

**REPORT TO SHEFFIELD CITY COUNCIL AUDIT COMMITTEE
17 July 2014**

Internal Audit Report on Progress Against High Opinion Audit Reports.

Purpose of the Report

1. The purpose of this 'rolling' report is to present and communicate to members of the Audit Committee progress made against recommendations in audit reports that have been given a high opinion.

Introduction

2. An auditable area receiving a 'High Opinion' is considered by Internal Audit to be an area where the risk of the activity not achieving objectives is high and sufficient controls were not present at the time of the review.
3. This report provides an update to the Audit Committee on high opinion audit reports previously reported. Where Internal Audit has yet to undertake follow up work, the relevant Portfolio Directors were contacted and asked to provide Internal Audit with a response. This included indicating whether or not the recommendations agreed therein have been implemented to a satisfactory standard. Internal Audit clearly specified that as part of this response, Directors were to provide specific dates for implementation and that this was required by the Audit Committee.

This report also details those high opinion audits that Internal Audit plan to remove from future update reports. The Audit Committee is asked to support this.

FINANCIAL IMPLICATIONS

There are no direct financial implications arising from the report.

EQUAL OPPORTUNITIES IMPLICATIONS

There are no equal opportunities implications arising from the report.

RECOMMENDATIONS

That the Audit Committee notes the content of the report.

That the Audit Committee agrees to the removal of the following reports from the tracker:

Self-Directed Support, Communities

That the Audit Committee agrees to receive an overarching report outlining the revised approach for capital delivery and reporting.

Laura Pattman

Assistant Director of Finance, Business Partner and Internal Audit

**SHEFFIELD CITY COUNCIL
UPDATED POSITION ON HIGH OPINION AUDIT REPORTS AS AT 17 July 2014**

1. Schools, using independent payroll services (CYPF). (Issued to the Audit Committee 22.04.14).

As at May 2014

Internal Audit: This report was issued to management on the 31.3.14, with the latest agreed implementation date of 30/09/2014. Therefore an update will be provided in the next high opinion update report.

2. Delivery of Highways Schemes (Place). (Issued to the Audit Committee 08.04.14).

As at May 2014

Internal Audit: This report was issued to management on the 19.03.14, with the latest agreed implementation date of 30/09/2014. Therefore an update will be provided in the next high opinion update report.

3. Schools, appointments, terminations and amendments to pay (CYPF). (Issued to the Audit Committee 22.04.14).

As at May 2014

Internal Audit: This report was issued to management on the 31.3.14. A number of recommendations were made relating to recruitment and termination of contracts, therefore these will be reviewed when Internal Audit carry out a follow up review in quarter 4. Three recommendations were agreed to be completed by the 30/04/2014, by the HR Service Manager (Schools Statutory and Strategic HR Service) and an update against these is reproduced below.

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Update provided from Jo Roy, Service Manager, Human Resources, 23.5.14. |
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| 3.1 | Leaver's details should be promptly actioned on payroll once they cease working for the school. The 3 discrepancies identified should be verified and corrected if required, by the HR Service Manager (Schools Statutory and Strategic HR Service). | Medium | HR Service Manager (Schools Statutory and Strategic HR Service) | 30.04.2014 | All audit actions have now been completed. I have contacted our payroll provider and corroborated the information provided with the Business Manager or Head Teacher at each school. |
| 3.2 | Amendments / variations should be actioned promptly and correctly on payroll. The Head Teacher and / or HR Service Manager (Schools Statutory and Strategic HR Service) should follow up and ensure the 3 variations requested have been appropriately actioned either through a request to the payroll provider or via the monthly payroll summary reports. | High | HR Service Manager (Schools Statutory and Strategic HR Service) | 30.04.2014 | All audit actions have now been completed. I have contacted our payroll provider and corroborated the information provided with the Business Manager or Head Teacher at each school. |

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| 3.3 | HR Service Manager (Schools Statutory and Strategic HR Service) should remind and refresh schools about HR / payroll procedures in relation to recruitment, termination and variations to pay. Providing advice and sample documents where necessary. | High | HR Service Manager (Schools Statutory and Strategic HR Service) | 30.04.2014 | Guidance on Schools appointments, terminations and amendments to pay has been included in the May Employment Bulletin which was circulated to Schools on 22/5/14. This included links to best practice guidance. The recommendations will be added as an addendum to the current Guidance Booklet and incorporated into the updated booklet which is circulated in September. |
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4. Projects – Risk Management and Reporting (Place). (Issued to the Audit Committee 10.01.14).

As at April 2014

Internal Audit: This report was issued to management on the 23.12.13. Eight recommendations were agreed in the report and the updated position is produced below.

NB: The updated position was requested from the Head of Capital Delivery Service in February, which pre-dates the agreed implementation date for the recommendations. This was at the request of Audit Committee members who were keen to see the 'direction of travel'.

As at June 2014: Internal Audit undertook a follow up review in May 2014 and found that of the eight agreed recommendations, 1 had been satisfactorily implemented and 7 were considered ongoing and not fully actioned. It was acknowledged that fundamental changes to the capital delivery process have been made and recently launched and the audit recommendations have been incorporated into this wider strategic review. The Capital Programme Office process was under development, and once in place this will be supported by capital gateways/ reviews. The Head of Capital Delivery Service has agreed a revised timeframe (July 2014) for the implementation of the remaining 7 recommendations.

It is suggested that an overarching report be brought by the Head of Capital Delivery Service to the Audit Committee to outline the strategic change to Capital Delivery arrangements, rather than try to capture this on a recommendation by recommendation basis.

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position |
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| 4.1 | The Head of Capital Delivery Service will need to follow up on the risk management and reporting arrangements for projects 90723 and 90731, and also ascertain the reasons for the slippage against the project. (90723 Abbey Lane Primary) (90731 Skinnerthorpe Road) | High | Head of Capital Delivery Service | 31.03.14 | <u>Update as at 19 Feb 2014:</u> A wider Capital Programme review for EMT is well under way and will be implemented for the new financial year. This will capture roles and responsibilities. There remains an issue regarding who is identified as "Project Manager" in QTier and this will be |

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| | | | | | <p>addressed. In the meantime, risk registers for the two schemes had been prepared by the CDS Project Manager, Paul Turner, for the project. I have reviewed these with the CDS Project Manager and am confident that the risks are being managed and that an effective means of escalation is in place.</p> <p><u>As per Internal Audit follow up report May 2014:</u> The shared project risk registers were provided and reviewed by Internal Audit.</p> <p>Action complete</p> |
| 4.2 | <p>Project guidance should be followed and an initial risk management plan should be completed as part of the project start-up phase on all projects to ensure Sheffield City Council's (SCC's) exposure to risk is identified at an early stage, recorded and where appropriate mitigation strategies established and followed/ tracked.</p> <p>Project Managers for all future projects and projects currently at start-up phase should be reminded of this requirement. They should be directed to training and guidance available, i.e. E-Learning, guidance available on the Intranet, etc.</p> | High | Head of Capital Delivery Service | 31.03.14 | <p><u>Update as at 19 Feb 2014:</u></p> <p>This is part of the wider Capital Programme review.</p> <p>Additionally, the following actions to improve this are being implemented:</p> <ol style="list-style-type: none"> 1) Incorporating requirements for an initial risk review at the project start-up phase within the capital delivery process that has been developed by CDS. 2) Establishing a Capital Programme Office (CPO) to monitor the implementation of projects against the delivery process to ensure the necessary deliverables are completed. 3) Raising the issue at Capital Programme Group to ensure commissioning boards/ portfolios are aware of their responsibilities as Project Sponsors. |

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| | | | | Revised implementation date: 31.07.14 | <p><u>As per Internal Audit follow up report May 2014:</u> A statement was provided by Dan Ladbury, Head of Capital Delivery Service against this recommendation and the capital delivery process was provided to support the statement.</p> <p>“The Capital Delivery Process has been revised and launched. The CPO is under development and additional resource has been committed to develop this. I aim to have in place the guidance and review checklists that support the capital gateways. These will be used to ensure that the necessary risk management plans are in place at each stage as without them projects will not be able to proceed.”</p> <p>Action ongoing – revised implementation date in place.</p> |
| 4.3 | <p>Project guidance should be followed and appropriate risk strategies should be established as part of the project planning stage on all projects to ensure SCC's exposure to risk is reduced.</p> <p>Project Managers for all future projects and projects currently at the planning stage should be reminded of this requirement.</p> | High | Head of Capital Delivery Service | <p>31.03.14</p> <p>Revised implementation date: 31.07.2014</p> | <p><u>As per Internal Audit follow up report May 2014:</u> Please see response to 4.2 above.</p> <p>Action ongoing – revised implementation date in place.</p> |
| 4.4 | Project guidance should be followed and a route for identified risks to be communicated to the project teams established, ensuring risk reviews are a standard item on Project Board agenda's. This should be completed as part of the project delivery preparation stage on all projects to ensure SCC's exposure to risk is reduced and inconsistencies in | Medium | Head of Capital Delivery Service | <p>31.03.14</p> <p>Revised implementation date:</p> | <p><u>As per Internal Audit follow up report May 2014:</u> Please see response to 4.2 above.</p> <p>In addition Dan Ladbury stated “The establishment of Project Boards and their performance will be assessed as part of the</p> |

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| | reporting are prevented. | | | 31.07.14 | gateway reviews". Action ongoing – revised implementation date in place. |
| 4.5 | Risk management plans should be completed for all projects with sufficient detail, consistent and complete data; feature a responsible officer, have appropriate timeframes and record a review date. The Head of Capital Delivery Service should discuss with the Corporate Risk Manager whether the Councils Corporate Risk Management Framework should be adopted for all projects. All Project Managers should be informed of this decision and requirement. | Medium | Head of Capital Delivery Service | 31.03.14 Revised implementation date: 31.07.14 | <u>As per Internal Audit follow up report May 2014:</u> Please see response to 4.2 above. Action ongoing – revised implementation date in place. |
| 4.6 | All projects should have transparent reporting arrangements in place to ensure risk management issues can be appropriately reported and discussed at the relevant area/level. All Project Managers should be informed of this requirement. | High | Head of Capital Delivery Service | 31.03.14 Revised implementation date: 31.07.14 | <u>As per Internal Audit follow up report May 2014:</u> Please see response to 4.2 above. Action ongoing – revised implementation date in place. |
| 4.7 | Project Board minutes need adequate detail to demonstrate sufficient and robust challenge to the risks of the project. | High | Head of Capital Delivery Service | 31.03.14 Revised implementation date: 31.07.14 | <u>As per Internal Audit follow up report May 2014:</u> Please see response to 6.2 above. Action ongoing – revised implementation date in place. |
| 4.8 | Project risk management plans should detail the escalation route and actions taken for all project risks. All project managers should be informed of this requirement. | Medium | Head of Capital Delivery Service | 31.03.14 Revised implementation date: 31.07.14 | <u>As per Internal Audit follow up report May 2014:</u> Please see response to 4.2 above. Action ongoing – revised implementation date in place. |

5. Freedom of Information Arrangements (Resources). (Issued to the Audit Committee 02.12.13).

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| As at November 2013 |
| Internal Audit: This report was issued to management on the 23.10.13. |
| As at 3rd March 2014: 13 recommendations were agreed in the original report, and the updated position is reported below. NB : A new process for Freedom of Information requests has been outlined which captures the recommendations raised in this audit report. The new process will be introduced from April 2014, and as a result 11 of the original recommendations made have revised implementation dates. |

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| 5.1 | <p>A new model is proposed:</p> <p>1. A central point would be established and would be responsible for: - the customer facing interfaces within the process - receiving the requests, acknowledging requests, allocating requests to Portfolios, monitoring and reporting on the progress of requests, sending out the information once collated. - providing accurate and timely monitoring information to Officers to allow them to monitor the process effectively within the Portfolio.</p> <p>2. The Directors of Business Strategy would be responsible for: - ensuring that there are adequate processes in place across Portfolios to provide the information required and to ensure quality control processes. They should have in place a process and structure that ensures that FOI requests are responded to efficiently and effectively.</p> <p>3. The Information Governance Team would be responsible for:</p> | Critical | John Curtis | <p>31.01.14</p> <p>Revised Date 30.04.14</p> | <p><u>3rd March 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>A number of workshops have been held to assess and review the FOI process. A new process has been outlined and agreed with the Executive Management Team, and portfolio representatives. This new process establishes a new information Governance Model whereby all requests will initially be reviewed and handled centrally. This will be introduced in April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>A new process is now in place and to date we have seen a significant improvement in meeting our statutory duty (responding within 20 working days). This is currently at 93% which is significantly higher than what we achieved previously.</p> <p>A number of letter templates have been devised to support the process and consistency. This includes, letter templates where exemptions maybe appropriate. The Information and knowledge management team also provide assistance and advice and commonly draft the refusal notices. All refusal notices are being quality assured by the central team to ensure that they are correctly and appropriately used. A Standard Operating Procedure, Process Map and Policy</p> |

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| | <p>- advising on complex cases (when requested) that are outside the skills/knowledge base of the Portfolio. This may include refusal notices etc.</p> <p>- Training on the requirements of the law.</p> <p>4. Individual officers would be responsible for:</p> <p>- cooperating with the process and providing the information required.</p> <p>All roles and responsibilities should be clearly defined, documented and shared with all relevant parties.</p> | | | | support the overall process and outlines roles and responsibilities, as well as escalation. |
| 5.2 | Once the new process for FOI has been established, the Policy should be amended to reflect this. | High | John Curtis | 31.01.14 Revised Date 31.03.14 | <p>A new policy has been drafted and will be assessed at the next Information Governance Board (IGB). This will be presented to the IGB in March 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>A new policy has been agreed.</p> |
| 5.3 | <p>Where Portfolios are not meeting the targets, this should now be fully investigated. Where there is clear evidence of complexity of process, this should be rectified by review and simplification wherever possible. Where there are clear resourcing issues, this needs to be monitored and reported to the appropriate manager. Gathering estimates of staff time allocated to answering the requests will aid the process of resourcing appropriately.</p> <p>It is important that the individual requesting the information is contacted upfront to acknowledge receipt of the Freedom of</p> | High | John Curtis | 31.01.14 Revised Date 30.04.14 | <p>The new information governance model to be adopted proposes the use of standard, workable and consistent templates to be used. This will support consistency in our approach around refusals. This will be developed in March/April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>The new tracker system records if a request is late what the reason has been. This will assist with understanding why something was delayed and should assist with reducing any reoccurrence. All requestors receive confirmation of their request. If it is anticipated that there may be a significant delay in response, the requestor will be informed.</p> |

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| | <p>Information request and to explain the process. Where delays occur, the requestor should be informed of this as soon as possible as regular communication may stop complaints. As all FOI requests must be answered, it is important that resources are allocated appropriately as complaints tend to increase calls on resources.</p> <p>The implementation of a consistent and streamlined process across all Portfolios will ensure that all Portfolios can meet the desired target.</p> | | | | |
| 5.4 | <p>The process for refusals needs to be workable, appropriate and consistent. The central team should know where previous similar requests have been refused and the reasoning behind this. This information can then be passed to the Portfolio (the Portfolio should know if any circumstances have changed that would facilitate the providing of the information). A nominated individual within the Portfolio should make an informed decision on whether a refusal is appropriate. A decision should be made on whether the Portfolio should prepare the refusal notice (and who will authorise this) or whether this is a role to be undertaken by the Information Governance Service. For consistency, once the refusals have been prepared and approved, these should be recorded and sent out by the central point. We need to clearly monitor when we make such decisions as the Council should provide information where it is available and should not discriminate</p> | High | John Curtis | <p>31.01.14</p> <p>Revised Date 30.04.14</p> | <p>A workshop was held with portfolio representatives which assessed overall what the council wide and portfolio requirements were. A requirements document was produced and has been assessed. A newly developed SharePoint site is being developed. This will be in March/ April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>All requestors are responded to in a fair and transparent way. Refusals are drafted commonly by the central team and all refusals are quality assured by the team to ensure consistency in approach. We will review where refusals have been used and develop further training in this area as appropriate.</p> |

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| | against individuals. The question should be raised that if we are refusing a request from a member of the public, would we refuse the same request coming from an MP or the press. | | | | |
| 5.5 | A review of how SharePoint is being used must be undertaken. Again, there needs to be a consistent approach applied that is fit for purpose. A review needs to be undertaken of what systems the Council already has in place that can monitor and report on activity and whether these would be more suitable for managing FOI requests. All staff involved in the FOI process should ideally use one system that can log and track the requests through the whole process. Staff should use this system consistently and be trained to do this. | High | John Curtis | 31.01.14 Revised Date 30.04.14 | A workshop has taken place looking at the councils requirements for a system to support the FOI process. A requirements specification was drafted and has been reviewed. Overall a newly developed SharePoint site has been created and is being modified for April 2014. <u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u> One council system is in place and is being used. Some changes have been made to develop the system further. A further meeting is taking place with all FOI representatives across the council to discuss the system and process. |
| 5.6 | The process for responding to information requests is similar in Portfolios but the level of staff involvement differs. A sample should be obtained of information request responses from each Portfolio and the cost of producing these responses. There should be a consistency of approach and cost. It is obvious that the cost of involving Directors is always significantly higher than utilising business support staff. It would appear appropriate that the process should be a business support role, within a framework, which highlights where decisions need to be escalated. | High | John Curtis | 31.01.14 Revised Date 31.07.14 | We are assessing what information can be collated and presented regarding FOI Requests. This will also try to assess the costs of responding to requests. A meeting has taken place with Communications to see if some information can also be made available via the internet. This will be developed Late Spring/ Early Summer. <u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u> This is ongoing. It will be challenging to assess the total cost relating to responding to requests is, but we will try to calculate indicative costs. |
| 5.7 | There should be a clear protocol for training requirements. Once the new process for FOI has been established, focused and | High | John Curtis | 31.01.14 Revised Date | Training has been mandated for all Portfolio representatives and admin support. There will be a refresh of Information governance training for all staff. This will be developed over |

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| | specialised training should be provided to the limited number of staff who manage and deliver the FOI processes within Portfolios and potentially, for staff who will form the central point for logging and closing the FOI requests. | | | 31.12.14 | 2014/2015. <u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u> It is mandated in the standard operating procedure that any one acting as the portfolio rep should receive training. |
| 5.8 | The message of the importance of the Council's obligations under the Freedom of Information Act must be shared with staff across Portfolios. Having a Corporate system that monitors refusals can also help to establish any patterns of refusals which are not appropriate. | High | John Curtis | 31.01.14 | A meeting has taken place with Communications and messages will be within Managers brief and key brief for all staff. This messages outlines at high level the new process and our statutory responsibilities. The Intranet has also being updated to reflect this. This was sent on March 3 rd 2014. <u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u> This was undertaken as detailed above, and a more robust process has assisted in reminding staff that we have a legal responsibility to respond. A number of other councils have asked to see what SCC has set up. |
| 5.9 | Once the new process for FOI has been established, the issues surrounding the ownership of requests should be addressed and Portfolios should be clearly briefed. A 'hub and spoke' model with Portfolio representatives would appear to be a better way to manage this process The Council has 20 days to respond to an FOI request. The following is only an indicator of how this model could work: Day 1-2 - The central team receive, log and distribute the request to the Portfolio. They respond to the requester as appropriate. (This would appear to be a business support role). | High | John Curtis | 31.01.14 Revised Date 30.4.14 | A workshop has taken place with Portfolio representatives and outlining the new process that is being put into place for April 2014. <u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u> Overall the standard operating procedure outlines the process and includes a timeline where business support will send out reminders. |

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| | <p>Day 3-4 - The request is rejected or accepted and is distributed to relevant Officers within service areas for information gathering.</p> <p>Day 5-6 - The request is accepted or rejected (for example, if it will take too long to collate the information etc.)</p> <p>Day 5-14 - The information is collated.</p> <p>Day 15-16 - The response is sent to Portfolio representatives for sense checking.</p> | | | | |
| 5.10 | <p>As noted in previous recommendations, the set-up of a central point for logging all requests should now be fully evaluated. The Council should have a central email and postal address that the public can easily identify and use. All FOI requests, regardless of how they enter the Council, should be diverted to the central point for recording and monitoring.</p> | High | John Curtis | 31.01.14 | <p>An email address FOI@Sheffield.gov.uk has been established. A page also exists on the internet site to outline to the public this central point of access. This is already in place.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>See above, which is working well.</p> |
| 5.11 | <p>Going forward, information should be provided to the Portfolio representatives on the communications that have taken place with the Information Commissioners Office (ICO). Lessons learnt for the future should be shared with all relevant officers This could potentially be a role for the newly formed central team or for the Information Governance Service who lead on communications with the ICO. This role should be clearly established as part of the new process and the format of the contact set to suit requirements – this may simply be an email circular for example.</p> | High | John Curtis | <p>31.01.14</p> <p>Revised Date 31.12.14</p> | <p>The audit report has been shared to Portfolio Information Risk Owners and the Information Governance Board. Further updates will be provided regarding the implementation of the new FOI Process. This will be developed over 2014/15.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>The SharePoint FOI tracker now also records when the ICO has become involved with a request. This will provide greater knowledge of the history of the initial FOI request, Internal review and ICO judgement. This information will be shared with portfolios and other appropriate groups so that any trends / and learning can be shared, which may help with future requests and how they are handled.</p> |

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| 5.12 | Training, as recommended in recommendation number seven, should incorporate the concerns raised by the ICO. Clear advice and guidance should be provided to all Portfolio representatives on what the process should be when a review of the FOI request is required. Any new FOI process should clearly identify how reviews will be dealt with and roles and responsibilities in relation to this should be clearly defined and documented. | High | John Curtis | 31.01.14 Revised Date 30.04.14 | <p>This will be clear within the guidance and process map. This will be developed in March/ April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>This is clearly outlined in the process map and standard operating procedure, and has been communicated and used within the training given to FOI representatives.</p> |
| 5.13 | Any new process introduced for answering FOI requests should clearly identify when it is appropriate to engage with the Information Governance Service and Legal Services. This links to the recommendation already raised on the roles and responsibilities of staff in the new process. | High | John Curtis | 31.01.14 Revised Date 30.04.14 | <p>This will be clear within the guidance and process map. This will be developed in March/ April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>This is detailed within the standard Operating Procedure and Process map.</p> |

6. Self-Directed Support (Communities). (Issued to the Audit Committee 23. 04.13).

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| <p>As at November 2013</p> <p>Internal Audit: 22 recommendations were agreed in the original report. As at Oct 31st 2013 the reported position was as follows:</p> <ul style="list-style-type: none"> • 14 actions had been implemented; • 8 actions were being progressed. <p>Service Management then attended the Audit Committee meeting in November to provide an update for the remaining 8 actions. The managers update report concluded that 20 of the 22 agreed recommendations had been implemented.</p> |
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| <p>As at April 2014</p> <p>Members requested that Internal Audit verify the position reported by the Customer Accounts Team Manager in the Update Paper submitted to the Audit Committee in November 13. For completeness, Internal Audit has included the follow-up report below, which includes the updated position as provided by management and the Internal Audit conclusion following verification testing. In summary, Internal Audit are satisfied that of 22 agreed recommendations :</p> <ul style="list-style-type: none"> • 18 had been implemented; • 1 recommendation was outstanding; • 2 recommendations had revised implementation dates • 1 recommendation was stated as being complete at the time of the original audit, but no supporting information was provided during the follow-up review. |
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| 6.1 | A formal agreement between SCC and the Primary Care Trust (PCT) for the payment of Direct Payments should be put in place. | 2 - High | Liz Orme - Assistant Director of Finance (Business Partnering Communities, Revenues & Benefits) Standing payment and reconciliation processes to be introduced. | 30.04.13 Revised completion date: 28.02.14 | Update Report 07/11/2013: Revised completion date: 28/02/2014 Process and protocols have been outlined and shared with Clinical Commissioning Group (CCG). Completion is subject to agreement between CCG and Social Care Accounting Services (SCAS). Negotiations under way. Philip Howson leading and reporting into SCAS Senior Management Team (SMT). Internal Audit Review April 2014: Action Incomplete Draft Protocol reviewed (see recommendation 4). Revised implementation date of 28/02/2014, therefore no further review undertaken. |

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| | | | | | <p><u>Update from Suzanne Allen, Head of Service, Care and Support, via Philip Howson, 11th June 2014:</u></p> <p>Agreement in place. Action Complete.</p> |
| 6.2 | <p>Management should develop procedures to ensure that all service users including those with managed accounts provide monitoring returns as per the Direct Payments guidance, i.e. for the previous quarter, to verify that all payments (expenditure) are in line with the outcomes in the support plans.</p> <p>If monitoring is not provided and all reasonable steps have been taken, then the Direct Payments Team should consider alternative measures, such as a Council arranged service. Any unverified past direct payments should be reclaimed.</p> <p>Persistent failure by a Direct Payment Agent to provide monitoring information on behalf of a service user should result in alternative options being explored and ultimately the withdrawal of payment. Any unverified past Direct payments should be reclaimed from the Agent.</p> | 2 - High | <p>Ellie Crawford - Customer Accounts Team Manager</p> <p>The Customer Accounts Team Manager informed Internal Audit that procedures are currently under review and good practice is being developed.</p> <p>It was also established that the final decision is an Assessment and Care Management decision.</p> <p>Proactive measures are being explored including telephone contact with clients at the commencement of payment and 1st review.</p> | <p>31.07.13</p> <p>Revised completion date –30.06.14.</p> | <p>Update Report 07/11/2013: Action Complete</p> <p>“Since this Risk Review was completed the Customer Accounts Team (CAT) has contacted everyone who receives a direct payment to bring their financial monitoring up to date.</p> <p>Despite this contact there are currently 248 people who have not engaged with the team and who have not submitted financial monitoring.</p> <p>An action plan has been put in place to contact these people to resolve these problems or to put alternative services in place. This work is reporting to the Recovery Operations Group on a fortnightly basis.</p> <p>The CAT does not have the authority to stop a direct payment if a person does not submit financial monitoring. This is because the making of this payment meets Sheffield City Council’s (SCC) duty of care to that person and before a payment can be stopped arrangements need to be made to meet the persons assessed eligible needs in an alternative way.</p> <p>Following a lean exercise completed by the CAT in August 2013 Standard Operating Practices (SOP) have been introduced. In summary the new process is:</p> |

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| | | | | | <p>1. Person receives a pre-reminder when their monitoring is due (mid implementation)</p> <p>2. Person receives a 1st reminder letter and a telephone call once their monitoring becomes overdue (implemented)</p> <p>3. Person receives a final warning letter once their monitoring becomes a month overdue (implemented)</p> <p>4. Person is referred to Assessment & Care Management (A&CM) if their monitoring is not received within a further 28 days (implemented)</p> <p>5. A&CM should contact the person to resolve the problem or to arrange alternative services”.</p> <p>Internal Audit Review April 2014: Action Incomplete</p> <p>Revised implementation date of 30/06/2014.</p> <p><u>Update from Suzanne Allen, Head of Service Care and Support, via Philip Howson, 11th June 2014:</u></p> <p>Action Complete.</p> <p>“Full process of reminders in place. Direct links now in place with the reassessment and review project to ensure Direct Payment (DP) concerns are addressed in the reassessment. (Note that the DP Monitoring team don't have the authority to withdraw payment, which is why cases are referred into reassessment teams in A&CM.)”.</p> |
| 6.3 | An accreditation system for organisations that receive Direct Payments from SCC should be | 2 - High | Ellie Crawford - Customer Accounts Team Manager | 31.07.13 | <p>Update Report 07/11/2013: Action Complete. Money Management Protocol signed off and</p> |

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| | developed, implemented and subsequently evaluated. This should include financial checks and the controls in place to monitor these companies after they receive Direct Payments. | | This is being reviewed as part of the Non Contract Providers Money Management Protocol, which is part of the Market Development Programme. | | <p>released 16/9/13. 13 money management organisations (MMO) have Recognised Provider Status and other organisations are being encouraged to apply in round 2 of the application process.</p> <p>Internal Audit Review April 2014: Action Incomplete Incorrect information provided. At the time of the Audit Update only 10 providers (although it is acknowledged that this covers 58% of Direct Payment accounts) had Recognised Provider Status. A further update in January 2014 states that there is potential for 15 providers to have Recognised Provider Status, however there is no intention to open the scheme to further applications in the future.</p> <p>Update from Suzanne Allen, Head of Service Care and Support, via Nicola Afzal, Contracts Manager, 11th June 2014:</p> <p>Action Incomplete.</p> <p>“The reason we stopped accepting applications from MMOs to the Recognised Provider List (RPL) is because we are expecting a tender opportunity to come up for this work in the near future.</p> <p>Once the contract is in place, we would expect all direct payment management business to go through that contract (although there may be a small number of clients who remain with their current providers for very specific reasons).</p> <p>In addition, there was the intention of reducing the number of people needing to use a MMO</p> |

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| | | | | | <p>in the first place. Putting MM providers on the RPL was an interim position and continuing to accept MMO applications was seen to be wasting our and provider time with a process that was expected to have only a short life span.</p> <p>It may be that the tender won't go out now and the current situation, with people choosing their own providers, will become a longer term arrangement. If this is the case, we would consider re-opening the RPL application process to MMOs.</p> <p>There are currently 15 MMOs on the RPL.</p> <p>In relation to the tender, a report is being taken to the Joint Leadership Team on 17th June 2014. This report is to decide whether to proceed to tender and if so agree the timescales. Until decisions have been made, I am unable to provide further clarity on a tender. If a decision is that we are not going to tender for this work, we will be looking to reopen and manage the MM market through the RPL.</p> <p>We are currently managing risk by pro-actively monitoring MM organisations regardless of whether on the RPL or not".</p> |

Internal Audit proposes to remove this item from the tracker.