

ITEM	FINDING	AUDIT REPORT ACTION IDENTIF	COMMENTS	ACTIONS	RESPONSIBLE PERSON	DATE	RAG	COMMENTS	REVISED DATE
1	Annual panel reviews are not being conducted in a timely manner. Out of a sample of 12 service users, seven did not have timely annual reviews recorded as required per the panel decisions provided to us. Two of the annual reviews were overdue from 2023, four of the annual reviews were overdue from 2022 and one from 2021. This was explained as being down to a lack of capacity within the team, resulting in a backlog of work.	Reviews should be undertaken in a timely manner to ensure that the young people are receiving the correct monies due to them under their agreements. Resources should be reviewed and assessed in order to reduce the risk of incorrect payments being made.	This has continued to be a challenge as the Business support assistant who tracked these is on long term sick leave. We are currently reviewing these in the task and finish group (held monthly). From August 2025 these are tracked by a business support assistant who is currently helping the service with direct payment. Review dates are tracked and agendas planned accordingly.	Tracker created for direct payments to be reviewed	Peter Adebiyi, Fiona Bell, Katie Fisher, Steve Houghton	24.10.25	Completed	It is anticipated this action will take longer than anticipated to complete due to administrative actions required for additional panels and review timescales.	30.11.25
				Action plan/Target setting to ensure all reviews planned and taken place, from historical cases.	Katie Fisher, Fiona Bell, Stephen Houghton	07.11.25	Ongoing		
				Tracking to continue to ensure timely review at panel	Peter Adebiyi	30.09.25	Completed		
				Short breaks panel request form submitted to IT for it to be included as a 'form' on LL with a workflow. This would then prepopulate a review date and performance data. The review dates would then be pre populated and tracked for panel by panel administrator work tray on LL. Interim position is for all forms to come through the email address specially for short breaks panel.	Fiona Bell	17.10.25	Completed		
2	Lack of annual reviews is showing up in the financial records. From Finance Team records we observed accounts that had not been updated with review decisions in over two years (some as far back as 2017). Finance advised that it is the responsibility of the Childrens Services Team to update them once annual reviews (minimum requirement) have been undertaken. This is a weakness that has already been acknowledged, that due to capacity issues within Childrens Services, reviews were not being undertaken in a timely manner resulting in a backlog or work.	Management needs to ensure that an exception report is regularly produced that highlights those direct Payment accounts that have not been reviewed or updated on the finance system in 1 year or longer. The Finance Team and Childrens Services then need to liaise and agree firm review dates or the reasons to be recorded as to why records have not been updated.	This has continued to be a challenge as the Business support assistant who tracked these is on long term sick leave. We are currently reviewing these in the task and finish group (held monthly). From August 2025 these are tracked by a business support assistant who is currently helping the service with direct payment. Review dates are tracked and agendas planned accordingly.	Tracker created for direct payments to be reviewed	Peter Adebiyi, Fiona Bell, Katie Fisher, Steve Houghton	24.10.25	Completed	It is anticipated this action will take longer than anticipated to complete due to administrative actions required for additional panels and review timescales.	30.11.25
				Action plan/Target setting to ensure all reviews planned and taken place, from historical cases.	Katie Fisher, Fiona Bell, Stephen Houghton	07.11.25	Ongoing		
				Tracking to continue to ensure timely review at panel	Peter Adebiyi	30.09.25	Completed		
				Meeting with Andrea Tether and colleagues regarding ongoing project around direct payments in Adult Social Care.	Katie Fisher, Fiona Bell	21.10.25	Completed		
3	Compliance with agreed packages not always in place. Payments are not always made in compliance with agreed packages. One sampled account had a sum written off due to the service user complaining when they were asked to repay monies. A further account had an amount to repay but this had not been agreed by Children's Services to recover the monies or to suspend the account. No further information was forthcoming from Childrens Services in respect of this account and therefore this account was not being recovered.	Management should produce an exception report to identify overdue monies to be clawed back, and that Children's Services and the Finance Team need to monitor and action those accounts (to the satisfaction of the Finance Team).	Further discussions are taking place with Finance colleagues as to how best to ensure the right information is shared in a timely way and the roles of finance and the team are clear.	Review of all current packages of direct payments (pre-August 2025) to ensure accurate records.	Fiona Bell, Katie Fisher	16.10.25	Completed	Due to the number of packages which requiring a review additional panels have been organised, with a prepopulated plan as to when packages will be reviewed now in place.	31.01.26
				Review compliance of packages monies in agreement with SA.	Katie Fisher, Fiona Bell, Stephen Houghton and Finance	30.11.25	Ongoing		
				Initial meeting with Paul Moore to discuss next steps	Katie Fisher and Fiona Bell	21.10.25	Completed		
4	Financial clawbacks require further investigation. Year on year, significant levels of financial clawbacks (data provided by the Finance Team) were seen. Clawback figures provided by Finance: 2022/3 - £237,008.91 2023/4 - £165,893.75 2024/5 - £114,937.78 (as at month 10 of the Financial Year)	The level of clawbacks should be investigated to identify why they are occurring and from what departments. Additionally, it needs to be investigated how successful the clawback requests are and what the overall financial implications are for the Council as well as service users.	The financial over payments, and subsequent claw backs, have been attributed to previous practice where money was paid into an account when the direct payment was agreed and not when the PA was found and in place. Often it can take months to identify a PA, if there is no one already found by the family. Now, payments are not started into the bank account until a PA is identified and set up. If it is clear at panel that the family do not have a PA in mind, the social worker is asked to return to panel after three months for a review of the situation, whether any other resource is required instead, and planning next steps.	Meeting planned with finance colleagues to review compliance of packages monies in agreement with SA.	Fiona Bell, Katie Fisher, Peter A.	21.10.25	Ongoing	Due to actual DP package payments managed by finance and no access by Childrens Disability Team to view actual payments: access is required to financial records maintained by finance to enable regular monitoring of payments received versus DP packages in place.	30.11.25
				Initial meeting with Paul Moore to discuss next steps	Katie Fisher and Fiona Bell	21.10.25	Completed		
				Information provided to both staff and families will be reviewed through the task and finish group, and revised when the new LL process is in place.	Katie Fisher, Stephen Houghton and Fiona Bell	30.11.25	Ongoing		
				The new process and updated policy will be added to Tri-X	Katie Fisher	30.11.25	To start		
5	Limited evidence of procedural notes for staff. It was found that there was a lot of detailed guidance and policy documents surrounding Direct Payments for service users, however, we were not provided with any real guidance/procedural notes for staff, leading to inconsistencies with record keeping observed during this audit.	Management should ensure that there are comprehensive procedural notes to inform staff of the correct procedures and actions to follow to avoid inconsistencies of record keeping.	Induction pack is created and process available in every office in the building including a flow chart of the current process.	Information provided to both staff and families will be reviewed through the task and finish group, and revised when the new LL process is in place.	Katie Fisher, Stephen Houghton and Fiona Bell	30.11.25	Ongoing	The date for completion was originally set, in line with the anticipated go live date for the LL process. At this time the pathway on Liquid Logic is not yet created, therefore it is expected this deadline will not be met by the end of November 2025.	31.12.25
				The new process and updated policy will be added to Tri-X	Katie Fisher	30.11.25	To start		
				Presentation will be made to staff group at Wider Leadership event	Katie Fisher	30.11.25	To start		
6	Choice & Rights referral forms not consistently held on record. Service users can self-ref via the Early Help & Safeguarding Hub (EHASH) where they will then be allocated to a team that suits the family's needs, and it was advised that there should be a Choices & Right referral form completed for all referrals (instigated via the various hubs/links) which should then be	Management should ensure that the Choices & Rights referral forms are consistently uploaded to the Liquidlogic database to ensure a clear audit trail.		Will be added to LL by the panel administrator and Disability Planning and Reviewing Officers in documents and emailed out.	Stephen Houghton and Peter Adebiyi	31.10.25	Ongoing	System C Liquidlogic has now had an upgrade, therefore the submitted DP form will be included within the suite of forms.	30.11.25

	<p>saved to Liquidlogic.</p> <p>This was not consistently applied within the sample selected for this audit. The explanation for this was that it used to be up to the social workers to upload onto Liquidlogic, but they found that this was not always happening and was inconsistent.</p> <p>It was further advised that all choices and rights referrals now come through the Professional Practice Support Officer, Childrens Disability Team, the team do now upload these onto Liquidlogic.</p> <p>As this was not seen to be consistently applied within the sample tested, an action has been made.</p>			Panel administrator role to be reviewed by Fiona in terms of tasks and role/ responsibilities	Fiona Bell	30.11.25	Ongoing	Review of processes ongoing , scoping roles and responsibilities of panel administrator.	31.12.25
7	<p>Panel review forms are not consistently populated.</p> <p>Two of the 12 sampled service users did not have section 2 of the Hull Children's Disability Short Breaks and Continuing Care Panel: Request for Resource/Review of Resource and Panel Decision Record, populated.</p> <p>This could lead to incomplete information being considered by the panel and alter the outcome for the service user.</p>	Management should ensure that panel forms are consistently completed fully, to ensure that all pertinent information is included within the panel assessment.	<p>The HoS chairs Short breaks panel and views all paperwork sent through. This is sent back for revision if it does not meet the quality required.</p> <p>A LL form would have mandatory fields and ensure consistency of approach.</p> <p>At this time the quality of information presented to panel is consistently good.</p>	<p>This will be helped with the new LL form. TMs will be reminded to review the QA of the form alongside also commenting on the form.</p> <p>quarterly dip samples will be undertaken by the GM, TM for direct payments, panel administrator and direct payment workers.</p>	Katie Fisher	27.07.25	Completed	This deadline requires review as the it is important to establish the correct processes for the administration of the packages and panel, as well as the reviewing of all packages. It is anticipated dip sampling will begin by 31st January 2026. This will give time for the new processes to be embedded further and thus giving accurate data for review of improvement.	31.01.2026
					Katie Fisher	31.10.25	Ongoing		
8	<p>User agreements not consistently evidenced.</p> <p>Seven of the 12 sampled service users evidenced signed user agreements (two of these were not dated). However, five of the 12 samples were not evidenced, and this was explained as it had previously been up to the social workers to upload the agreements onto Liquidlogic, but that it was found that this was not always happening and was inconsistent.</p> <p>It was advised that currently all direct payment agreements go through the Professional Practice Support Officer, Childrens Disability Team, and their team now upload these onto Liquidlogic.</p> <p>As the sample selected did not reflect user agreements being evidenced, an action is being made to ensure that compliance in this area remains ongoing.</p>	Management should ensure service user signed agreements are consistently uploaded to Liquidlogic.	This is now tracked by the business support who track panel and there is currently a spreadsheet to track when the DPA is given for signing and when it is received back. This is then uploaded to LL.	Historical direct payments agreed and in place will need to be reviewed and cross referenced to LL to check the DPA is on LL and is signed.	Fiona Bell	16.10.25	Completed		
9	<p>Unclear management trails.</p> <p>For one of the samples selected, the termination of their payments was not evidenced formally. It was advised that this can be done via email or verbally, however this does not facilitate a clear management trail for actions taken on service user accounts.</p>	Management needs to ensure that decisions made on user accounts are formally and centrally recorded at all times to facilitate a clear audit/management trail.	It has been agreed that the ending of direct payments should be signed off by the short breaks panel to ensure oversight.	<p>A clearer process is to be implemented. Moving forwards, all packages to be stopped will be discussed at the end of each panel and the discussion record signed by HoS and uploaded onto LL.</p> <p>Consideration to a flag being placed on LL within the pathway and this will then give an end date and reason.</p> <p>Implementation by IT of DP flag</p>	Katie Fisher and Stephen Houghton	30.09.25	Completed	System C Liquidlogic has now had an upgrade, therefore the submitted DP form will be included within the suite of forms.	31.12.25
					Fiona Bell	31.08.25	Completed		
					IT	30.11.25	To start		
10	<p>Reporting requirements not evidenced.</p> <p>Requests for details of reporting requirements and to see a copy of the most recent report up to senior management or Committee were not received, other than a comment that reports on Direct Payments is an annual report that goes to the Director of Children's Services.</p> <p>No links were provided for the most recent report despite requests. No evidence of reports about Direct Payments were found in online searches.</p>	Reporting requirements up to the Director of Children's Services or Committee, should be made explicit and be able to be evidenced going forward.	There needs to be agreement about whether a report will be provided annually and where this will need to be presented.	Discussion to be held at PT SLT regarding expectations of reporting and next steps	Katie Fisher and Rachel Donachie	22.10.25	Completed		
11	<p>DBS checks records need clarity.</p> <p>Despite being sent (in mid-May 2025) a training slide presentation (being put together during April 2025), and a job description for Direct Payment reviewing Officers (dated June 2022) there still appears to be confusion or non-compliance with obtaining and recording DBS checks on Personal Assistants.</p> <p>During testing none of the Personal assistants or carers had DBS records/checks evidenced. We were advised verbally at the commencement of the audit that DBS checks are undertaken, but this was not then backed up following requests for compliance.</p> <p>This area needs clarification and/or enforcement, and records should clearly indicate whether DBS certificates have been seen to ensure that the service users are protected as far as is possible from any potential harm.</p>	DBS checking requires clarification and/or enforcement, and records should clearly indicate whether DBS certificates have been seen to ensure that the service users are protected as far as is possible from any potential harm.	<p>Previously information given appeared to suggested that DBS checks could not be enforced with parents. However, having reviewed the guidance and legislation, this is not the case. All PAs should have a DBS check prior to direct payments starting.</p> <p>All PAs should have a DBS check prior to starting the PA work. This should be recorded as seen and any issues discussed.</p>	<p>Review of the Direct Payments Agreement document</p> <p>All DP arrangements to be reviewed to ensure the DBS is recorded on the file. This will need tracking by the Direct Payments Officers and diarising review of these every three years.</p>	Katie Fisher	30.10.25	To start	Due to continued review of the processes this has not yet been actioned. It is anticipated this will be drafted by end of November 2025.	30.11.25
					Stephen Houghton	31.12.25	To start		