



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	9
Title	Audit Update
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> • Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in November 2022 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 2022 • Summary of all open audit recommendations 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

29 March 2023

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 November 2022
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 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. Audit activity for the HSCP is provided in full and includes current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. 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. Ernst and Young also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.

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

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

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

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

REPORT

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

8. No new audits have been undertaken in relation to the Integration Joint Board since last reported to Performance and Audit Committee in November 2022.
9. It was confirmed in the Chief Auditors report to Performance and Audit Committee in November 2022, that the one recommendation from the IJB Follow up audit (MB1163FM) was considered closed, therefore this audit has been removed from the appendices.
10. Therefore the only outstanding recommendations relating specifically to the Integration Joint Board are from the Audit Scotland Annual Audit Plan which is attached at Appendix 1A.

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

11. Since last reported there has been 1 new audit which is included in this report. A further audit has been undertaken by the Council's internal audit team on Self Directed Support – Direct Payments for which the response is currently being finalised and this will be included in the next report.

Ordering and Certification – MB1178NS

12. A Council wide Audit of Ordering and Certification was issued on 31 December 2022.
13. This audit focussed on orders and invoices processed between 1 April and 31 August 2022 and made a total of 12 recommendations across 7 areas. As not all recommendations impact on the HSCP, only an extract of the full audit report, along with our response to the 4 recommendations relevant to the HSCP are included at Appendix 2A.

Recommendations from previous audits (Appendices 2B-2H)

14. At November a total of 49 recommendations were reported; 38 open and 11 which the HSCP considered to be closed but were pending verification from internal audit.
15. Of these 49 recommendations, 23 remain open and 26 are now considered closed (pending verification), so a further 15 are now considered closed.
16. An additional 4 recommendations have been added from the new audit detailed at appendix 2A, of which we now consider 2 closed pending verification.
17. The table below summarises the total number of recommendations which impact on the HSCP which are either open, or have yet to be verified as implemented by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each 'status' section.

Audit Report and Appendix		No. of actions closed since last reported	Recommendations			
			Total no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Ordering and Certification	2A	New	4	0	2	2
Follow up of Business Operations and Partnerships Department	2B	1	2	0	1	1
Barrhead Centre	2C	3	11	0	3	8
HSCP Follow-up	2D	7	20	0	7	13
Debtors	2E	n/a	2	0	2	0
Environment Follow-up	2F	3	3	0	3	0
Fostering, Adoption and Kinship	2G	1	3	0	2	1
Payroll	2H	n/a	8	0	8	0
TOTAL			53	0	28	25

NHS Internal Audit Activity relating to the Health and Social Care Partnership – Appendix 3

18. In addition to follow up work, 2 audits have been undertaken by NHS Greater Glasgow and Clyde between October and December 2022, as follows:-
 - Covid-19 Recovery – Annual Delivery Plan
 - Telecommunications Project – Post Implementation Review
19. Both reports only required minor improvement actions to be implemented and there are no actions for East Renfrewshire HSCP to take forward, however a summary is provided at Appendix 3 for information.

CONCLUSIONS

20. We will continue to report on all open audit recommendations relating to both the IJB and HSCP to provide assurance of control and enable oversight of previous audits and demonstrate progress.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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12 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: 23.11.2022 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/8446/Performance-and-Audit-Committee-Item-11-23-November-2022/pdf/Performance_and_Audit_Committee_Item_11_-_23_November_2022.pdf?m=638037783592100000

PAC Paper: 22.09.2022 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/8181/Performance-and-Audit-Committee-Item-09-21-September-2022/pdf/Performance_and_Audit_Committee_Item_09_-_21_September_2022.pdf?m=637987495052000000

PAC Paper: 22.06.2022 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/7782/Performance-and-Audit-Committee-item-10-22-June-2022/pdf/Performance_and_Audit_Committee_item_10_-_22_June_2022.pdf?m=637909081004700000

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

Appendix	1A
Title	Audit Scotland 2021/22 Action Plan
Area	Internal Audit Activity relating to the Integration Joint Board
Status	NEW

Appendix 1A: Audit Scotland 2021/22 Action Plan

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
1	Financial sustainability – medium and longer-term financial planning						
	<p>The medium-term financial plan presented to the Joint Board in March 2022 outlined financial challenges and uncertainties over the next five years to 2026/27, including the need to achieve savings through change and redesign.</p> <p>The 2022/23 financial plan outlined unfunded cost pressures of £3.147 million. The plan outlines that these costs will be met from identified savings of £0.272 million with the remaining balance of £2.875 million coming from the recovery and renewal programme and supported by budget phasing reserve.</p>	<p>There is a risk that East Renfrewshire Integration Joint Board will be unable to achieve a sustainable outturn position going forwards, particularly given the uncertainty around Covid-19 and increasing service demands.</p>	<p>The IJB should engage strategically with partner bodies to review future funding levels and service priorities to ensure service plans developed are affordable and deliver value for money.</p>	<p>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 are unprecedented and still include understanding the impact Covid-19 on demand and complexity of need. The IJB recognised that the 2022/23 budget would again be an iterative process, with funding changes relating to Covid-19 and other initiatives emerging as the year progressed. The IJB also recognised;</p> <ul style="list-style-type: none"> • that without support for Covid-19 costs, we would most likely need to invoke financial recovery planning. • that the reserves strategy in place, pre pandemic, to phase in savings would recommence • the pre-pandemic savings plans were significantly impacted by covid demands and policy changes. <p>We continue with scenario planning, financial modelling and report the financial 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. The Scottish Government may determine some budget conditions that must be collectively met, usually a minimum contribution per partner along with any specific policy funding.</p>	Chief Financial Officer	31-Mar-23	A refreshed MTFP will be taken to IJB on June 2023 subject to agreement of the IJB Budget for 2023/24

Appendix 1A: Audit Scotland 2021/22 Action Plan

2	General Reserve position <p>The general reserve position at 31 March 2022 is £0.272 million, which is below the IJBs reserve strategy recommendation. The IJB reserves strategy recommends that the IJB hold uncommitted reserves of around 2% of the IJBs revenue budget.</p>	<p>there is a risk that the uncommitted reserves held are not sufficient to meet longer-term financial pressures.</p>	<p>The level of general reserves remains unchanged and is currently lower than the IJB's reserve policy target. The reserve policy should be reviewed, and appropriate action taken to bring the level of general reserves held into line with the</p>	<p>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. Given the future financial outlook it is unlikely there will be any opportunity to invest in our general reserve in the coming years.</p>	<p>Chief Financial Officer</p>	<p>31-Mar-23</p>	<p>Please see management actions - no change</p>
3	Key performance indicators <p>The IJBs performance against the key performance indicators reflect the impact of Covid-19, however work is still ongoing to re-base these targets to ensure they reflect a realistic baseline position for the IJB to measure performance against. The IJB are currently working towards this, including establishing a working group to look at performance reporting however have noted this is a longer-term project.</p>	<p>There is a risk that the key performance targets and the IJBs performance against these are not aligned, as a result of the impact of Covid-19.</p>	<p>The IJB should continue to work on re-basing relevant targets, to ensure these reflect the impact of the pandemic and wider financial pressures facing the organisation on the IJBs performance.</p>	<p>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 as we work through our recovery from the pandemic. Covid-19 has had a direct impact on people's health and wellbeing. We still do not understand where we are in a post Covid demand for services. The impact on health including long Covid may still take some time to manifest. This means our performance indicators may need revision over a longer period of time.</p>	<p>Chief Financial Officer</p>	<p>31-Mar-23</p>	<p>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 has commenced and meetings convened. New reporting templates are being developed in consultation with PAC.</p>

Appendix	2A
Title	Ordering and Certification (MB1178NS)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New Issued - 31.12.2022 Responded – 10.02.2023

EXTRACT OF
ON REPORT ON AUDIT OF ORDERING AND CERTIFICATION

1. INTRODUCTION

As part of the audit plan 2022/23, an audit of Ordering and Certification was carried out.

The previous audit in February 2020 showed that the main weaknesses in this area were in relation a standard operating practice for new supplier creation, the need to review the supplier Masterfile and the ledger codes being used to post orders to.

The testing completed as part of this audit highlighted that the review of the supplier master file was still to be completed and there was a high number of orders in the sample that had not been placed using an approved contract and in these cases there was limited evidence of quotes being received. It was also noted that contract references are not being added to the orders.

2. SCOPE

The audit covered the following areas as agreed with the Chief Procurement Officer on 24 August 2022:

- Only goods and services which are required for the Council's business are ordered
- Orders are placed only after costs have been ascertained
- Orders are placed only with authorised suppliers
- Invoices are passed for payment to the correct supplier and only for goods/services received
- Invoices are correctly coded for posting to the financial ledger.

Audit testing focussed on orders and invoices processed through Integra between 01 April and 31 August 2022.

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

3. GENERAL CONCLUSION

Generally, the records were found to be held in an appropriate manner to allow all transactions to be verified. It was however noted that for 6 out of 15 orders taken, the goods had not been ordered via an approved supplier contract.

It is a requirement of the ordering system that orders show the reference of the contract/quick quote that is being used. A review of the 15 orders in the sample highlighted that this reference had only been shown in 4 cases.

It was also noted that a number of suppliers are appearing multiple times on the Creditor Masterfile which is overdue for a review.

A review of ledger codes used for items of expenditure indicated that there is a high use of miscellaneous codes for items where a more specific expense head is available. It was also noted that expense heads are being changed between order and invoice despite the expense head being suggested by the system.

The following recommendations are made and require attention.

4. FINDINGS AND RECOMMENDATIONS**4.1 Use of Approved Suppliers**

A sample of 15 orders was taken and they were reviewed to ensure that they had been placed with an approved supplier or that there was evidence held by the service to show quotes being obtained to demonstrate best value.

It was noted that in six cases there was no contract in place with the supplier used. For two of these cases the supplier being used was historical and the amount spent was less than £1,000 over the last year. In another case there were limited options available for the services being procured.

In two cases the supplier in use had been awarded work as part of a previous exercise but the contract awarded had expired and not been renewed. In one of these the contract was with procurement and was in the process of being finalised prior to being put out to the marketplace. In the other case the last quick quote was awarded in 2015/16 and had not been renewed.

In the final case, the supplier was being used by ICT for fibre works and the amount spent during 2021/22 was in excess of £46,000 with spend in 2022/23 at the time of the audit sitting at £9,792.

Recommendations

4.1.1 All Directors should instruct employees with responsibility for ordering that approved suppliers must be used.

4.1.2 All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.

4.1.3 Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.

Action: All Directors

4.4 Contract References

Each of the 15 orders in the sample were reviewed to determine if the contract reference had been added to the order as per the guidelines.

It was noted that a reference had only been added in 4 of the 15 orders in the sample, though contract or quick quote references were expected for at least 9 of the remaining 11.

Recommendation

4.4.1 All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.

Action: All Directors

Appendix 2B – Follow-up of Business Operations and Partnerships Audits - MB1177MB

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	All Directors should instruct employees with responsibility for ordering to ensure that approved suppliers are being used.	We will issue a reminder to all employees responsible for ordering	28 February 2023	Considered Closed (Pending verification by internal audit)	Email issued to Business Managers to cascade to those staff who process orders on Integra
4.1.2 (Med)	All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.	Commissioning liaise with procurement regarding best value. Tolerance is managed in relation to social care agency spend to meet service requirements.	Ongoing	Open	As per comment (too soon to provide further update)
4.1.3 (Med)	Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.	Commissioning have regular meetings with services and procurement to oversee contracts.	Ongoing	Open	As above
4.4.1 (Low)	All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.	We will issue a reminder to all employees responsible for ordering as per 4.1.1	28 February 2023	Considered Closed (Pending verification by internal audit)	As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry

Appendix 2B – Follow-up of Business Operations and Partnerships Audits - MB1177MB

Appendix	2B
Title	Follow-up of Business Operations and Partnerships Department Audits (MB1177MB)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022: <ul style="list-style-type: none">• 1 action considered closed (4.5.1)• Note updated at (4.6.1)

Appendix 2B – Follow-up of Business Operations and Partnerships Audits - MB1177MB

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (Med)	<p>Robust checks should be carried out by departments to ensure that the inventory records are accurate and that:</p> <ul style="list-style-type: none"> • the assigned user details are accurate, up to date and only include names of current employees. • individual users do not have more than one mobile or one laptop • clarification is provided to ICT promptly of any devices on the lists which are no longer needed or which need to be re-assigned to a different employee • clarification is provided to ICT of the reasons for devices where a named employee is not assigned to it. (eg pool phone) and this should be noted on the inventory. 	A full review of this year's inventories will be undertaken to ensure each point has been addressed.	March 2023	Considered closed (pending verification)	Laptops and mobile phones were included in a central HSCP inventory for 2022. These have now been included within service inventories for 2023. Business Managers have been asked to coordinate this across service areas. In addition a reminder was included in the Staff Bulletin that staff must notify when laptops are switched.
4.6.1 (Med)	Reports should be reviewed to ensure that only minimal SIM packages are provided for each employee and that employees are advised to return to work from council premises if they do not have adequate home broadband to meet work requirements.	We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT	December 2022	Open	Work is ongoing with this as capacity was an issue however we aim to complete this by end April 2023.

Appendix 2C – Audit of Barrhead Centre (MB1173NS)

Appendix	2C
Title	Barrhead Centre (MB1173NS)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022: <ul style="list-style-type: none"> ◆ 3 actions considered closed (4.4.1, 4.5.1, 4.6.1) ◆ Notes updated for all

Appendix 2C: Audit report on Barrhead Centre - MB1173NS

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	Expenditure incurred should be recorded as one entry on the petty cash clam and not split across multiple entries.	We are currently trialling prepaid cards with 8 members of staff and will review this by end of year. If successful this will be rolled out and will negate the need for frequent/high amount petty cash. Any residual use of petty cash will be within policy.	30 November 2022	Open	Staff are now in the process of using pre-paid cards which should all be operational by 31 st March.
4.1.2 (Low)	If the expenditure incurred from petty cash is regularly exceeding the £25 limit the Chief Financial Officer or Chief Accountant should be asked to approve an increase in the limit.	As above, the roll-out of prepaid cards should reduce the need for use of petty cash. However we will undertake a full review of petty cash activity and the volume of expenditure over £25. Should an increase be required, this will be submitted by the Service Manager. Other non-cash options will also be considered.	30 November 2022	Open	As above
4.2.1 (High)	The Learning Disability Manager should ensure that the appropriate action is taken to ensure that bank signatories for the petty cash imprest are updated and access is gained to the account.	Contact will be made with bank to ensure current signatories are added and those that are obsolete deleted	30 November 2022	Open	Contact has been made with the bank and new forms provided which have been completed by new signatories. Relevant paperwork has been submitted to ERC Senior Treasury Officer to progress.
4.2.2 (Med)	A full review of bank accounts and the number of signatories should be carried out to ensure access is not at risk of being lost.	A review will be undertaken by the Service Manager and the process to support will be refreshed.	30 November 2022	Open	Review undertaken. Signatories being progressed as above
4.3.1 (Med)	The Business Support Assistant should ensure that all bank statements are available for review and that they are being received from the bank to allow for monthly reconciliations to be completed.	Business support will ensure process for storing bank statements is in place.	30 November 2022	Open	Bank statements for Barrhead Centre are addressed to Eastwood Park. This is in the process of being changed along with the updating of the signatories for this account.
4.4.1 (Low)	The Accountancy Manager should ensure that appropriate action is taken to process the emergency imprest claims to the financial ledger and the VAT elements are coded to allow subsequent inclusion in claims to HMRC.	The accountancy team are reviewing this and we aim to have VAT adjustment in place by the end of the calendar year.	31 December 2022	Considered Closed (pending verification by internal audit)	Journal entry to correct miscoding actioned.

Appendix 2C: Audit report on Barrhead Centre - MB1173NS

4.5.1 (Low)	All record cards should be reviewed to ensure that appropriate information such as national insurance numbers and continuous service date are recorded.	All paper copy record cards will be reviewed and updated whilst we explore options for online system.	30 November 2022	Considered Closed (pending verification by internal audit)	Review Completed 14.11.22
4.6.1 (Low)	A review of the attendance record cards should be carried out for all periods of absence recorded and a check completed to ensure supporting documentation is held for all periods of absence.	As above.	30 November 2022	Considered Closed (pending verification by internal audit)	Review Completed 14.11.22
4.7.1 (High)	A full review of the funds held for client activities should be carried out and efforts made to ensure that these clearly show the amounts being held.	We have agreed that Voluntary Action will manage these independent funds and are in the process of transfer.	31 March 2023	Open	A service user committee is being established by Voluntary Action East Renfrewshire (VAER) who will provide support around management of bank accounts. Service users have been identified to be new signatories and a meeting took place with VAER on 8/3/23 to progress. Another meeting is taking place 24/3/23. HSCP Day Opportunities staff will have oversight of this to ensure spend is appropriate to the need to the relevant project.
4.7.2 (High)	A clearer audit trail needs to be established so there is a clear link between the bank amounts and the balances held in each of the group spreadsheets.	Will be included as part of the transfer to Voluntary Action. In the meantime transaction analysis will be maintained.	31 March 2023	Open	As above Transaction analysis continues in the meantime
4.7.3 (Med)	A column which calculates the running balance on a daily basis should be added to the spreadsheets used to record transactions for each of these groups.	A column to calculate the running balance will be added to the spreadsheet, however these will no longer be required once the funds transfer to Voluntary Action.	31 March 2023	Open	As above In the meantime, a column to calculate running balance has been added as requested.

Appendix 2D – Follow-up of HSCP Audits - MB1168FM

Appendix	2D
Title	Follow-up of HSCP Audits (MB1168FM)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022: <ul style="list-style-type: none">◆ 7 actions considered closed (4.3.1, 4.3.2, 6.1.1, 7.2.1, 7.3.1, 7.4.1, 8.4.1)◆ Notes updated for all

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	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.	A new report will be developed following the imminent finance restructure which will allow time to allocate to this task. This will be circulated to operational managers with instruction on approval process.	31 January 2023	Open	The new finance structure was implemented mid-February and work has begun to review options.
4.1.2 (High)	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.	Once the new report has been developed, quarterly meeting will be re-established with operation managers to review.	31 March 2023	Open	As above
4.2.1 (Low)	A review of the uprating process for non-framework service agreements 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.	The contracts team will continue to work with all non-framework providers to obtain new rates. The timeframe for change in rates is dependent on a number of factors. Opening rates for the financial year will be confirmed in April however there will be changes throughout the year. On receipt of new rates these will be passed to CareFirst to update the system.	30 April 2023	Open	Awaiting new rates

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

4.2.2 (Med)	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.	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. Due to staff turnover the central updating of service agreements, which will ensure accurate information is recorded on the system, was unable to be progressed however this will be prioritised once the new Business Support Assistance is in place.	31 March 2023	Open	Work is ongoing. New Business Support Assistant in post and has undertaken service agreement training.
4.3.1 (Med)	Operational Managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments	Reminders have been issued however another reminder will be issued to operational managers. Managers receive a weekly report detailing service agreements awaiting authorisation.	30 November 2022	Considered Closed (pending verification by internal audit)	Reminder has been issued JEN C TO PROVIDE EVIDENCE
4.3.2 (High)	Social workers should be instructed that updating the CareFirst system is essential and that this must be done before the service agreement commences where possible.	A reminder will be issued however it is not always possible to have service agreements in advance, for instance if care has to arranged in an emergency situation or when care has been put in place pending assessment process.	30 November 2022	Considered Closed (pending verification by internal audit)	Reminder has been issued JEN C TO PROVIDE EVIDENCE
4.4.1 (High)	Details of the risk based approach used to identify the care packages which are prioritised for an annual review should be documented and approved by the IJB.	The majority of reviews have been undertaken. A policy will be developed through our clinical and care governance group outlining our approach to reviews and will be shared with IJB	31 March 2023	Open	Guidance has been developed which will be underpinned by the new Supporting People Framework.
4.4.2 (Med)	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first	As above	31 March 2023	Open	As above

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

6.1.1 (Med)	All Social Workers and Managers should be reminded of the requirement to ensure that all application forms are correctly authorised by the required officers.	During the pandemic approvals were agreed via email. Going forward either wet signatures or email approval will be appended to all applications. The procedure will be reviewed and agreed with internal audit.	30 November 2022	Closed (pending verification by internal audit)	All forms up to £50 will have authorised by TM (GR12) and any requests above £50 will be authorised by SM GR15 or above. Email authorisation will be appended where it is not possible to obtain physical
7.1.1 (Low)	Consideration should be given to amending the policy and procedures to state that places on the play-scheme will be prioritised on an assessment of need and any overdue debt will not be taken account of when allocating places.	The policy will be reviewed	30 November 2022	Open	Over the next year Inclusive Support will be part of a wider review. A team manager has been appointed to undertake this review, and consideration will be given to both charging policy and redesign of services during this review. There was no charge for the service during the pandemic - all places were allocated free of charge.
7.2.1 (Low)	Proof of closure of the Kirkton Bank Account should be provided to audit	We will contact the Bank to obtain proof of closure	30 November 2022	Considered Closed (pending verification by internal audit)	Confirmation of closure received from bank
7.3.1 (Low)	Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all 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.	Procedures have been reviewed and will be re-issued following final approval by Senior Management.	30 November 2022	Considered Closed (pending verification from internal audit)	Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

7.4.1 (Low)	The disposal of inventory forms should be signed by a manager/supervisor for all disposals.	We will ensure all disposal forms are signed for the appropriate Business Manager for each area.	31 March 2023	Considered Closed (pending verification by internal audit)	Business Managers are responsible for inventories for their service areas and will ensure they sign any disposal forms. A reminder has been issued to this effect.
8.1.1 (Low)	Management should ensure that the imprest named Bonnyton Resource Centre is returned if it is no longer required for Day Services.	We may require this for Day Service when re-established however we will undertake a full review of all accounts	31 March 2023	Open	The Bonnyton imprest will be closed. CHECK IF SANDRA MANAGED TO CLOSE
8.3.1 (Med)	The bank signatories for the petty cash bank account should be reviewed and appropriate action taken to ensure that all accounts can continue to be accessed.	We will arrange for additional signatories for account when staff available on shift	30 November 2022	Open	Forms have been completed for 3 additional signatories. However these need to be signed by the Service Manager who is currently absent. This should be resolved by end March
8.3.2 (Med)	Proof that the Independent Funds bank account has been closed should be provided to audit. A final bank statement or confirmation of closure letter from the bank would be appropriate.	We will contact the Bank to obtain proof of closure.	30 November 2022	Open	Contact has been made with the bank – we are awaiting confirmation of closure letter
8.4.1 (Med)	Management should carry out a review of all cash held at the location and take appropriate action to ensure that levels of cash held are minimal and only required for operational purposes.	A review will be undertaken.	31 December 2022	Considered Closed (pending verification by internal audit)	Review completed January 2023 and level of cash held has decreased.

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

<p>9.1.1 (Med)</p>	<p>The frequency of which carers support plans are reviewed should be documented and evidence of the review and the outcome should be recorded on the CareFirst system or the system and documents maintained by the Carers Centre.</p>	<p>Assessment and Review of Adult Carer Support Plans (ACSP) has now been incorporated into the wider assessment and process working group.</p> <p>The group have produced a combined assessment template, incorporating the outcomes assessment and the individual budget calculator, this also reflect engagement with the carer and discussion of the ACSP. Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>The draft assessment was tested by Social Workers across adult services in the month of October. Analysis of this testing will be used to improve the assessment template before it is presented to the wider adults' services team for comment and implementation. Once agreed the assessment template will be used to develop a review template and support review of the ACSP in partnership with the carers centre.</p>	<p>31 March 2023</p>	<p>Open</p>	<p>This work is now part of the larger project to improve assessment and care management, SDS practice and REG.</p> <p>The draft assessment incorporated these aspects and the recent review guidance includes the ACSP.</p> <p>Carers Centre records date of when ACSP are submitted to HSCP including suggested review date. All information held on carers file on Centre management information system</p>
<p>9.1.2 (Low)</p>	<p>Officers should be instructed not to enter the date of the original ASCP as the review date on the CareFirst system. The review date should be set in accordance with the documented frequency.</p>	<p>HSCP ACSPs have review date set by allocated worker on Carefirst and review is recorded on Carefirst.</p> <p>HSCP Carers 'Tracker' linked to Cared-for person's review will ensure each carer receiving a service has their outcomes reviewed and this is recorded in tracker.</p> <p>A reminder will be issued regarding review dates, and will be supported by ongoing awareness raising (both informal communication and formal training) on ACSP process.</p>	<p>30 November 2022</p>	<p>Open</p>	<p>Carers Newsletters being developed for staff which will provide information on the role of the new Carers Lead, Carers Centre and Strategy as well as the ACSP process. The first newsletter will be issued in April and quarterly thereafter.</p>

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

<p>9.1.3 (Med)</p>	<p>A system must be put in place to evidence that all carers recorded on the CareFirst system or within the Carers Centre records have been offered an ACSP in accordance with the Carers Eligibility Framework.</p>	<p>Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>Every carer newly referred to Carers Centre is offered an ACSP (400 in past year). The Carers Centre are installing a new management information system in January 2023 which will significantly improve data capture and reporting. 022</p>	<p>31 March 2023</p>	<p>Open</p>	<p>ACSP process remains delegated to Carers Centre as lead delivery partner.</p> <p>Every carer referred to Carers Centre is offered and ACSP and info recorded on carers management information system.</p>
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Appendix	2E
Title	Debtors MB/1158/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC Nov-22 All recommendations considered closed pending verification

Appendix 2E: MB1158FM - Debtors

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

Appendix 2F: MB1168NS – Follow up of Environment Department Audits

Appendix	2F
Title	Follow up of Environment Department Audits MB1166NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022 ♦ 3 actions considered closed (6.1.1, 6.1.2, 6.2.1)

Appendix 2F: MB1168NS – Follow up of Environment Department Audits

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
6.1.1 (Low)	Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.	Ensure new guidance for tenders is available to staff and that full understanding of requirements is clear. Separation of duties will be allowed for where possible, recognising that for any specialist services this may not always be practical.	Guidance will be issued by August 2022 and support and training will be offered. Implementation dependant on tender timescales	Considered closed (pending verification)	Updated guidance is available as part of the tender documentation and services will be supported to complete this by the Commissioning Team to ensure new guidance is adhered to. One tender has been completed and 2 are currently underway using the new process
6.1.2 (Low)	In accordance with current corporate procurement guidance, all tender specifications should be checked by another officer and readily available evidence kept that this has been done.	Ensure new guidance for tenders is available to staff, as above. Strategic Planning, Performance & Commissioning Manager will co-ordinate and ensure checks are in place.	Guidance will be issued by August 2022 and support and training will be offered. Implementation dependant on tender timescales	Considered closed (pending verification)	Commissioning team have also identified separate service leads to undertake separate evaluations following completion of tender submissions.
6.2.1 (Low)	Evidence should be sought from the successful bidder(s) of their relevant staff qualifications/ training stated in their bid. It could be made clear in the tender wording that this will be required of the winning contractor thus incentivising the bid stating those qualifications held by personnel which are only the most relevant.	This requirement will be included in all tender wording.	Dependant on tender timescales	Considered closed (pending verification)	Training is included as part of the development of the tender documentation/service specification

Appendix	2G
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	Changes since last reported to PAC Nov 2022: ♦ 1 action considered closed (1.1.1)

Appendix 2G: 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	Considered closed (pending verification by internal audit)	As per HSCP Follow-up Audit MB1168FM - 7.3.1 - Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff
1.1.2 (Low)	A Standard Operating Procedure should be created and issued to all relevant staff documenting the steps involved from the start to end of a placement in care.	We do agree a procedure should be used and the existing CareFirst guidance documents the steps from the start to end of a placement. The CareFirst Guidance will be re-issued to staff.	August 2022	Considered closed (pending verification by internal audit)	Carefirst guidance shared with internal audit 19.05.2022
1.2.1 (Low)	An annual report should be presented and approved by the IJB detailing the carer rates to be paid for within each financial year.	Either a specific report will be issued or this will be incorporated into the budget or revenue monitoring report depending on timing. The annual budget report to the IJB allows for budget increases for allowances.	September 2022	Open	The current year budget allowed for an inflationary increase. The service will determine if any further change is proposed during this year and if so detail will be brought to IJB. CHECK LESLEY

Appendix	2H
Title	Payroll (MB/1151/FM)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No change since last reported to PAC All recommendations considered closed pending verification

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

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

Appendix	3
Title	Covid-19 Recovery - Annual Delivery Plan & Telecommunications Project – Post Implementation Review
Area	NHS Greater Glasgow and Clyde Internal Audit Activity relating to Health and Social Care Partnerships
Status	NEW

APPENDIX 3: NHS GREATER GLASGOW AND CLYDE INTERNAL AUDIT ACTIVITY

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Covid-19 Recovery – Annual Delivery Plan	Minor improvement required	0	0	2	0
Telecommunications Project – Post Implementation Review	Minor improvement required	0	0	3	0

1. Covid-19 Recovery – Annual Delivery Plan

In August 2021, the Scottish Government published its NHS Recovery Plan 2021-26 setting out the national approach to recovery of the NHS in Scotland following the pandemic. The recovery plan is backed by investment of around £1 billion over five years to: “*increase NHS capacity, deliver reforms in the provision of care, and ensure patients get the care they need as quickly as possible*”.

In July 2022, NHSGGC prepared an Annual Delivery Plan articulating the transitional approach from remobilisation to recovery during financial year 2022/23 and beyond. In order to ensure successful delivery of the NHS Recovery Plan, it is essential that NHSGGC is able to demonstrate alignment with national priorities within its local plans. It is also important that NHSGGC is able to measure progress towards delivering the targets and milestones set out in its Annual Delivery Plan.

Progress towards implementing the Annual Delivery Plan was reviewed, including the extent to which previously agreed activities have been implemented and arrangements for ensuring appropriate governance in this area. An in-depth review was also carried out of a sample of priority areas included within the 2022/23 ADP to consider the extent to which progress reporting is up to date, provided on a timely basis and reflective of any underlying pressures.

The conclusion reached was that only minor improvements were needed and that:

- the Annual Delivery Plan (ADP) submitted to Scottish Government was consistently aligned with national priorities and also reflective of local priorities within NHSGGC including the Board Corporate Objectives.
- robust arrangements were in place to oversee both preparation and submission of the Annual Delivery Plan, as well as regular monitoring of progress towards its implementation at the most senior levels within the organisation.

2. Telecommunications Project – Post Implementation Review

A new telecommunications platform was recently implemented to replace legacy technologies. Part of the project was to implement an enabling technology that would support wider initiatives that could generate benefits for the organisation. Management are keen to ensure that opportunities are taken to maximise the benefits of the implementation of this technology, especially in light of new ways of working.

The review considered whether there are appropriate arrangements in place to realise expected and additional benefits from the implementation of the Telecommunications project.

The conclusion reached was that only minor improvements were needed and that:

- the key expected benefit of the telecommunications programme, removing reliance on legacy BT services, had been achieved.
- The programme has not undertaken a benefits realisation review to evaluate all of the benefits documented in the business case.
- There is no defined roadmap to build on the enabling technology implemented by the Telephony Programme.
- there is no strategic or longer term view for future projects to enhance the benefits of the new platform and deliver capabilities in alignment with the strategic objectives.

Note 1 - The overall audit report rating is based on the following table:

<i>Immediate major improvement required</i>	<i>Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Substantial improvement required</i>	<i>Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met</i>
<i>minor improvement required</i>	<i>A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Effective</i>	<i>Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>

Note 2 - Issues within these reports are graded on the following basis.

4	<i>Very high risk exposure – major concerns requiring immediate senior management attention</i>
3	<i>High risk exposure – absence/failure of key controls</i>
2	<i>Moderate risk exposure – controls not working effectively and efficiently</i>
1	<i>Limited risk exposure – controls are working effectively but could be strengthened</i>