



**REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLANS
AT 31 JANUARY 2021**

Summary: Section 1 Summary of Management Actions due for completion by 31/01/2021

There were 5 actions due for completion by 31 January 2021 of which 4 actions have been reported as completed and the completion date in relation to one action has been revised.

Section 2 Summary of Current Management Actions Plans at 31/01/2021

At 31 January 2021 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/01/2021

At 31 January 2021 there were 34 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 January 2021 there were 15 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 31.01.2021**

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	3	3		
Community Health and Care	2	1	1	
Total	5	4	1	

* These actions are included in the Analysis of Missed Deadlines – Section 4

In addition, there was one action due for completion in February which has also been completed as follows:

Agreed Action	Management Comment
171. HSCP Case Management	
<u>1. Children's Services - Workload of staff</u> 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.	Allocation process is now live on Care First and brief guidance developed to be issued to managers. Go live date for managers within the service was 1 February. Recruitment has concluded. This action is now complete.

**REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
SUMMARY OF CURRENT ACTION PLANS AT 31.01.2021**

SECTION 2

CURRENT ACTIONS BY STRATEGIC AREA

HSCP	
Due for completion April 2021	1
Total Actions	1
Children and Families	
Due for completion February 2021	1
Due for completion March 2021	7
Due for completion April 2021	2
Total Actions	10
Community Health and Care	
Due for completion February 2021	1
Due for completion March 2021	6
Total Actions	7
Mental Health, Learning Disabilities and Addictions	
Due for completion March 2021	1
Total Actions	1
Regulatory and Regeneration	
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 May 2021	2
Total Actions	2
People and Technology	
Due for completion February 2021	6
Due for completion March 2021	1
Total Actions	7
Roads and Neighbourhood	
Due for completion February 2021	1
Due for completion March 2021	1
Total Actions	2
Total current actions:	34

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SECTION 3




Recently Issued Internal Audit Action Plans

<div>  1. Cyber Security (Report issued December 2020) </div>						
Code	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/081	Finding 1 (Amber) a) Action 1		28-Feb-2021	28-Feb-2021	ICT Security Officer	Chief Officer People and Technology
	b) Action 2		28-Feb-2021	28-Feb-2021	ICT Security Officer	
	c) Action 3		31-Mar-2021	31-Mar-2021	Strategic Change and People Manager	
	d) Action 4		Complete	Complete	ICT Security Officer	
IAAP/082	Finding 2 (Amber) a) Action 1		28-Feb-2021	28-Feb-2021	Section Head - ICT	Chief Officer People and Technology
	b) Action 2		28-Feb-2021	28-Feb-2021	ICT Security Officer	
IAAP/083	Finding 3 (Amber) Action 1		28-Feb-2021	28-Feb-2021	Section Head - ICT	Chief Officer People and Technology
IAAP/084	Finding 4 (Amber) Action 1		28-Feb-2021	28-Feb-2021	Section Head - ICT	Chief Officer People and Technology

*See analysis of missed deadlines – Section 4

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	2. Roads Costing System Process (Report issued February 2021)					
Code	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/085	Access to Roads Costing System (Amber) Form to be developed which will be e-mailed to any new users to request access, authorised by a Roads Co-Ordinator and then processed & set-up/deleted by Technical Assistant Regulatory or another Profess Supervisor.		31-Mar-2021	31-Mar-2021	Roads Operations Co-Ordinator	Chief Officer – Roads and Neighbourhood
IAAP/086	Closure of Jobs On Profess (Amber) Form to be developed with relevant approvals sought.		31-Mar-2021	31-Mar-2021	Roads Operations Co-Ordinator	Chief Officer – Roads and Neighbourhood

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Current Internal Audit Action Plans

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

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
T&PSR/IA AP/732	<u>1. Financial Assessments Not Located/Provided</u> 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 be 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
T&PSR/IA AP/734	<u>3. Evidence of Benefits</u> 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 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)	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. IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.		30-Aug-2019 30-Sep-2020	01-Apr-2021*	Jonathan Hinds	Beth Culshaw
T&PSR/IA AP/735	<u>4. Charging Policy</u> 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		31-Aug-2019 30-Sep-2020	31-Mar-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
		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.					




165. CM2000 Functionality (Report Issued February 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/026	<u>Compliance with Clocking in and out in the CM2000 system</u> 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	31-Mar-2021*	Richard Heard	Lynne McKnight
IAAP/027	<u>Compliance with Clocking in and out in the CM2000 system</u> 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 31-Dec-2020	31-Mar-2021*	Richard Heard	Lynne McKnight
IAAP/028	<u>Overtime Payment</u> 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	31-Mar-2021*	Richard Heard	Lynne McKnight
IAAP/029	<u>Implementation of additional CM2000 Functionality</u> a) It is recommended that Management pilot and fully implement the Mileage functionality across the Homecare team within the planned time frame. (Medium Risk)	Mileage Wizard will be rolled out in next six months. This will depend on high compliance.		30-Jun-2020 30-Nov-2020	31-Mar-2021*	Richard Heard	Lynne McKnight




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Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/030	<u>Implementation of additional CM2000 Functionality</u> 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-Nov-2020 31-Jan-2021	31-Mar-2021*	Richard Heard	Lynne McKnight






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

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/047	<u>2. Children's services - Unallocated cases</u> 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	28-Feb-2021*	Annie Ritchie	Jonathan Hinds
IAAP/048	<u>3. Children's services – Supervision of casework</u> 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
IAAP/049	<u>4. Children's Services – Recording of supervision meetings</u> 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		31-Aug-2020 31-Dec-2020	30-Apr-2021*	Annie Ritchie	Jonathan Hinds

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Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
		they meet requirements of service and policy.					
IAAP/050	<u>5. Children's Services - Peer review of case files</u> 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-Mar-2021*	Annie Ritchie	Jonathan Hinds
IAAP/051	<u>6. Children's Services - Case reviews</u> 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)	a) See response to 3, above. b) 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
IAAP/052	<u>7. Children's Services - Policies and Procedures</u> 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	<u>8. Children's Services - Performance management information</u> 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	<u>9. Children's Services - Enhancement to Performance Management Information</u> Management should consider whether oversight could be improved through reviewing the reporting functionality on CareFirst and	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	31-Mar-2021*	Annie Ritchie	Jonathan Hinds

*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
	<p>developing reports such as:</p> <ul style="list-style-type: none"> • 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. <p>(Low Risk)</p>						
IAAP/056	<p><u>11. Community Health and Care Services – Supervision</u> 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).</p>	A review of the supervision policy will be carried out, including consideration of records distribution and storage.		31-Dec-2020	31-Mar-2021*	Sylvia Chatfield	Sylvia Chatfield
IAAP/057	<p><u>12. Community Health and Care Services - Completeness of Information on CareFirst</u> Management should investigate and ensure that all essential information is available on CareFirst. (Medium Risk)</p>	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/059	<p><u>14. Community Health and Care Services - Care home placement reviews</u> 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)</p>	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

*See analysis of missed deadlines – Section 4




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	172. Taxi Licensing (Report issued October 2020)						
Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/064	<u>Insufficient and Outdated Policies and Procedures</u> 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 Hesselst
IAAP/066	<u>Acceptance of Incomplete/ Inaccurate Application forms</u> 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 Hesselst
IAAP/069	<u>Integrity of Documentation</u> 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 Hesselst
IAAP/071	<u>Failure to Adhere to Licence Conditions</u> Publicly available information needs to be more explicit in stating that it is a licence holder's 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 Hesselst

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<div>  173. Housing Voids (Report Issued October 2020) </div>							
Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/079	<u>1.Void Management Policy Review & Update</u> The Void Management Policy 2013 should be reviewed and updated to take account of current working practices following the 2018 restructure of the Housing Operations Service and the introduction is the new Integrated Housing Management System (IHMS) in October 2019. (Medium Risk)	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 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.		31-May-2021	31-May-2021	Edward Thomas	Helen Black; David Lynch; Edward Thomas
IAAP/080	<u>2. Re-let Standard</u> 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-May-2021	31-May-2021	Edward Thomas	Helen Black; David Lynch; Edward Thomas

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ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
154. Charging Policy - Non Residential Services (May 2019)	<p>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.</p> <p>The HSCP SMT has agreed that an Extended Management Team session will be held around the operational responsibilities of social care staff.</p>	30-Jun-2019 30-Sep-2020	01-Apr-2021	<p>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.</p> <p>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.</p> <p>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.</p> <p>In September 2020 the IJB approved eligibility 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 relation 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 undertaken in October/November 2020 is in relation to situational analysis, this will shape a clear improvement plan considering both cultural and systemic improvements which are required to ensure compliance.</p>
154. Charging Policy - Non Residential Services (May 2019)	<p>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 detailed within the financial assessment.</p> <p>IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.</p>	30-Aug-2019 30-Sep-2020	01-Apr-2021	<p>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.</p> <p>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.</p> <p>In September 2020 the IJB approved eligibility criteria for HSCP services. This has allowed progress to commence on the development of a single shared assessment with a view to initiating</p>

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Report	Agreed Action	Original Due Date	Revised Date	Management Comments
				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 relation 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 improvements which are required to ensure compliance.
154. Charging Policy - Non Residential Services (May 2019)	<p>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.</p> <p>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.</p>	31-Aug-2019 30-Sep-2020	31-Mar-2021	<p>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.</p> <p>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.</p>

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Report	Agreed Action	Original Due Date	Revised Date	Management Comments
165. CM2000 Functionality (February 2020)	<p>Compliance with Clocking in and out in the CM2000 system (Medium Risk)</p> <p>We have committed that back office staff will undertake live monitoring.</p> <p>We have written a "Reconciliation Standards" document for the admin team. It explains how they are to handle each Reconciliation scenario,</p> <p>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.</p>	30-Apr-2020 30-Nov-2020	31-Mar-2021	<p>Staff continue to undertake live monitoring. We are working with CM to address the issues around reconciliation because of the delay in the roll out of the new app on Carer mobile devices.</p> <p>In implementing the new app we have experienced delays as the majority of mobile phones require a certificate downloaded from a laptop in a council network, and as a result of limited footfall within offices in line with infection prevention and control this process is taking a considerable time. See below.</p>
165. CM2000 Functionality (February 2020)	<p>Compliance with Clocking in and out in the CM2000 system (Medium Risk)</p> <p>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.</p>	30-Apr-2020 30-Nov-2020	31-Mar-2021	<p>60% of the workforce now have the new app. 55% of clients have had their tag re-programmed.</p> <p>We have discovered problems with a large number of devices. This has resulted in Home Carers having to come in for a face to face meeting with the team. Social distancing has made this exercise challenging. Each phone takes approximately 30 minutes to be re-programmed.</p> <p>By the end of March we would hope that all devices have been updated with the new application. Most HSCPs in GGC have shared that they are experiencing the same issues with upgrading carers' mobile devices.</p> <p>The timescales for completion have been extended for all affected HSCPs in recognition of the challenges faced.</p>

**REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLANS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
165. CM2000 Functionality (February 2020)	<p>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.</p> <p>In the meantime Admin will do cross checks against clocking in and out.</p> <p>A communication will be issued to all home care staff re compliance and claims for overtime.</p>	30-Nov-2020	31-Mar-2021	<p>Payroll report will be dependent on the full implementation of the upgraded system.</p> <p>Manual checks continue to undertaken in line with the audit recommendations.</p> <p>We have been asked by CM to be a pilot site for the new developments.</p>
165. CM2000 Functionality (February 2020)	<p>Implementation of additional CM2000 Functionality (Medium Risk) Mileage Wizard will be rolled out in next six months. This will depend on high compliance.</p>	30-Jun-2020 30-Nov-2020	31-Mar-2021	This has been held back as this action is dependent on the full implementation of the upgraded system and we hope to start using this functionality by March 2021.
165. CM2000 Functionality (February 2020)	<p>Implementation of additional CM2000 Functionality (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.</p>	30-Nov-2020 31-Jan-2021	31-Mar-2021	<p>Payroll report will be dependent on the full implementation of the upgraded system.</p> <p>We have been asked by CM to be a pilot site for the new developments.</p>
171. Social Work - Case Management (Report Issued August 2020)	<p>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.</p>	31-Aug-2020 31-Dec-2020	28-Feb-2021	<p>Target due date not met due to additional priorities/workload issues arising from Coronavirus pandemic.</p> <p>Agreed process as noted above is a Care First process however has been created such that a report can be pulled to demonstrate allocation/no allocation decision making, trends and priorities. The decision making will be recorded as described within brief guidance for consistency in order that analysis is set against consistent parameters. Report will therefore note individual decision making, trends across the service. This will be produced monthly from end of February.</p>
171. Social Work - Case Management (Report Issued August 2020)	<p>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.</p>	31-Aug-2020 31-Dec-2020	30-Apr-2021	<p>HSCP supervision policy is being reviewed by SMT to reflect professional and integrated teams.</p> <p>Reflection on the factors required to maintain robust supervision arrangements as we progress the integration agenda in order to</p>

**REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLANS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
	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.			<p>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 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.</p> <p>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.</p> <p>Currently awaiting updated supervision policy to progress this action to completion.</p>
171. Social Work - Case Management (Report Issued August 2020)	<p>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.</p> <p>Data cleanse to ensure accurate caseloads is being forward by a sub group of the wider team with Information Team colleagues.</p> <p>Fieldwork managers to review how management reports can support allocation processes and case management planning across teams.</p>	31-Aug-2020	31-Mar-2021	<p>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.</p>
171. Social Work - Case Management (Report Issued August 2020)	<p>Children's Services - Enhancement to Performance Management Information (Low Risk) As part of improving management reports this</p>	31-Aug-2020 31-Dec-2020	31-Mar-2021	<p>Review of performance management information notified to Public Protection Chief Officers Group to enhance performance and review framework report. This is not quite complete as some CareFirst complications regarding aspects of CP work were not</p>

**REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLANS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
	can be included for further discussion around Care First functionality and managing workloads.			<p>pulling through. This is being resolved however – relates to the additional provision of reports against CP Case Discussions and Vulnerable Young Person Case Discussions.</p> <p>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. This is now complete.</p> <p>Update of data requires to include National child protection minimum data set and refresh of current Performance and Review Framework (PARF) data set. Lead officer for Child Protection commenced in post 11th January. She will lead/complete this aspect.</p>
171. Social Work - Case Management (Report Issued August 2020)	<p>Community Care and Health Services - Care home placement reviews (Medium Risk)</p> <p>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.</p>	30-Sep-2020	28-Feb-2021	Additional resource has been received from Scottish Government to support the Chief Social Worker's role in care home assurance. This funding is being used to recruit a Social Work Assistant. Recruitment is now underway and will supplement the current arrangements for monitoring the quality of care for individual's living in Independent sector care homes.
171. Social Work - Case Management (Report Issued August 2020)	<p>Children's Services - Peer review of case files (Medium Risk)</p> <p>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.</p>	31-Oct-2020	31-Mar-2021	Peer review implemented at the 18 month stage for home supervision as part of PACE but Covid has prevented this being further developed. It is therefore now part of the service recovery plan.
171. Social Work - Case Management (Report Issued August 2020)	<p>Community Health and Care Services – Supervision (Medium Risk)</p> <p>A review of the supervision policy will be carried out, including consideration of records distribution and storage.</p>	31-Dec-2020	31-Mar-2021	The Head of Mental Health, Learning Disabilities and Addictions is leading on the development of a supervision policy and standards for case reporting, this work will capture the retention of minutes and will be complete by 31 March 2021.

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

SECTION 5

Status at 31 January 2021

Audit Year	No of Agreed Actions	No of actions complete	Current actions by Grade		
			H	M	L
2018/2019	79	76	1	2	0
2019/2020	67	38	3	22	4
Total	146	114	4	24	4

Audit Year	No of Agreed Actions	No of actions complete	Current actions by Grade		
			R	A	G
2020/2021	11	4	0	2	5
Total	11	4	0	2	5*

* Green actions are within the Council's risk appetite and are therefore not included in Audit Committee reports.