

Completed Audit Reports (June – August 2010) – Adult Social Care

Audit	Background to review	Key findings	Audit opinion ¹ T (Status of MAP)	Risk if no action	Recommendations for improvement (Priority) ²
SWIFT	<p>SWIFT is the social care database used by Surrey County Council. SWIFT Financials is an extension of SWIFT's case management system and is used to calculate and approve the cost of care for an individual care plan.</p> <p>This audit of IT controls within SWIFT and SWIFT Financials was carried out following the upgrade of SWIFT in February 2010.</p>	<p>Default user IDs with shared passwords are currently used by the SWIFT System Administration Team.</p> <p>There are insufficient governance arrangements for the creation and assignment of user access rights.</p> <p>It was difficult to verify if all SWIFT users and employees with access to supporting systems have been subject to council safeguarding procedures.</p> <p>The list of existing SWIFT users includes a high number of non Surrey County Council employees and other anomalies.</p> <p>Business continuity and disaster recovery plans require revision following the upgrade.</p>	Major Improvement Needed (Agreed)	<p>Default user IDs expose system security and sharing of passwords undermines individual accountability.</p> <p>Poor governance arrangements may adversely impact upon service delivery or provide unsuitable access to users.</p> <p>Un-vetted / unsuitable staff could access sensitive data.</p> <p>The failure to safeguard user access exposes the authority to the potential for misuse and increased security risks.</p> <p>Insufficient business continuity planning results in a lack of system availability following an incident.</p>	<p>Administration roles must be restricted and assigned against named individuals, with default IDs removed from use. (H)</p> <p>IMT work with services to match access rights against OM positions. Non-standard requests should be escalated. (H)</p> <p>All applicable staff should have a valid CRB disclosure. Upon receiving a request confirmation should be sought that an employee has a valid disclosure. (H)</p> <p>A data cleansing and user rationalisation exercise is required. (H)</p> <p>The expected number of users and system availability form the basis of revised Business Continuity and Disaster Recovery plans. (H)</p>

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<p>Community Equipment Service</p>	<p>Community equipment refers to items prescribed to help people with disabilities and health problems to return to or remain in, their homes and live as independently as possible. The service is supplied by Millbrook Healthcare and is funded from a pooled budget of contributions from SCC and NHS Surrey. Approximate spend in 2009/10 was £4.2m.</p>	<p>Our review of the performance data submitted by the contractor indicated a number of areas where the methodology used to calculate performance seems to be in conflict with the definitions used in the contract. Accordingly, there may have been an overpayment of £15,000 to the contractor based on erroneous calculations.</p>	<p>Some Improvement Needed (Agreed)</p>	<p>Contractor may receive performance payments which they are not entitled to.</p>	<p>In keeping with the requirement to achieve best value the performance framework should be reviewed at least annually to ensure that it continues to set challenging targets. (M)</p> <p>The contractor should be advised of the inaccuracies identified and steps taken to ensure that an agreed method of calculation is established for each KPI. Management should also seek reimbursement of any incorrectly claimed performance monies. (M)</p>
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<p>Follow-up of Domiciliary Care</p>	<p>An audit of Domiciliary Care was undertaken in September 2009 and 11 recommendations were made. The areas identified as requiring improvement included contract monitoring; service continuity in the case of a failure of a major provider; protocols for dealing with client preferences; guidance on S-Net; compliance with placement procedures; and officer and team buy-in.</p>	<p>During the follow-up, it was found that most management actions arising from this audit (10, 91%) had been implemented. One management action had not been completed due to restructuring taking place in Adult Social Care and the move towards self-directed support. Internal Audit did not, however, consider that the uncompleted management action to be critical.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
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¹ **Audit Opinions**

Effective	Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
Some Improvement Needed	A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
Major Improvement Needed	Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.
Unsatisfactory	Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.

Status of Management Action Plan (MAP) – this may be Draft, Agreed or Overdue

² **Audit Recommendations**

Priority High (H) - major control weakness requiring immediate implementation of recommendation

Priority Medium (M) - existing procedures have a negative impact on internal control or the efficient use of resources

Priority Low (L) - recommendation represents good practice but its implementation is not fundamental to internal control