

Internal Audit Report

Review of
Framework-i Phase 2 Implementation



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1. Scope

1.1 The scope of our audit was to review:

- Controls around residential care and nursing care payments to assess whether these are effectively implemented,
- Assessment and care management controls following recent changes to the processes, in particular whether the new processes are compatible and compliant with the local scheme of delegation and whether adequate approval points are built into the processes,
- Issues identified from the dual payment run undertaken as part of the Phase 2 project testing, and how these have been resolved, and
- Action taken to address relevant priority one recommendations included in the 2013/2014 internal audit review of Commissioning of Children Social Care External Placements to ensure that decisions made and evidence of authorisation are recorded on the Framework-i system.

2. Executive Summary

2.1 Controls around residential care and nursing care payments involve a number of different teams. A new process has now been put in place for setting up a new residential home supplier on Framework-i which includes a suite of forms which evidence segregation of duties. Evidence of segregation of duties for inputting annual uplifts of rates is not currently in place; however no issues have been identified during testing of individual cases.

2.2 Due to a number of migration exercises, such as migration of information from the PACS system and the ASCIT system, the audit trail for a number of authorisations cannot be seen on the system. Not all care packages that have a past review date have been reviewed. We were informed that any subsequent reviews and authorisations undertaken on the system will be evidenced on the Framework-i system going forward.

2.3 A suite of exception reports has been developed by the Systems Development and Implementation Team for monitoring purposes. A number of payment checks on residential and nursing home payments are also currently undertaken by the team during the dual payment processes. However, the responsibility for these checks following the project period is still to be assigned and agreed.

2.4 As part of this review we followed up the progress of implementation of two of the priority one recommendation from the Commissioning of Children Social Care External Placements review. For the sample of ten external placements tested, we have been able to see evidence of the external placement panel minutes. However, the rationale of the commissioning decision, including why one provider has been selected over other possible providers have not been recorded.

2.5 The detailed findings and recommendations are included in sections four and five of this report.

2.6 We would like to thank Sara Coombs, Marianne Lister, Kristen Hardy, Julie McGowan, Jill Farrar and Lynsey Garnett for their assistance and courtesy throughout the review.

3. Overall Opinion and Assurance Statement

- 3.1 We consider that the controls in place are currently inadequate, with a number of risks identified and improvement required. This is partially a reflection of the timing of this review given that a number of current cases examined were administrated under historic processes and the plan for clearing the backlog of case reviews is still in progress. A number of processes are in place that help to mitigate some of the risks identified.
- 3.2 Our testing revealed some lapses in compliance with the controls.

4. Issues Arising

4.1 Introduction and background

4.1.1 The Framework-i system was implemented within Adult Social Care in March 2012, replacing the previous ASCIT database. The Council is currently undertaking Phase 2 of the project which involves the implementation of provider payments, Charging for Residential Accommodation Guide (CRAG) and Fairer Charging financial assessment, client billing, contract management and required interfaces to corporate financial systems. A project group has been ongoing for a number of years with a wide representation from across the Council to monitor the implementation of the project.

4.1.2 A number of interfaces and functions have now been implemented in Phase 2 of the Framework-i project. This review considers the controls that are now in place for residential care and nursing care payments, issues identified from dual payment runs, and changes to the Assessment and Care Management controls. We also followed up the progress of two priority one recommendations made within a previous audit report, the Commissioning of Children's Social Care External Placements, as part of this review.

4.1.3 The changes to the Assessment and Care Management controls apply to residential care placements as well as non-residential care placements. The current controls around Residential and Nursing Home payments are different in the following ways:

- Residential and nursing home placements are reviewed at the Quality Monitoring Group. This Group is not part of the approval process for placements; however recommendations can be made by this group if control weaknesses are found.
- Payments to residential and nursing homes are made on a four weekly payment schedule via the Framework-i system and interface with the Council's Cedar system. These payments were previously made via the PACS system. Dual payment runs were undertaken for periods 4 and 5 prior to payment runs being made on Framework-i only from Period 6 of this financial year.
- Non-residential payments are still largely made via payment of invoices submitted by providers directly through the Cedar system.
- The local scheme of delegation differs between non-residential care packages and residential and nursing home payments. Financial authorisations cannot be made by Team Managers or Senior Practitioners for residential and nursing home placements as all residential placements are over £342.23 per week which is the standard rate, whereas levels of authorisation for lower financial values have been granted to these posts for non-residential care packages.

4.2 Residential and Nursing Home payments

4.2.1 A number of processes are in place in relation to residential and nursing home payment controls. This includes setting up a care home on the Framework-i system, purchasing a care package, financial authorisation, preparation of payment schedules and payment. High level flowcharts documenting the process can be seen in **Appendix 1** and **Appendix 2** to this report.

4.2.2 Social Care teams, the Commissioning Team and the Systems Development and Implementation Team are all involved in setting up a care home on the Framework-i system. Social workers complete a form to request a new home to be set up. We understand that there is a degree of service user choice in the selection of care homes, although if the rates are higher than standard or higher residential rates, discussion must first be held with line managers following the assessment.

4.2.3 The Commissioning Team then arranges a contract with the care home, and completes a form for the Systems Development and Implementation Team with pertinent details such as the

agreed rates with the homes. The Systems Development and Implementation Team utilises the Admin Access Tool to set up the home within the Framework-i system with details on the form. We were informed that two people are involved in the process of creating a supplier, and officers evidence the segregation of duties by initialling the forms. The Framework-i system does not enforce segregation of duties for inputting rates for new homes, and does not maintain an audit trail to evidence segregation of duties.

4.2.4 We selected a sample of twenty residential and nursing home payments from a Cedar report provided by Transactional Services. These were then matched to the appropriate payment schedule provided by the Social Care Benefits Team to select the appropriate Framework-i case for review. Sixteen residential homes were identified in the twenty cases selected.

4.2.5 Of the sixteen residential homes selected, set-up forms were provided for four homes. We were informed that the set-up forms had only been in place for approximately twelve months, whereas some homes had been on the system for a number of years. An exercise was undertaken by the Systems Development and Implementation Team at the time of implementation of the Framework-i system in 2012, to migrate information to the new Framework-i system. We recommend that consideration is given to undertaking a one-off exercise to produce a report of homes and agreed rates which should be reviewed by Adult Social Care and the Commissioning Team to ensure that the information is correct and appropriate contract arrangements are in place (Recommendation 1).

4.2.6 Payment rates on the system are updated annually following a review. The system does not enforce segregation of duties for updating rates, and does not maintain an audit trail to evidence segregation of duties. This presents a risk that inappropriate rates could be used however there are mitigating checks outside of Framework-i. The schedules are manually marked as checked but not signed and dated as checked and reviewed. We recommend that consideration is given to enforcing segregation of duties within the system for inputting and updating payment rates (Recommendation 2).

4.2.7 As part of this review we checked the weekly support fee rates for the twenty residential placements selected for testing to the annual uplift schedule supplied to the Systems Development and Implementation Team by the Commissioning Team. We also agreed the rates to a schedule of homes and bandings supplied by the Commissioning Team. The rates to be applied are determined by the level of service user need as well as the banding of the residential home. No issues were found through this testing and all rates were found to be appropriate.

4.2.8 We also requested individual customer agreements from the Commissioning Team to agree to payment rates included on the schedules above. However, both the Commissioning Team and the Social Care Benefits Team confirmed that although the authority chases providers for signed agreements, only a few providers return signed agreements. There is a risk that should the home not provide the agreed service, a signed contract is not in place to support the authority to take action to recoup monies or to take legal action if required. We recommend that consideration is given to putting a clause on the individual service user agreements with providers that payments will only commence following returns of signed agreements, to encourage the return of signed agreements by providers (Recommendation 3).

4.2.9 It is possible to set up the same home twice on the system. This is because the Framework-i system will allocate a new reference to a new home rather than flagging a potential duplicate. We are informed that checks take place to search for a supplier prior to input. It is also necessary to allow the same home to be set up more than once on the system, as some organisations have a range of different home locations but payment should be made to one bank account. The Systems Development and Implementation Team have now added an exception report to identify providers with the same creditor number on the Framework-i system for future monitoring. We have made a recommendation later in this report regarding the undertaking of payment checks, including the use of exception reports.

4.2.10 In order to purchase a package, the assessment and care plan needs to be completed by a social worker and reviewed and authorised by their line manager. This is now part of the workflow on Framework-i. The workflow on the Framework-i system then allows the social worker to allocate the case to the Quality Monitoring Group (QMG) authorisation function to input information from panel meetings onto Framework-i. An officer within the Social Care Purchasing Unit (SCPU) attends the QMG panel and details from the QMG panel meetings are input on the Framework-i system by SCPU when appropriate.

4.2.11 All residential packages should be reviewed by the QMG. The QMG meets weekly and reviews evidenced based decisions in relation to all residential and nursing admissions. A full assessment must be completed, recorded in Framework-i and submitted within two weeks of the initial residential admission for review by the QMG. The only residential cases which do not need to be reviewed by the QMG would be if the service user has already been reviewed by the QMG previously, then moved to a different home but the rate remained the same.

4.2.12 Cases can be approved, deferred or rejected by the QMG. Where cases are deferred, additional work or evidence may be requested from the Social Worker to be re-presented at the next meeting. Approved cases will progress through the Framework-i system creating an audit trail for verification of authorisation by the Service Manager.

4.2.13 The Business Manager within Adult Social Care explained that although all residential placements should be reviewed by the QMG, the task on the Framework-i system itself is designed for administrative purposes only and is not mandatory. Furthermore, the system currently does not enforce a step within the workflow for QMG review within the Framework-i system because only residential placements need to go through this step. Adult Social Care is currently reviewing the process and is in a pilot, asking social workers not to add the QMG task but moving the responsibility to Team Managers or Senior Practitioners when they are authorising the assessment and care plan to clearly indicate that the case is ready to be presented at the QMG. We recommend that consideration is given to producing an exception report for residential placements without QMG review after a period of time to enable monitoring (Recommendation 4).

4.2.14 Details are noted by the member of staff within SCPU and currently input onto a QMG spreadsheet. However, the meetings are not formally minuted, and the service is currently considering ceasing to use the external spreadsheet as it contains the same information as that input onto the Framework-i system. A formal record of decisions made at meetings may be beneficial as the minutes could be ratified for accuracy at the next meeting. There is currently a risk that an adequate audit trail is not in place for the review outcomes. We recommend that consideration is given to the best way to record outcomes from the QMG (Recommendation 5).

4.2.15 Capacity issues within the Framework-i system also means that staff are not encouraged to upload too many documents onto the Framework-i system. This means that uploading documents such as panel minutes onto the system may cause system issues. There is a risk that evidence of decisions is not appropriately retained, however, decisions are recorded on individual service user case-notes on Framework-i at the panel meetings. These meetings are not minuted and so the case-note is the key record of the decision. It would be possible to verify that the decision was input to the case-notes at the relevant meeting by reference to the user details and the time and date of entry.

4.2.16 We understand that the QMG on occasion approves rates that are not agreed as standard by the Commissioning Team. In this case, the Systems Development and Implementation Team need to set up a bespoke rate and a bespoke element is then added onto the case. It was explained that if a service user wishes to move out of the area, for example if they wish to move to be nearer to family members, this must be approved by the QMG. Adult Social Care allow service users the freedom of choice to choose a home they wish to live in, if it is out of area and the rate is higher than the local authority rate for that area will be paid. For any additional services, such as a premium for a superior room, Adult Social Care would expect a third party to pay any top up required.

4.3 Changes to Assessment and Care Management Controls

4.3.1 In April 2014, following consultation with system users, changes have been made to assessment and care management controls to cut down delays in the authorisation processes. Instead of requiring two separate authorisations within the Framework-i workflow for the assessment of care needs and the review of a care plan, the system now requires one authorisation following the assessment and care plan processes. The changes apply to residential placements and non-residential placements.

4.3.2 Assessment and care plans can be authorised by the line manager of the social worker who has produced the plan. As part of this review we selected a sample of twenty cases from a report provided by the Business Intelligence Team of authorisations made on the system from April 2012. In all cases, assessment and care plans had been authorised by an appropriate person.

4.3.3 The Business Managers within Adult Social Care confirmed that the change had a positive result in reducing delays within the authorisation processes. One potential drawback is that if the assessment does not pass the Assessment and Care Management review, the care plan also needs to be completed again. Management information in relation to the number of care plans that have had to be completed again has not been formally monitored, however both Business Managers observed that the process is now quicker.

4.3.4 Formal training has not been rolled out specifically in relation to the changes for the Assessment and Care Management controls. We understand that social workers have been consulted as system users as part of the process to determine changes. Process flowcharts are in place for the processes to authorise care packages.

4.3.5 A review date should be set for all cases in accordance with policy. As part of our review we checked whether there was a review date set on Framework-i for the twenty residential care packages selected and the twenty recently authorised cases selected. For residential placements, a future review date was set on Framework-i for only eight of the twenty cases. Case assessment was still in progress for four cases. For the remaining eight cases the review date has now been exceeded.

4.3.6 The Business Manager explained that as yet not all old cases have been reviewed. For the sample of care packages where authorisations have occurred since April 2014, a future review date had been set for sixteen of the twenty cases reviewed. In four instances the review date noted was in the past. There is a risk that service users are receiving care that is no longer appropriate, and that the Council continue to pay for services that are no longer required. We recommend that the service produces an action plan to ensure that all care packages are reviewed in a timely manner (Recommendation 6).

4.3.7 Care packages should cease where the client has died. We understand that social workers can input a death date onto the Framework-i system when they have been notified. The Social Care Benefits Team receives death notifications from Registrars via the Council Tax Team once a week which are emailed to the SCBT inbox. For non-residential cases, the death date / date ceased on Framework-i will stop bills from going out and a final bill will be sent. For residential cases, SCBT will close the case on Framework-i to stop any further payments to the care home. An email is sent to Adult Social Care in all cases. This exercise is undertaken on a weekly basis. In addition:

- The Quality Assurance (QA) Administrator checks the 'Tell us once' DWP system three times a week to check for service users who have died and then records the date of death on the Framework-i system. The Administrator then either notifies the social worker or completes the case closure where the case is not allocated.
- Adult Social Care receive a weekly report that informs where a date of death has been added but the case has not been closed and the Administrator would either close the case if it is unallocated, or ask the allocated Social Worker to do this.

- The Quality Assurance Administrator also receives a list from Council Tax Team with dates of death which is checked against the Framework-i system weekly, and either closes the case or informs the social worker.
- The Social Care Purchasing Unit also receives a daily report where a date of death has been added but the residential care stay has not been ended which SCPU then ends.

4.4 Financial authorisations and the scheme of delegation

4.4.1 For Adult Social Care packages, financial authorisation on the Framework-i system is pre-set according to the local scheme of delegation. The levels of delegation are outlined below:

- Level 1 – Assistant Chief Executive (DASS) or Head of Care and Support acting on behalf of the Assistant Chief Executive (able to commission packages up to £200,000 annually, or £3,836 weekly),
- Level 2 – Head of Adult Social Care (able to commission packages up to £100,000 annually, or £1,918 weekly),
- Level 3 – Service Manager (able to commission packages up to £50,000 annually or £959 weekly),
- Level 4 – Team Manager (able to commission non-residential or nursing packages up to £15,000 annually or £288 weekly),
- Level 5 – Senior Practitioner (able to commission non-residential or nursing packages up to £10,000 annually or £198 weekly).

4.4.2 The local scheme of delegation is in accordance with the currently Corporate Scheme of Delegation (updated 2011) in principle. The Corporate Scheme of Delegation states that:

- Assistant Directors of the former Children, Adult and Family Services can commission placements / care packages up to £100,000 gross per annum.
- The Director of the former Children, Adult and Family Services can commission placements / care packages up to £200,000 gross per annum.
- Placements / packages of care over £250,000 per annum are not delegated and has to be approved by the Executive.

4.4.3 The departmental structure of the Council has changed, however the principle of the amounts that can be commissioned by senior officers are still met. The Corporate Scheme of Delegation is currently being updated, but not yet approved and finalised. We recommend that once the new Corporate Scheme of Delegation is issued, the local scheme of delegation should be reviewed to ensure that it aligns with the new corporate scheme of delegation (Recommendation 7).

4.4.4 The local scheme of delegation is based on established posts in the staffing structure rather than named individuals. The scheme is only changed following a restructure. We were informed that any changes to the scheme would be cascaded down by the Adult Social Care Management team through to individual team meetings.

4.4.5 The financial authorisation levels of care packages on Framework-i for Adult Social Care is based on the local scheme of delegation, but details of staffing within those posts are required in order to facilitate this.

4.4.6 We understand that to arrange Framework-i access or for any change in team and access permissions, the Systems Development and Implementation Team require an email from the line manager or other agreed person. This is normally undertaken at the same time as the request that is made to ICT Services for an NT login. When the user is set up, the Systems Development and Implementation Team will email the requestor confirming that this has been done. The username and password will be emailed directly to the user once ICT have set up an email address for them.

4.4.7 Financial authorisations for packages were tested for a sample of twenty cases selected where an authorisation has been undertaken on Framework-i since April 2014. We were only able to see authorisation information on the system for fifteen of the twenty cases. Three of the cases were migrated from the old system ASCIT. The Business Manager explained that these cases have not been reviewed. We have already made a recommendation in this report in relation to the review of cases.

4.4.8 A further two cases were shown to be authorised by 'Systems Lo'. We understand that at one point within the project, a decision was made to record care packages not as personal budget but as standard care packages. In order to show the correct position of care packages on the Framework-i system, a number of officers, such as the Business Managers, were given permission to action an authorising step needed to re-authorise care packages that have previously been authorised. Internal Audit advised that this was acceptable as the packages had already been authorised previously, as long as an audit trail is kept referencing back to the original authorisation. The Business Manager for Adult Social Care explained that although this cannot be viewed on Framework-i, the authorisation can be viewed by the Systems Development and Implementation Team as this is stored in a data warehouse.

4.4.9 Financial authorisations for packages were also tested for the sample of residential care packages selected. It was not possible to see authorisations for four of the twenty cases selected due to an issue with the migration of PACS data in July 2014. We were informed that due to issues identified on the dual payment runs where social workers input information on only one of the systems (PACS or Framework-i), a business decision was taken to use PACS as the master copy of information to be migrated onto Framework-i to resolve this issue. As the PACS system did not record authorisations, some of this information can no longer be seen on the system. There is a risk that the audit trail for authorisations for existing cases is lost. However this is not an issue for new cases and there are some mitigating controls in terms of sense checks of payments. We recommend that the Systems Development and Implementation Team put in place arrangements to resolve issues with some authorisations not appearing on the Framework-i system where possible, and ensure that information is accessible for future cases (Recommendation 8).

4.4.10 Although cases migrated from the PACS system no longer show authorisation information, any new residential services or changes in services would show an authorisation as these would have been undertaken on the Framework-i system. For the remaining cases where a trail for authorisations can be seen on Framework-i, we have assessed the financial authorisations as appropriate.

4.5 Payment processes for residential and nursing home placements

4.5.1 Four-weekly payment schedules are in place for the payment of residential and nursing home placements. SCBT undertake a process on the Framework-i system to prepare the required payment files for interface with Cedar. Transactional Services is then responsible for undertaking a process on the Framework-i system to prepare the batch for payment on the Cedar system.

4.5.2 Current checks that are undertaken by the Social Care Benefits Team are the same as those undertaken with the former PACS system when it was being used. A reasonableness check is undertaken of the total amount for the batch, approximately £1 million in value, before the schedule is prepared for payment. The Systems and Development Team is currently undertaking payment checks as part of the implementation phase and has developed a suite of exception reports for future monitoring. However the responsibility for the checks, as part of business as usual following the implementation phase, is yet to be agreed and allocated. However we understand that that this issue is being progressed as part of the Framework-i Finance Working Group which should ensure that there is no gap in checking between the implementation phase and business as usual. We recommend that this responsibility is agreed and allocated at the Framework-i Finance Working Group as planned (Recommendation 9).

4.5.3 As part of testing, dual payment runs were carried out on PACS and Framework-i. We have reviewed the spreadsheet outlining the mismatches identified and work undertaken to identify the problem and remedial action taken. The exercise identified 62 mismatches out of approximately 1,000 payments. An explanation column within the spreadsheet sets out the reason for the error. Where it was determined that the correct information was in PACS, the Framework-i system was updated accordingly so that when the payment cycle was run in live, the figures matched across both systems. There were some records where the Systems Development and Implementation Team had to enter a one off amount to correct the error. The one-off payments totalled £5,824.39.

4.5.4 Explanations for mismatches included on the spreadsheet include the following:

- Information input on either the PACS system or the Framework-i system only
- A client was placed in one home on the PACS system but another on the Framework-i system
- Client contribution / death allowance / placement was incorrectly input on one of the systems
- Different rates were used between the PACS system and the Framework-i system
- Start dates and end dates of stay has been input incorrectly on one of the systems
- Marginal differences due to calculation of rounding
- Payment for the wrong person had been made on the PACS system

4.5.5 Where it was determined that the correct information was in Framework-i, no changes were made to the Framework-i system. If neither system was correct, the Systems and Development Team calculated the correct amount and amended the Framework-i system accordingly.

4.5.6 A business decision was taken for the Framework-i system to be used as the live payment system from Period 6 of the 2014 financial year onwards. Instead of dual payment runs, a test payment run had been undertaken on Framework-i only for Period 6 and Period 7 one day before the live payment run to identify any issues. The Systems Development and Implementation Team and the Social Care Benefits Team will then spend one day making adjustments prior to the live payment run, and notifying providers in advance of any issues anticipated. We were informed that adjustments will be made for the following pay period rather than the immediate pay period on most occasions.

4.5.7 Payment schedules are emailed to all providers where an email address has been provided. We understand that for a small number of homes where an email address is not used, this information is posted to them. A remittance advice from the Cedar system is also available to homes with an email address but not available to the small number of homes that do not use one. Our review of the Framework-i project group minutes confirmed that this issue is being discussed and considered.

4.6 Payment processes for non-residential care packages

4.6.1 Payment for the majority of non-residential care packages are made through payment of invoices from providers through the Cedar system (CGE). As part of the review we selected a sample of twenty invoices and checked that appropriate authorisation for payment had been obtained. No issues were found in relation to authorisation of the invoices tested. However, we noted that in some circumstances the Framework-i references are not noted on invoices or the Cedar system. Although details such as client surnames and supplier are available, there are instances where we were not able to link to a specific user on Framework-i due to the high number of clients with the same surnames. However, an exercise for payments via e-invoicing is currently being explored.

4.7 Follow up – Priority 1 recommendation – External Placements

4.7.1 As part of this review we followed up two priority 1 recommendations from the Commissioning of External Placements internal audit review we undertook last year. The Head of Children’s Social Care has provided an update on the implementation of the recommendations.

4.7.2 One recommendation was that an audit trail should be kept which clearly evidences the rationale of commissioning decisions for all placements to allow suitable challenge where appropriate. The Head of Children’s Social Care explained that decisions are made by the Heads of Service, and recorded either via email or through the external panel which is minuted and recorded on Framework-i.

4.7.3 The second recommendation was that the service should continue to review cases to ensure that all external placements are suitable and to ensure that evidence of authorisation is stored on the Framework-i system. The Head of Children’s Social Care explained that all cases are reviewed at the external placement panel.

4.7.4 As part of this review we selected a sample of ten external placements to test. For all ten external placements, we have been able to see either an email authorisation or external placement panel minutes on the Framework-i system. We have identified however that four of the ten placements were put in place prior to the external placement panel minutes. We recommend that consideration is given to documenting circumstances where it is necessary for approval to be given retrospectively (Recommendation 10).

4.7.5 Although the external placement minutes detail why the placement is needed, the choice of provider is usually already selected prior to this stage. The rationale of the options of provider that were considered and why the final provider was selected are not noted on panel minutes. We were informed by the Service Manager for Administration from Children’s Social Care that the Commissioning Team maintains a record of this.

4.7.6 However, the Commissioning Team have confirmed that the justification around the process of the decision is not made by the Commissioning Team, and is not recorded by the Commissioning Team as it is a care management task.

4.7.7 The Commissioning Team has provided a number of emails supporting contact with Children’s Social Care to resolve this issue, proposing functionality within the Framework-i system to note the rationale for commissioning decisions is added onto the Framework-i system. However as the recommendation is not within their remit this was not something that had been addressed by the Commissioning Team. We recommend that the rationale of commissioning decisions, including why one provider is selected over another, should be recorded by whoever made the decision (Recommendation 11).

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5. Agreed Action Plan

	<i>Recommendation</i>	<i>Priority</i>	<i>Agreed Action</i>	<i>Responsible officer</i>	<i>Target Date</i>
R1	Consideration should be given to undertaking a one off exercise to produce a report of homes and agreed rates which should be reviewed by the Adult Social Care and the Commissioning Team to ensure that the information is correct and appropriate contract arrangements are in place.	3	This has now been considered by the Deputy Director of People (Adult Services), the Head of Business Support and Resources and the Systems Development and Implementation Manager. This is low risk and the sense checks applied to payment runs should pick up any material issues. Hence no further action proposed.	N/a	Completed

Key to Priorities

Priority 1	A recommendation we view as essential to address a high risk
Priority 2	A recommendation we view as necessary to address a moderate risk.
Priority 3	A recommendation that, in our opinion, represents best practice or addresses a low level of risk.

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<i>Recommendation</i>		<i>Priority</i>	<i>Agreed Action</i>	<i>Responsible officer</i>	<i>Target Date</i>
R2	Consideration should be given to enforcing segregation of duties within the system for inputting and updating payment rates onto the Framework-i system.	2	This has now been considered by the Deputy Director of People (Adult Services), the Head of Business Support and Resources and the Systems Development and Implementation Manager. While it would be ideal, the functionality of Framework-i does not allow enforcement of segregation of duties for updating of payment rates. There are processes external to Framework-i whereby rates are checked.	N/a	Completed
R3	Consideration should be given to putting a clause on the individual service user agreements that payments will only commence following returns of signed agreement, to encourage the return of signed agreements by providers.	2	Head of Business Support and Resources to discuss with the Head of Commissioning. A form of words will be agreed in the contract or service user agreement that introduces the possibility of payments being suspended if agreements are not returned.	Head of Business Support and Resources	1/4/15

Key to Priorities

Priority 1	A recommendation we view as essential to address a high risk
Priority 2	A recommendation we view as necessary to address a moderate risk.
Priority 3	A recommendation that, in our opinion, represents best practice or addresses a low level of risk.

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<i>Recommendation</i>		<i>Priority</i>	<i>Agreed Action</i>	<i>Responsible officer</i>	<i>Target Date</i>
R4	Consideration should be given to producing an exception report for residential placements without QMG authorisation after a period of time.	3	Agreed.	Head of Business Support and Resources	1/4/15
R5	Consideration should be given to the best way to record outcomes from the QMG.	2	Agreed. The QMG outcomes should be being recorded on individual service user records. Head of Business Support and Resources to consider a process to check that this is happening.	Head of Business Support and Resources	1/4/15
R6	The service should put in place a plan to ensure that all care packages are reviewed in a timely manner.	2	This is a service management priority and the Head of Adult Social Care has a plan in place to deliver this.	N/a	Completed
R7	The local scheme of delegation should be reviewed once the revised corporate scheme of delegation is approved and issued.	2	Agreed.	Head of Business Support and Resources	Within three months of publication of updates to the Corporate Scheme of Delegation.

Key to Priorities

Priority 1	A recommendation we view as essential to address a high risk
Priority 2	A recommendation we view as necessary to address a moderate risk.
Priority 3	A recommendation that, in our opinion, represents best practice or addresses a low level of risk.

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<i>Recommendation</i>	<i>Priority</i>	<i>Agreed Action</i>	<i>Responsible officer</i>	<i>Target Date</i>
R8 The Systems Development and Implementation Team should put in place arrangements to resolve issues with information on authorisations not appearing on the Framework-i system where possible and ensure that information is accessible for future cases.	2	This has now been considered by the Deputy Director of People (Adult Services), the Head of Business Support and Resources and the Systems Development and Implementation Manager and there is no practical way of achieving this. Current and future new cases and changes to cases are going through Framework-i meaning the number of historic authorisations that are not evidenced is reducing. Given that no issues were found with regard to Framework-i authorisations, the level of risk is acceptable.	N/a	N/a

Key to Priorities

Priority 1	A recommendation we view as essential to address a high risk
Priority 2	A recommendation we view as necessary to address a moderate risk.
Priority 3	A recommendation that, in our opinion, represents best practice or addresses a low level of risk.

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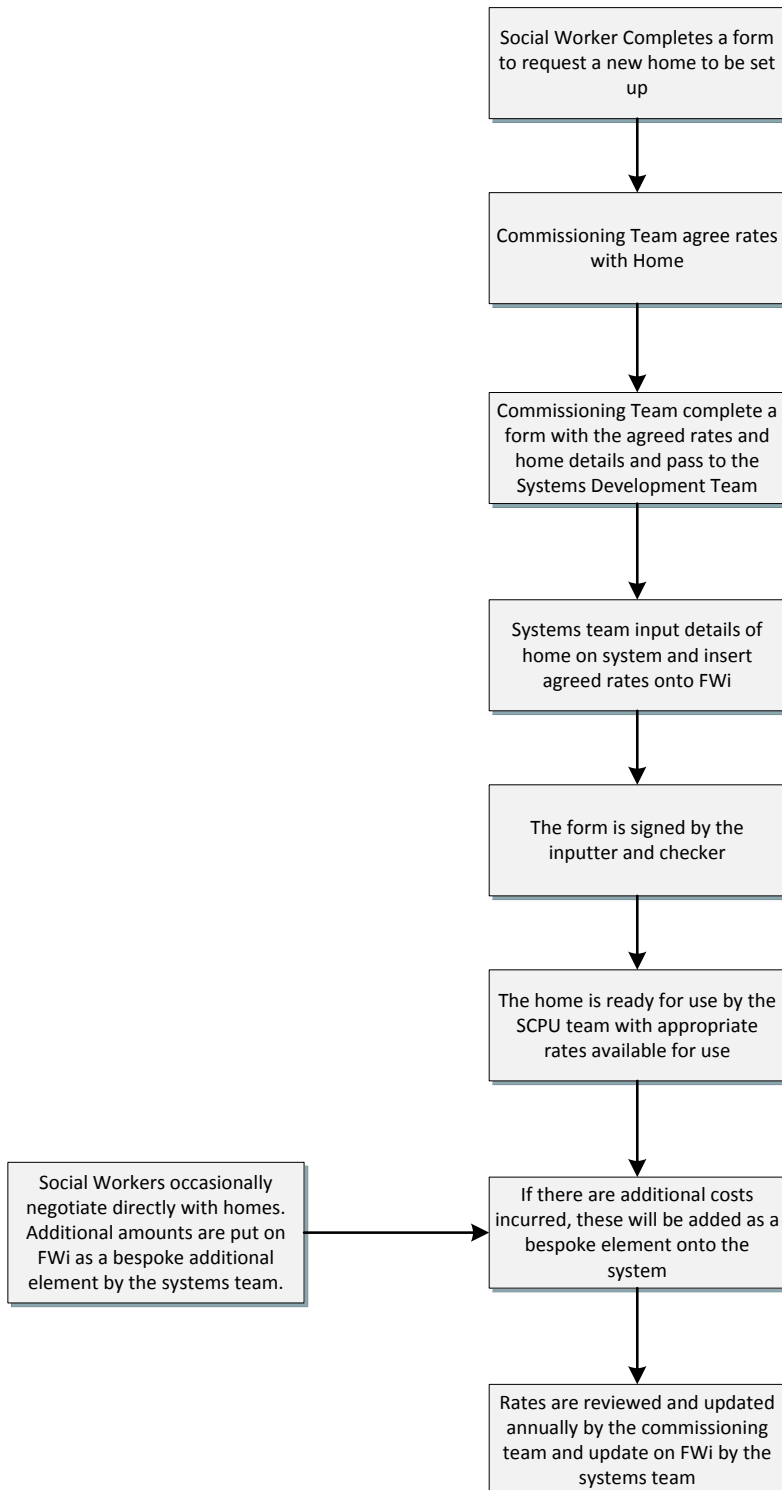
<i>Recommendation</i>		<i>Priority</i>	<i>Agreed Action</i>	<i>Responsible officer</i>	<i>Target Date</i>
R9	Responsibility for undertaking quality checks post implementation phase for residential and nursing home payments should be agreed and allocated at a future Framework-i Finance Working Group meeting as planned.	2	Agreed.	Head of Business Support and Resources / Framework-i Finance Working Group	1/4/15
R10	Consideration should be given to documenting where it is necessary for retrospective approval to be provided by panel for external placements.	2	Agreed. To be taken to People's (Children's Services) Senior Management Team for further consideration.	Head of Business Support and Resources	1/4/15
R11	The rationale of commissioning decisions, including the providers that had been considered and why one provider had been selected over another, should be recorded.	1	Agreed. To be taken to People's (Children's Services) Senior Management Team for further consideration.	Head of Business Support and Resources	1/4/15

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Framework Phase 2	Setting up a Care Home on FWi	Appendix 1
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