Internal Audit Section

BODY: Health & Social Care Moray

SUBJECT: Self-Directed Support

REPORT REF: 22'013

Follow Up Audit Review

	Risk Ratings for Recommendations								
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.		Less critically important controls absent, not being operated as designed or could be improved.		Lower level controls absent, not being operated as designed or could be improved.				

No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Date of Completion	Status / Explanation				
Key Control: Clear and current policy documents and operational guidelines have been developed for the financial administration of SDS packages.									
5.01	The SDS Direct Payment guidance and financial monitoring procedures should be reviewed and updated on a regular basis.	Low	Yes	30/04/2022	Implemented. Financial Monitoring Procedures were updated in October 2021 and SDS Direct Payments Guidance was revised in April 2022.				
Key Contre	ol: reviews are being carried out to moni	tor the usage	of SDS fundin	g in accordance v	with operational guidelines.				
5.02	Annual financial reviews should be undertaken in line with the direct payment financial monitoring procedures.	High	Yes	31/01/2022 (Revised Implementation Date 31/08/2023)	Outstanding. 4 temporary positions have been approved and recruitment is currently in progress. Additional resources will allow the backlog of financial reviews to be worked through and an annual review routine to be established going forward. Dependent on temporary positions being extended beyond March 2024, a revised date for recommendation implementation is set at 30/09/2024.				
5.03		Medium	Yes	31/12/2021					

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High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically absent, not be			Lower level controls absent, not being operated as designed or could be improved.			
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	Consideration should be given to the routine production of reports from the Care First System which can be used to detail financial reviews falling due and allow management to prioritise workloads accordingly. The requirement of manual spreadsheets should be minimised wherever possible to ensure information reference points come direct from the Care First system.					ed. Reports are being produced by st system to detail financial reviews eir priority.			
5.04	A risk based approach should be initiated by management to prioritise outstanding financial	High	Yes	31/12/2021 (Revised Implementation Date		ed. Targeted prioritisation is now in a policy of prioritisation of reviews of			

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No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Date of Completion		Status / Explanation			
	reviews and work through the backlog in an order which makes best use of limited resources.			31/08/2023)	after pack	accounts, early reviews 3 months age commencements, closing d where service has been made crepancies.			
5.05	A reminder should be issued to service users, and approved payroll providers where applicable, to inform the Authority when funds in excess of the contingency amount are held. This may assist in the prioritisation of early financial reviews and highlight issues for further investigation.	High	Yes	30/04/2022	and are	d. Initial reminders were issued now scheduled annually each corporated into an annual data			

		Risk Ratir	ngs for Recomn	nendations		
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	absent, not b	important controls eing operated as uld be improved.	Low Lower level controls absent, n being operated as designed could be improved. Status / Explanation	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Date of Completion		
5.06	A review should be undertaken of all Service Users in regard to the current balances held within their SDS bank account. Action should then be taken to recover excess funds.	High	Yes	30/04/2022 (Revised Implementation Date 31/08/2023)	balances in temporary complete the routine final set for the for reconsistence of the temporary for the temporary for temporary for the temporary for temporary for the temporary fo	ed. The majority of account have now been obtained and 4 posts have been approved to he backlog and move forward with ncial reviews in line with timescales service. As in 5.02, a revised date hamendation implementation of has been agreed.
5.07	In compliance with established procedures, one-off direct payments should be subject to a financial monitoring review 3 months (or in limited circumstances at another interval)	Medium	Yes	30/04/2022 (Revised Implementation Date 31/08/2023)	direct payn being addr	ed. Work on the backlog of one-off nent reviews is in progress and is ressed. A revised implementation /03/2024 has been agreed for full ation.

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No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Date of Completion		Status / Explanation			
	after the funding has been distributed to confirm its appropriate usage.								
5.08	The Service should comply with the monitoring requirements detailed within an agreement between the Council and Service User for the purchase and adaptation of a mini van.	Medium	Yes	31/12/2021 (Revised Implementation Date 31/03/2023)	requiremen The first M0 and eviden ongoing ar service de implementa	ed. Partial checks on contract ts have been undertaken to date. OT of the vehicle is now falling due ce of this is to be collated. On an inual basis, insurance, MOT and tail will be obtained. A revised ation date of 31/12/2023 has been full implementation.			
5.09	Closing financial reviews of SDS care packages should be undertaken in accordance with	Medium	Yes	31/12/2021 (Revised Implementation Date	reviews are	g. Aligned to 5.02 and 5.04. Closing be being prioritised within the work but the backlog requires to be additional resources.			

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	Key controls absent, not being	Medium		important controls	Low	Lower level controls absent, not							
	operated as designed or could be			eing operated as		being operated as designed or							
	improved. Urgent attention required.		designed or co	uld be improved.		could be improved.							
No.	Audit Recommendation	Priority	Accepted	Date of		Status / Explanation							
			(Yes/ No)	Completion									
	agreed procedures. Evidence			31/08/2023)									
	should be retained of any			,	A revised in	nplementation date of 30/09/2024							
	expenditure outwith the agreed				has been ag	•							
	•				nao been agreed.								
	support plan and of the full												
	discussions held and decisions												
	made by Social Workers												
	regarding retrospective												
	authorisation.												
Key Control	:												
_	g is only used to support the service us	er's support pl	an outcomes an	d compliance is mo	onitored to en	sure public funds are spend							
appropriately		о. о обранта.		a 00pa00									
5.10	,-	High	Yes	01/05/2022	Outstanding	. Work is being undertaken with							
1	Care and Support Plans should be	·g. ·		(Revised		to develop a strategy to ensure all							
	• •			Implementation		re completed in time. This							
	reviewed annually to ensure the			Date		ation has also been made in the							
	agreed care is being provided and			31/08/2023)		Option 2/3 internal audit report in							
	continues to meet the service			31/00/2023)		option 2/3 internal addit report in							

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	user's needs.				30/09/2024	has been agreed.		
5.11	All Social Workers should be reminded of the requirement to inform the SDS Team of any amendment to a Support Plan that will have a financial change to a service user's care package.	High	Yes	01/12/2022	Implemented. The SDS Team have reminded Social Work Teams regarding the requirement to refer support package changes where there is a financial implication.			
Key Contr SDS service	rol: ce has effective arrangements in place to	monitor supp	ort packages and	d report on perform	ance.			
5.12	Consideration should be given to the development of appropriate performance monitoring measures to be reported to	Low	\Yes	30/09/2022 (Revised Implementation Date 31/03/2023)	implemente	ed rrangements have been ed for monitoring performance of eam. Regular meetings are utilised		

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	service management on a regular basis. Given the current backlog of reviews and consequences of direct payment accounts not being scrutinised on a timely schedule, it may be beneficial for performance information to be made available for management to identify any resourcing issues arising and assess risks involved.				escalate a Manager. considered and addition	performance, monitor progress and ny concerns to the Service Resourcing issues have been d by the Senior Management Team and support posts approved to ervice capacity.			