

## AMBER REPORTS ISSUED QUARTERS TWO AND THREE

## DIRECT PAYMENTS – ADULT SOCIAL CARE

**1. Introduction and Scope**

- 1.1 An audit review was commenced on 23/6/14, to provide an opinion on the control environment and a level of assurance for Direct Payments. The scope of the audit was agreed by Self Directed Support & Brokerage Team Leader & Assistant Director Family Cohesion & Commissioning.
- 1.2 We would like to thank the following for their help during the audit:
- ⌘ Senior Personal Budget Support Advisor
  - ⌘ Financial Case Management Officer
  - ⌘ Finance Assistant
  - ⌘ Self-Directed Support & Brokerage Team Leader
  - ⌘ Social Worker
  - ⌘ Team Administrator SDS & BT
  - ⌘ Senior Finance Officer
  - ⌘ Senior Research & Information Officer

**2. Good Practice Areas**

- 2.1 During the audit a number of good practice areas within the process for Direct Payments were identified. These included:
- ⌘ The latest client monitoring spreadsheet
  - ⌘ Information packs and guidance issued to service users are informative and provides detailed information on Direct Payments.
  - ⌘ The checklist used when a new direct payment referral is received. .

**3. Management Summary and Overall Opinion**

- 3.1 On the basis of the work carried out, our opinion based on the level of assurance provided by the controls for this audit area is **–Limited–** whilst there is basically a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls. The key issues identified are:
- a) Social workers have received insufficient training on direct payments and therefore have inadequate knowledge and confidence to promote them;
  - b) A lack of accurate and up to date information on Care First in respect to care plans (from social workers) and financial assessments (from Financial Case Management Team); and
  - c) Delays in the completion and return of financial assessments affect the start of the direct payment.
- 3.2 Recommendations have been made to strengthen the controls found to require improvement and you have agreed actions. The recommendations are categorised as shown in the table below and in the detailed report a risk rating (High, Medium, and Low) has been included to assist in the prioritisation of their implementation.

| Recommendation Category & timescale  | Number    | Percentage  |
|--|-----------|-------------|
| Legal Requirement – immediate implementation                                 |           |             |
| Financial Regulation – immediate implementation                              |           |             |
| Policy/Procedure – implementation within a month of agreement to the report. | 25        | 100%        |
| Best Practice – implementation at a mutually agreed date                     |           |             |
| <b>Total</b>   | <b>25</b> | <b>100%</b> |

- 3.3 The implementation of the recommendations made in this report will further strengthen the controls and processes in the direct payments area.

## ICE RINK – NEIGHBOURHOOD AND LEISURE SERVICES

### 1. Introduction and Scope

- 1.1 An audit review was commenced on 28<sup>th</sup> July 2014, to provide an opinion on the control environment and a level of assurance for Telford Ice Rink. The scope of the audit was agreed by Telford Ice Rink Team leader.
- 1.2 We would like to thank the following for their help during the audit:
- \*\* Team Leader Telford Ice Rink
  - \*\* Receptionists
  - \*\* Duty Officer
  - \*\* Administration Officer
  - \*\* Finance Officer
  - \*\* Income Management Officer

### 2. Good Practice Areas

- 2.1 During the audit a number of good practice areas within the process for the Ice Rink were identified. These included:
- \*\* Weekly attendance is now being monitored, this data will be used to identify seasonal trends if the need for using the services of St Johns during the whole of the holiday period is then found not to be required services will be reduced this will result in a budget saving
  - \*\* Records of invoices received and passed for payment were comprehensive
  - \*\* Risk assessments had been reviewed and were up to date

### 3. Management Summary and Overall Opinion

- 3.1 On the basis of the work carried out, our opinion based on the level of assurance provided by the controls for this audit area is **limited**, *whilst there is basically a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls*
- 3.2 Recommendations have been made to strengthen the controls found to require improvement and you have agreed actions to implement them. The recommendations are categorised as shown in the table below and risk ratings (High, Medium, and Low) for each recommendation have been included in the detailed report to assist in the prioritisation of their implementation.

| <b>Recommendation Category &amp; timescale</b>                               | <b>Number</b> | <b>Percentage</b> |
|--|---------------|-------------------|
| Legal Requirement – immediate implementation                                 | 0             | 0%                |
| Financial Regulation – immediate implementation                              | 3             | 10%               |
| Policy/Procedure – implementation within a month of agreement to the report. | 26            | 87%               |
| Best Practice – implementation at a mutually agreed date                     | 1             | 3%                |
| <b>Total</b>   | <b>30</b>     | <b>100%</b>       |

3.3 As part of this audit we have also followed up the implementation of recommendations made in the previous audit. The table below shows the action taken since that audit:

| <b>Recommendation Category</b> | <b>Implemented</b> | <b>Reiterated</b> |
|--------------------------------|--------------------|-------------------|
| Legal Requirement              | 1                  |                   |
| Financial Regulation           | 9                  |                   |
| Policy/Procedure               | 21                 | 2                 |
| Best Practice                  | 2                  | 1                 |
| <b>Total</b>                   | <b>33</b>          | <b>3</b>          |

3.4 The implementation of the recommendations made in this report and those outstanding from the previous review will further strengthen the controls and processes at the Ice Rink.

## **QUEENSWOOD PRIMARY SCHOOL**

### **1. Introduction and Scope**

- 1.1 An audit review was commenced on 10<sup>th</sup> June 2014, to provide an opinion on the control environment and a level of assurance for Queenswood Primary School.
- 1.2 We would like to thank the Headteacher and Administrator for their help during the audit.

### **2. Good Practice Areas**

- 2.1 During the audit a number of good practice areas within the process for Queenswood Primary School were identified. These included:
- ❖ Information presented to Governors is detailed and comprehensive
  - ❖ Due to the long term absence of one of the administration staff, the school had recognised the need for contingency arrangements to be put in place. Mentoring had been arranged for the other administrator in the areas in which she was unfamiliar.

### **3. Management Summary and Overall Opinion**

- 3.1 On the basis of the work carried out, our opinion based on the level of assurance provided by the controls for this audit area is limited, whilst there is basically a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls.
- 3.2 Recommendations have been made to strengthen the controls found to require improvement and you have agreed actions for implementation. The recommendations as shown in the table below are categorised and a risk rating (High, Medium, and Low) for each recommendation has been included in the detailed report to assist in the prioritisation of their implementation.

| Recommendation Category & timescale  | Number    | Percentage  |
|--|-----------|-------------|
| Legal Requirement – immediate implementation                                 |           |             |
| Financial Regulation – immediate implementation                              | 5         | 42%         |
| Policy/Procedure – implementation within a month of agreement to the report. | 7         | 58%         |
| Best Practice – implementation at a mutually agreed date                     |           |             |
| <b>Total</b>   | <b>12</b> | <b>100%</b> |

3.3 As part of this audit we have also followed up the implementation of recommendations made in the previous audit. The table below shows the action taken since that audit:

| Recommendation Category | Implemented | Not Implemented | Superseded |
|-------------------------|-------------|-----------------|------------|
| Legal Requirement       | 3           |                 |            |
| Financial Regulation    | 3           |                 |            |
| Policy/Procedure        | 3           |                 |            |
| Best Practice           |             |                 |            |
| DCSF                    | 1           |                 | 3          |
| Total                   | 10          |                 | 3          |

3.4 The implementation of the recommendations made in this report will further strengthen the controls and processes at Queenswood Primary School.

## SPECIAL GUARDIANSHIPS

### 1. Introduction and Scope

1.1 An audit review commenced on 9 February 2014, to provide an opinion on the control environment and a level of assurance for Special Guardianship. The scope of the audit was agreed by Assistant Director Children Safeguarding.

1.3 We would like to thank the following for their help during the audit :

- ✧ Children's Safeguarding & Specialist Services Team Leader
- ✧ Business Support Manager
- ✧ Senior Finance Officer

### 2. Management Summary and Overall Opinion

2.1 On the basis of the work carried out it is our opinion, based on the level of assurance provided by the controls for this audit area is **Limited** - *Whilst there is basically a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls.*

2.2 Recommendations have been made to strengthen the controls found to require improvement and you have agreed actions to implement them. The recommendations have been categorised as shown in the table below. In the detailed report a risk rating (High, Medium, and Low) for each recommendation is included to assist in the prioritisation of their implementation.

| Recommendation Category & timescale  | Number    | Percentage  |
|--|-----------|-------------|
| Legal Requirement – immediate implementation                                 |           |             |
| Financial Regulation – immediate implementation                              |           |             |
| Policy/Procedure – implementation within a month of agreement to the report. | 10        | 100%        |
| Best Practice – implementation at a mutually agreed date                     |           |             |
| <b>Total</b>   | <b>10</b> | <b>100%</b> |

- 2.3 The implementation of the recommendations made in this report will further strengthen the controls and processes in Special Guardianships processes and procedures.

## VOLUNTARY SECTOR CONTRACTS AND AGREEMENTS

### 1. Introduction and Scope

- 1.1 An audit review was commenced in June 2014, to provide an opinion on the control environment and a level of assurance for Voluntary Sector Contracts and Agreements. The scope of the audit was agreed by the Service Delivery Manager Community Participation.
- 1.2 We would like to thank the following for their help during the audit:
- \*\* Service Delivery Manager Community Participation
  - \*\* Service Delivery Specialist Procurement
  - \*\* Commissioning Contracts Officer
  - \*\* Commissioning Specialist
  - \*\* Service Delivery Manager Health Improvement
  - \*\* Contract Officer Vulnerable People Commissioning

### 2. Good Practice Areas

- 2.1 During the audit a number of good practice areas within the process for Voluntary Sector Contracts and Agreements were identified. These included:
- \*\* Monitoring of the grant in relation to Telford Mind included a variety of reporting mechanisms and was recorded using a set template
  - \*\* Green Gym grant project outcomes / progress reports included within priority plan updates to the Health and Wellbeing Board / the Living Well Board (new Commissioning and Transformation Partnership)

### 3. Management Summary and Overall Opinion

- 3.1 On the basis of the work carried out, our opinion based on the level of assurance provided by the controls for this audit area is **limited** - whilst there is basically a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls.
- 3.2 Recommendations have been made to strengthen the controls found to require improvement and you have agreed actions to implement them. The recommendations are categorised as shown in the table below and in the detailed report we have included a risk rating (High, Medium, and Low) for each recommendation to assist in the prioritisation of their implementation.

| Recommendation Category & timescale  | Number   | Percentage  |
|--|----------|-------------|
| Legal Requirement – immediate implementation                                 | 0        | 0           |
| Financial Regulation – immediate implementation                              | 0        | 0           |
| Policy/Procedure – implementation within a month of agreement to the report. | 7        | 100%        |
| Best Practice – implementation at a mutually agreed date                     | 0        | 0           |
| <b>Total</b>   | <b>7</b> | <b>100%</b> |

- 3.3 The implementation of the recommendations made in this report will further strengthen the controls and processes for voluntary sector contracts and agreements.

## RED REPORTS ISSUED QUARTERS TWO AND THREE

### ADULTS SAFEGUARDING POLICIES AND ELECTRONIC RECORDS

#### 1. Introduction and Scope

- 1.1 An audit review was commenced on Safeguarding Adults Policies and Electronic Records, to provide an opinion on the control environment and a level of assurance for Adults Safeguarding Policies & Electronic Records. The scope of the audit was agreed by the Service Delivery Manager Adults Safeguarding & Quality.
- 1.2 We would like to thank the following for their help during the audit:
- \*\* Service Delivery Manager Adults Safeguarding & Quality
  - \*\* Senior Adult Protection Officer
  - \*\* Senior Administrator Safeguarding
  - \*\* Team Administrator
  - \*\* Team Leader Business Support

#### 2. Management Summary and Overall Opinion

- 2.1 On the basis of the work carried out our opinion based on the level of assurance provided by the controls for this audit area is **Poor** the system of control is weak and there is evidence of non-compliance with the controls that do exist.
- 2.2 During the audit it was noted that there are procedures and associated templates and standard documents in place to support each stage of the safeguarding process. These procedures were not being followed and documents were not being completed in full but there was no evidence that vulnerable people were put at risk as a result of these failings. Since the audit a dedicated adult safeguarding team has been developed to respond to timescales and procedural requirements.
- 2.3 Recommendations have been made to strengthen the controls found to require improvement and these are categorised as shown below.

| Recommendation Category & timescale  | Number | Percentage |
|--|--------|------------|
| Legal Requirement – immediate implementation                                 | -      | -          |
| Financial Regulation – immediate implementation                              | -      | -          |
| Policy/Procedure – implementation within a month of agreement to the report. | 13     | 87%        |
| Best Practice – implementation at a mutually agreed date                     | 2      | 13%        |

|       |    |      |
|-------|----|------|
| Total | 15 | 100% |
|-------|----|------|

## BLESSED ROBERT JOHNSON CATHOLIC COLLEGE

### 1. Introduction and Scope

- 1.1 An audit review was commenced on 16<sup>th</sup> September 2014, to provide an opinion on the control environment and a level of assurance for Blessed Robert Johnson Catholic College.
- 1.2 We would like to thank the following for their help during the audit:
- \*\* Head teacher
  - \*\* School Business Manager
  - \*\* School Finance Assistant
  - \*\* Schools ICT Manager

### 2. Good Practice Areas

- 2.1 During the audit a number of good practice areas within the process for Blessed Robert Johnson Catholic College were identified. These included:
- \*\* That all expenditure is approved by the Head teacher in order to monitor and continue to reduce the deficit budget.
  - \*\* The files of the Finance Assistant are kept neat and tidy and information can be easily found
  - \*\* The understanding of how to treat VAT to ensure the school is reclaiming it correctly on both its imprest account and Government Procurement card.

### 3. Management Summary and Overall Opinion

- 3.1 Our opinion based on the work carried out and evidence provided at the time of the audit in respect to the level of assurance provided by the controls at the school is **Poor** - *The system of control is weak and there is evidence of non-compliance with the controls that do exist.*
- 3.2 During the site visit it was identified that the school have an IT company called Techlab. Following the visit further investigation identified links between this company and another company called Whiting IT Communications (quoted as a sister company on the website and owned/run by the IT Manager). These findings were discussed with the Head Teacher and further testing has been undertaken particularly in respect to the income expected from the school company, its services and its relationship with the other company.
- 3.3 The audit opinion is based on the findings at the time of the audit. However the school during and immediately following the audit have recognised their weaknesses and improvements have been made particularly in respect to the controls around the IT work and collection of income. In addition the school is closing on 31<sup>st</sup> August 2015 to reopen as an academy so some recommendations will not be actioned until the new school is in operation.
- 3.4 Recommendations have been made to strengthen the controls found to require improvement and actions have been agreed for implementation. The recommendations have been categorised as shown in the table below and a risk rating (High, Medium, and Low) for each recommendation has been included in the detailed report to assist in the prioritisation of their implementation.

| <b>Recommendation Category &amp; timescale</b>                               | <b>Number</b> | <b>Percentage</b> |
|--|---------------|-------------------|
| Legal Requirement – immediate implementation                                 | 3             | 11%               |
| Financial Regulation – immediate implementation                              | 8             | 28%               |
| Policy/Procedure – implementation within a month of agreement to the report. | 16            | 57%               |
| Best Practice – implementation at a mutually agreed date                     | 1             | 4%                |
| <b>Total</b>   | <b>28</b>     | <b>100%</b>       |

- 3.5 As part of this audit we have also followed up the implementation of recommendations outstanding from the previous audit, which was undertaken in March 2010. The table below shows the action taken since that audit:

| <b>Recommendation Category</b> | <b>Implemented</b> | <b>Not Implemented</b> | <b>Agreed future Implementation</b> |
|--------------------------------|--------------------|------------------------|-------------------------------------|
| Legal Requirement              | 5                  | 0                      | 0                                   |
| Financial Regulation           | 9                  | 0                      | 0                                   |
| Policy/Procedure               | 7                  | 1*                     | 0                                   |
| DfE Requirement                | 3                  | 1*                     | 0                                   |
| Best Practice                  | 2                  | 0                      | 0                                   |
| <b>Total</b>                   | <b>26</b>          | <b>2</b>               | <b>2</b>                            |

*\*Reiterated within detailed report*

- 3.6 The implementation of the recommendations made in this report and those outstanding from the previous review will further strengthen the controls and processes at BRJ.

## **SHARED LIVES**

### **1. Introduction and Scope**

- 1.1 An audit review was commenced on 31<sup>st</sup> March 2014, to provide an opinion on the control environment and a level of assurance for Shared Lives. The scope of the audit was agreed by SDM – Provider Services.
- 1.2 We would like to thank the following for their help during the audit :
- ⌘ Group Specialist
  - ⌘ Service Delivery Manager
  - ⌘ Financial Case Management Assessment Officer
  - ⌘ Finance Assistant

### **2. Management Summary and Overall Opinion**

- 2.1 On the basis of the work carried out and at the time of the audit our opinion based on the level of assurance provided by the controls for this audit area is poor. The system of control is weak and there is evidence of non-compliance with some of the controls that do exist
- 2.2 The audit found that information is being recorded using a number of excel spread sheets and word documents. Provider Services should consider investigating a methodology or package for bringing all information for the service together in one area/place which will facilitate the ability to produce easily all required management information.

2.3 Recommendations have been made to strengthen the controls found to require improvement and actions have been agreed for implementation. We have categorised the recommendations as shown in the table below and have included a risk rating (High, Medium, and Low) for each recommendation in the detailed report to assist in the prioritisation of their implementation.

| <b>Recommendation Category &amp; timescale</b>                               | <b>Number</b> | <b>Percentage</b> |
|--|---------------|-------------------|
| Legal Requirement – immediate implementation                                 |               |                   |
| Financial Regulation – immediate implementation                              | 7             | 18%               |
| Policy/Procedure – implementation within a month of agreement to the report. | 28            | 78%               |
| Best Practice – implementation at a mutually agreed date                     | 2             | 4%                |
| <b>Total</b>   | <b>37</b>     | <b>100%</b>       |

2.4 The implementation of the recommendations made in this report will assist in the strengthening of the controls and processes in Shared Services.