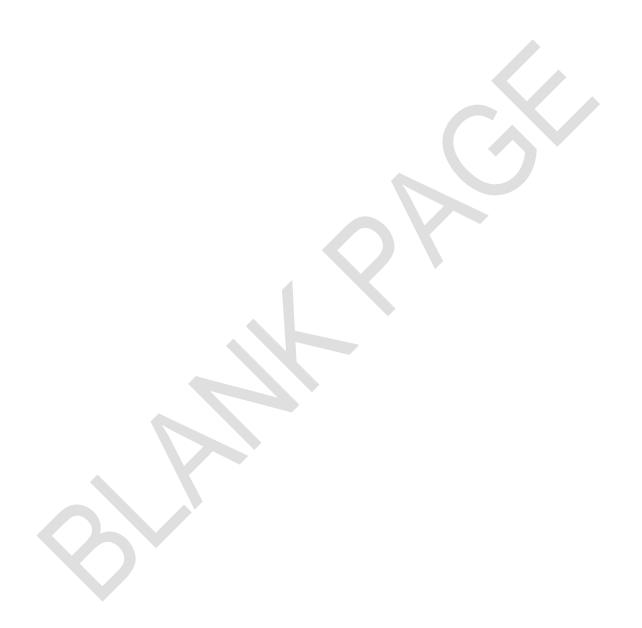|	
Appendix	2F
Title	Data Protection /GDPR (MB1124RM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 16-Mar-22

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Appendix 2F: MB1124RM - Data Protection /GDPR

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
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	Considered implemented – pending verification by internal audit	Screening decision incorporated into project mandate. Comms issued in staff bulletin DPIA log has been created however this does not include any historic DPIAs
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	Considered implemented – pending verification by internal audit	Change Board was suspended during Covid-19 – Replaced by Recovery and Renewal Programme Board from June '21
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	Partially Implemented	Data protection and information sharing are standard clauses contained with Scotland Excel Frameworks which the majority of our externally commissioned partner providers are part of. Over the 2022/23 financial year a review of non- framework commissioned services including block grant funded and out of area contracts will be undertaken and will ensure data protection and information sharing clauses are part of any service agreement.
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	Considered implemented – pending verification by internal audit	As per comments
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	Considered implemented – pending verification by internal audit	Training reminder within Core Brief. L&D will include this in reporting to SMT (SMT has been suspended during covid and has yet to restart)

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Appendix	2G
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 16-Mar-22

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Appendix 2G: 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-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 includes 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: • 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.

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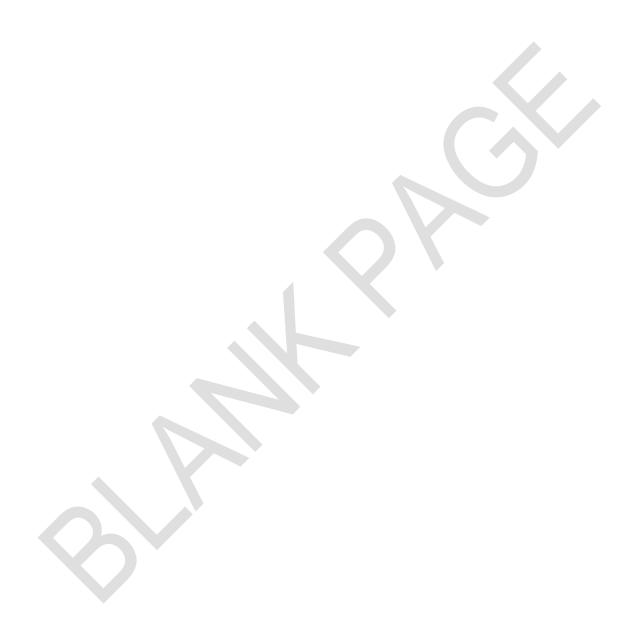| Appendix	2H
Title	Homecare (MB1060EL)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 16-Mar-22

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Appendix 2H: MB1060EL – Homecare

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.4.1 (Med)	Call up paperwork should be held on file for all clients.		Dec-18	Considered implemented - pending verification by internal audit	Completed Dec 2018 - All paperwork on CareFirst document hub
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	Considered implemented - pending verification by internal audit	Record cards are available for all staff
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	Considered implemented - pending verification by internal audit	Brokerage function in place to facilitate

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Appendix	2I
Title	Emergency Payments (MB1077NS)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 16-Mar-22

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Appendix 2I: MB1077NS - Emergency Payments

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Note
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.	Complete	Considered implemented - pending verification by internal audit	Email issued 17-07-2019 Monies are only disbursed when the relevant form has been completed and authorised. Forms have been updated to include a reminder that these must be fully completed and signed, or email authorisation appended.
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.	Complete	Considered implemented - pending verification by internal audit	Email issued 21-06-2019. Forms have been updated to include a reminder that these should not be used where alternative funding sources are available. MART assisted with updates to guidance around benefits prior to forms and guidance being reissued.

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Appendix	2J
Title	Self-Directed Support (MB1078EL)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Note updated: 4.1.1

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Appendix 2J: 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.	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. Participated in 3 SDS Forum events to explain record keeping, auditing and monitoring requirements to those in receipt of direct payments.	31st 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.	Current requirements are that a year-end balance plus one random full months' worth of receipts are asked for. New procedures are currently being produced, which will ensure recovery of surplus funds in accounts, within agreed parameters. 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. All clients will be written to in March/April 2019 as part of the annual review. During 2019/20 we will review our existing contractual requirements.	New procedures by 31st 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 31st 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.	31st 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.	31st 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.	31st 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.	31st 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.	31st 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.	This should be costed as part of someone's individual budget going forward. 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. It needs recognised that there are alternatives to SPAEN and this will be identified within the review of documentation.	31st 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.	31st July 2019	Considered closed - pending verification from internal audit	As per comment

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Appendix	2K
Title	Follow up of HSCP Audits (MB1087FM)
Area	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Notes updated: 6.1.1 6.1.2

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Appendix 2K: 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 30th June 2019 and on going	Open	Inventory procedure currently being refreshed due to complexity of home working. Inventories were updated end March 2022 and meeting arranged with Business Managers to agree service owners.
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	30th June 2019	Open	As above
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	Considered implemented – pending verification by internal audit	
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	Considered implemented – pending verification by internal audit	
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	Considered implemented – pending verification by internal audit	

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	30th June 2019	Considered implemented – pending verification by internal audit	Staff locations have been reviewed on flexi system
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 - 28th May 2019	Considered implemented – pending verification by internal audit	
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		Considered implemented – pending verification by internal audit	Kinship care guidance shared with internal audit