



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 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 September 2023 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in September 2023 • A 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>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 November 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 September 2023
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in September 2023
 - A 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 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 & 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. Since last reported, the Ernst & Young action plan from their annual audit report for the year ending 31 March 2023 is included at Appendix 1a. This supersedes the previous Audit Scotland action plan.
9. There has been no other audit activity relating specifically to the Integration Joint Board.

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

10. Since last reported there has been 1 new audit which is included in this report.

Audit of Thornliebank Resource Centre (MB/1192/NS)

11. The HSCP Audit of Thornliebank Resource Centre was issued on 28th August 2023 with 13 recommendations.
12. The audit report along with our response is included at Appendix 2A.

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

13. At the September 2023 meeting, a total of 57 recommendations were reported; 14 open and 43 which the HSCP considered to be closed but were pending verification from internal audit. We are pleased to report that Internal Audit have confirmed 5 recommendations closed as part of the Council wide follow up work on Debtors and Environment follow-up audits.
14. Of the 13 new recommendations from the Thornliebank audit detailed at appendix 2A, 11 are considered closed, pending verification.
15. The table below summarises the total number of recommendations which impact on the HSCP which are either open, have been verified as closed or are yet to be verified 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
Thornliebank Resource Centre	2A	11 (New)	13	0	11	2
Debtors	2B	0	1	0	1	0
SDS – Direct Payments	2C	0	3	0	0	3
Ordering and Certification	2D	0	4	0	4	0
Follow up of Business Operations and Partnerships Department	2E	0	2	0	1	1
Barrhead Centre	2F	0	11	0	7	4
HSCP Follow-up	2G	0	20	0	14	6
Debtors	2H	0	2	2	0	0
Environment Follow-up	2I	0	3	3	0	0
Fostering, Adoption and Kinship	2J	0	3	0	3	0
Payroll	2K	0	8	0	8	0
TOTAL		11	70	5	49	16

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

16. There is no new NHS related audit impacting on the HSCP.

CONCLUSIONS

17. 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

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

REPORT AUTHOR AND PERSON TO CONTACT

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8 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: 27.09.2023 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/9547/PAC-Item-12-27-September-2023/pdf/PAC_Item_12_-_27_September_2023.pdf?m=638306523832370000

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Appendix	1A
Title	Ernst & Young 2022/23 Action Plan
Type	Internal Audit Activity relating to the Integration Joint Board
Status	New

No	Finding / Risk	Grade	Recommendation	Management Action	Responsible Officer	Timing	Comments
1	Hosted Services						
	East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area. We noted that in practice there are no arrangements in place to document and maintain review of operational responsibilities.	Grade 2	The IJB should ensure that operational arrangements are documented and maintained for hosted services	Along with the other IJBs within NHSGGC we will review the arrangements and processes to support reporting on Hosted Services	Chief Financial Officer	31-Mar-24	Work is progressing with the Chief Financial Officers across NHS GGC in preparation for 2023/24 accounts.
2	Medium Term Financial Plan						
	We note that under the level of current financial pressures, there is a risk that the IJB's General Reserves will be exhausted during 2023/24. There is therefore a need to work with partners to develop a sustainable funding position.	Grade 1	There is an urgent need to work with partners to develop a sustainable funding position.	The current reporting to the IJB recognises the unprecedented financial challenges we are facing and that we are likely to deplete earmarked and general reserves during 2023/24. The IJB recognises the importance of the ongoing funding discussions with our partners that the Chief Officer and Chief Financial Officer are engaged in.	Chief Financial Officer	31-Mar-24	The Chief Officer and Chief Financial Officer are engaged in ongoing discussions with partners.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Appendix	2A
Title	Thornliebank Resource Centre MB/1192/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	NEW Issued 28/08/2023 A further 2 recommendations are considered closed since the response was submitted to Internal Audit

**REPORT ON AUDIT OF THORNLIBANK RESOURCE
CENTRE**

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Chief Auditor
MB/1192/NS
28 August 2023

REPORT ON AUDIT OF THORNLIEBANK RESOURCE CENTRE

1. INTRODUCTION

As part of the Annual Audit Plan for 2023/24, a regularity audit of the Thornliebank Resource Centre was carried out. Budgeted income for 2023/24 for Thornliebank Resource Centre is £104,939 with an overall net expenditure budget of £718,840.

The main risk associated with this area are that if the correct procedures are not in place for the income generated in respect of services operated by the clients, namely the committee fund and Brew Crew, there may not be appropriate documentation in place to ensure all money can be accounted for.

The previous audit of the Resource Centre was issued in August 2017 and at that time the main weaknesses related to the petty cash imprest, absence records and documentation held to support client monies activities. Client monies are no longer administered from this location.

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

2. SCOPE

The scope of the audit was to ensure that all income and expenditure is correctly accounted for and proper financial records are maintained. Audit testing covered the period April 2022 to July 2023. The audit focussed on the following areas:

- Petty cash
- Purchasing and Purchasing Cards
- Staff existence and absence monitoring checks
- Security Checks
- Miscellaneous Income

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

3. GENERAL CONCLUSION

The records held at the centre were generally well maintained and there was supporting documentation to support the amounts being incurred from the petty cash imprest in relation to service user activities. However, there is scope to improve the audit trail in relation to these expenses as in the majority of cases there was no description for the expense on the claim for reimbursement and transactions are not dated.

A review of employee record cards and subsequent checks on recorded absence for 2022 and 2023 showed that there were some periods of absence for which the appropriate absence forms had not been completed and in the cases where triggers had been breached there was no evidence to supporting an Absence Review meeting taking place.

Since the last audit, the Resource Centre staff have been issued with purchasing cards to reduce the need for cash when out on activities with Service Users. Records have been developed by Business Support and whilst these provide a good audit trail for expenditure being incurred there is scope to improve the documentation to evidence management review of the card activity.

The following recommendations are made and require to be addressed.

4. FINDINGS AND RECOMMENDATIONS

PETTY CASH IMPREST

4.1 Completion of Claims for Reimbursement

The petty cash claims for the period 08/12/2022 to 10/07/2023 were reviewed and it was noted that there is no description showing for any of the amounts incurred within the claim period and there are also no dates to show when the transaction took place.

It is acknowledged that all of the transactions have been cross referenced to a supporting receipt. However the claim for reimbursement should provide a summary of transactions to allow expenditure to be verified without the need to review all receipts.

Recommendation

4.1.1 All future claims for reimbursement forms should be fully completed with all transactions dated and a description of what has been purchased should be provided.

4.2 Splitting of Receipts

The review of the claims for reimbursement showed evidence that receipts are being split to ensure that the £25 limit is not being breached. In one case the voucher had actually been marked to state that "staff forgot to split shopping".

Further investigation of the expenditure showed that the amounts had been incurred for shopping and there were no individual items over the £25 limit and that the receipts had been split based on previous internal departmental advice given to the centre management regarding the £25 limit.

The Petty Cash Procedures state that "*The upper limit in respect of individual items of expenditure shall be £25 unless authorised by the Chief Financial Officer or the Chief Accountant.*"

However this does not mean that large amounts can be spent from the imprest as the procedures also state that "*Payments from imprest accounts shall be limited to minor items of expenditure.*"

The review of Claim Number 3 covering the period 23/05 to 13/06/2023 showed that there were two receipts for £32.18 which were for repairs to the flooring within the centre. These are both over the £25 limit and are not deemed to be appropriate expenditure for the imprest and should have been carried out via the purchasing system.

Recommendations

4.2.1 All employees should be instructed that receipts must not be split to avoid breaching the limit set for individual items of expenditure.

4.2.2 All future purchases should be on minor items of expenditure and not used for items that should be procured via the purchasing system.

4.3 Imprest Level

The centre currently hold an imprest of £800 which is an historical level based on a period where there was far greater use of cash for service user activities etc.

Over the last year employees have been issued with purchasing cards to use to cover items of expenditure that historically would have been carried out using cash and therefore the requirement to hold such a high imprest is no longer appropriate.

A review of the petty cash claims submitted during 2022/23 showed that the average claim totalled £172.66 or 22% of the overall imprest held.

Recommendation

4.3.1 Management should review the imprest and reduce the amount held to a more appropriate level.

EMPLOYEE EXISTENCE AND ABSENCE MONITORING

4.4 Completion of Absence Paperwork

The attendance record cards held at the centre were reviewed for periods of absence and for each period shown, management were requested to provide supporting paperwork to verify that the requirements of the Maximising Attendance guidance were being followed.

Overall, there were 10 period of absence reviewed and it was noted that in 4 cases (out of 8) there was no evidence of a Return to Work form being completed and in 2 cases (out of 6) no "fit notes" had been uploaded to the i-trent system.

It is recognised that in one case where there was no return to work form, the employee was on secondment to another section within HSCP so the management within Thornliebank had no control over this period.

The absences were also reviewed to determine if one of the absence triggers had been breached and this highlighted 5 cases where an absence review should have been completed. In 2 of these cases there was no evidence on i-trent that an Absence Review Meeting had taken place.

Recommendation

4.4.1 Management must ensure that all paperwork required by the Maximising Attendance guidance is completed and uploaded to i-trent as evidence of compliance.

4.4.2 It is essential that Maximising Attendance guidance is fully adhered to and Return to Work and Absence Review meetings are held in every applicable case.

FUNDS HELD IN CENTRE

4.5 Level of Cash Held and Banking of Income

Discussions with Management highlighted that over the winter months the centre operated a “pop up” café as part of the warmer places initiative. This proved to be successful and as a result they have continued to operate this.

There are no set charges for the food and drink offered at the café but donations have been accepted. At the time of the audit, the records held for this initiative showed that there was total of £414.89 held in the safe. This cash was counted and could be agreed to the records.

Management confirmed that the cash was being held as they were not sure what to do with it as it is not an official part of the service being provided and therefore not appropriate to bank within the committee bank account but they were also not sure if it was appropriate to remit to the Council.

Recommendation

4.5.1 Management should engage with HSCP Finance to determine the best course of action for the income generated as part of the pop up café to allow the total level of cash being held to be reduced to a more appropriate level.

PURCHASING CARDS

4.6 Purchasing Card Records

All employees with responsibility for taking service users out on activities have been issued with a purchasing card to cover staff expenses incurred. Management have also been issued with cards to allow them to purchase provisions required for lunches within the centre.

At the time of the cards being issued, no records were provided to Business Support to allow them to monitor card activity and as such the Business Support Team at Barrhead and Thornliebank devised a record card for each cardholder which is used to record the date of the transaction, amount spent as well as a description/reason for the expenditure. There are also columns for the cardholder to sign, show a receipt has been received and that it has been uploaded to the card system.

A review of the cards showed that the card number was incorrectly shown for one employee and not shown at all for another and in another two cases the record had not been fully completed in relation to receipts being submitted or uploaded to the system.

It was also noted that in one case there was a transaction on the record card that had never been charged for on the card statements.

It would be beneficial if a column was added to the record of expense form for the worker to add the name of the client and activity being undertaken that required them to use the card that had been issued to them.

Recommendations

4.6.1 The Business Support Team should review the record cards held and ensure that they are all accurate in relation to card information.

4.6.2 The Business Support Team should carry out periodic checks on the cards to ensure that all receipts have been submitted and that all transactions are appearing on the monthly statements. In addition a check should be carried out that all transactions on the monthly statements are shown on the record cards.

4.6.3 A column should be added to the record of expense form for the worker to add the name of the client and activity being undertaken to improve transparency of card use.

4.7 **Management Review of Card Activity**

The Purchasing Cards are issued by the Chief Executive's Business Unit who are the overall administrators of the system.

It was verified that the Business Unit will receive copies on the monthly statements and are also able to view receipts that have been uploaded to the system. However it was also verified that they are not required to do any regular checks on card use or verify statements are accurate.

Discussions at the location verified that there are no regular checks on card activity, receipts or monthly statements by management.

Recommendations

4.7.1 A system of regular checks should be implemented by management to ensure that receipts are being received and uploaded and that expenditure being incurred is appropriate for the needs of the service.

4.7.2 Management should carry out reviews of the monthly statements for each of the cardholders.

4.7.3 The record cards held for each cardholder should be amended to allow for management to initial or sign that they have carried out a review of receipts and statements.

Chief Auditor
28 August 2023

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	All future claims for reimbursement forms should be fully completed with all transactions dated and a description of what has been purchased should be provided.	Staff have been reminded of Council procedure. If full receipts not available full spend will be documented on petty cash voucher form.	31-Aug-23	Considered closed (pending verification from internal audit)	
4.2.1 (Low)	All employees should be instructed that receipts must not be split to avoid breaching the limit set for individual items of expenditure.	Introduction of purchase cards in June 2023 has stopped this practice from happening.	N/A	Considered closed (pending verification from internal audit)	
4.2.2 (Low)	All future purchases should be on minor items of expenditure and not used for items that should be procured via the purchasing system.	As above. Appropriate use of procurement procedures enforced with staff.	31-Aug-23	Considered closed (pending verification from internal audit)	
4.3.1 (Low)	Management should review the imprest and reduce the amount held to a more appropriate level.	The imprest has been reviewed and it has been agreed this will reduce to £350. Arrangements being made to make withdrawal and deposit to ERC collection hall.	31-Oct-23	Considered closed (pending verification from internal audit)	£450 was deposited to the collection hall on 4th October 2023, reducing the imprest balance to £350
4.4.1 (High)	Management must ensure that all paperwork required by the Maximising Attendance guidance is completed and uploaded to iTrent as evidence of compliance.	iTrent and Information at Work refresher training to be undertaken by all staff responsible for managing attendance. Training sessions have been arranged with HR	31-Oct-23	Open	A number of lunch and learn sessions have taken place with HR, and these are ongoing until 4th December 2023.
4.4.2 (Med)	It is essential that Maximising Attendance guidance is fully adhered to and Return to Work and Absence Review meetings are held in every applicable case.	As per 4.4.1	31-Oct-23	Open	As above
4.5.1 (Med)	Management should engage with HSCP Finance to determine the best course of action for the income generated as part of the pop up café to allow the level of cash being held to be reduced to a more appropriate level.	Funds are now being paid into the Brew Crew account as donations as agreed with HSCP Finance.	31-Aug-23	Considered closed (pending verification from internal audit)	

4.6.1 (Low)	The Business Support Team should review the record cards held and ensure that they are all accurate in relation to card information.	Business support have been instructed to review all record cards.	31-Aug-23	Considered closed (pending verification from internal audit)	
4.6.2 (Med)	The Business Support Team should carry out periodic checks on the cards to ensure that all receipts have been submitted and that all transactions are appearing on the monthly statements. In addition a check should be carried out that all transactions on the monthly statements are shown on the record cards.	Procedures have been amended to reflect these recommendations	31-Aug-23	Considered closed (pending verification from internal audit)	
4.6.3 (Low)	A column should be added to the record of expense form for the worker to add the name of the client and activity being undertaken to improve transparency of card use.	P numbers will be added to the record of expense form.	31-Oct-23	Considered closed (pending verification from internal audit)	This has been added to the record of expense
4.7.1 (Med)	A system of regular checks should be implemented by management to ensure that receipts are being received and uploaded and that expenditure being incurred is appropriate for the needs of the service.	As per 4.6.2	31-Aug-23	Considered closed (pending verification from internal audit)	
4.7.2 (Med)	Management should carry out reviews of the monthly statements for each of the cardholders.	As per 4.6.2	31-Aug-23	Considered closed (pending verification from internal audit)	
4.7.3 (Med)	The record cards held for each cardholder should be amended to allow for management to initial or sign that they have carried out a review of receipts and statements.	As per 4.6.2	31-Aug-23	Considered closed (pending verification from internal audit)	

Appendix	2B
Title	Debtors MB/1188/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023 All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (High)	All Managers should be instructed that they must notify the system administrator immediately of all leavers to allow system access to be removed promptly.	We will remind staff of the various actions to be taken when processing a leaver.	31/08/2023	Considered Closed (Pending verification by internal audit)	An integra system alert was sent to all integra users. We have also circulated to our Extended SMT to ensure that managers are aware of the process and steps to take.

Appendix	2C		
Title	Self-Directed Support – Direct Payments MB/1171/FM		
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership		
Status	Changes since last reported to PAC 27.09.2023: 4.1.1 note updated		

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	The financial review of direct payments should be completed as soon as possible.	Already under way. This will be done in a phased approach to manage workload	30-Jun-23	Open	All direct payment recipients have been contacted for a financial review. Information received has been scanned onto carefirst and social work managers directed to review where appropriate. Reminders were sent to those who didn't respond in August 2023. This review work is ongoing and will sit alongside reviews under the Supporting People Framework. Cases where we have had no response have been referred to operational management to follow up
4.1.2 (High)	The HSCP management should ensure going forward, that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered on an annual basis.	We will follow the CIPFA and Scottish Government guidance, which exempts some small spends etc. It is sometimes obvious from bank statements what spend is being incurred therefore receipts are not necessary. We will, however, implement a risk-based assessed approach to financial monitoring based on care package cost and previous history. Agreed that unspent monies should be recovered annually, in conjunction with a review by operational staff.	30 June 23 then ongoing	Open	As above. Balances are being highlighted to care managers and recovery of unspent funds will follow review.
4.1.3 (Med)	Consideration should be given to reviewing the full years bank statements for each service user to ensure that the review is comprehensive and provides appropriate assurance regarding the use of public funds.	All users should receive a financial review, however this should be in line with CIPFA and Scottish Government guidance.	31-Mar-24	Open	Where there is evidence of inappropriate spending, full receipts will be asked for.

Appendix	2D
Title	Ordering and Certification MB/1178/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023 All recommendations considered closed

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-Feb-23	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 liaison with procurement regarding best value. Tolerance is managed in relation to social care agency spend to meet service requirements.	Ongoing	Considered Closed (Pending verification by internal audit)	Process established with Commissioning and Procurement to identify and action breached thresholds if applicable
4.1.3 (Med)	Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaison with Procurement to allow appropriate action to be taken.	Commissioning have regular meetings with services and procurement to oversee contracts.	Ongoing	Considered Closed (Pending verification by internal audit)	Process in place with Commissioning and services to monitor contracts. Commissioning and procurement have process in place to review new and existing contracts.
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-Feb-23	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	2E
Title	Follow-up of Business Operations and Partnerships Department Audits MB/1177/MB
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 27.09.2023: 4.6.1 note updated

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. (e.g. pool phone) and this should be noted on the inventory. 	<p>A full review of this year's inventories will be undertaken to ensure each point has been addressed.</p>	Mar-23	Considered closed (pending verification)	<p>Laptops and mobile phones were included in a central HSCP inventory for 2022. These have now been included within service inventories for 2023.</p> <p>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.</p>
4.6.1 (Med)	<p>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.</p>	<p>We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT</p>	Dec-22	Open	<p>Work is ongoing with this however the deadline has been revised as capacity constraints have restricted process. This has been amalgamated with a wider review of equipment which is a work in progress and expect to complete by December 2023. This work is happening in conjunction with contract changes which will also reduce costs.</p>

Appendix	2F
Title	Barrhead Centre MB/1173/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 27.09.2023:

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 claim 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-Nov-22	Considered Closed (pending verification by internal audit)	Prepaid cards rolled out to all staff (June 2023). There is no need for petty cash to exceed the £25 limit.
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-Nov-22	Considered Closed (pending verification by internal audit)	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-Nov-22	Considered Closed (pending verification by internal audit)	The petty cash account signatories have now been updated and the service is able to access the account
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-Nov-22	Considered Closed (pending verification by internal audit)	Review undertaken Dec 2022. Signatories have now been updated as per 4.2.1 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-Nov-22	Open	A change of address request has been submitted to the bank. We await a response.

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
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-Dec-22	Considered Closed (pending verification by internal audit)	Journal entry to correct miscoding actioned.
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-Nov-22	Considered Closed (pending verification by internal audit)	Review of record cards 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-Nov-22	Considered Closed (pending verification by internal audit)	As above

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
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-Mar-23	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 HSCP Day Opportunities staff will have oversight of this to ensure spend is appropriate to the need to the relevant project and are liaising with VAER on account details. An appointment with the bank is arranged for 20/09/23 when it is expected funds will transfer and account will be closed.
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-Mar-23	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-Mar-23	Open	As above. In the meantime, a column to calculate running balance has been added as requested.

Appendix	2G
Title	Follow-up of HSCP Audits MB/1168/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023

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-Jan-23	Open	A report has been developed for managers to show varies to costs to assist with reviewing Service Agreements and amending where appropriate. This commenced June 2023 and will be issued monthly going forward
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 meetings will be re-established with operational managers to review.	31-Mar-23	Open	As above. Quarterly meetings will be scheduled which will confirm varies based on the new report. It should be noted that timings of reviews may also be determined by the Supporting People Framework.
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-Apr-23	Open	A report has been developed to highlight rates that need updating on CareFirst. The new centralised approach will amend Service Agreements where appropriate (with operational managers separately approving) and will liaise with the commissioning team as required. Given operational capacity challenges we expect to complete a full review by end September 2023.

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-Mar-23	Open	Work is ongoing. New Business Support Assistant in post and has undertaken service agreement training. Housekeeping checks will be saved and reviewed by the Senior Finance Support Officer on a quarterly basis to identify if further action needs to take place. Capacity issues within the finance team have meant this work was delayed until 31st October 2023, however long term absence continues.
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-Nov-22	Considered Closed (pending verification by internal audit)	Reminder has been issued
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-Nov-22	Considered Closed (pending verification by internal audit)	Reminder has been issued
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-Mar-23	Considered Closed (pending verification by internal audit)	The original comment predated the Supporting People Framework which was approved by the IJB in March 2023 Guidance has been developed which underpins the new 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-Mar-23	Considered Closed (pending verification by internal audit)	As above. Operational managers are currently taking forward reviews on a risk and needs basis. This is further underpinned by the new Supporting People Framework.
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-Nov-22	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	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-Nov-22	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-Nov-22	Considered Closed (pending verification by internal audit)	Confirmation of closure received from bank

7.3.1	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-Nov-22	Considered Closed (pending verification from internal audit)	Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff
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-Mar-23	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-Mar-23	Closed (pending verification by internal audit)	The imprest account has been closed and funds returned.
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-Nov-22	Closed (pending verification by internal audit)	Bank signatories have been updated and there are now 8 signatories on the account to allow for continual access.
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-Nov-22	Open	Contact has been made with the bank – we are awaiting confirmation of closure letter

<p>8.4.1 (Med)</p>	<p>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.</p>	<p>A review will be undertaken.</p>	<p>31-Dec-22</p>	<p>Considered Closed (pending verification by internal audit)</p>	<p>Review completed January 2023 and level of cash held has decreased.</p>
<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. 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-Mar-23</p>	<p>Considered Closed (pending verification by internal audit)</p>	<p>New ACSP process in place from May 23. Screening Group review all ACSP's with review dates agreed and recorded on Carefirst.</p> <p>All existing ACSP's not reviewed within the last 6 months will be prioritised for a review and if required, future review dates will be agreed and recorded on Carefirst using new process</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 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 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-Nov-22</p>	<p>Considered Closed (pending verification by internal audit)</p>	<p>New screening group will set the review date and record on carefirst Carers Newsletters being developed for staff to provide information on the role of the new Carers Lead, Carers Centre and Strategy as well as the ACSP process. The first newsletter was issued in June and is available here</p>
<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. 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</p>	<p>31-Mar-23</p>	<p>Closed (pending verification by internal audit)</p>	<p>The Carers Centre has the delegated authority on behalf of the HSCP to offer carers an Adult Carer Support plan and to complete the plan should the carer agree. The offer and plan is recorded on the Carers' Centre's management information system. Support plans that meet the HSCP eligibility framework for support are recorded on Carefirst with a review date set at the time resources and support being agreed.</p>

Appendix	2H
Title	Debtors MB/1158/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	CLOSED All recommendations verified as implemented by internal audit

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 (verified 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 (verified by internal audit)	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. 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.

Appendix	21
Title	Follow up of Environment Department Audits MB/1166/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	CLOSED All recommendations verified as implemented by internal audit

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	CLOSED (verified by internal audit)	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	CLOSED (verified by internal audit)	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	CLOSED (verified by internal audit)	Training is included as part of the development of the tender documentation/service specification

Appendix	2J		
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	No changes since last reported to PAC 27.09.2023 All recommendations considered closed		

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.	Aug-22	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.	Aug-22	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.	Sep-22	Considered closed (pending verification by internal audit)	A paper detailing rates was presented and agreed at the IJB in August 2023

Appendix	2K
Title	Payroll MB/1151/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023 All recommendations considered closed

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-22	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-22	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-22	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-22	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-22	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-22	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-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

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