

High Importance Recommendations at 14th May 2021

| <u>Audit Title (Director)</u> | <u>Summary of Finding(s) and Recommendation(s)</u> | <u>Management Response</u> | <u>Action Date (by end of) & extensions</u> | <u>Confirmed Implemented</u> |
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| Reported July 2021 | | | | |
| Coroner Recharges (Chief Executives) | <p>Two HI recommendations were made: -</p> <p>1) The draft Memorandum of Agreement (MOA) with Leicester City Council should be promptly reviewed and updated and then signed by both parties, with appropriate monitoring arrangements built in to the agreement.</p> <p>2) Requirements to address areas of weaknesses identified such as, timeliness of receipt of financial information and documentation of reasons for budget adjustments, should be captured in the revised MOA. Adherence to the requirements in the MOA should be monitored.</p> | <p>Agreed</p> <p>Audit re-testing currently in progress</p> | June 2021 | |
| Travel, Subsistence and Related Allowances (COVID-19 related changes) (Consolidated Risk) | <p>No individual HI recommendations, but collective control weaknesses resulted in a partial assurance rating.</p> <p>Recommendations covered:</p> <ul style="list-style-type: none"> • Aligning temporary instructions with policy • Accuracy of reporting and receipt evidence • Authorisation process | <p>Agreed</p> <p>Audit re-testing currently in progress</p> | June 2021 | |

| Reported November 2020 | | | | |
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| Direct Payments (Personal Budgets) | <p>A review of the tableau dashboard of service users receiving an annual review revealed that as of 1st March 2020 there were 324 service users awaiting an annual review. Of these 35 were overdue by more than 12 months and 99 by between 6 and 12 months.</p> <p>1. Recommended annual reviews of all service users' care and support plans to establish whether client needs had changed, and the level of direct payment was appropriate to meet those needs.</p> <p>A review of Direct Payment Agreements found that where an arrangement was in place to pay a close member of family for providing care services, this was not recorded in the care and support plan, nor was approval obtained from the Head of Service as is required according to direct payments guidance. In addition, evidence was seen of expenditure that could potentially be considered to be contentious.</p> <p>2. It was recommended that the policy regarding paying close family members and carers living in the same house for providing care services should be adhered to. Where family members are used for providing care services, this should be recorded in the care and support plan, and contentious expenditure should be authorised by the Head of Service.</p> <p>The feasibility of a retrospective review (and authorisation at Head of Service level) of service users making payments to family members should be considered. If this is not feasible,</p> | <p>The review of care and support needs is the focus of the annual statutory review. DP reviews will be prioritised and scheduled to ensure allocation at 9 month intervals; so that completed reviews are within the 12 month timescales. Many people have had their review as part of support for alternative arrangements during the COVID pandemic.</p> <p>Further auditing tools are being introduced into the guidance and in practice. This will enable better monitoring of spend and outcomes throughout the year and in particular in the first 12 weeks of having a DP. Guidance and training has been improved to ensure compliance with rules surrounding paying close family members.</p> <p>Guidance will be improved and re-issued to care pathway staff with a focus on use of DP for a family member and the need to include this in any reviews to consider continued provision and any impact on the service user. The Group established to rewrite DP guidance now has a draft ready for consideration by various stakeholders. New processes have been added that will benefit audit</p> | <p>December 2020 May 2021</p> <p>Extend to July 2021</p> <p>December 2020 May 2021</p> <p>Extend to July 2021</p> | |

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| | it should be covered at the point of next annual review. | in the future as they are tools to evaluate and monitor the DP. Training/briefing sessions are being developed simultaneously and therefore expect the package to have a very well received and beneficial impact to the care pathway and ultimately the people receiving a DP. | | |
| Reported July 2020 | | | | |
| ICT Externally Hosted Contracts (Consolidated risk) | Three HI recommendations were made: - <ol style="list-style-type: none"> 1. Confirm the circumstances of the contract before deleting records 2. Conduct an audit to determine whether valid contract are in place 3. Decide whether original (signed) contracts should be held centrally. <p>Recommendations have been expanded to cover the wider contracts database</p> | Centralised database is not complete but is well developed i.e. database holds information on around 1,000 contracts (as to previously around 200). Copies of contracts still being obtained More work needed in respect of a Procurement toolkit and subsequent update of Intranet | September 2020 December 2020 March 2021 Extend to June 2021 for the initial recommendations Extend to December 2021 for the Procurement toolkit | |
| Rights of audit in procurement contracts (Consolidated risk) | Two HI recommendations were made: - <ol style="list-style-type: none"> 1. Include rights of audit clauses within all corporate guidance and any subsequent toolkits/associated training 2. Consider requesting a variation to retrospectively include rights to audit clauses for any relevant contracts (balancing cost v benefit) | Assured as completed but awaiting evidence | September 2020 December 2020 March 2021 Extend to June 2021 | |

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| <p>Gifts and Hospitality Registers (Consolidated risk)</p> | <p>Two HI recommendations were made: -</p> <ol style="list-style-type: none"> 1. Strengthen reminders for employees to complete the Counter Fraud e: learning module & consider escalation procedures for non-compliance. 2. Improve manager knowledge of gifts & hospitality through Managers Digest or specific forums to increase use | <p>Reminder currently being drafted by Comms Team</p> <p>Policy is currently being signed off through the Corporate Negotiating and Consultative Committee (CNCC) process. The process will also form part of the Annual Performance Review (APR) and so there will be a process to ensure staff are asked at least annually.</p> <p>In addition, a further audit will be carried out in February 2022.</p> | <p>September 2020 December 2020 March 2021</p> <p>Extend to July 2021</p> | |
| <p>Reported June 2020</p> | | | | |
| <p>Records management (Consolidated Risk)</p> | <p>Internal Audit randomly chose three sections within County Hall to undertake floor walks. The exercise identified some confidential and sensitive records that were not secured.</p> <p>Recommended</p> <ol style="list-style-type: none"> 1. Communicate to staff that physical records containing personal and sensitive information should be held securely. 2. Ad hoc spot checks should be independently undertaken by the Information Governance Team or Internal Audit. | <p>Two further floor walks were undertaken in March 2021 which identified actions are still needed. Reminders have gone to all departments and the Data Protection Officer has received assurances from departments that they have/are carrying out checks.</p> <p>Findings from the floor walks (particularly in respect of securing both electronic and physical storage) are being incorporated into the revised Ways of Working Programme</p> | <p>Immediate September 2020 December 2020 March 2021</p> <p>Extend to August 2021</p> | <ol style="list-style-type: none"> 1. Yes 2. Tba |

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| | | <p>and the associated Summer clean up.</p> <p>Until both of these pieces of work are completed it and then tested it would not be appropriate to sign off this recommendation as completed.</p> | | |
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