

FINAL INTERNAL AUDIT REPORT

EDUCATION CARE & HEALTH DEPARTMENT

REVIEW OF DIRECT PAYMENTS AUDIT FOR 2017-18

Issued to: Stephen John, Director, Adult Social Care,
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Claudine Douglas Brown, Assistant Director, Exchequer Services,
Olwyn Avery, Contract Compliance Officer,
David Bradshaw, Head of ECHS Finance,
Naheed Chaudhry, Assistant Director, Strategy, Performance and Business Support.

Cc Ade Adetosoye, Deputy Chief Executive & Executive Director ECHS (Final Only),

Prepared by: Principal Auditor,

Date of Issue: September 10th 2018

Report No: ECHS/10/2017/AU

REVIEW OF DIRECT PAYMENTS AUDIT 2017-18

INTRODUCTION

1. This report sets out the results of our systems based audit of Direct Payments for 2017-18. The audit was carried out in quarter 4 as part of the programmed work specified in the 2017/18 Internal Audit Plan agreed by the Section 151 Officer and Audit Sub-Committee.
2. The controls we expect to see in place are designed to minimise the department's exposure to a range of risks. Weaknesses in controls that have been highlighted will increase the associated risks and should therefore be corrected to assist overall effective operations.
3. Direct payments are payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly. A separate bank account is set up for the direct payments and service users have to provide evidence of expenditure that complies with the terms and conditions of the direct payment. The monitoring function is undertaken by Contractor A in conjunction with care management. Contractor C service user balances are monitored by the Exchequer Team.
4. Service users who are unable to manage their direct payments will have a managed service and this is undertaken by Contractor C. A new contract with Contractor C commenced on 8/4/17 for the provision of the direct payment support and payroll service and expires on 7/4/19 with option to extend. The value for this two year contract is £259,375.32 and separate costs for the payroll and managed accounts, which is based on client numbers. The previous provider was Contractor B.
5. Performance payments received by the contractor are made based on the number of clients utilising particular services on a monthly basis. These were reviewed as part of the audit testing.
6. At the Care Services Policy and Development Committee on 14/3/18, the committee considered the key findings of the ADASS Peer review on the use of resources in adult social care in Bromley. It was highlighted that 'a direct payment project is in the process of being launched which is geared to improve Bromley Council's performance in this area. The project will review the service user experience in using direct payments and will seek to simplify and make more attractive the direct

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payment offer to Bromley's residents, as well as increase the range of personal assistants available to service users and self-funders.' This project is due to be completed by March 2019.

7. Direct payment Champions have been identified in each department and there is also attendance at the Self Directed Support meetings (SDS meetings). There is the Direct Payments Project that is underway.
8. It was found when reviewing the quarterly returns from Contractor C that there were some service user groups that had no direct payment users or very low numbers. There were no direct payments for mental health service users, carers and low numbers within learning disability services.
9. The Head of Assessment & Care Management advised the Auditor that there are now Direct Payment champions in every team and there are also Direct Payment champion team meetings. This includes LD and Mental Health teams.
10. A report of all current adult direct payment users was requested from the Performance & Information team which detailed that as at 15/1/18 there were 1267 active service agreements for direct payments on System 1. A random sample of 30 was selected for review. This included a split between Contractor C clients and Contractor A clients.

AUDIT SCOPE

11. The scope of the audit was outlined in the Terms of Reference issued on 28/2/2018. The audit also included following up the recommendations of the Investigation Report.

AUDIT OPINION

12. Overall, the conclusion of this audit was that limited assurance can be placed on the effectiveness of the overall controls. Definitions of the audit opinions can be found in Appendix C.

MANAGEMENT SUMMARY

13. Our testing identified the following issues which we would like to draw to management's attention:-

- Reviews to confirm that the direct payment is being used in accordance with the support plan.
- Support Plans were found to be draft in some cases and Statement of Needs had not been completed for some cases.
- Direct Payment Terms and Conditions were found not to have been met.
- Service User account balances for Contractor C clients.
- Performance data cannot be verified and reconciled to the performance payments based on client numbers. Performance measures not met.
- Payments found not to have the relevant supporting documentation. Incorrect payment levels resulting in overpayments.
- Lack of monitoring information in some cases for years.
- DP5 documentation not found and in one case two siblings shared the same form.
- Lack of ownership of the documentation.
- Lack of number in mental health, carers and Learning Disabilities requiring a change in process.

14. The contract specifies six performance measures which were reviewed as part of the audit. The current measures are: -

- 95% clients visited within one week of referral
- 95% recruitment completed within 8 weeks
- 90% level of client satisfaction
- 95% accuracy level for all payroll including returns to HMRC
- 100% number of pensions on auto enrolment completed within legislative timelines.
- 98% complaints dealt with contractors' internal QA systems and procedures.

15. These were reviewed as part of the audit.

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SIGNIFICANT FINDINGS (PRIORITY 1)

16. There are four significant findings relating to DP5 documentation, direct payment terms and conditions and payments.
17. **DP5 Documentation**
The DP5 is the legal agreement between the service user and the Authority, whereby both parties sign to confirm that the direct payment will be used in accordance with the terms of and conditions of the DP5 agreement.
18. Unlike other DP forms, which are embedded within System 1 the DP5 is issued by Contractor C and a scanned copy of the signed form should be held on System 2 for each service user. Audit testing showed that the DP5 could not be located within System 2 for 20 of the thirty cases reviewed at the time of testing.
19. **Direct Payment Terms and Conditions not met**
It was found that issues arose with 3 cases whereby terms and conditions of the direct payment were found not to have been complied with.
- Samples 15 and 16 (siblings) both received a one off amount of £4,000 for the year to enable respite provision. There are other direct payments totalling circa £1,500 per week additionally. It was found that no monitoring information has been provided since 2015 and it has not been confirmed whether the client contributions have been paid into the account and whether the monies have been used for respite services. Contractor A advised the Auditor that 'Email sent to Senior Accountant on 26/10/2017 advising that receipts for respite not received. Letter was sent 21/3/2018 regarding both clients to parent this is scanned onto Care Store under Finance Direct Payments. Email was sent to three officers on 17/4/2018 no response received.
 - Sample 27 statements from Contractor C shows that individuals with the same surname are potentially providing the service user with care and the approval for this was not seen at the time of testing.
20. **Payments**
Payments in place at the time of testing were cross referenced to supporting documentation. Issues arose in 2 cases.

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21. For Sample 9, it was found that this service user had 4 direct payment service agreements on System 1 all commencing on 5/5/14 and totalled £4,358.20 per week. The service agreement selected for testing was the night wake service which stated that it should be 8 hours (1 person) x £13.28 per hour = £106.24. This equates to £743.63 per week, however, £804.16 has been paid per week instead. Enquiries have been made with the Interim Group Manager for LD and the Senior Care Manager.
22. It was confirmed by the Interim Team Manager, that the service agreement should be 8 hours x £13.28 x 7 days a week. This should have been at a weekly cost of £743.68. This has resulted in an overpayment of circa £12,500 from May 2014 to May 2018. The service agreements have since been closed off as at 2/4/18 as the service user is now within a supported living placement. It should be noted that for this service user the DP5 could not be located at the time of testing. The DP7 was completed on 22/5/18.
23. Sample 17 has a current direct payment that commenced on 27/10/14 for 21 hours per week @ £11.78 per hour = £247.38 but £264.39 has been paid weekly to date. This is an overpayment of £17.01 per week and circa £3,000 in total to the end of March 2018. The DP1 (start-up form) dated 30/10/14 confirms the rate should be £247.38.
24. **Ownership of Documents For Update & Review Including Appointed Person Form**
25. During the audit enquiries were made in relation to the location of the Direct Payment documentation. It could not be determined which officer was responsible for the review and update of the direct payment documentation and also where the latest copy resided such as the DP5, which is the legal document that is signed by all parties.
26. A contact at Contractor C provided the latest copy of the DP5 to the Auditor. Enquiries have been made to determine what happens once the DP has been signed by all parties as a number of the completed DP5 documents could not be located. In relation to the Nominated / Appointed Person form, it could not be determined where these forms are located. This form was discussed at the Contractor C contract monitoring meeting on 23/10/17. The minutes state in relation to the Authorised Person Form "It was agreed that this would be used instead of the DP5 and that there needs to be clear instruction in the referral stating who needs to sign the form during the DP set up visit".

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27. System 1 and System 2 were searched to locate all relevant documentation in respect of appropriate person documentation. It is unclear where these forms are located as these also could not be located during testing, for the 15 samples where it was detailed that there was a lack of mental capacity to manage finances.

DETAILED FINDINGS / MANAGEMENT ACTION PLAN

28. The findings of this report, together with an assessment of the risk associated with any control weaknesses identified, are detailed in Appendix A. Any recommendations to management are raised and prioritised at Appendix B.

ACKNOWLEDGEMENT

29. Internal Audit would like to thank all staff contacted during this review for their help and co-operation.

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
1	<p><u>Reviews</u></p> <p>From sample testing of 30 cases it was found that issues arose in six cases at the time of testing. Sample 5 was last reviewed on 5/1/17. Sample 6 was last reviewed on 6/3/18 but was not yet completed. Sample 12 was last reviewed on 11/7/16. Sample 13 was last reviewed on 18/3/16. Sample 20 was last reviewed on 5/9/16. Sample 30 was last reviewed on 19/10/16.</p>	<p>Direct payments may not be utilised in accordance with the support plan.</p>	<p>Reviews should be undertaken to determine whether the service users are using the direct payment in line with the support plan and that service user is managing with the direct payment.</p> <p>[Priority 2]</p>
2	<p><u>Support Plans & Statement of Needs</u></p> <p>Through testing it was found that issues arose with support plans for six samples out of thirty cases :-</p> <ul style="list-style-type: none"> • Sample 9 Support Plan was Draft dated 12/4/17 • Sample 15 Support Plan was Draft dated 21/6/17 • Sample 16 Support Plan was Draft dated 21/6/17 • Sample 23 Support Plan was not current • It was noted that the support plans were both current for Samples 14 and 18 who died on 4/8/17 and 13/6/17 respectively. 		

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
	<p>It was found that in relation to the Statement of Needs issues arose with seven samples:-</p> <ul style="list-style-type: none"> • Sample 4 – No Record • Sample 5 – No Record • Sample 6 – No record • Sample 12 – No Record • Sample 23 Classified as substantial but was not current. • Sample 24 – No Record • Sample 29 Not complete. No assessment of needs and dated 8/7/09. 	<p>Assessments may not be up to date and match care currently being provided.</p>	<p>The support plans for the cases identified should be investigated. Current support plans should be in place for all service users currently receiving services.</p> <p>[Priority 2]</p>
3	<p><u>Direct Payment Terms and Conditions not met</u></p> <p>It was found that issues arose with 3 cases whereby terms and conditions of the direct payment were found not to have been complied with.</p> <ul style="list-style-type: none"> • Samples 15 and 16 (siblings) both received a one off amount of £4,000 for the year to enable respite provision. There are other direct payments totalling circa £1,500 per week additionally. It was found that no monitoring information has been provided since 2015 and it has not been confirmed whether the client contributions have been paid into the account and whether the monies have been used for respite services. Contractor A advised the Auditor that ‘Email 		

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
	<p>from sent to Senior Accountant on 26/10/2017 advising that receipts for respite not received. Letter was sent 21/3/2018 regarding both clients to parent this is scanned onto Care Store under Finance Direct Payments. Email was sent to three officers on 17/4/2018 no response received.</p> <ul style="list-style-type: none"> Sample 27 statement from Contractor C shows that individuals with the same surname are potentially providing the service user with care. Confirmation that prior approval has been given is required. 	<p>Monies may not be recovered by the Authority for unauthorised expenditure.</p>	<p>Cases identified should be investigated without delay. Internal Audit should be notified of the outcome of individual cases.</p> <p>[Priority 1]</p>
4	<p><u>Balances on Direct Payment Account (Contractor A)</u></p> <ul style="list-style-type: none"> For Sample 12, the Auditor was advised by the contractor that confirmed 'monitoring was not able to be completed for this service user since December 2016 due to missing information. Adult Early Intervention team were informed that monitoring for October to December 2017 not received. A suspension letter was sent to the client'. The last closing balance available for this period to 30/9/17 showed through monitoring that the closing balance was £10,762.10. This exceeds the 8 weeks direct payment balance by £4,517.46. 	<p>Clients may not be receiving the levels of care they are assessed as needing.</p>	<p>Client balances that exceed 8 weeks payments should be clawed back or queried why money is not being spent.</p> <p>[Priority 2*]</p>

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
5	<p><u>Performance Measures</u></p> <p>Although the contract with Contractor C commenced on 8/4/17 and so has been running for just over a year, the current performance measures are those in place with the previous provider Contractor B and have not been fully reviewed in relation to the effectiveness. There are six agreed current performance measures agreed with the contractor :-</p> <ul style="list-style-type: none"> i. 95% of clients visited within one week of referral. Not achieved. ii. 95% recruitment completed within less than 8 weeks. It is unclear if this has been achieved or not. iii. 90% level of client satisfaction This has yet to be measured as it is annually although the survey has been issued. iv. 95% accuracy level for all payrolls processed including HMRC Met in Q3 and Q4 but not In Q1 93% or Q2 94%. v. 100% pension auto enrolment completed within legislative timelines. Met in Q1 and Q3 but not Q2 99% or Q4 98%. vi. 98% complaints dealt with in compliance with the contractors' internal QA systems and procedures. It is unclear if this has been achieved or not. <p>As there is a policy to significantly increase the number of</p>	<p>Contractors may not deliver responsibilities under the contract terms.</p> <p>Contractor may not deliver responsibilities under the contract terms.</p>	<p>Performance measures have not been fully met for some of the six measures. It is not always clear some targets have been met.</p> <p>Performance measures should be reviewed to determine whether they remain relevant for the effective performance of this contract.</p> <p>[Priority 2]</p>

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
	<p>direct payments in Bromley, it is unclear why there is not a specific performance measure to monitor the increase in direct payment cases. This is in light of the fact that there are no referrals to date for Q1-Q3 for carers or mental health clients. In addition, the number of referrals for learning disability service users remain low.</p>		
6	<p><u>Payments</u></p> <p>Payments in place at the time of testing were cross referenced to supporting documentation. Issues arose in 2 cases.</p> <ul style="list-style-type: none"> • Sample 9 it was found that this service user had 4 direct payment service agreements on System 1 all commencing on 5/5/14 and totalled £4,358.20 per week. The service agreement selected for testing was the night wake service which stated that it should be 8 hours (1 person) x £13.28 per hour = £106.24. However, £804.16 has been paid per week instead. Senior management have stated that the service lines should be 8 hours per week at £13.28 which comes to a weekly cost of £743.68. This has resulted in an overpayment of circa £9,000. The service agreements have since been closed off as at 2/4/18 as the service user is now within a supported living placement. The DP5 could not be located at the time of testing. The DP7 was completed on 22/5/18. 		

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
	<ul style="list-style-type: none"> Sample 17 has a current direct payment that commenced on 27/10/14 for 21 hours per week @ £11.78 per hour = £247.38 but £264.39 has been paid weekly to date. This is an overpayment of £17.01 per week and circa £3,000 in total to the end of March 2018. The DP1 dated 30/10/14 confirms the rate should be £247.38. 	<p>Monies may not be recovered by the Authority.</p>	<p>Cases highlighted should be investigated and overpayments recovered without delay. Cases should be amended to the correct rates. The direct payment process should be scrutinised to ensure that these overpayments do not continue to arise.</p> <p>[Priority 1]</p>

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
7	<p><u>Direct Payment Monitoring Information</u> Monitoring information was reviewed up to the last available data set which was December 2017 for all relevant clients. These related to non Contractor C clients.</p> <p>Sample 12 – It was confirmed by Contractor A that ‘not been able to complete monitoring for this client since December 2016 due to missing information. AEI (Adult Early Intervention) were informed, monitoring for October to December 17 not received and a suspension letter sent to client and care management advised’.</p>	<p>Money intended for client care is spent on inappropriate items.</p>	<p>Procedures for ensuring clients return monitoring information should be reviewed and staff reminded of the procedures.</p> <p>[Priority 2*]</p>
8	<p><u>DP5 Documentation</u></p> <p>The DP5 is the legal agreement between the service user and the Authority, whereby the both parties sign to confirm that the direct payment will be used in accordance with the terms of and conditions of the DP5 agreement.</p> <p>Unlike other DP forms, which are embedded within System 1 the DP5 is issued by Contractor C and a scanned copy of the signed form should be held on System 2 for each service user. Audit testing showed that the DP5 could not be located within System 2 for 20 cases.</p> <p>Samples 1,2,6,7,8,9,10,12,13,14,17,18,20,21,23,24, 27 (the scanned copy was unsigned) 28 and 30.</p>		

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
	<p>Also it was found that Sample 15 and 16 (siblings) had a joint DP5.</p>	<p>Monies may not be recovered if the terms and conditions of the direct payment are not met.</p>	<p>The DP5 document should be in place for all service users in receipt of direct payments. Signed copies of the DP5 form should be held securely and retained on System 2.</p> <p>[Priority 1]</p>
<p>9</p>	<p><u>Ownership of Documents For Update & Review Including Appointed Person Form</u></p> <p>During the audit enquiries were made in relation to the location of the Direct Payment documentation. It could not be determined which officer was responsible for the review and update of the direct payment documentation and also where the latest copy resided such as the DP5. A contact at Contractor C provided the latest copy of the DP5 to the Auditor. Enquiries have been made to determine what happens once the DP has been signed by all parties as a number of the completed DP5 documents could not be located. In relation to the Nominated / Appointed Person form, it could not be determined where these forms are located. This form was discussed at the Contractor C contract monitoring meeting on 23/10/17. The minutes state in relation to the Authorised</p>	<p>Staff may be operating to different working practices as current version of documentation is not readily available.</p>	<p>All documentation should be owned by a designated officer, Documents such as the DP5 and the Appointed Person Form should be readily available and regularly reviewed.</p>

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
	<p>Person Form “It was agreed that this would be used instead of the DP5 and that there needs to be clear instruction in the referral stating who needs to sign the form during the DP set up visit”.</p> <p>System 1 and System 2 were searched to locate all relevant documentation in respect of appropriate person documentation. It is unclear where these forms are located as these also could not be located during testing, especially as there were 15 samples where it was detailed that there was a lack of mental capacity to manage finances.</p> <p>It should be noted that a Policy Officer has recently been appointed.</p>	<p>Staff may not complete the DP5 due to this instruction.</p>	<p>Any change in documentation should be detailed within the direct payment procedures and once approved made available to all staff.</p> <p>[Priority 1]</p>
10	<p><u>Direct Payment Service User Groups</u></p> <p>It was found when reviewing the Quarterly returns from Contractor C that there were some service user groups that had no direct payment users or very low numbers. There were no direct payments for mental health service users, carers and low numbers within learning disability services.</p>	<p>Direct payments levels achieved in Bromley will not be in line with that being achieved nationally.</p>	<p>The direct payment processes should be reviewed to ensure direct payments are made accessible to all service user groups.</p> <p>[Priority 2]</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
1	<p><u>Reviews</u></p> <p>Reviews should be undertaken to determine whether the service users are using the direct payment in line with the support plan and that service user is managing with the direct payment.</p>	2	<p>ASC are taking steps to ensure all reviews are completed. The overdue DP reviews will be included in that work.</p> <hr/> <p>ALDT is working on all reviews to be completed. Extra efforts are currently undertaken. DP reviews included.</p>	<p>Head of Assessment & Care Management/Head of Learning Disability</p> <hr/> <p>Service Lead - Adult Learning Disabilities</p>	<p>November 30th 2018</p> <hr/> <p>December 31st 2018</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
2	<p><u>Support Plans & Statement of Needs</u></p> <p>The support plans for the cases identified should be investigated. Current support plans should be in place for all service users currently receiving services.</p>	2	<p>As above with all support plans in place.</p> <p>Staff will be reminded to complete Support Plans and Statements of needs correctly.</p> <p>PRG will audit this as part of PRG using the mini Case file audit tool.</p> <hr/> <p>Alongside all reviews support plans to be completed. Majority are in place; outstanding SP being done. Staff has been told to complete all together with review. Recent IT report shows most are done.</p>	<p>Head of Assessment & Care Management/Head of Learning Disability</p> <hr/> <p>Service Lead - Adult Learning Disabilities</p>	<p>November 30th 2018</p> <hr/> <p>November 30th 2018</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
3	<p><u>Direct Payment Terms and Conditions not met</u></p> <p>Cases identified should be investigated without delay. Internal Audit should be notified of the outcome of individual cases.</p>	1	<p>These cases will be reviewed within three months.</p> <hr/> <p>Specific case has been looked in judicial review. Special DP arrangement for family PA was authorised as in some other cases. Should be recorded in support plan. Needs to be looked at.</p>	<p>Head of Assessment & Care Management / Head of learning Disability.</p> <hr/> <p>Service Lead - Adult Learning Disabilities</p>	<p>October 31st 2018.</p> <hr/> <p>October 31st 2018</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
4	<p><u>Balances on Direct Payment Account (Contractor A)</u></p> <p>Client balances that exceed 8 weeks payments should be clawed back or queried why money is not being spent.</p>	2*	<p>Contractor A has been reminded of the requirement to request surplus funds notwithstanding any outstanding monitoring queries.</p> <p>Contractor A will request payment of the £4,517.46 excess that was identified on the 30/09/17 monitoring however as no further monitoring has been received and the direct payment is still ongoing there may no longer be any excess funds to recover.</p>	<p>Assistant Director, Exchequer Services</p> <p>Operations Manager, Contractor A</p>	<p>Completed</p> <p>31st July 2018</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
5	<p><u>Performance Measures</u></p> <p>Performance measures have not been fully met for some of the six measures. It is not always clear some targets have been met.</p> <p>Performance measures should be reviewed to determine whether they remain relevant for the effective performance of this contract.</p>	2	<p>Performance measures are currently being reviewed in light of contract management experience. This will ensure that the current KPI's are relevant, robust and effective in managing the performance of the contract.</p> <p>A new performance framework will be developed and in place as a core part of contract management.</p>	Director of Programmes	Sept 30 th 2018

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
6	<p><u>Payments</u></p> <p>Cases highlighted should be investigated and overpayments recovered without delay. Cases should be amended to the correct rates. The direct payment process should be scrutinised to ensure that these overpayments do not continue to arise. Service agreements should be closed off in a timely manner.</p>	1	<p>First case completed. Second case to be reviewed.</p> <p>Staff to be reminded that they must follow the process.</p> <p>A report for all open service agreements is in place will all be checked by management.</p>	<p>Senior Care Manager / Interim Manager LD</p> <p>Operational Managers and LD Management</p>	<p>Two weeks</p> <p>July 24th 2018</p> <p>ongoing</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
7	<p><u>Direct Payment Monitoring Information</u> Procedures for ensuring clients return monitoring information should be reviewed and staff reminded of the procedures.</p>	2*	<p>DP monitoring and procedures will be reviewed by CM along with Finance Management.</p> <hr/> <p>First case has been completed. DP monitoring to be intensified and looked at in review and PRG.</p>	<p>Head of Assessment and Care Management</p> <p>Head of Learning Disability/ Assistant Director, Exchequer Services</p> <hr/> <p>Service Lead - Adult Learning Disabilities/Senior Care Manager LD</p>	<p>September 30th</p> <p>October 31st 2018</p> <hr/> <p>September 30th 2018</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
8	<p><u>DP5 Documentation</u> The DP5 document should be in place for all service users in receipt of direct payments. Signed copies of the DP5 form should be held securely and retained on System 2.</p>	1	<p>Process for storage of DP5 will be reviewed along with all DP Policy and Procedures</p> <p>DP5's are scanned in to System 2 but are not easily located. Staff will be reminded to scan all DP5s in to System 2 and informed of where this should be for consistency.</p> <hr/> <p>DP 5 to be stored consistently on same section in System 2.</p> <p>Specific case has been looked at and reviewed. Family and LBB agree on current arrangement.</p>	<p>Head of Assessment & Care Management /Head of Learning Disability.</p> <hr/> <p>Service Lead - Adult Learning Disabilities</p>	<p>30th November 2018</p> <p>September 30th 2018</p> <hr/> <p>November 30th 2018</p> <p>September 30th 2018</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
9	<p><u>Ownership of Documents For Update & Review including the Appointed Person Form</u> All documentation should be owned by a designated officer, Documents such as the DP5 and the Appointed Person Form should be readily available and regularly reviewed.</p> <p>Any change in documentation should be detailed within the direct payment procedures and once approved made available to all staff.</p>	1	<p>The process and guidance for the appointed person is in its final draft stage. The terminology has been changed in line with the language used in the Care Act 2014. The Suitable Person and Nominee are clear in the process and guidance. The Head of Assessment and Care Management will circulate the documents as soon as they are signed off and will be visiting teams to ensure all staff are clear about the requirements. They will be stored on one-bromley for ease of access to all staff.</p> <hr/> <p>As above.</p>	<p>Head of Assessment & Care Management / Head of Learning Disability.</p> <hr/> <p>Service Lead - Adult Learning Disabilities</p>	<p>September 30th 2018</p> <hr/> <p>September 30th 2018</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
10	<p><u>Direct Payment Service User Groups</u></p> <p>The direct payment processes should be reviewed to ensure direct payments are made accessible to all service user groups.</p>	2	<p>A review of the direct payments process is a core part of the current service review being undertaken within ECHS.</p> <p>The service review will:</p> <ul style="list-style-type: none"> • Review the Direct Payments business process • Identify areas for improvement and greater efficiency. • Recommend a revised DP process that is more accessible and easier for service users to navigate. This would include an easy read version. • Implement the required changes. 	Director of Programmes via Direct Payment Project	<p>Review of process – August 31st 18</p> <p>Revised process - Sept 30th 18</p> <p>New guidance based on revised process (including easy read) – October 30th 18</p>

OPINION DEFINITIONS

APPENDIX C

As a result of their audit work auditors should form an overall opinion on the extent that actual controls in existence provide assurance that significant risks are being managed. They grade the control system accordingly. Absolute assurance cannot be given as internal control systems, no matter how sophisticated, cannot prevent or detect all errors or irregularities.

Assurance Level	Definition
Full Assurance	There is a sound system of control designed to achieve all the objectives tested.
Substantial Assurance	While there is a basically sound systems and procedures in place, there are weaknesses, which put some of these objectives at risk. It is possible to give substantial assurance even in circumstances where there may be a priority one recommendation that is not considered to be a fundamental control system weakness. Fundamental control systems are considered to be crucial to the overall integrity of the system under review. Examples would include no regular bank reconciliation, non-compliance with legislation, substantial lack of documentation to support expenditure, inaccurate and untimely reporting to management, material income losses and material inaccurate data collection or recording.
Limited Assurance	Weaknesses in the system of controls and procedures are such as to put the objectives at risk. This opinion is given in circumstances where there are priority one recommendations considered to be fundamental control system weaknesses and/or several priority two recommendations relating to control and procedural weaknesses.
No Assurance	Control is generally weak leaving the systems and procedures open to significant error or abuse. There will be a number of fundamental control weaknesses highlighted.