Internal Audit Section

BODY: Health & Social Care Moray

SUBJECT: Self-Directed Support

REPORT REF: 22'013

Follow Up Audit Review

		Risk Rati	ngs for Recomn	nendations			
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls Low Lower level controls		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 Contr packages.	ol: Clear and current policy documents a	nd operationa	al guidelines have	e been developed t	for the financ	cial administration of SDS	
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		s were updated in October 2021 and t Payments Guidance was revised	

		Risk Ratir	ngs for Recomm	nendations		
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	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 Cont	rol: Financial reviews are being carrie	d out to moni	tor the usage c	f SDS funding in	accordance	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)	approved a progress. A backlog of through and established temporary p March 20	g. 4 temporary positions have been and recruitment is currently in additional resources will allow the financial reviews to be worked d an annual review routine to be going forward. Dependent on positions being extended beyond 024, a revised date for lation implementation is set at
5.03	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	Medium	Yes	31/12/2021	•	d. Reports are being produced by st system to detail financial reviews ir priority.

		Risk Ratir	ngs for Recomm	nendations		
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	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
	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.					
5.04	A risk based approach should be initiated by management to prioritise outstanding financial reviews and work through the backlog in an order which makes best use of limited resources.	High	Yes	31/12/2021 (Revised Implementation Date 31/08/2023)	place with a unmanaged after pack reviews an	ed. Targeted prioritisation is now in a policy of prioritisation of reviews of d accounts, early reviews 3 months kage commencements, closing id where service has been made screpancies.

	Risk Ratings for Recommendations									
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	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				
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				
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 h temporary complete th routine finar	nented. The majority of account ave now been obtained and 4 posts have been approved to e backlog and move forward with ncial reviews in line with timescales service. As in 5.02, a revised date				

		Risk Ratir	ngs for Recomm	nendations		
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Date of Completion	for recom	Status / Explanation
					for recommendation implementation c 30/09/2024 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) after the funding has been distributed to confirm its appropriate usage.	Medium	Yes	30/04/2022 (Revised Implementation Date 31/08/2023)	Part Implemented. Work on the backlog of one-off direct payment reviews is in progress and is being addressed. A revised implementation date of 31/03/2024 has been agreed for full implementation.	
5.08	The Service should comply with the monitoring requirements detailed within an agreement between the Council and Service	Medium	Yes	31/12/2021 (Revised Implementation Date 31/03/2023)	requirement The first MC and evidence	nented. Partial checks on contract is have been undertaken to date. OT of the vehicle is now falling due ce of this is to be collated. On an nual basis, insurance, MOT and

		Risk Ratir	ngs for Recomm	nendations			
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	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		
	User for the purchase and adaptation of a mini van.				service detail will be obtained. A revised implementation date of 31/12/2023 has been agreed for full implementation.		
5.09	Closing financial reviews of SDS care packages should be undertaken in accordance with agreed procedures. Evidence should be retained of any expenditure outwith the agreed support plan and of the full discussions held and decisions made by Social Workers regarding retrospective authorisation.	Medium	Yes	31/12/2021 (Revised Implementation Date 31/08/2023)	reviews are programme cleared by	g. Aligned to 5.02 and 5.04. Closing e being prioritised within the work e but the backlog requires to be additional resources. A revised attion date of 30/09/2024 has been	

		Risk Ratir	ngs for Recomm	nendations		
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	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
	rol: SDS Funding is only used to support appropriately.	the service us	er's support plar	n outcomes and co	mpliance is m	nonitored to ensure public funds
5.10	Care and Support Plans should be reviewed annually to ensure the agreed care is being provided and continues to meet the service user's needs.	High	Yes	01/05/2022 (Revised Implementation Date 31/08/2023)	Social Work reviews a recommend recent SDS	g. Work is being undertaken with to develop a strategy to ensure all re completed in time. This lation has also been made in the Option 2/3 internal audit report in nplementation date of 30/09/2024 greed.
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	Social Work to refer sup	ed. The SDS Team have reminded to Teams regarding the requirement port package changes where there al implication.

		Risk Ratir	ngs for Recomm	nendations		
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	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 Cont	rol: SDS service has effective arrangeme	ents in place to	monitor suppor	t packages and rep	ort on perfor	mance.
5.12	Consideration should be given to the development of appropriate performance monitoring measures to be reported to 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.	Low	Yes	30/09/2022 (Revised Implementation Date 31/03/2023)	been imple of the SD utilised to progress a Service M been consi Team and	ed. Revised arrangements have mented for monitoring performance S Team. Regular meetings are discuss performance, monitor and escalate any concerns to the anager. Resourcing issues have idered by the Senior Management additional support posts approved service capacity.