Internal Audit

Follow up Audit Committee Summaries

2022/23

Lancashire County Council

Follow up report: Administration of the Scrutiny Function

Original audit assurance rating

Moderate

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			1	2
Implemented			1	1
Superseded				1
Progressing				
Not implemented				

A follow-up audit has been conducted to determine the progress made by the Legal, Governance and Registrars Service to implement the actions agreed in the internal audit report, Administration of the Scrutiny Function issued in December 2021.

One medium risk and two low risk actions were agreed with the Democratic and Member Services Manager to be implemented by 31 March 2022 and based on the information and evidence provided to us, we are satisfied that good progress has been made in implementing the agreed actions.

Consideration has been given to availability of resources to cover additional non staff related costs and a full review of the scrutiny function and a new structure has been formed to raise the profile of scrutiny and deliver the function. The Scrutiny Management Board has responsibility to review, record and follow up progress on any recommendations.

Follow Up Report: Contract monitoring – Provider-led Reviews

Original audit assurance rating

Limited

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			**6**	**6**
Implemented			3	5
Superseded			1	1
Progressing			2	
Not implemented				

Six medium and six low risk actions were agreed to be implemented by 30 June 2022 and based on the information and evidence provided to us, we are satisfied that adequate progress has been made in implementing the agreed actions. There is effective monitoring of carers assessments in place including sample testing, key performance indicators are checked and recorded on a log, contract review meetings are now more regular and address any actions required. The provider has been reminded to ensure records are complete, accurate and up to date on Liquidlogic Adult Services system (LAS). Lastly prior to recommissioning, routine sample checks were completed with monitoring put in place to measure the level of carers satisfaction, which helps to determine if the service provided is of an appropriate standard to justify recommissioning the service.

Follow up report: Social Care Academy Induction

Original audit assurance rating

Moderate

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			**5**	**2**
Implemented			4	2
Superseded				
Progressing			1	
Not implemented				

The original audit identified that the action required included ensuring that all eligible attendees are identified and given the opportunity to benefit from attendance to the Social Care Academy. Also, that evidence should be obtained to demonstrate that delegates continue to be supported once they return to their substantive post, and throughout their initial year of employment.

Five medium and two low risk actions were agreed to be implemented by 31 August 2022 and based on the information and evidence provided, we are satisfied that good progress has been made in implementing those actions.

Follow up report AMHP Service Standards

Original audit assurance rating

Moderate

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			1	2
Implemented				2
Superseded				
Progressing			1	
Not implemented				

One medium risk and two low risk actions were agreed with the Service Manager to be implemented by December 2022 and based on the information and evidence provided to us, we are satisfied that good progress has been made in implementing the agreed actions. The service monitor against the national AMHP service standards in their monthly activity report. The AMHP Service Operational Guidance has been updated to incorporate the National AMHP Service Standards and the AMHP Service Strategy is being updated to reflect changes in legislation. Consideration has also been given to how wider service recruitment strategies and the Wellbeing Action Plan has been updated.

Follow up report: Sickness Absence Management

Original audit assurance rating

Moderate

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			**3**	
Implemented			2	
Superseded				
Progressing			1	
Not implemented				

Our original audit reviewed the adequacy and effectiveness of the control environment which surrounds the Older People Care Service sickness absence processes, to ensure that in line with policy there is a reasonable balance between the pursuit of business needs and the genuine needs of employees to be absent from work when they are unwell.

Three medium risk actions were agreed to be implemented by 30 June 2022 and based on the information and evidence provided to us, we are satisfied that good progress has been made in implementing those actions. Since our original review, managers have received awareness training from HR on the requirements of the attendance policy and been reminded of their responsibilities with regards to the maintenance of complete and accurate absence documentation.

Follow up report: Support to the economy- Winter Grants

Original audit assurance rating

Moderate

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			**1**	
Implemented			1	
Superseded				
Progressing				
Not implemented				

Our original audit reviewed the adequacy and effectiveness of the controls in place over the administration of Winter Grants to eligible beneficiaries.

One medium risk action was agreed with the School and Residential Catering Lead to be implemented by November 2021 and based on the information and evidence provided to us, we are satisfied the agreed action has been implemented. The required reports are now available, and the reconciliation is completed with the constraint of timing differences.

Follow Up Report: Health and Safety at Household Waste and Recycling Centres				

Original audit assurance rating

Moderate

See Appendix A for Rating Definitions

	Extreme	**High**	**Medium**	**Low**
Number of actions			1	
Implemented				
Superseded				
Progressing			1	
Not implemented				

Our original Audit reviewed the adequacy and effectiveness of the household waste, recycling centres and transfer stations complying with health and safety regulation and legislation to provide a safe and healthy environment for employees and the public.

One medium risk action was agreed with the Head of Waste Management to be implemented by 31 December 2021 and based on the information and evidence provided to us, good progress is ongoing to implement the agreed action. All members of the management system team are trained to use the key Excel spreadsheets, although they are yet to develop guidance notes. All staff training courses are recorded on a training matrix or on the intranet, which is imminently being replaced by an improved system.

Follow Up Report: Health and Safety at Operational Depots- Highways

Original audit assurance rating

Moderate

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			1	1
Implemented			1	1
Superseded				
Progressing				
Not implemented				

Our original Audit reviewed the adequacy and effectiveness of the controls in place to ensure compliance with health and safety regulation and policy at depots.

One low risk and one medium risk action was agreed with the Head of Highways to be implemented by March 2022 and based on the information and evidence provided to us, we are satisfied that the agreed actions have been implemented. A new training database has been introduced to ensure any outstanding training is completed in time and the current mandatory training requirements have also been reviewed. Guidance has been updated to reflect the formal list of PPE for the standard roles.

Follow Up Report: Health and Safety at Operational Depots

Original audit assurance rating

Limited

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			**3**	**1**
Implemented			2	1
Superseded				
Progressing			1	
Not implemented				

Our original Audit reviewed the adequacy and effectiveness of the depot's compliance with health and safety regulation and legislation to provide a safe and healthy environment for employees and the public.

One low risk and three medium risk actions were agreed with the Head of Public and Integrated Transport to be implemented by November 2021 and based on the information and evidence provided to us, we are satisfied that progress has been made in implementing the agreed actions. The Head of ITS has considered seeking accreditation and has considered and implemented controls to ensure PPE safety, recording of near misses and more detailed reporting. Due to lack of resource, the Service are still in the process of considering a new system to record new training required as well as refresher training.

Follow Up Report: Financial Assessment Teams

	Follow Up Report: Financial Assessment Teams			
Original audit assurance rating	**Extreme**	**High**	**Medium**	**Low**
Number of actions			1	
Implemented			1	
Superseded				
Progressing				
Not implemented				

Moderate

See Appendix A for Rating Definitions

Our original Audit reviewed the adequacy and effectiveness of the financial assessment process for service users. The framework of control is adequately designed and effectively operated, but some action was required to enhance aspects of it.

One medium risk action was agreed with the Financial Assessments Performance Manager to be implemented by 31 December 2021 and based on the information and evidence provided to us, we are satisfied that adequate progress has been made in implementing the agreed action. Staff are aware that case files should be clear, consistent and contain detail to ensure a strong audit trail is maintained. This is also sample checked as part of the quality assurance process.

Original audit assurance rating

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Moderate

See Appendix A for Rating Definitions

	Extreme	High	Medium	Low
Number of actions			**9**	**2**
Implemented			5	1
Superseded				
Progressing			2	1
Not implemented			2	

An assessment of the risk and control framework associated with the council's arrangements in respect of Liquidlogic Adults' Social Care System (LAS) was undertaken in August 2020. At that time the software suppliers, Liquidlogic provided a level of support and maintenance under contractual agreement with the council via British Telecom Lancashire Services (BTLS). Internally, the system was managed both by the council and BTLS, with a split of roles depending on the process, for example, users were managed by the council.

The contract with BTLS expired April 2021 and all IT services are now provided in-house. Consequently, ICT Services have undergone a significant re-organisation which is taking time to embed and mature. This impacted on the council's ability to make immediate improvements in processes as agreed, to address the issues raised in the original review. In addition, the Adult Services are also going through a programme of transformation and therefore this has also impacted some areas ability to complete the original agreed actions.

Five actions (four medium and one low risk) are either work in progress or have not been started. In particular, work around the risk assessment, data flow mapping and specific training for the Information Asset Owner and Information Asset Administrator will be prioritised to ensure the council complies with the Data Protection and Security Toolkit which is a requirement for all providers of health and social care.