

REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLANS AT 30 SEPTEMBER 2020

Summary: Section 1 Summary of Management Actions due for completion by 30/09/2020

There were 7 actions due for completion by 30 September 2020 and dates in relation to all 7 actions have been revised.

Section 2 Summary of Current Management Actions Plans at 30/09/2020

At 30 September 2020 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 30/09/2020

At 30 September 2020 there were 36 current audit action points.

Section 4 Analysis of Missed Deadlines

At 30 September 2020 there were 19 audit action points where the agreed deadline had been missed.

Section 5 Summary of Action Plan Points by Audit Year

REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS SUMMARY OF ACTION PLANS DUE FOR COMPLETION BY 30.09.2020

SECTION 1

Strategic Area	No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
HSCP	2	0	2	0
Children and Families	2	0	2	0
Community Health and Care	3	0	3	0
Total	7	0	7	0

^{*} These actions are included in the Analysis of Missed Deadlines - Section 4

In addition, there were 3 actions due for completion by 31 December 2020 which have been completed by management as follows:

Agreed Action	Management Comment
170. HSCP Attendance Management	
Training New Supporting Employee Wellbeing policy was launched and New I-learn course and programme of master classes had commenced however they were paused to allow managers to respond to COVID 19. This will be re started as we move into a more stable recovery phase.	This work has been restarted and HR has carried out virtual training for all staff. This action is now complete.
The role of Occupational Health and how to make referrals is included in the new Employee Wellbeing Policy and is included in the Masterclass sessions associated with this. This also applies to Return to Work interviews, statements of fitness and risk assessments.	

171. Social Work - Case Management

<u>Community Health and Care Services – Peer review audit of files</u>

The Integrated Operations Managers will share the findings of the audit and will carry out regular bi monthly peer review of chronologies to ensure effective recording. This will include sharing the findings with the Social Workers involved.

Peer review audits are carried out by SSW's. Within COPT a proforma to look at trends across the service from the audits was introduced in Oct 2019. This is completed by the SSW and reviewed with the IOM. This proforma has been shared with the IOM for ACT and CHDT for implementation. It has been agreed within SSW across community teams that chronologies will be reviewed as part of the supervision process of each allocated case. SSW will further review the chronology when a case is passed for closure and advise the worker to improve this if it is not up to standard.

REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS SUMMARY OF ACTION PLANS DUE FOR COMPLETION BY 30.09.2020

Agreed Action	Management Comment
Community Health and Care Services – Feedback on Peer Review The Integrated Operations Managers will share the findings of the audit and will carry out regular bi monthly peer review of chronologies to ensure effective recording. This will include sharing the findings with the Social Workers involved.	Peer review audits are carried out by the SSW. Within COPT summary documents are already completed and shared with the IOM, worker and line manager. These are discussed in supervision and actions addressed. This information and system has also been discussed with SSW's within ACT and CHDT who will also ensure that this process is followed.

SECTION 2

CURRENT ACTIONS BY STRATEGIC AREA

HSCP	
Due for completion December 2020	3
Due for completion April 2021	2
Total Actions	5
Children and Families	
Due for completion October 2020	1
Due for completion December 2020	4
Due for completion March 2021	4
Due for completin April 2021	2
Total Actions	11
Community Health and Care	
Due for completion October 2020	1
Due for completion November 2020	6
Due for completion December 2020	2
Due for completion January 2021	1
Due for completion February 2021	1
Due for completion March 2021	1
Total Actions	12
Strategy and Performance	
Due for completion October 2020	1
Total Actions	1
CCCF	
Due for completion December 2020	1
Total Actions	1
Regulatory	
Due for completion March 2021	2
Due for completion April 2021	1
Due for completion March 2022	1
Total Actions	4
Housing and Employability	
Due for completion March 2021	2
Total Actions	2
Total current actions:	36

SECTION 3



1. Recently Issued Internal Audit Action Plans

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172. Taxi Licensing (Report issued October 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	J	Managed By
IAAP/064	Insufficient and Outdated Policies and Procedures All policies and procedures should be reviewed and updated where necessary with new procedures and forms being developed where applicable. Going forward all policies and procedures should include version control and the date of the last review. (High Risk)	The Licensing Team will review procedures to update and improve as necessary.		30-Apr- 2021	30-Apr- 2021	Raymond Lynch	Peter Hessett
IAAP/065	Acceptance of Incomplete/ Inaccurate Application forms It should be part of the procedures that only complete applications are accepted. In the short term where required training should be provided to the licensing team and the one stop shops to explain what the standards of an application form should be. With immediate affect any incomplete application forms should be rejected. (High Risk)	Agreed in terms of any incomplete forms. The Licensing Team have and will continue to work with the One Stop in this regard.	>	05-Oct- 2020	05-Oct- 2020	Raymond Lynch	Peter Hessett
IAAP/066	Acceptance of Incomplete/ Inaccurate Application forms In the medium term the licensing team should look to phase out paper based applications completely with all licences being required to be submitted online, with originals of documents presented either in the one stop shops or directly to the licensing team. (High Risk)	Paper copy applications will be available in the medium term and the licensing team will work with the Trade to seek to establish a timetable to remove the ability to apply using paper applications.		31-Mar- 2022	31-Mar- 2022	Raymond Lynch	Peter Hessett
IAAP/067	Lack of Proof of Address and Identity Checks at application stage Checks on proof of identity and proof of address should be undertaken for all licences. Procedures should be introduced and training provided to ensure these basic checks are carried out. (High Risk)	This seems to have arisen partly due to a view that proof of identity should be sought in relation to those behind legal entities who apply for licences (companies etc.) it is officers' view that this is not permitted by law and in any case unclear of the relevance to applications. Accordingly the recommendation is agreed insofar as permitted by law.	⊘	05-Oct- 2020	05-Oct- 2020	Raymond Lynch	Peter Hessett
IAAP/068	Checks on the Validity of Supporting Documentation and Retention of Evidence Originals of all supporting documentation should be viewed and a copy taken and retained on file. A checklist of acceptable forms of identification and address should be developed and additional training should be provided if required.	The procedure will be clarified to ensure that such information, which is always viewed by Licensing Staff prior to issue of a license, is retained and verification is possible from recorded data.		05-Oct- 2020	05-Oct- 2020	Raymond Lynch	Peter Hessett

^{*}See analysis of missed deadlines – Section 4

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Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	(High Risk)						
IAAP/069	Integrity of Documentation A full review of all documentation should be undertaken to ensure the integrity of all the information being held by the licensing team. Going forward regular reviews should be undertaken. An interim update will be provided by 31 March 2021. (High Risk)	Noted and agreed. This is already being undertaken at a team level and regular reviews will be inbuilt and further appropriate advice sought from Record Management Officers as required.		31-Mar- 2021	31-Mar- 2021	Raymond Lynch	Peter Hesset
IAAP/070	<u>Determining if an Individual is Fit and proper</u> Management should review the requirement of developing of a policy for the consideration of criminal records. (High Risk)	Officers had already considered this and determined that it was not appropriate and still consider this to be the case. Management is satisfied that the Licensing Committee, with appropriate guidance from legally qualified staff and significant training, are best placed to determine how to deal with criminal records and other material circumstances when determining applications and considering suspension/revocation of licenses.	•	05-Oct- 2020	05-Oct- 2020	Raymond Lynch	Peter Hessett
IAAP/071	Failure to Adhere to Licence Conditions Publicly available information needs to be more explicit in stating that it is a licence holders responsibility to uphold the licence conditions and if they don't their licence is at risk. Officers will consult with the taxi forum on existing terms and conditions and thereafter report to the Licensing Committee on the consultation. An interim update will be provided by 31 March 2021. (Medium Risk)	While it should already be apparent to licence holders what the consequences of not following conditions may be, the Licensing team will ensure in all cases that Licence Holders are issued/reissued with the terms and conditions of their licence to increase awareness, website information pertaining to this on the licensing webpage will be reviewed. In addition, officers will consult with the taxi forum on existing terms of licence conditions and thereafter, report to the Licensing Committee on the consultation.		31-Mar- 2021	31-Mar- 2021	Raymond Lynch	Peter Hessett

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173. Housing Voids (Report Issued October 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	5	Managed By
IAAP/079	1.Void Management Policy Review & Update The Void Management Policy 2013 should be reviewed and updated to take account of current working practices following the 2018	The previous policy had fallen into abeyance, with the strategic direction for voids led by the Housing Improvement Board. Whereas this has led to significant		31-May- 2021	31-May- 2021	Edward Thomas	Helen Black; David

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	restructure of the Housing Operations Service and the introduction is the new Integrated Housing Management System (IHMS) in October 2019. (Medium Risk)	improvements against the key tenets of the historic policy, given the extent of systemic and structural changes it would be beneficial to codify this within a revised policy. This will be developed with new tenant feedback and wider tenant consultation.					Lynch; Edward Thomas
IAAP/080	2. Re-let Standard An updated draft of new Re-let Standards outlining standards require to be achieved before a void property is offered to new tenant should be submitted to the Housing Investment Board. (Medium Risk)	The current re-let standard had previously been considered by the Housing Improvement Board but not formally approved due to one minor element; similar to the Void Management Policy, it is timely for this to be revisited and revised subject to tenant consultation. As an interim measure, the existing operational standard will be remitted to the Housing Improvement Board to ensure oversight until the revision concludes.		31-Mar- 2021	31-Mar- 2021	Edward Thomas	Helen Black; David Lynch; Edward Thomas
IAAP/081	3. Accuracy of Management Information – Council Tax Management should investigate the reasons for the differences in the information on void properties reported to Housing Operations and Council Tax. Where possible adjustments should be made to the IHMS reporting system to ensure the correct information is provided to both Housing Operations and Council Tax. (Medium Risk)	Following discussions between the Housing Void Officer and the Project Co-ordinator of the Integrated Housing Management System adjustments have been made to the new system and issues surrounding backdated entries in the system have been resolved. The reports produced for Council Tax will match those provided to Housing Operations.		31-Aug- 2020	31-Aug- 2020	Edward Thomas	Edward Thomas

Internal Audit Reports – Current Actions

Zinternal Addit Reports Carrent Actions

151. Performance Indicator Review – Library Visits (Report Issued May 2019)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	1. Information obtained from the electronic counters is not user friendly and is time consuming to analyse Management should consider how the data provided by the electronic counters can be improved either by upgrading or replacing the current system to ensure useful management information is available. (Low risk)	We will look at alternative solutions and make an assessment on suitability in the 2019/20 financial year.		-	31-Dec- 2020*	David Main	Stephen Daly

154. Charging Policy - Non Residential Services (Report Issued May 2019)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	1. Financial Assessments Not Located/Provided Service areas should ensure that it is built into their processes that Financial Assessment reviews are undertaken on an annual basis as this does not appear to happening as standard. In addition, record keeping needs to be improved. (High Risk)	The Head of Service will issue an instruction to Integrated operational Managers on the requirement to undertake a Financial Assessment as part of the initial assessment of care and also that this should be reviewed annually. Evidence should also be retained to verify that this has been done. The HSCP SMT has agreed that an Extended Management Team session will be held around the operational responsibilities of social care staff.		30-Jun- 2019 30-Sep- 2020	01-Apr- 2021*	Fraser Downie; Jo Gibson; Jonathan Hinds	Beth Culshaw
AP//34	3. Evidence of Benefits When carrying out Financial Assessments, verification of the clients Benefits/Income/Capital should be carried out, this verification should be retained as evidence to the assessment. Alternatively, consideration should be given to accessing/sharing information from	The revised Charging Policy will stress that evidence must be provided and retained to allow for a robust financial assessment to be undertaken. If service user refuses then the full charge will be applied. This will be detailed within the financial assessment.		30-Aug- 2019 30-Sep- 2020	01-Apr- 2021*	Jonathan Hinds	Beth Culshaw

^{*}See analysis of missed deadlines - Section 4

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Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	the IWorld Benefits system as this is verified/evidenced information which would also ensure that the client is only being asked once for the information. (Medium Risk)	IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.					
T&PSR/ AP/735	4. Charqing Policy As the Community Based Care Charging Policy - Non Residential Services has not been reviewed for at least eight years and as some parts of the policy requires to be more generic and other parts require to be more specific, it is recommended that the policy be fully reviewed and revised. This will therefore provide more clarity, eliminate ambiguity and make it fit for purpose. It is also recommended that all services be included in the review to ensure input from all areas. In addition, once reviewed, the date of the revision should be recorded on the policy to ensure that there is proper version control. (Medium Risk)	A Charging Policy Review Group has been established on 7th Jan with meetings scheduled for every 2 weeks until end of June. The group includes all Heads of Service, the CFO, some Integrated Ops Managers and social care accountant. The draft Terms of Reference were considered at the 2nd meeting and agreement was reached between HoS about seconding a social worker to support the process. The review will consider the impacts of new Carers Act and Free Personal Care for Under 65 as well as Self Directed Support duties. It will also address the current anomalies/inequities between service users and opportunities to maximise charging in the context of the council's Commercialisation Policy – but within COSLA Guidance. Personal care is defined in legislation. A simple "service user guide" to non-residential charges can be added to the website/leaflet for distribution.		31-Aug- 2019 30-Sep- 2020	31-Mar- 2021*	Jonathan Hinds	Beth Culshaw

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157: Social Work Tendering & Commissioning (Report Issued 7 June 2019)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date		Managed By
T&PSR/IA AP/760	2. Resources Allocation Meetings (a) It may be helpful for the CPU attend some of the resource allocation meetings to establish ways they could work more collaboratively and if tools such as frameworks could be used. (b) Minutes should be taken at all such meetings in order to show the rationale of procurement decisions. In addition these notes should be included in service users' files. (Medium Risk)	 (a) It would be beneficial for the CPU to have insight into the Resource Allocation Meetings process, but only with regard to the type of provider and service type required. (b) Rather than a full minute there will be a Decisions Summary produced after every meeting which will be distributed to both CPU and HSCP Finance Team. 		30-Sep- 2019 30-Sep- 2020	2020*	Kelly; Robert MacFarla ne;	Jo Gibson; Jonathan Hinds; Sylvia Chatfield; Annabel Travers

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	Code	Recommendation	nendation Agreed Action		Original Due Date	Due Date	Assigned To	Managed By
							Bernadet te Smith	
- 1			Our review of commissioning and quality within the HSCP will ensure that a consistent monitoring approach will be developed across services. This will include a review of the functions within the Quality Assurance Team, in tandem with a review of the HSCP SMT structure.		31-Dec- 2019	2020*	Margaret -Jane Cardno	Beth Culshaw

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165. CM2000 Functionality (Report Issued February 2020)

Code	Recommendation	Agreed Action Sta		Original Due Date	Due Date	Assigned To	Managed By
IAAP/026	Compliance with Clocking in and out in the CM2000 system It is recommended that Management formalise checks/follow up for the clocking in and out on a regular basis. Results should be cascaded to Team Leaders/Supervisors to discuss missed clocking in and out with relevant staff to help achieve the target with the compliance level. (Medium Risk)	We have committed that back office staff will undertake live monitoring. We have written a "Reconciliation Standards" document for the admin team. It explains how they are to handle each Reconciliation scenario, We will work with HR to undertake formal action under the performance management policy for those staff who failed to log in and out of visits.		30-Apr- 2020	30-Nov- 2020*	Richard Heard	Lynne McKnight
IAAP/027	Compliance with Clocking in and out in the CM2000 system b) It is recommended that Management roll out this new App as soon as the pilot is completed in order to assist with increasing the compliance level. (Medium Risk)	New app will be rolled out in next three months as tags for all clients will need to be re-programmed and training provided for front line Home Carers.		30-Apr- 2020	30-Nov- 2020*	Richard Heard	Lynne McKnight
	Overtime Payment It is recommended that: • all timesheets are checked and agreed to CM2000 system before being authorised for payment; • where there are instances of non-compliant clock in overtime, appropriate additional authorisation should be obtained. (Medium Risk)	We are working with CM2000 to develop a payroll report which will be used as the basis for staff payment. This report will be implemented by September 2020. In the meantime Admin will do cross checks against clocking in and out. A communication will be issued to all home care staff re compliance and claims for overtime.		30-Nov- 2020	30-Nov- 2020*	Richard Heard	Lynne McKnight
IAAP/029	Implementation of additional CM2000 Functionality	Mileage Wizard will be rolled out in next six months.		30-Jun-	30-Nov-	Richard	Lynne

^{*}See analysis of missed deadlines – Section 4

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Code	e Recommendation Agreed Action		Status	Original Due Date	Due Date		Managed By
a) It is recommended that Management pilot and fully implement the Mileage functionality across the Homecare team within the planned time frame. (Medium Risk)		This will depend on high compliance.		2020	2020*	Heard	McKnight
IAAP/030	Implementation of additional CM2000 Functionality b) It is recommended that Management develop a plan in collaboration with WDC ICT and Payroll to implement the Financial module. (Medium Risk)	We are working with CM2000 to develop a payroll report which will be used as the basis for staff payment. This report will be implemented for testing by September 2020			30-Jan- 2021*	Richard Heard	Lynne McKnight

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170. HSCP Attendance Management (Report Issued June 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	_	Managed By
IAAP/042	2. Line Managers Performance It is part of the remit of a line manager's role to correctly manage attendance of their employees and therefore consideration should be given to identifying areas where this is not happening and provide support to those managers to achieve this. (High Risk)	The importance of Return to Work interviews and the recording of them is included in the new Employee Wellbeing Policy. Line Managers are responsible for ensuring return to work interviews are conducted in a timely manner. Heads of Service discuss Attendance Management and Employee Weebeing at management team meetings and on an ongoing basis with managers. Should any Heads of Service identify any managers who may require additional support and or training to ensure this is the case, this is discussed with HR colleages to identify how best to resolve any issues. Managers must ensure that Statement of Fitness dates correctly cover the period of absence. If there are any discrepancies managers should request that either an updated statement is supplied or agree the reason for absence for any dates not covered by the statement and record this appropriately. In addition to the Supporting Employee Wellbeing Policy there is a Stress Management policy which highlights Managers responsibilities in relation to this and provides information on individual stress risk assessments. Both of these policies are easily accessible via WDC Intranet.		31-Dec- 2020	31-Dec- 2020	Margaret -Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Slater

^{*}See analysis of missed deadlines – Section 4

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Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	3. Compliance checks Checks should be regularly carried out to ensure the policy is being followed correctly. (High Risk)	A random sample of absence cases will be extracted from September 2020 absence figures from HR21 to ensure the policy is being applied consistently in all areas. This will be repeated on a 6 monthly basis.		31-Dec- 2020	31-Dec- 2020	Margaret -Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Audrey Slater
	4. Exempt absences for trigger application Managers need to monitor such instances and if they notice an employee appears to be off excessively due to D&V then advice should be sought from HR. (Medium Risk)	Managers should record the reason for absence accurately. If there appears to be a pattern of absence then advice should be sought from HR or if there are repeated absences for the same reason Occupational Health should be consulted to assess if there is an underlying health condition. In cases where there are circumstances for discretion to be considered, as outlined in the policy (section 8.1) and where it may not be appropriate to have a wellbeing prompt meeting the line manager should discuss this with HR and submit a discretion form to the service manager for authorisation and the employee informed of this in writing.		31-Dec- 2020	31-Dec- 2020	Margaret -Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Slater

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171. Social Work - Case Management (Report Issued August 2020)

Cod	le	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAA	P/046	1. Children's Services - Workload of staff a) Management should consider how the complexity of cases can be assessed in order to understand the impact on the workload of Social Workers. b) As noted in recommendation 8 a data cleanse process should be carried out to identify any open cases which should be closed. c) Management should continue with efforts to recruit additional staff. (High Risk)	a) Managers endeavour to allocate based on risk and complexity of need; work to identify any appropriate, reliable tools will be undertaken as part of wider service redesign. Recruitment to vacant and additional posts will also support progress here. b) Data cleanse to ensure accurate caseloads is being forward by a sub group of the wider team with Information Team colleagues. c) Recruitment continues: 6 Social Worker vacancies recruited to. 6 additional Social Worker posts (in		31-Aug- 2020		Annie Ritchie	Jonathan Hinds

^{*}See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
		addition to establishment) also being recruited to. 4 of 6 additional Support Workers (2 year contracts) recruited to-date. Funding previously allocated to some third sector organisations is now being reinvested to support this over-recruitment.					
IAAP/U47	2. Children's services - Unallocated cases The weekly meetings between the SSWs should be formally minuted, explaining why each unallocated case has not been treated as a priority and why they believe there is a limited risk in delaying the allocation of that case. (Medium Risk)	Weekly allocation meetings can include brief action note of decisions around allocation/non-allocation, process of review etc. or note on Care First for each case noting outcome of allocation meeting.		31-Aug- 2020	31-Dec- 2020*	Annie Ritchie	Jonathan Hinds
IAAP/048	3. Children's services – Supervision of casework Senior Social Workers (SSWs) should be required to discuss all cases allocated to Social Workers on a regular basis to ensure that appropriate review is taken of lower priority cases and that no cases remain open which should be closed. Performance management information showing cases which have not been updated within a specified period should be obtained to enable SSWs to gain assurance that there are no open cases which are not being actively dealt with. (Medium Risk)	Supervision with staff covers a range of issues in addition to discussion about cases. Supervision process requires review and update – can reflect frequency of discussions around cases; consider discussion of a certain number of cases in each supervision session. Explore an improved 'Team around the Child' reviewing model. Monthly report to managers, Head of Service, HSCP Chief Officer and Council Chief Executive includes breakdown of unallocated cases. Develop management exception report re: cases with no activity recorded for periods of time to provide further scrutiny and assurance.		31-Mar- 2021	31-Mar- 2021	Annie Ritchie	Jonathan Hinds
	4. Children's Services – Recording of supervision meetings Supervision meetings should be recorded in line with the supervision policy and all Social Workers should be provided with a summary of the non case related discussion element of the meeting. (Low Risk)	Managers can revisit supervision guidance to support consistent feedback and to improve supervision records and agreed tasks. Supervision notes to be held securely to provide record of decisions and actions. Managers to review supervision arrangements and frequency with direct reports and their teams to ensure they meet requirements of service and policy.		31-Aug- 2020	31-Dec- 2020*	Annie Ritchie	Jonathan Hinds
IAAP/050	5. Children's Services - Peer review of case files Management should consider what level of peer review is required to ensure that the cases are being recorded adequately and assess how the process can be re established given the current team workloads. (Medium Risk)	Management Team are reviewing peer review processes as part of case file audit and monitoring and how this can inform service redesign. Work has commenced as part of the PACE workstream in respect of children looked after at home. Intention to scale up when capacity is increased.		31-Oct- 2020	31-Oct- 2020	Annie Ritchie	Jonathan Hinds

^{*}See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date		Managed By
IAAP/051	6. Children's Services - Case reviews a) SSWs should be reminded that all cases allocated to social workers should be reviewed as part of the Supervision process and manager supervision notes should be added to CareFirst as evidence of manager review. b) Management should consider obtaining regular management information from CareFirst highlighting, for example, cases where no observations or manager comments have been added within a certain time period. (Medium Risk)	,		31-Mar- 2021	31-Mar- 2021	Annie Ritchie	Jonathan Hinds
IAAP/052	7. Children's Services - Policies and Procedures Management should review and update the procedures and guidance documents to ensure they provide accurate guidance as to what is required of the social workers. Management should reiterate the importance of all procedures being followed. (Low Risk)	Policies to be reviewed and updated in terms of quality assurance, good practice and service redesign.		31-Mar- 2021	31-Mar- 2021	Annie Ritchie	Jonathan Hinds
IAAP/053	8. Children's Services - Performance management information Team Leaders and Senior Social Workers should review the information within the reports and validate the figures being provided. Where necessary a data cleanse process should be carried out to identify open cases which should be closed. The Team Leaders should consider whether the information provided is useful and how they can use it going forward to assist in the planning and review of the work being undertaken within their teams. (Low Risk)	Team Leads and Senior Social Workers to review management information reports and check recording processes to ensure accuracy. As 1b, above Fieldwork managers to review how management reports can support allocation processes and case management planning across teams.		31-Aug- 2020	31-Mar- 2021*	Annie Ritchie	Jonathan Hinds
IAAP/054	9. Children's Services - Enhancement to Performance Management Information Management should consider whether oversight could be improved through reviewing the reporting functionality on CareFirst and developing reports such as: • a report which would show any open cases on Care First where the last observation was over six months or one year ago - where SSWs are unable to review all cases at Supervision meetings this would help identify cases which have not been followed up on a timely basis and cases which could potentially be closed. • a report which would show cases where there had been no manager supervision comments for a defined period of time e.g. six	As part of improving management reports this can be included for further discussion around Care First functionality and managing workloads.		31-Aug- 2020	31-Dec- 2020*	Annie Ritchie	Jonathan Hinds

^{*}See analysis of missed deadlines – Section 4

Code	Recommendation Agreed Action S		Status	Original Due Date	Due Date		Managed By
	months. This would highlight cases where there is no evidence of manager supervision and highlight either that managers have not had time to document their supervision or that supervision has not taken place in line with the procedures requirements. (Low Risk)						
IAAP/055	10. Community Health and Care Services - Policies and Procedures a) Policies and procedures should be reviewed and updated to reflect current expected practice. Consideration should be given as to how minutes of Supervision meetings should be recorded and retained. b) Management should consider what policies, such as a respite policy, are required and these policies should then be documented. (Low Risk)	A stocktake of all policies and their revision dates is underway. A review of the Standards and Guidance for Case Recording and the Supervision policy will be carried out , including consideration of records storage. Work to develop a HSCP Respite Policy		31-Dec- 2020	31-Dec- 2020	Margaret -Jane Cardno; Jo Gibson	Jo Gibson
IAAP/056	11. Community Health and Care Services – Supervision As noted in recommendation 10 above, the Supervision Policy requires to be reviewed. As part of this review management should re-emphasise the importance of including supervision of cases on CareFirst as evidence of review and consider how the supervision meetings should be recorded (Medium Risk).	A review of the supervision policy will be carried out , including consideration of records distribution and storage.		31-Dec- 2020	31-Dec- 2020	Jo Gibson	Jo Gibson
IAAP/057	12. Community Health and Care Services - Completeness of Information on CareFirst Management should investigate and ensure that all essential information is available on CareFirst. (Medium Risk)	Workplan in place to reduce risk of data being held in one system and not being accessible to other users. NHS GGC have released a project manager to lead this for WDHSCP		31-Mar- 2021	31-Mar- 2021	Margaret -Jane Cardno	Jo Gibson
IAAP/058	13. Community Health and Care Services - Unallocated cases a) Notes should be made by the SSW on CareFirst for each unallocated case explaining why the case has not been treated as a priority and why they believe there is a limited risk in delaying the allocation of that case. b) The SSW should amend the priority of the case on CareFirst as part of their review to ensure it is included accurately within the Waiting Times Report. (Medium Risk)	This will be encompassed in core actions from Team Meetings. a) Meeting held with SSW across community teams on 5/10/20 to discuss and progress ensuring consistent approach across teams. b) Difficulty in amending the priority as the system then changes the date of the referral to the date amended. Carefirst does not allow waiting lists to be viewed in order of priority of referrals. It only presents these in date order. Priority needs to be kept manually. Work to be undertaken with duty workers to ensure that referrals are correctly prioritised when received.		31-Oct- 2020	31-Oct- 2020	Hazel Kelly	Jo Gibson

^{*}See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	14. Community Health and Care Services - Care home placement reviews Management should consider whether it would be more appropriate to carry out an annual review of all placements in to private care homes to ensure they are being monitored effectively. (Medium Risk)	A review of scrutiny and support to independent sector care homes will be completed, to ensure appropriate level of resources are in place to monitor quality of care.		30-Sep- 2020	28-Feb- 2021*	Jo Gibson	Jo Gibson
IAAP/062	17. Community Health and Care Services - Performance Management Reports Procedures for preparing the reports should be updated and additional staff should be trained in how to run the reports to reduce reliance on one member of staff. Reports should be reviewed within the admin team to ensure that they are complete and accurate. (Low Risk)	Procedure will be documented and additional staff trained. Process will be introduced to ensure accuracy.		30-Sep- 2020	30-Nov- 2020*	Hazel Kelly	Jo Gibson
IAAP/063	18. Community Health and Care Services - Enhancement to Performance Management Information Management should consider whether oversight could be improved through developing reports such as: • a report which would show any open cases on Care First where the last observation was over six months or one year ago - where SSWs are unable to review all cases at Supervision meetings this would help identify cases which have not been followed up on a timely basis and cases which could potentially be closed. • a report which would show cases where there had been no manager supervision comments for a defined period of time e.g. six months. This would highlight cases where there is no evidence of manager supervision and highlight either that managers have not had time to document their supervision or that supervision has not taken place in line with the procedures requirements. (Low Risk)	Consideration will be given as to what reports can be developed and how these will be used to support performance management.		30-Sep- 2020	30-Nov- 2020*	Hazel Kelly	Jo Gibson

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
151. Performance Indicator Review – Library Visits (May 2019)	Analysis of Electronic Counter Information (Low Risk) We will look at alternative solutions and make an assessment on suitability in the 2019/20 financial year.	31-Mar-2020	31-Dec-2020	Global events overtook the finalising of this action, with all Libraries closed to the public in accordance with government guidelines. A Business Case has now been prepared to consider alternative systems at a time the libraries re-open.
154. Charging Policy - Non Residential Services (May 2019)	Financial Assessments Not Located/Provided (High Risk) The Head of Service will issue an instruction to Integrated operational Managers on the requirement to undertake a Financial Assessment as part of the initial assessment of care and also that this should be reviewed annually. Evidence should also be retained to verify that this has been done. The HSCP SMT has agreed that an Extended Management Team session will be held around the operational responsibilities of social care staff.	30-Jun-2019 30-Sep-2020	01-Apr-2020	The request to commission a care package for any client group will only be considered by the Area Resource Groups when accompanied by a Financial Assessment with evidence of Income Maximisation being offered to the individual. This process is clearly set out in the Draft Charging Policy currently being finalised with a focus on Equalities Impact Assessment. The Coronavirus Act has allowed for a relaxation of a full social care assessment being undertaken (including financial assessment) as staff resource is under strain. As part of the workplan for consistent implementation of Eligibility Criteria from April 2021, plans are being developed to ensure financial assessments are being carried out and appropriately recorded. In September 2020 the IJB approved elegibility criteria for HSCP services. This has allowed progress to commence on the development of a single shared assessment with a view to initiating a pilot in the final quarter of this year with full implementation in April 2021. Closely aligned to this is a separate work stream in reslation to Financial Assessments, a lead officer has been identified and a clear work plan has been developed to drive forward this work. The initial work to be undertaken in October/November 2020 is in relation to situational analysis, this will shape a clear improvement plan considering both cultural and systemic improvement which are required to ensure compliance.
154. Charging Policy - Non Residential Services (May 2019)	Evidence of Benefits (Medium Risk) The revised Charging Policy will stress that evidence must be provided and retained to allow for a robust financial assessment to be undertaken. If service user refuses then the full charge will be applied. This will be	30-Aug-2019 30-Sep-2020	01-Apr-2021	The draft Charging Policy has placed more emphasis on the responsibility of the Service User/Representative that without evidence of income/benefits the full charge will be applied. As part of the workplan for consistent implementation of Eligibility Criteria from April 2021, plans are being developed to ensure

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
	detailed within the financial assessment. IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.			financial assessments are being carried out and appropriately recorded. In September 2020 the IJB approved elegibility criteria for HSCP services. This has allowed progress to commence on the development of a single shared assessment with a view to initiating a pilot in the final quarter of this year with full implementation in April 2021. Closely aligned to this is a separate work stream in reslation to Financial Assessments, a lead officer has been identified and a clear work plan has been developed to drive forward this work. The initial work to be undertaken in October/November 2020 is in relation to situational analysis, this will shape a clear improvement plan considering both cultural and systemic improvement which are required to ensure compliance.
154. Charging Policy - Non Residential Services (May 2019)	Charging Policy (Medium Risk) A Charging Policy Review Group has been established on 7th Jan with meetings scheduled for every 2 weeks until end of June. The group includes all Heads of Service, the CFO, some Integrated Ops Managers and social care accountant. The draft Terms of Reference were considered at the 2nd meeting and agreement was reached between HoS about seconding a social worker to support the process. The review will consider the impacts of new Carers Act and Free Personal Care for Under 65 as well as Self Directed Support duties. It will also address the current anomalies/inequities between service users and opportunities to maximise charging in the context of the council's Commercialisation Policy – but within COSLA Guidance. Personal care is defined in legislation. A simple "service user guide" to non-residential charges can be added to the website/leaflet for distribution.	31-Aug-2019 30-Sep-2020	31-Mar-2021	The impact of responding to the Covid-19 Pandemic has directed all levels of staff in Health and Social Care to support front line service delivery. This has resulted in a delay in finalising a number of outstanding actions including revised guidance on eligibility and self directed support assessments which impact on the review of the Charging Policy. Revised Charging Policy was drafted and originally on the HSCP Board Agenda for 23 Sept 20, however delayed given the continuing uncertainty around the re-start of Daycare Services. Also need to fit into WDC Committee cycle as the proposed change to Daycare charge back into component parts (transport, meals & activities) needs to be approved by full Council. Proposal would be to link in with 2021/22 Budget Setting Papers.

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
157. Social Work Tendering & Commissioning (June 2019)	Resource Allocation Meetings (Medium Risk) (a) It would be beneficial for the CPU to have insight into the Resource Allocation Meetings process, but only with regard to the type of provider and service type required. (b) Rather than a full minute there will be a Decisions Summary produced after every meeting which will be distributed to both CPU and HSCP Finance Team.	30-Sep-2019 30-Sep-2020	31-Dec-2020	HSCP Management met with CPU staff to discuss adult ARG processes and needs of CPU at end 2019. Further meetings arranged but subsequently cancelled by CPU. CPU to be contacted to re-establish meetings. As part of the SDS process a system of notifying finance via the IRF2 was being considered to reduce duplication of work. This will be progressed with any ongoing work regarding SDS. Information for CPU will be discussed further at meetings with CPU to clarify what information is needed and in what format.
157. Social Work Tendering & Commissioning (June 2019)	Monitoring Providers (Medium Risk) Our review of commissioning and quality within the HSCP will ensure that a consistent monitoring approach will be developed across services. This will include a review of the functions within the Quality Assurance Team, in tandem with a review of the HSCP SMT structure.	31-Dec-2019	31-Oct-2020	In response to the Covid-19 Pandemic there has been significant work undertaken monitoring social care providers, especially in residential care homes. By contracting a number of children's services through the Scotland Excel Framework there is robust monitoring of providers. The completion of number of contract strategies in partnership with CPU, including Carers; Advocacy; Supported Living; Fostering and Continuing Care and Accommodation Based Services for Learning Disability has increased the HSCP's annual contract compliance from 13% in 2018/19 to 79.2% at the end of 2019/20. HSCP in partnership with CPU will explore further the potential opportunities to contract via the Scotland Excel Care and Support Framework. However Best Value risk as Framework prices are currently in excess of locally agreed individual agreements. A new structure for the Strategy and Transformation was approved on the 14 August 2020, which includes an improved structure in relation to contract management, commissioning and quality assurance. Work is ongoing to recruit a Contracts and Commissioning Manager, it is anticipated this post will be filled in the first quarter of 2021.

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
165. CM2000 Functionality (February 2020)	Compliance with Clocking in and out in the CM2000 system (Medium Risk) We have committed that back office staff will undertake live monitoring. We have written a "Reconciliation Standards" document for the admin team. It explains how they are to handle each Reconciliation scenario, We will work with HR to undertake formal action under the performance management policy for those staff who failed to log in and out of visits.	30-Apr-2020	30-Nov-2020	Two employees have been identified to support the administration team in following up on compliance. The planned review of care at home services has been delayed due to the Covid-19 Pandemic however CM2000 compliance actions will be covered in service delivery plans current in draft. Staff have been formally notified by letter on requirements to comply with CM2000 procedures.
165. CM2000 Functionality (February 2020)	Compliance with Clocking in and out in the CM2000 system (Medium Risk) New app will be rolled out in next three months as tags for all clients will need to be re-programmed and training provided for front line Home Carers.	30-Apr-2020	30-Nov-2020	Full completion is expected by December 2020.
165. CM2000 Functionality (February 2020)	Overtime Payment (Medium Risk) We are working with CM2000 to develop a payroll report which will be used as the basis for staff payment. This report will be implemented by September 2020. In the meantime Admin will do cross checks against clocking in and out. A communication will be issued to all home care staff re compliance and claims for overtime.	30-Nov-2020	30-Nov-2020	In the meantime Admin staff do cross checks against clocking in and out. A communication has been issued to all home care staff re compliance and claims for overtime.
165. CM2000 Functionality (February 2020)	Implementation of additional CM2000 Functionality (Medium Risk) Mileage Wizard will be rolled out in next six months. This will depend on high compliance.	30-Jun-2020	30-Nov-2020	
165. CM2000 Functionality (February 2020)	Implementation of additional CM2000 Functionality (Medium Risk) We are working with CM2000 to develop a payroll report which will be used as the basis	30-Nov-2020	30-Jan-2021	

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
	for staff payment. This report will be implemented for testing by September 2020.			
171. Social Work - Case Management (Report Issued August 2020)	Children's Services - Workload of staff (High Risk) a) Managers endeavour to allocate based on risk and complexity of need; work to identify any appropriate, reliable tools will be undertaken as part of wider service redesign. Recruitment to vacant and additional posts will also support progress here. b) Data cleanse to ensure accurate caseloads is being forward by a sub group of the wider team with Information Team colleagues. c) Recruitment continues: 6 Social Worker vacancies recruited to. 6 additional Social Worker posts (in addition to establishment) also being recruited to. 4 of 6 additional Support Workers (2 year contracts) recruited to-date. Funding previously allocated to some third sector organisations is now being reinvested to support this over-recruitment.	31-Aug-2020	31-Dec-2020	Target due date not met due to additional priorities/workload issues arising from Coronavirus pandemic. Recruitment to Support worker posts concluded Sept 2020. Recruitment will be fully concluded December 2020 (one post).
171. Social Work - Case Management (Report Issued August 2020)	Children's Services – Unallocated Cases (Medium Risk) Weekly allocation meetings can include brief action note of decisions around allocation/non-allocation, process of review etc. or note on Care First for each case noting outcome of allocation meeting.	31-Aug-2020	31-Dec-2020	Target due date not met due to additional priorities/workload issues arising from Coronavirus pandemic. Allocation is noted on Care First and notes taken in allocation meetings however more formal record to be introduced December 2020.
171. Social Work - Case Management (Report Issued August 2020)	Children's Services – Recording of supervision meetings (Low Risk) Managers can revisit supervision guidance to support consistent feedback and to improve supervision records and agreed tasks. Supervision notes to be held securely to provide record of decisions and actions. Managers to review supervision arrangements and frequency with direct reports and their teams to ensure they meet requirements of service and policy.	31-Aug-2020	31-Dec-2020	HSCP supervision policy is being reviewed by SMT to reflect professional and integrated teams. Reflection on the factors required to maintain robust supervision arrangements as we progress the integration agenda in order to provide assurance to the Senior Management Team that supervisory arrangements support professional governance requirements and support the delivery of safe effective person centred care. Recommend ESMT to conduct Training Needs Analysis – around supervisee and supervisor education and learning to support implementation ongoing of effective supervision A supervision policy a for Social Workers within West

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
				Dunbartonshire HSCP to be developed Consider future audit of the implementation of supervision and evaluation of this on impact on outcomes for service users SMT to review management/ leadership ensure structure that reflects statutory duties to ensure appropriate capacity to provide professional supervision to social work staff and managers.
				Management exception report to be developed for cases with no activity recorded to ensure cases are closed when appropriate. This will be discussed with HSCP information team to ensure this is part of routine management information reports.
171. Social Work - Case Management (Report Issued August 2020)	Children's Services – Performance management information (Low Risk) Team Leads and Senior Social Workers to review management information reports and check recording processes to ensure accuracy. Data cleanse to ensure accurate caseloads is being forward by a sub group of the wider team with Information Team colleagues. Fieldwork managers to review how	31-Aug-2020	31-Mar-2021	Caseload reviews are undertaken by managers to identify cases for closure. Additional formal processes to be developed as part of redesign. This will be concluded by March 2021 in line with redesign planning and to allow full commencement of redesign project in April 2021.
	management reports can support allocation processes and case management planning across teams.			
171. Social Work - Case Management (Report Issued August 2020)	Children's Services - Enhancement to Performance Management Information (Low Risk) As part of improving management reports this can be included for further discussion around Care First functionality and managing workloads.	31-Aug-2020	31-Dec-2021	Review of performance management information notified to Public Protection Chief Officers Group to enhance performance and review framework report. Weekly activity reports developed to inform Scottish Government Covid 19 dataset; positive developments here to be included in wider reporting functionality of Care First system.
				Update of data requires to include National child protection minimum data set and refresh of current Performance and Review Framework (PARF) data set.

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
171. Social Work - Case Management (Report Issued August 2020)	Community Care and Health Services - Care home placement reviews (Medium Risk) A review of scrutiny and support to independent sector care homes will be completed, to ensure appropriate level of resources are in place to monitor quality of care.	30-Sep-2020	28-Feb-2021	Additional resource requirements have been identified. This will form part of a paper to Integration Joint Board in November to seek approval to recruit additional staff member.
171. Social Work - Case Management (Report Issued August 2020)	Community Health and Care Services - Performance Management Reports (Low Risk) Procedure will be documented and additional staff trained. Process will be introduced to ensure accuracy.	30-Sep-2020	30-Nov-2020	Additional licences are needed to allow access for other admin staff. Currently discussing with Carefirst if this is possible. Discussed with Internal audit staff and completion date amended to allow for this.
171. Social Work - Case Management (Report Issued August 2020)	Community Health and Care Services - Enhancement to Performance Management Information (Low Risk) Consideration will be given as to what reports can be developed and how these will be used to support performance management.	30-Sep-2020	30-Nov-2020	Contact made with Carefirst to establish what reports can be provided. Meeting to be arranged which was delayed due to diary clashes and leave. Discussed with Internal Audit an completion date amended to allow for this.

REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLANS SUMMARY OF ACTIONS BY AUDIT YEAR

SECTION 5

Status at 30 September 2020

Audit Year	No of Agreed Actions	No of actions complete	Current actions by Grade		ns by
		_	Н	M	L
2018/2019	79	73	1	4	1
2019/2020	59	29	6	17	7
Total	138	102	7	21	8

Audit Year	No of Agreed Actions	No of actions complete	Current actions by Grade		ns by
			R	Α	G
2020/2021	7	0	0	0	7
Total	7	0	0	0	7*

 $[\]mbox{\ensuremath{^{*}}}$ Green actions are within the Council's risk appetite and are therefore not included in Audit Committee reports.