

## Internal Audit

### The Care Act – LGA Stocktake Submissions

**March 2015**

**Distributed to:**

Strategic Director for Commissioning  
 Commissioning Director for Adults & Health  
 Adults & Communities Director  
 Care Act Implementation Project Manager  
 Assistant Director of Finance, CSG  
 Finance Manager, CSG  
 Learning and Development Consultant

	No	Limited	Satisfactory	Substantial
<b>Audit Opinion</b>				

## 1. Executive Summary

### Introduction

As part of the 2014/15 Internal Audit, CAFT and Risk Management Plan, agreed by the Audit Committee in April 2014, we have undertaken an internal audit of The Care Act – LGA Stocktake Submissions.

### Background & Context

The Care Act 2014 (the Act) is regularly described as the greatest change to the landscape of social care in over sixty years. In addition to introducing new responsibilities to Local Authorities, the Act seeks to bring together a number of existing laws under one piece of legislation. Various aspects of the Act (such as changes to assessments and promotion of wellbeing) come into force in April 2015 with the remaining changes (such as the social care cap) taking effect the following year.

At the Council the Act is being implemented through several project management 'workstreams' with progress - along with any slippages in time, quality or costs - being reported to the Transformation Board, made up of senior management from the Adults & Communities, Public Health, Finance, Strategy and Communications teams.

Submissions are made to the Local Government Association (LGA) in the form of Care Act Stocktakes, of which there have been three in advance of the changes in April 2015: 'The purpose of these stocktakes is to develop a collective picture of progress across the country in a way that is useful both nationally and locally, providing information to facilitate local strategic discussions, map progress and identify support needs and opportunities for shared learning.' (LGA). We understand that Stocktakes will continue on a quarterly basis in advance of the introduction of further changes in April 2016.

The stocktake submissions are shared internally with the Chief Executive and the Leader and they are used by the LGA, Department of Health and ADASS (Association of Directors in Adult Social Services) to inform and influence national policy.

We reviewed the controls in operation over the Stocktake from Autumn 2014. Each stocktake covers a wide range of issues; the scope of our audit tested a sample of 2 of the 14 elements in detail: Cost Modelling and Workforce, the former being tested against the Council's Data Quality Principles (see Appendix C for definitions). The two elements we probed – cost modelling and workforce capacity – were based on a number of assumptions used to predict demand which will be continually updated by the service to reflect the actual pressures faced by the Council as they emerge. We understand that assumptions were developed in the absence of national data on self-funders and those likely to come forward for support under the Act. The modelling tools developed by the Council have been informed by available good practice models. However, there are no nationally prescribed modelling tools for cost and workforce modelling. The outputs of modelling have been presented to the Adults and Safeguarding

Committee. The modelling has been used to inform local preparation alongside other information.

The scope of this audit did not cover the Council's preparations in comparison to other Local Authorities and we therefore do not comment on the overall preparedness of the Council.

### **Corporate objectives and risks**

The Care Act – LGA Stocktake Submissions audit supports two of the strategic objectives in the Corporate Plan 2013-16:

1. Support families and individuals that need it – promoting independence, learning and well-being.
2. Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

### **Key Findings (informing Audit opinion)**

There two priority 1, two priority 2 and one priority 3 recommendations.

We noted the following areas of good practice:

- There was regular overview of the financial model at Care Act Implementation Board Meetings
- The assumptions within the model have been shared with various members of senior management
- Risks were routinely discussed at Care Act Implementation Board meetings and business risks recorded within JCAD, the Council's risk management database, were reviewed regularly.

We identified the following significant issues as part of the audit:

- The financial model used to predict the fiscal impact on the Council had not been adequately reviewed by the service. We identified an error which resulted in the financial impact of the legislative changes being under-estimated by £0.9 million over the next eight years. The model therefore did not meet the Data Quality principle of 'accuracy and completeness'. The model also contained an incorrect reference, not meeting the Data Quality principle of 'reliability' (Priority 1).
- We noted that some relevant employees within the Adults and Communities delivery unit had not been included on training lists and therefore had not yet received the required training on the Care Act (Priority 1).

We noted the following other issues:

- The information submitted to the LGA in the Stocktake did not fully meet the Council's Data Quality Principles; some of the data reviewed did not meet the requirements of 'accuracy and completeness' or 'reliability' (Priority 2).
- The model allowed unauthorised changes to be made to the document and we found differences between the version held by the Finance Manager and the version provided by the Project Manager (Priority 2).

- Not all recommendations made as part of previous relevant audits have yet been fully implemented; 1 of the 5 recommendations inspected was found to be partially implemented (Priority 3).

**To Note:** We found that the Council’s preparations for the Care Act with regard to workforce capacity had been delayed. In the autumn 2014 Stocktake the Council reported that reallocation or recruitment of the workforce to meet the new duties would be implemented by January 2015 but during the audit Management confirmed this has not been realised yet (Appendix D).

We also noted that, whilst the Council had developed a workforce capacity model which projected the number of additional employees required as a result of the legislative changes, a decision to employ a lower number of staff than the number projected is being progressed but has yet to be formally agreed by the Transformation Board.

Area of Scope	Adequacy of Controls	Effectiveness of Controls	Number of Recommendations Raised		
			Priority 1	Priority 2	Priority 3
Data quality and performance reporting			0	1	0
Projected Costs			1	1	0
Workforce			1	0	0
Risk Management			0	0	0
Follow-up			0	0	1

<b>Acknowledgement</b>	We would like to thank the Transformation Board members and other staff in Adults & Communities for their time and co-operation during the course of the internal audit.
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## 2.1 Projected costs – financial model

P	Detailed finding	Risk	Recommendation
1	<p>We inspected the financial model used by the Care Act 2014 Programme Delivery Board to forecast the fiscal costs of the legislative changes.</p> <p>Whilst there appeared sufficient management overview of the headline figures, the Finance Manager confirmed that the document had not been independently checked for errors at a detailed level.</p> <p>We tested a sample of the calculations within the “what if’s” worksheet within the spreadsheet, taking a sample from the low, medium and high scenarios for the following projections:</p> <ul style="list-style-type: none"> <li>• Carer assessments and carer packages costs</li> <li>• Residential and nursing assessment and care package costs</li> <li>• Community based assessment and care package costs</li> <li>• Deferred payments</li> </ul> <p>For the vast majority of our testing we could find no issues regarding the calculations performed. However of the 184 cells we tested 5 contained reference errors. In three cases an empty cell had been referenced although this had no effect on the final calculation.</p> <p>The other two incorrectly referenced cells related to an error within the spreadsheet with regard to Nursing Care Package Costs. The error caused the model to incorrectly increase the number of residents who would pay for a proportion of their care within the medium scenario (the scenario being used to forecast the budget).</p> <p>Whilst this did not affect the projection for 2015/16, it did mean that from 2016/17 to 2022/23 the total cost of the Act was under forecast by £928,000 in total. For example, in 2016/17 the projection was under forecast by £178,000. The model therefore</p>	<p>If the financial model is incorrect or not kept up to date then decisions based on its projections may be misinformed and could result in insufficient resourcing.</p>	<p><b>Recommendation 1</b></p> <p>A periodic check of the financial model should be completed by an appropriately skilled member of staff to rectify any errors which could lead to incorrect financial forecasts being generated. Ideally the check should be undertaken by a member of staff who is not directly responsible for updating the model.</p> <p>Additionally when the model is updated with new data, the references should also be correctly updated to allow for a full audit trail to support the revised figures</p>

The Care Act – LGA Stocktake Submissions

<p>did not meet the Data Quality principle of ‘accuracy and completeness’ and we cannot provide assurance that the total projected costs are accurate. <b>Note:</b> our sample looked at 184 cells within one worksheet that contained a total of approximately 830 referenced cells.</p> <p>Additionally within the ‘Data’ worksheet there are 20 pieces of data which underpin the model. We selected a sample of 7 of these and asked for evidence of the source data to verify accuracy.</p> <p>For 6 of the values we found that the information could be linked back to source data. However, there was one value (average weekly cost per older adults care package – nursing) which was £5 undercast per package using the version of the source document suggested within the model (note: within the model this would have impacted the Council’s finances from 2016/17 onwards and not influenced the Stocktake responses, which only required projections for 2015/16).</p> <p>We can confirm that the next version of the source data matched the costs included in the model, suggesting the value in the model had been updated but the reference back to the source data had not, causing the inadequate audit trail.</p>			
<p><b>Management Response</b></p>		<p><b>Responsible Officer</b></p>	<p><b>Deadline</b></p>
<p>The financial model which supports the financial impact of the Care Act changes due to come in from 1<sup>st</sup> April 2015 and then April 2016 is very complex and as highlighted above contains 830 referenced cells and 20 core pieces of data. The points highlighted effect the model for 2016/17 onwards and not 2015/16 which is considered in the Council’s medium term financial plan.</p> <p>In order to mitigate the risk moving forward, we shall review the model to identify if it’s feasible to reduce the number of referenced cells which will allow for an independent member of the Finance Services to review the model on a periodic basis. At the same time, when the independent review is undertaken we shall ensure any core data is clearly referenced back to supporting documentation.</p>		<p>Assistant Director of Finance, Customer and Support Group (CSG)</p>	<p>June 2015</p>

## 2.2 Workforce: training

P	Detailed finding	Risk	Recommendation
1	<p>We were provided with a database of employees which listed the training they were to receive on the legislative changes.</p> <p>We cross-matched the names on this database against the Adults and Communities staff list. There were 184 employees on the Adults and Communities staff list who were not listed on the training database.</p> <p>We tested a sample of 9 names (5%) to verify whether the employees were included on the Mosaic Training list, one of the Care Act-related training courses, or that the service had documented the reason the member of staff did not require training. Note: we would not expect all of the staff within Adults &amp; Communities to require Care Act-related training.</p> <p>We found:</p> <ul style="list-style-type: none"> <li>• 5 of the 9 employees were on the Mosaic training list</li> <li>• 2 members of staff had left the Council</li> <li>• 2 were not on the Mosaic training attendance list.</li> </ul> <p>For the two names not on the Mosaic training list, Management confirmed they should have been included as they do require Care Act-related training.</p> <p>Management stated that there is currently a challenge around the Council not having an accurate establishment list. They are currently cross-matching the staff lists with all training lists to ensure all required staff are captured on the training database.</p>	<p>If staff are not effectively trained and skilled for the Care Act then they may be insufficiently prepared to respond to the legislative changes from April 2015.</p>	<p><b>Recommendation 2</b></p> <p>The current training database and attendance lists should be cross matched against the current staff list to ensure that records are up to date and correct, and that all staff who require training are captured on training records.</p> <p>If current staff lists are not accurate Adults &amp; Communities should continue to engage with HR to rectify this issue.</p>

Management Response	Responsible Officer	Deadline
<p>We fully agree with the audit’s finding and will continue to engage with HR to rectify this issue.</p> <p>We note that Adults and Communities utilise a significant number of agency staff to deliver services and that agency staff would not appear on the staff list.</p> <p>The critical people to be trained on the Care Act duties are front line staff (social workers, occupational therapists etc).</p> <p>The Mosaic Training list was compiled from the current users of SWIFT (the current care management system). All front line staff must be registered as SWIFT users to perform their duties and we are confident that all of these critical members of staff were on the training list regardless of any cross checking with the staff list.</p> <p>Nevertheless, the training database is routinely cross checked with the staff lists when running training events of this magnitude and this was in hand whilst the audit was taking place.</p>	<p>Assistant Director Community and Wellbeing</p>	<p>June 2015</p>

### 2.3 Stocktake Submission: Data quality

P	Detailed finding	Risk	Recommendation
2	<p>We checked the response to questions within the Stocktake regarding the financial implications of the Act, verifying they could be linked back to source data and the financial model. The exceptions noted are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Additional assessments and reviews (including carers and early assessment of those people progressing towards the cap)</b> <ul style="list-style-type: none"> <li>○ <b>Estimated cost from stocktake:</b> £2,336,308</li> <li>○ <b>Internal Audit finding:</b> We could not verify the value inputted into the stocktake and calculated the value to be £2,355,687 (i.e. underestimated by £19,379) according to the version of the financial model provided to us.</li> </ul> </li> <li>• <b>Additional Community Based Care Package Costs</b></li> </ul>	<p>If Stocktake submissions are not accurate or based on evidence then senior management and external stakeholders may be misinformed and could make unsound decisions or recommendations.</p>	<p><b>Recommendation 3</b></p> <p>For future Stocktake submissions, a formal record should be kept of management approval confirming the values submitted in the Stocktake which can be linked back to underlying records. A clear audit trail of the Stocktake submission should be retained.</p>

<ul style="list-style-type: none"> <li>○ <b>Estimated cost from stocktake:</b> £51,048</li> <li>○ <b>Internal Audit finding:</b> We could not find the figure quoted in the version of the financial model provided by management to us (version 9) but could confirm it was within in the previous version (version 8).</li> </ul> <ul style="list-style-type: none"> <li>● <b>Additional Financial Assessment Costs</b> <ul style="list-style-type: none"> <li>○ <b>Estimated cost from stocktake:</b> £53,732</li> <li>○ <b>Internal Audit finding:</b> We could not verify the value within the stocktake but found this value to be £44,697 (i.e. overstated by £9,035) according to the version of the financial model provided to us.</li> </ul> </li> </ul> <p>Based on these findings, the Stocktake does not meet the Council's Data Quality Principles as follows:</p> <ul style="list-style-type: none"> <li>● <b>Accurate and complete</b> – We found that some of the financial model which formed the basis of the stocktake was incomplete (see above).</li> <li>● <b>Reliability</b> – There was no formal evidence of agreement from the Director of Adults and Communities regarding the inputs to the stocktake and thus there was no audit trail to confirm the agreed values to be submitted.</li> </ul>			
Management Response		Responsible Officer	Deadline
<p>We agree with the audits recommendations to record formal links back to underlying records. We have implemented this for the January 2015 Stocktake and will continue to do so for the remaining Care Act stocktakes.</p> <p>We would like to provide reassurance that the stocktake information is not used in any of the Department of Health's funding formulae. Of the 50 questions asked in this particular stocktake, only 2 related to estimates of financial impact. The information is aggregated for use in the LGA's discussions with ADASS and the Department of Health and used to illustrate the concerns of local authorities.</p>		<p>Care Act Implementation Project Manager</p>	<p>May 2015</p>

## 2.4 Projected costs – Access to the financial model

P	Detailed finding	Risk	Recommendation	
2	<p>The financial model is not password protected which means unauthorised changes could be made to it.</p> <p>We found differences between version 9 of the financial model which was held by the Finance Manager and version 9 provided to us by the Project Team. The latter contained errors within the bad debt impact calculations in respect of deferred payments which, within the model, are projected to impact on the Council’s finances from 2018/19 onwards. The effect of this was that the model held by the Project Team was understated by £79K and £53K, respectively, for the medium and high scenarios over the lifetime of the model.</p> <p>Management stated that the error may have been rectified but the version number of the model not updated.</p>	<p>If unauthorised changes are made to the document or there is insufficient version control, then errors may be reported, leading to decisions being made based on inaccurate data.</p>	<p><b>Recommendation 4</b></p> <p>Changes to the model should only be made by authorised officers, for example by restricting the editing access to such employees. Versions which are sent out for use by other parties should be read-only to prevent unauthorised changes.</p> <p>Version updates should only be made by authorised officers. Versions should be updated as authorised changes are made.</p>	
Management Response			Responsible Officer	Deadline
<p>We fully accept the recommendations noting that the “master” version is the one held by the Finance Manager. We will implement this starting with the next version of the financial model (V12).</p>			<p>Assistant Director of Finance, Customer and Support Group (CSG)</p>	<p>June 2015</p>

## 2.5 Follow ups

P	Detailed finding	Risk	Recommendation	
3	Internal Audit assessed whether related Priority Two recommendations from previous audits had been implemented. Of the 5 recommendations examined, 4 were implemented but 1 was found to be partly implemented (see Appendix E for more detail).	If recommendations from previous audits are not implemented within required timescales then known issues may not be addressed, preventing the Council's continuous improvement.	<b>Recommendation 5</b> Management should ensure that all priority 2 recommendations from previous audits are implemented as agreed.	
Management Response			Responsible Officer	Deadline
<p>Management from CAFT and Safeguarding will contact one another quarterly to discuss engagement between the Teams. Dates will be set for the year and attendance agreed.</p> <p>The Safeguarding team will involve CAFT in their preparations for Safeguarding month on an annual basis.</p>			Head of Safeguarding	May 2015

Timetable	
Terms of reference	17 December 2014
Fieldwork completed	24 March 2015
Draft report issued	25 March 2015
Management responses received	7 April 2015
Final Report Issued	9 April 2015

## **Appendix A: Statement of Responsibility**

We take responsibility for this report which is prepared on the basis of the limitations set out below:

- The matters raised in this report are only those which came to our attention during the course of our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made.
- Recommendations for improvements should be assessed by you for their full impact before they are implemented.
- The performance of internal audit work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity.
- Auditors, in conducting their work, are required to have regards to the possibility of fraud or irregularities. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.
- Internal audit procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our audit work and to ensure the authenticity of these documents.
- Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

## Appendix B: Guide to assurance and priority

The following is a guide to the assurance levels given:

	Substantial Assurance	<p>There is a sound system of internal control designed to achieve the system objectives.</p> <p>The control processes tested are being consistently applied.</p>
	Satisfactory Assurance	<p>While there is a basically sound system of internal control, there are weaknesses, which put some of the client’s objectives at risk.</p> <p>There is evidence that the level of non-compliance with some of the control processes may put some of the system objectives at risk.</p>
	Limited Assurance	<p>Weaknesses in the system of internal controls are such as to put the client’s objectives at risk.</p> <p>The level of non-compliance puts the system objectives at risk.</p>
	No Assurance	<p>Control processes are generally weak leaving the processes/systems open to significant error or abuse.</p> <p>Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.</p>

Priorities assigned to recommendations are based on the following criteria:

1. **High** – Fundamental issue where action is considered imperative to ensure that the Council is not exposed to high risks; also covers breaches of legislation and policies and procedures. Action to be effected within 1 to 3 months.
2. **Medium** – Significant issue where action is considered necessary to avoid exposure to significant risk. Action to be effected within 3 – 6 months.
3. **Low** – Issue that merits attention/where action is considered desirable. Action usually to be effected within 6 months to 1 year.

## Appendix C: Data Quality Principles

The Council's data quality standards are developed around key "quality" characteristics which collectively constitute the council's definition of data quality:

- **Accurate and complete** – data is without errors, and adheres precisely to any applicable definition. Data is inaccurate if it is incorrect or misleading as to any matter of fact. Data collected and captured comprises of all necessary elements.
- **Reliability** – data reflects stable and consistent collection and capture processes across collection points and over time. These processes should minimise manual intervention and maximise the automation of data collection and manipulation. Data owners should be able to provide a clear audit trail – a documented process for obtaining and using the data, which is understood by all involved in producing the data, and is accessible to those who rely on the data or have an interest in it.
- **Timeliness** – data is captured as quickly as possible after the event or activity, and is used in a timely fashion.
- **Accessibility and transparency** – data should be easily available and understandable to users. You must always be clear about what a record is intended to show by providing appropriate contextual information or metadata when sharing it or publishing it. This ensures people understand what the data is about. You should provide at minimum some explanation of contents, collection and update schedule, and any usage restrictions.

## Appendix D: Audit assessment regarding the Council’s preparedness for workforce changes due to the Care Act as per the Autumn 2014 Stocktake

Change	Protected implementation date (as per Autumn 2014 Stocktake)	Audit finding (March 2015)
Analysis of the implications of the Care Act for the workforce.	By November 2014	<p><b>Implemented.</b></p> <p>With regard to <b>capacity</b>:</p> <ul style="list-style-type: none"> <li>The financial model produced by the Finance Manager estimates the projected number of additional carer assessments and the number of self-funders who may come forward to ask for assessments.</li> <li>This has then been used by the Project Team to complete workforce capacity modelling. The model estimates the required number of both unskilled and skilled staff to assist with additional assessments - as well as demand arising from calls for information and advice - over 2015/16. This model has been approved by the Adults and Communities Programme Board.</li> </ul> <p>With regard to <b>capability</b>:</p> <ul style="list-style-type: none"> <li>Project Managers were asked at The Care Act 2014 Implementation team meetings to send training needs for their workstream to the Learning and Development Consultant.</li> <li>The Consultant subsequently sourced the necessary training based on the Project Manager’s responses. As part of this process, training needs were matched to staff job roles which formed the basis of identifying staff to be enrolled on specific courses.</li> </ul>
Analysis of the gaps in workforce	By November 2014	<p><b>Implemented</b></p> <p>See <b>capacity</b> above. Management have confirmed that external providers have not been</p>

<p>capacity (both council and external providers)</p>		<p>analysed for workforce gaps as the options chosen by the Council will meet all demand internally.</p>																							
<p>Reallocation or recruitment of the workforce to meet the new duties.</p>	<p>By January 2015</p>	<p><b>Partly implemented.</b></p> <p>Management have confirmed that, at the time of the Stocktake was submitted, January 2015 was seen to be a realistic implementation time for this requirement; however, the full reallocation and recruitment of the workforce has yet to be realised. This has been due to a number of factors affecting implementation, including delays in the recruitment campaign going live, discrepancies in the establishment data available and delays in a media campaign from the Department of Health.</p> <p>The Council has devised a model which predicts the additional workforce demand resulting from the expected increase in assessments and telephone calls for information and advice (note the numbers quoted below are non-cumulative).</p> <table border="1" data-bbox="981 807 2020 1098"> <thead> <tr> <th rowspan="2">MONTH</th> <th colspan="3">PREDICTED NUMBER OF ADDITIONAL EMPLOYEES REQUIRED</th> </tr> <tr> <th>QUALIFIED</th> <th>NON-QUALIFIED</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>April '15</td> <td>11</td> <td>24</td> <td>35</td> </tr> <tr> <td>July '15</td> <td>5</td> <td>10</td> <td>15</td> </tr> <tr> <td>Oct '15</td> <td>4</td> <td>10</td> <td>14</td> </tr> <tr> <td>Jan '16</td> <td>4</td> <td>8</td> <td>12</td> </tr> </tbody> </table> <p>Management have confirmed that in February 2015 actual demand was significantly less than that predicted in the model and, as such, they do not envisage the Council requiring the numbers projected in the model. Senior Management have agreed to employ 10 additional agency staff (5 each of qualified and unqualified staff) and the Council is currently recruiting into these positions.</p> <p>The decision to employ 10 additional staff has yet to be formally presented and endorsed</p>	MONTH	PREDICTED NUMBER OF ADDITIONAL EMPLOYEES REQUIRED			QUALIFIED	NON-QUALIFIED	TOTAL	April '15	11	24	35	July '15	5	10	15	Oct '15	4	10	14	Jan '16	4	8	12
MONTH	PREDICTED NUMBER OF ADDITIONAL EMPLOYEES REQUIRED																								
	QUALIFIED	NON-QUALIFIED	TOTAL																						
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Oct '15	4	10	14																						
Jan '16	4	8	12																						

		<p>by the Transformation Board. Management have confirmed that the Transformation Board would normally be expected to approve such decisions, however, in order to prevent delays to the recruitment the Board will be informed at the next meeting (due to be held on 2 April 2015) and management will seek the required approval retrospectively. As the senior managers undertaking the recruitment of 10 staff also sit on the Transformation Board, Management are confident the decision will be approved.</p> <p>Management have confirmed that the new positions will be filled by Agency Staff in the short term and therefore the numbers can be amended according to actual demand when the legislative changes take place or should the Transformation Board approve a level of staff different to that currently agreed by management.</p>
<p>Analysis of which parts of the workforce require training and/or development.</p>	<p>By January 2015</p>	<p><b>Implemented.</b></p> <p>See <b>capability</b> above.</p>

## Appendix E: Follow ups from previous audits

Audit Title and Recommendation	Responsible Area / Deadline	Response from Management	Audit Assessment March 2015
<p><b>1. Safeguarding Data Quality Performance Management, October 2013</b></p> <p><b>Financial abuse safeguarding – referrals to CAFT</b></p> <p>The Safeguarding Team should produce a monthly report for CAFT detailing all referrals of financial abuse. The Safeguarding Team should ensure that monthly meetings are held to discuss the referrals of financial abuse so that CAFT can request further details or evidence where appropriate. Embed a culture of data quality compliance as part of business as usual processes.</p>	<p>Head of Safeguarding Adults, ongoing</p>	<p>Decisions about safeguarding interventions are determined at a safeguarding strategy meeting on a case by case basis. (In line with London multi-agency safeguarding adults policy and procedures) CAFT will be invited to take part in safeguarding strategy discussions/meetings on a case by case basis. There has been an increase in referrals to CAFT during 2013. In order to further improve awareness of the role of CAFT in safeguarding cases, they have been invited to provide information about their role and referral pathway for the safeguarding adults' intranet page. In addition CAFT have been invited to run an event for staff as part of safeguarding month, where good practice case examples of joint working can be highlighted and discussed.</p> <p>The Safeguarding Adults Service Manager and CAFT Manager will meet quarterly to review progress.</p>	<p><b>Partially implemented.</b></p> <p>Where there is a suspicion of corporate fraud – both from services delivered 'in house' as well as those commissioned by the Council – the safeguarding team will contact CAFT who provide advice and assistance where appropriate. Management within the Safeguarding Team have confirmed that, when this happens, a note would be made on the safeguarding case notes. We inspected CAFT's workload log and can confirm entries within it regarding referrals from the Safeguarding team.</p> <p>Management within both CAFT and the Safeguarding Team have independently confirmed that they are satisfied with the current approach and that monthly reports/quarterly meetings have not been necessary, predominately due to the infrequency with which cases require assistance from CAFT.</p> <p>However, without a formal arrangement in place for the Safeguarding team to</p>

Audit Title and Recommendation	Responsible Area / Deadline	Response from Management	Audit Assessment March 2015
			<p>periodically discuss work in their area which may impact upon CAFT, and vice versa, the current arrangements may not remain effective. For example, key staff may change and this could have an impact on referrals coming through to CAFT.</p> <p>In addition, during Safeguarding month in November 2014 the Safeguarding team held a session on Financial Abuse and did not involve CAFT staff in the preparation or delivery of this session. Both parties agree this was an oversight and in fact when a CAFT representative attended his input was considered very beneficial.</p> <p>Further action required for full implementation:</p> <ul style="list-style-type: none"> <li>• Management from CAFT and Safeguarding should contact one another quarterly to discuss engagement between the Teams. This should be on mutually agreed set dates in the future so that if there is a staffing change the arrangement will continue.</li> <li>• The Safeguarding team should involve CAFT in their preparations for Safeguarding month on an annual basis.</li> </ul>
<b>2. Safeguarding Data Quality</b>			

Audit Title and Recommendation	Responsible Area / Deadline	Response from Management	Audit Assessment March 2015
<p><b>Performance Management, October 2013</b></p> <p><b>Safeguarding key performance indicators – reporting</b></p> <p>Cases where there is incomplete data should not be excluded from the figures reported to senior management. The Safeguarding Team should produce a policy on how the figures reported to senior management are to be compiled, and this policy should be approved by senior management.</p> <p>Alternatively, the Safeguarding Team should consider consulting to ascertain the usefulness of the current KPIs.</p>	<p>Performance and Information Manager, December 2013</p>	<p>Senior management are aware of the number of cases where there is incomplete data, this is reported to them on a monthly basis. We do accept that there should be a review of the current KPIs reported to ensure that they are relevant and informative to the safeguarding process and in line with 'making safeguarding personal'</p>	<p><b>Implemented.</b></p> <p>We inspected the Safeguarding Checklist KPI's for Q1, 2 and 3 of 2014/15 which is shared quarterly with the senior management team within the Adults and Communities Delivery Unit.</p> <p>Within the appendix the statistics show, for each quarter, the number of cases sent and returned and those cases which require on-going work. There is also a breakdown of the rationale where the Safeguarding Manager or Team Manager in the Adults Team have decided not to review protection plans.</p>
<p><b>3. Safeguarding Data Quality Performance Management, October 2013</b></p> <p><b>Safeguarding key performance indicators – timeliness</b></p> <p>Senior management should remind team leaders of the need to provide data to the safeguarding team in a timely</p>	<p>Adults Social Care Assistant Director, ongoing</p>	<p>Recommendation 3 is accepted.</p>	<p><b>Implemented.</b></p> <p>In February 2015 Management reminded Managers to highlight to staff the importance of completing the safeguarding return checklists.</p>

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<p>manner, as per the Council's data quality policy.</p> <p>If further data become available after KPI performance is reported, the next performance report should clearly note the change in outturn.</p>			<p>Management have also confirmed that safeguarding is a standing item on the Leadership Team agenda, as well as individual supervision sessions with staff.</p> <p>We saw the Safeguarding Checklist KPI's for Q1, 2 and 3 of 2014/15. The data clearly shows the date the KPI has been updated since the initial KPI reporting date.</p>
<p><b>4. Safeguarding Data Quality Performance Management, October 2013</b></p> <p><b>Data quality - safeguarding referrals data</b></p> <p>A random sample of cases should be checked by an officer independent of inputting the data, and management should consider how the process can be automated in order to avoid manual intervention errors.</p>	<p>Head of Safeguarding Adults, October 2013</p>	<p>Key data entry is verified at the point of producing the quarterly monitoring reports, and again during completion of the National return to the Information Centre by an independent officer in the Performance Team. However management accept that recommendation 4 provides an additional safeguard, and will implement a random sample of cases checked by an independent officer.</p>	<p><b>Implemented.</b></p> <p>We were provided with evidence of three controls regarding independent verification of the data held within the database.</p> <ul style="list-style-type: none"> <li>The Safeguarding Team Assistant compiles quarterly monitoring reports which detail the data within the Safeguarding Database. These are then cross referenced and checked by the Head of Safeguarding Adults, who submits and presents the contents to the Safeguarding Board and confirms that the data in the monitoring report is correct.</li> </ul>

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			<ul style="list-style-type: none"> <li>• Every month safeguarding case managers are sent a checklist which details the data currently held within the database. Managers are then asked to complete and return the checklist, notifying the Safeguarding Team Assistant when there is an error.</li> <li>• The Safeguarding Team – with the assistance from an Information Officer within the Performance Team – annually submit a Safeguarding Annual Return to the Health and Social Care Information Centre, a non-departmental public body, sponsored by the Department of Health. As part of the process, Management confirmed LBB employees cross-match the database to the submission, which would flag any input errors within the database.</li> </ul>
<p><b>5. Safeguarding Data Quality Performance Management,</b> October 2013</p> <p><b>Policies and procedures – safeguarding referrals</b> The process for gathering and recording safeguarding referrals</p>	<p>Head of Safeguarding Adults, November 2013</p>	<p>Recommendation 5 is accepted.</p>	<p><b>Implemented</b></p> <p>We were provided with a copy of the Council's <i>Safeguarding Adults Database</i></p>

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<p>data should be recorded in a guide, to be approved by management.</p>			<p><i>Guide for Safeguarding Adults Administrators.</i> The Guide lists the roles and responsibilities of the safeguarding administrator, together with procedures for administering the Safeguarding Adults forms and their recording.</p>