



Herefordshire Council

Report of Internal Audit Activity

Plan Progress 2015-16

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Appendices

Appendix B - Audit Definitions

Our audit activity is split between:

- Operational Audit
- Key Control Audit
- Governance, Fraud & Corruption Audit
- IT Audit
- Special Reviews

See Appendix A for individual audits

Role of Internal Audit

The Internal Audit service for Herefordshire Council is provided by South West Audit Partnership Limited (SWAP). SWAP is a Local Authority controlled Company. SWAP has adopted and works to the Standards of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS), and also follows the CIPFA Code of Practice for Internal Audit. The Partnership is also guided by the Internal Audit Charter approved by the Audit and Governance Committee at its meeting on 19 March 2015.

Internal Audit provides an independent and objective opinion on the Authority's control environment by evaluating its effectiveness. Primarily the work includes:

- Operational Audit Reviews
- School Themes
- Cross Cutting Governance Audits
- Annual Review of Key Financial System Controls
- IT Audits
- Grants
- Other Special or Unplanned Reviews

Overview of Internal Audit Activity

Internal Audit work is largely driven by an Annual Audit Plan. This is approved by the Director of Resources (Section 151 Officer) following consultation with the Senior Management Team. This year's (2015/16) Plan was presented to this Committee on 19 March 2015.

Audit assignments are undertaken in accordance with this Plan to assess current levels of governance, control and risk.

Update 2015-16

Completed Audit Assignment in the Period

Audit Plan Progress

There were a number of audits not completed to Final report stage in my last update. Progress has been made on completing these audits and all but four are at Final report. Three audits not completed are at report stage but waiting for the management responses from the Client and one audit is still in progress with fieldwork completed.

The audits completed are:

- Better Care Fund – Partial
- Payment Card Industry: Data Security Standard compliance – Partial
- Deprivation of Liberty Safeguards (DOLs) – Partial
- Fastershire BDUK – Reasonable
- Council and NHS ICT – Reasonable

The audits at report stage are:

- Social Care Financial Practices
- Commissioning and Procurement
- Purchasing Strategy and Market Management - Care service

The audit still in progress is Income review - maximising income - income and charging guidance

For the 2015-16 plan there are still four audits to be completed to Final report. All of the audits will be completed prior to my next update.

Update 2015-16

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Audit Committee

Report on Significant Findings

Where a review has a status of 'Completed' and has been assessed as 'Partial' or 'No Assurance' or with a 'High' corporate risk, I will provide further detail to inform Members of the key findings (Priority 4 and 5) identified. For the audits completed since my last report three audits - Better Care Fund, PCI Data Security Standard Compliance and Deprivation of Liberty Safeguards have been assessed as Partial assurance (some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives).

The full detail of each significant finding and the agreed management action and implementation is detailed on pages 9 -23.

Better Care Fund - Partial

There is a national requirement to submit a Better Care Fund plan, the Herefordshire BCF Plan has been submitted in order to meet this requirement and to ensure that the Herefordshire Clinical Commissioning Group (HCCG) and Herefordshire Council comply with the relevant BCF guidance.

The principle of the BCF Plan is to use a pooled budget approach in order for health and social care services to work more closely together and align directly with the vision and principles highlighted in the aspirations of the Health and Wellbeing Board in Herefordshire. This includes a commitment to an integrated systems approach, partnership working and a focus on prevention and early intervention in all areas.

Within Herefordshire County, the Council and CCG have pooled funds under a Section 75 agreement across a number of different pools. In 2015-16 the indicative budget was £47.5m. This was adjusted down to £40.1m when the final budget for pool 2 was subsequently agreed. The revised figure has been confirmed as the one used for internal monitoring and reporting.

Completed Audit Assignments in the Period

Audit Plan Progress

There were three priority 4 findings and two priority 3 findings. The objective of the review was to give assurance that the Better Care Fund is showing evidence of progress in integrating health and social care within Herefordshire, and ability to operate within agreed funding levels.

The auditor found that there were differences in the way the organisations are planning, reporting, and engaging in the BCF Partnership Group to that originally planned, and this has led to less oversight across activities.

The JCB were not being presented with all the information needed to assess progress towards the BCF's aims, and consequently this meant that partnership opportunities between the HCCG and the Council could be missed. Where monthly written highlight reports showing project progress were not reported to the JCB this introduces a risk that if project progress cannot be assessed together with KPI's, appropriate management action may not be taken.

The implementation plan specified in the Better Care Fund's submission to NHS England, had not been agreed by the JCB. Without an approved implementation Plan for the BCF Programme, the monitoring of individual schemes and projects may be weakened.

We found errors in the calculation of monthly performance returns, and that error was consequently replicated in the quarterly returns.

Well controlled areas were assessed as - Pool 2 where the Council has identified 3 projects (3.1 One price structure, 3.2 Payment process review & 3.3 Unified contract) to deliver this scheme with an estimated, planned £1.2m savings and the Better Care Partnership Group manage delivery of this scheme and have met on a regular basis to report progress on projects and update the action log.

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Audit Committee

Report on Significant Findings

PCI Data Security Standard Compliance

The Payment Card Industry Data Security Standard (PCI-DSS) is a Worldwide standard that was set up to ensure that businesses process card payments securely and reduce payment card fraud. The PCI-DSS contains 132 controls surrounding the storage, transmission and processing of cardholder data that businesses handle. Organisations (known as Merchants) processing card payments provide an annual 'Attestation of Compliance' to the PCI-DSS suite of documented controls.

There are 4 categories of merchants within the PCI DSS standard, level 1 being the highest. The merchant level is based on the volume of card payment transactions. Recent information has shown that the Council handles 84,000 transactions with a total value of £12m; this means that the Council's compliance is assessed at Merchant level 3.

The Council uses established 3rd party vendors to process the card payments, via the Council's web site and public payment kiosks which means that card data traffic is processed within the vendor systems. Where 3rd party points-of-sale (POS) have been deployed, dedicated phone lines are installed to avoid card data traversing the Council's network.

Although the Council uses 3rd party vendors to process the card data securely over their own systems, certain responsibilities remain with the Council to ensure that:

- a) those 3rd Party vendors are themselves compliant with the PCI-DSS standard;
 - b) annual self-assessment & attestations of compliance are made;
- and,
- c) no card payment data is held on Council servers, or its end devices.

The main risk that the card associations are mitigating through the PCI-DSS standard is the extraction of card holder data from unprotected systems.

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Audit Committee.

Report on Significant Findings Continued

The objective of the audit was to give assurance that for all service areas where the Council takes Credit/Debit Card payments there is compliance to the Payment Card Industries Data Security Standards.

There were one priority 4 findings with four recommendations and four priority 3 findings.

The Council has started to assess their information security systems to the PCI-DSS standard, through its partner Hoople Ltd who manage the ICT services on behalf of the Council. Out of 132 PCI-DSS controls, the Council assessed itself as compliant against 91 of these, a further 25 controls were not applicable to the organisation, and it was noted that there were 16 instances where the Council were not either compliant, or fully compliant.

The action plan had not yet been completed, whilst further information was being gathered, and because of this the self-assessment & attestation statement had not yet been submitted. The suggested way forward for the Council is to attest to compliance, and attach a Compensating Control Worksheet (CCW) detailing which existing ISO27001:2013 controls, together with the frequency of surveillance, that compensate for those PCI DSS controls that were not fully met.

The Council will need to address specific PCI-DSS controls that have been found absent during self-assessment, and where remedy could take place over a longer timescale the Council should detail the proposed action and timescales in the accompanying action plan, to the self-assessment.

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Audit Committee.

Deprivation of Liberty Safeguards (DoLS)- Partial

Deprivation of Liberty Safeguards (DoLS) were introduced in 2009 to ensure people in care homes, hospitals and those under supported living arrangements are looked after without inappropriately affecting their freedoms. The safeguards require an assessment to be carried out by a suitably qualified medical practitioner and a social worker; this must then be approved at a senior level before establishments are legally able to deprive someone of their liberty. Authorisation must be considered to be in the best interest of the individual.

Following a ruling at the Supreme Court in respect of a deprivation of liberty case involving Cheshire West Council, there has been a recognised increase in the applications for Deprivation of Liberty Safeguards assessments. DoLS applications have statutory timescales in which to be completed, these being 21 days for a standard application and 7 days for an urgent application, which can be granted an extension of up to 14 days. In the 12 months prior to July 2014 there had only been 80 DoLS referrals, however, in the 12 months following the Cheshire West ruling, there was a tenfold increase in the number of DoLS cases; the team now receives an average of around 35 referrals a week, significantly higher than the increase nationally. In response to this, steps have been taken to recruit local Best Interests Assessors, however due to a national shortage of BIAs this has proved problematic.

The DoLS Team is a new service, which has been developed over the last 18 months; the team only consisted of two members of staff (one agency) in 2014. Over the last 18 months, the DoLS team has created new posts to try to address the need to meet increasing demand.

There were four priority 4 findings with 11 recommendations and three priority 3 findings.

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Audit Committee.

Report on Significant Findings Continued

There is a risk that the Council's financial resources may be impacted upon from DoLS claims, and the Council's defence is weakened due to delays in DoLS assessments and reassessments. There are concerns around the current administrative systems and limited staffing resources for recording progress on referrals, and managing the backlog of DoLS assessments. The systems for monitoring and reporting timeliness of current assessments, and monitoring the expiry of authorisations and the planning of re-authorisations require improvement. This coupled with a limited number of available independent BIAs is preventing the team from reducing the backlog.

The key financial control of raising a purchase order when commissioning the services of independent assessors is missing from the current process, which means that budget commitments cannot be accurately forecast and monitored. There are currently weaknesses in procedures relating to the recruiting, monitoring and payment of independent Best Interest Assessors (BIA). Rates are not standardised, and quality variations and lack of quality assessments from some assessors mean that the Council may be paying more for some of its independent assessors than necessary. Records were not adequate to easily reconcile supplier invoices to assessments carried out by independent BIAs, and potentially over-payment could occur.

The following were assessed as well controlled areas;

- There are DoLS policies in place.
- There is a good structure in place for reporting, with regular meetings held with staff and independents involved in the DoLS process.
- There are active links with other Authorities via the Regional DoLS group.

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
Better Care Fund					
<p>Pool 1B and 2 No evidence was provided that there was an implementation plan in place for Pool 1B (Redesign of Community Care – HCCG hosted), and Pool 2 (Care Home Market Scheme – Council hosted). The implementation plan is a key milestone in the BCF Submission to NHS England.</p> <p>For Pool 1B, we were informed that this was a work stream within Clinical Commissioning Group (CCG) Transformation.</p> <p>For Pool 2, we were shown a terms of reference, however this had yet to be approved by the Joint Commissioning Board</p>	<p>There is a risk that without a strategic Implementation Plan for the BCF Programme, governance arrangements to ensure individual schemes and projects are delivered to time cost and quality may be weakened.</p>	<p>The Accountable Officer (CCG) and Director of Adults Wellbeing has agreed to ensure that an implementation plan for delivery of Pools 1B and 2 are reviewed and approved, and that monthly progress reports are provided to the Better Care Fund Partnership Group (BCFPG) and the Joint Commissioning Board (JCB).</p>	<p>1. Approval of Implementation Plan Pool 2 We agree that the implementation plans and ToR for pool 2 should have received formal approval in accordance with the governance structure outlined in our 2015/16 plan. Due to changes in joint commissioning manager during the first half of the year, This scheme is now moving into the implementation phase and the plan will be presented to JCB for formal sign off in August.</p> <p>2. Implementation Plan Pool 1b HCCG will update JCB in August.</p>	<p>August 2016</p>	<p>Commissioning Better Care Fund Manager</p>

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
<p>(JCB). Implementation of the projects within the BCF plan is interdependent with performance improvement. After September 2015 the JCB did not receive written monthly highlight reports showing project progress, however a recent progress report on Pool 2 - MHCM scheme was presented to the JCB in December 2015.</p>	<p>There is a risk that if project progress cannot be assessed together with KPI's, appropriate management action may not be taken.</p>		<p>3. BCFPG Terms of Reference (ToR) We accept that the terms of reference need formal sign off. We are currently revisiting the ToR for the group to ensure that it has the correct membership, regular meetings and provides robust monitoring and oversight of the BCF programme. Regular monthly meetings are being set up for the group. Updated membership has already been agreed by the partners (May 2016) and the ToR will be reviewed at the July meeting These will be presented to the next JCB for formal sign off. The detailed financial reporting template has</p>		

High Priority Findings and Recommendations (Priority 4 or 5 only)

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Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
			<p>been developed for initial reporting in July.</p> <p>4. Regular reports to JCB</p> <p>The effective working of the BCFPG is the means by which the JCB will receive regular reports on the BCF performance, risks and issues.</p> <p>A number of different report formats were tried by different joint commissioning managers. It has been agreed by the JCB that the performance report will contain a high level financial report in 2016/17.</p> <p>To improve performance reporting on BCF schemes, the scheme specification template has been redesigned to link financial</p>		

High Priority Findings and Recommendations (Priority 4 or 5 only)

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Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
			and performance measurement including key metrics, outcomes and links to BCF objectives.		
<p>Pool 2</p> <p>A Terms of Reference document has been drafted for this scheme, but it has not been presented to or approved by the JCB or BCFPG.</p> <p>The ToR contains targeted Project Deliverables. However, the key milestone date for implementation of the scheme has slipped from original plan of April 2016 to July 2016. In addition, the expected savings estimate is acknowledged as slipped: the forecast in September 2015 outturn is</p>	<p>There is a risk that without an approved Implementation Plan, together with infrequent JCB meetings the monitoring of individual schemes and projects may be weakened.</p>	<p>The Commissioning Better Care Fund Manager has agreed to ensure that progress is regularly monitored, the risks to project delivery are assessed and management actions are taken where appropriate.</p>	<p>The BCFPG terms of reference are being updated to ensure that it performs a robust review and challenge process. Implementation of the new monitoring report will commence in July 2016. During June 2016 the new reporting formats will be developed for reporting to JCB in July. The new format will include a section target the key issues to ensure JCB performs its challenge and enabling functions as a joint board.</p>	<p>July 2016</p>	<p>Commissioning Better Care Fund Manager</p>

High Priority Findings and Recommendations (Priority 4 or 5 only)

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Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
£1.4m overspend against the Pool 2 budget. The underlying rationale for how these savings were calculated in the first place could not be established.					
<p>Performance – Pool 2 Permanent Admissions to Residential Care</p> <p>The Council were coordinating the KPI results, and uploading results to the Joint Commissioning Board (JCB).</p> <p>KPI's had been consistently reported to the JCB for Pool 1B and Pool 2, however performance data on the reduction of permanent admissions to residential homes (Pool 2) has been calculated using</p>	<p>There is a risk that if performance figures are calculated incorrectly or reported late, it can mean that immediate and appropriate management action is not taken, and the project benefits are delivered later than planned.</p>	<p>The Joint Commissioning Better Care Fund Manager has agreed to ensure that the out-turn calculations are based on the correct data.</p>	<p>Accepted. It is acknowledged that the incorrect population denominator was used. This was a result of some legacy techniques being used to calculate the measure, but this was corrected immediately in the directorate calculations and as part of the JCB Report. Regular checks will be taken to ensure that accurate population estimates are being used as part of all per population calculations.</p>	<p>July 2016</p>	<p>Adults Wellbeing Performance Lead</p>

High Priority Findings and Recommendations (Priority 4 or 5 only)

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Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
<p>incorrect population data and previous year baselines.</p> <p>The CCG were late in providing the Council with the Pool 1B Quarter 3 KPI's. This meant that the figures were not reported that quarter, however were reported later which did not have an impact on the cumulative total.</p>					
Payment Card Industry Security Standard Compliance					
<p>There were areas of non-compliance that had not yet been addressed, and the self-assessment together with the attestation of compliance had not yet been submitted.</p> <p>One of the areas found to</p>	<p>There is a risk that if the Council are not able to evidence self-assessment and compliance, the Card Payment Industry could challenge the Council's merchant statement.</p> <p>There is also a risk that if</p>	<p>The Senior Information Governance Officer in conjunction with the Customer Services Manager has agreed to amend the Council's Information Security Policy and procedures to include a section specific to PCI-DSS controls and</p>	<p>The Senior Information Governance Officer has agreed to amend the Council's Information Security Policy, and using the outcome of recommendation 1.1a will identify and carry out training to the relevant</p>	<p>31 October 2016</p>	<p>Senior Information Governance Officer</p>

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
<p>be non-compliant were the Council's Policy, Procedures and staff training.</p> <p>Although the Council uses 3rd party vendors to process card payment data, one of these applications is hosted on The Council's network. The Council has not yet confirmed whether any card data is stored in its environment.</p> <p>Quarterly scans by an Approved Scanning Vendor (ASV) are not taking place, however internal and external penetration testing is carried out on the Council's network, by a CESG approved vendor (Sapphire).</p>	<p>areas of non-compliance are not addressed, and the self-assessment together with the attestation of compliance are not submitted, the Council may incur fines which may impact on the Council's financial resources.</p> <p>There is a risk that any traffic containing card data, sent and received on the Council's network via the hosted 3rd Party software, through the payment gateway may not have all the security measures to be compliant with the PCI-DSS standard.</p>	<p>compliance, and roll out training to all officers taking payments.</p>	<p>officers, including Hoople staff.</p> <p>The Assistant Director Communities has agreed to assist the Senior Information Governance Officer and the Customer Services Manager with the training strategy.</p> <p>The Customer Services Manager has collated material to be used for training staff in the PCI-DSS.</p>		
		<p>The Senior Information Governance Officer in conjunction with the Senior Technical Architect (Hoople Ltd) has agreed to gather the remaining information, to assess the level of the Council's compliance against</p>	<p>The Senior Information Governance Officer in conjunction with the Senior Technical Architect (Hoople Ltd) has agreed to gather the remaining information, to assess the level of the Council's</p>	31 October 2016	Senior Information Governance Officer

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
The network topology diagram had not yet been updated to illustrate the specific servers hosting the 3rd Party Vendor merchant applications, and all other data payment device touch points.		the PCI-DSS controls and also carry out a risk assessment using the Hoople Ltd certificated Information Security Management System (ISO27001:2013). Further, it has been agreed to list compensating controls, where the Council is not fully compliant.	<p>compliance against the PCI-DSS controls and also carry out a risk assessment using the Hoople Ltd certificated Information Security Management System (ISO27001:2013). Further, a list of compensating controls, where the Council is not fully compliant, will be compiled.</p> <p>The Information Governance team is assessing the need to involve an external specialist to assist with the completion of the attestation return.</p>		
		The Senior Information Governance Officer in liaison with the Technical Architect	The Senior Information Governance Officer has agreed to liaise with the	31 October	Senior Information Governance

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
		(Hoople Ltd) has agreed that once a scan has been completed and all information / risks are known, then a self-assessment is completed by the Senior Information Governance Officer to cover all the areas where the Council's takes card payments and the traffic of card payment data over the Council's network.	Technical Architect (Hoople Ltd) and review the scan results, recommend any further actions required and use that information to complete the PCI self-assessment.		Officer
		The Council's Senior Information Risk Owner (Assistant Director Communities) has agreed to review the completed PCI-DSS self-assessment, and sign and submit the attestation of compliance.	The Senior Information Governance Officer has agreed to liaise with the Senior Information Risk Owner to provide the self-assessment for review and approval. The Assistant Director Communities has agreed to review and sign the PCI-DSS self-assessment.	30 November 2016	Senior Information Governance Officer

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
Deprivation of Liberty Safeguards (DOLs)					
<p>DoLS Strategy and internal resource capacity.</p> <p>There was not sufficient strategy documented for oversight of the recording, monitoring, performance and reporting of assessment stage timescales and the reduction of the existing backlog. There were 1447 referrals submitted in 2015-16, and 561 cases awaiting allocation at 27/4/16. It would appear that there is insufficient capacity to cope with the administrative workload. Without documented direction, performance objectives and reporting, there is a likelihood that the service area will not</p>	<p>There is a risk that without issued guidance on strategy and reporting criteria, senior officers will not have the guidance to monitor performance against the assessment backlog, and whether assessments are being carried out within the statutory timescales.</p>	<p>The Assistant Director – Operations has agreed to introduce performance indicators for recording, monitoring and reporting of the backlog, and to ensure that in the future, timescales for each stage of the assessments are met. The strategy guidance and performance indicators are to be included in the process documents currently being developed.</p> <p>Action</p>	<p>We currently have performance indicators which we acknowledge need to be expanded, which will be developed for the DLT scorecard alongside the DoLS process work. DLT will monitor activity on a monthly basis. We do recognise that there is a shortage of resource to meet demand; we also acknowledge that whilst we will manage the backlog of cases, we will not be in a position to delete the backlog.</p>	<p>October 2016</p>	<p>Adults Performance Lead</p>
		<p>The Assistant Director – Operations has agreed to review the resource level with regard to the administrative</p>	<p>Agreed – this work will be picked up as part of the Business Support Review which will begin in</p>	<p>January 2017</p>	<p>Assistant Director – Operations and Support</p>

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
reduce the backlog or meet assessment timescales.		function within the DoLS team to assess whether it is adequate.	September 2016 and is due to end in January 2017.		
Financial controls The key financial control of raising a purchase order when commissioning the services of an independent assessor is missing from the current process. The purchase order is raised only when the assessor's invoice is received. The current process means that the level of financial commitment placed on external assessment work cannot be readily accounted for. Records were not adequate to easily reconcile supplier invoices to assessments	There is a risk that invoices could be paid more than once without detection, or overpayment against what was originally agreed could occur. There is also a risk that without a commitment being placed on the finance system, budgets cannot be accurately set, or monitored.	The Assistant Director, Operations has agreed to commission a piece of work to ascertain the level of outstanding invoices for each assessor / medical professional, and account for them on Agresso. This task will also incorporate an interrogation on Agresso along with supplementary checks where insufficient data is recorded on the system, to ensure that no duplicate payments have been made to the BIAs or the medical professionals.	Agreed - a review of outstanding invoices will be undertaken with the AWB finance leads.	October 2016	DoLS lead
		The DoLS Lead has agreed to ensure that that purchase orders are raised on Agresso	It is recognised that a review of the current arrangements is	October 2016	DoLS Lead and Directorate Accountant

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
carried out, and invoices were often sent late to the Council by the assessors. Transactions of different types were recorded under the same accounting code. Attempts to identify the level of outstanding debt to the Service is currently a time-consuming process.		when assessments are allocated to B.I.A.s and medical professionals. These should be cross-referenced to the DoLS spreadsheet. Where additional expenses are anticipated, such as travel expenses or travel time, this should be agreed with the B.I.A. and accounted for on the purchase order when it is raised on the system.	necessary, and a process for raising purchase orders/monitoring expenditure needs to be in place going forward. The most suitable option to achieve this function will be developed by the DoLS lead and the AWB finance lead.		
The quality of work undertaken by independent assessors differed, as did the rates paid to assessors. It was noted that some assessments had to be re-performed.	The Council may be paying more for its independent assessors than necessary, and potentially could also be paying for re-work of assessments.	The Assistant Director, Operations has agreed to review the hourly rate for completion of Form 3s. A higher rate should only be paid to assessors that have been selected to complete Form 5s; these fees should be agreed in advance when the Purchase Order is set-up. Any travel costs should also be agreed in advance and documented as a	Guidance on payment for form 5s will be included in guidance from 1.1.3b. 1	September 2016	DoLS Lead

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
		separate cost.			
The quality of Forms 3 and 4 has to be reviewed on a case by case basis by the Senior Officer who completes the Form 5, however, there is currently no in-house overview of cases and little capacity at present to do this. As there have been issues with the quality of some of the Form 3s, and forms have to be proof read by Seniors before they can complete the Form 5, this area has been identified as a task that could be completed by an administrator if staffing capacity were to be increased in this area.	There is also a risk that if proof reading of assessment forms has to remain the responsibility of senior officers who complete the form 5s, this will continue to limit resources at senior level is a senior officer and add to the backlog.	The Assistant Director – Operations has agreed to give consideration to allocating the task of completing Form 5s to one of the more experienced independent B.I.A.s.	A process to identify people who might be suitable to complete form 5s on behalf of the Authority will be drafted and agreed at DLT.	September 2016	DOLs Lead
		The Assistant Director – Operations has agreed to consider the option of proof reading of Form 5s being carried out as part of the administration function, if changes in the team's establishment make this possible.	This function will be considered as part of the business support review.	January 2017	Assistant Director – Operations and Support

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
This would free up a small proportion of Senior Officer time from each case.					
Assessments not undertaken. Assessments are not being carried out within the statutory timescales. The systems for monitoring each stage of current assessments, monitoring the expiry of authorisations and planning reauthorisations require improvement. There is a backlog of assessments, and minutes of meetings showed little evidence that this key risk has been adequately reported, or that adequate management action has been taken to	There is a risk that if the backlog is not removed, every assessment will be outside the statutory timescales, and this will consequently mean an ongoing situation where the Council is always at risk of legal action. There is also a risk that if assessments and reassessments upon authorisation expiry are not carried out within the statutory timescales that this could weaken the Authority's case in a court of law.	The Assistant Director - Operations, in conjunction with the Council's Deputy Solicitor agreed to review the financial risks to the Council posed by the backlog, in conjunction with our earlier recommendation to formulate a strategy for addressing those risks. The risk register should be updated accordingly.	Agreed. We will work out what our priorities are and what the backlog is and potential costs of holding that backlog.	November 2016	Assistant Director – Operations and Support
		The DoLS Lead, in conjunction with the Assistant Director – Operations, has agreed to assess what tools are required to manage the service on a day to day basis, and to report on performance to senior management.	There are already plans to set up DoLS on Mosaic as part of the second phase of the Mosaic project, this should make performance reporting easier and more robust.	March 2017	DOLs lead

High Priority Findings and Recommendations (Priority 4 or 5 only)

Note: Priority scores are how important they are to the service, not at a corporate level.

Weakness Found	Risk Identified	Agreed Outcome	Management's Agreed Action	Agreed Date of Action	Responsible Officer
correct and prevent recurrence.					
There is a duty for the Authority to declare cases to the Council's insurers that may result in a claim. Because of the backlog of DoLS assessments, the lack of systems to track and monitor when assessments and re-assessments should be carried out, and their progress, this means that the likelihood of a claim is more likely if assessments are delayed	In the event of a claim being upheld and an award being made against the Council, our insurers may be unlikely to settle some or all of the value of the claim.	The Assistant Director - Operations, in conjunction with Legal Services and the Council's Insurance Officer, has agreed to discuss the current level of insurance cover with regard to delays in processing referrals, and ensure that where there is a risk of insufficient cover, this matter is rectified. Further clarity has also been sought on the risk of claims for wrongful arrest or imprisonment under the banner of public liability or the Human Rights Act.	Agreed - the process is already under way and a decision from legal services and the insurers is pending. Jane and Kate are to meet with the broker and review the cover. We are taking this back to the region to find out what other areas are doing. We will also ask the DASS to raise this on a National Level through ADASS.	September 2016	DoLS Lead / Deputy Solicitor to the Council