

Classification: UNCLASSIFIED

Final Internal Audit Report

DEPUTY AND APPOINTEESHIP

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**Limited
Assurance**

Date: 2nd November 2022

EXECUTIVE SUMMARY

1. BACKGROUND

- 1.1 The Court of Protection (COP) is responsible for fund control and administration for people who have been assessed as lacking capacity as defined by the Mental Capacity Act 2005 (MCA). There is a statutory framework under the MCA for safeguarding adults who are unable to make decisions to ensure that staff act in their best interests.
- 1.2 A deputy is authorised by the Court of Protection to make decisions on behalf of someone if they lack mental capacity i.e., they are unable to make a decision for themselves when it needs to be made. There are two types of deputy; a property and financial affairs deputy who carried out tasks such as paying the person's bills and a personal welfare deputy who makes decisions about medical treatment and how someone is looked after. If appointed as a deputy, a court order details the roles that the deputy can undertake.
- 1.3 The person's property and money must be kept separate, and records of the finances managed on their behalf must be kept and reported in the annual report which is submitted to the court for approval. When a deputy makes a decision, it must be in the person's best interests, take consideration of the past, apply a high standard of care, help the person understand the decision and details of the decision be included within the annual report. A final report must also be produced on the cessation of deputyship. An application fee is payable on applying to become a deputy and charges set by COP and Office of the Public Guardian (OPG) for various deputyship services provided by the holder of an office in a public authority. The Office of the Public Guardian supervises deputies appointed by the COP.
- 1.4 An appointee is responsible for making and maintaining any welfare benefit claims including signing claim forms, informing the benefit office of any changes which affect how much the claimant receives, spending the benefit in the claimant's best interests (for example ensuring day-to-day bills are paid) and informing the benefits

office if they stop being an appointee. The DWP is responsible for approving appointee applications and monitoring arrangements.

2. OBJECTIVES & SCOPE OF THE AUDIT

2.1 The purpose of the audit was to undertake a review of the arrangements in place over deputyship and appointeeship to assess whether the Council was fulfilling its responsibilities. This included review of financial accounts and supporting evidence; ensuring records were complete; cash was held and handled securely, and management oversight, challenge and assurance was effective.

2.2 The review encompassed the following areas:

- There were appropriate, documented policies and procedures in place, which were up to date, regularly reviewed, approved, and readily available, with appropriate fee levels in place.
- There was appropriate staffing in place, with DBS checks undertaken.
- New deputies and appointees followed required processes and were assessed to ensure an appropriate level of support was being provided.
- Existing deputies and appointees were treated appropriately and in accordance with relevant legislation, with transactions accurately recorded, good audit trails and appropriate separation of duties, notes up to date, cash handling kept to a minimum, and appropriate safeguards in place.
- Legal requirements were met in relation to former deputy and appointee clients.
- There was appropriate management oversight.
- Follow up previous audit recommendations.

2.3 This audit (and report) was undertaken in accordance with the Public Sector Internal Audit Standards ([PSIAS](#)).

2.4 This report is confidential and has been prepared solely for use by officers named on the distribution list and if requested, the Council's External Auditor and its Audit and Governance Committee to meet legal and professional obligations. It would therefore not be appropriate for this report, or extracts from it, to be made available to third parties before it has entered the public domain. It must not be used in response to FOI or data protection enquiries without the written consent of the Head of Internal Audit. We accept no responsibility to any third party who may receive this report, in whole or in part, for the reliance that they may place on it.

3 CONCLUSIONS

3.1 It is acknowledged that the workload of the deputy's team has expanded significantly, with a considerably increased number of deputy's clients, including those having increased requirements and significant financial assets, and delays and backlogs as a result of the pandemic. The Assistant Director has identified that the resources for the service were limited and that this had been addressed creatively using a mixture of volunteers and apprentices.

3.2 Since the previous audit, there had been a significant reduction in the amount of cash handling being undertaken, with the majority of clients now receiving personal

allowances via card. It is also acknowledged that the Deputy's Team has been proactive in addressing Internal Audit recommendations as they were identified during the course of the audit.

- 3.3 A range of policies and procedures were in place that were reviewed and available to team members. However, they would benefit from further review to ensure they reflected current practice and legislative requirements and that all Deputies Officers were aware of their existence.
- 3.4 Appropriate fees had been charged as set out by the Office of the Public Guardian.
- 3.5 Notwithstanding this, there were some areas of concern that had been identified during the course of the audit which require management attention.
- 3.6 There was a lack of automated/workflowed processes to ensure that actions were taken when required. A number of processes were manually triggered and reliant on a variety of spreadsheets and review of these to trigger action, and hence subject to error and omission. This had led to correspondence being overlooked and a lack of timely identification and action where client funds had been incorrectly transferred. It was also noted that personal sensitive hard copy paperwork was being kept at home in some instances posing a GDPR risk.
- 3.7 There was a lack of controls over income, particularly in relation to the transfer of clients' funds from private to RBC designated deputy and appointee bank accounts. Progress was tracked manually via spreadsheets and no formal reconciliation was conducted between bank statements to verify that the correct amounts had been received into the correct accounts. Supporting documentation, particularly in relation to the receipt of cash, had not always been retained to provide a clear audit trail of the amounts received. Income had also been misrecorded on Caspar in some instances as expenditure leading to discrepancies between clients' Caspar and cashfac balances. However, the Deputy's Team Manager had indicated that funds were always double-checked by someone else in the team and counted into the cash float, where it was also recorded.
- 3.8 Notes on Caspar, the Council's deputies and appointees' case management system, and documentation on information@works, the Council's document management system, were not always kept up to date so there was not always a clear audit trail to substantiate actions taken for all clients.
- 3.9 Whilst there were three levels of control on cashfac payments requiring three different officers to undertake these roles, all team members (including juniors) with cashfac access could undertake any of these roles. At review stage, transactions were only reviewed with a view to identifying anomalies so inputting errors such as incorrect bank accounts were unlikely to be identified. Due to changes in staffing/profile of staff within the team, it would be beneficial to review the roles and responsibilities of team members more widely to ensure they were appropriate to their seniority.

- 3.10 It would also be of benefit for professional advice to be sought from RBC's legal (and other) teams, as relevant, to ensure that legislation and best practice is met and that all actions can be demonstrated to be in the client's best interests (for example in relation to proposed actions with clients' assets). Audit has been informed that two Independent Financial Advisers (IFAs) have now been sourced to review client accounts with balances in excess of £50,000.
- 3.11 It should be noted that due to the nature of the process for former deputies and appointees at the point of the audit, no detailed testing had been conducted in this area or opinion offered. The audit also did not include consideration of the processes related to social care provision for clients or client contributions towards this.
- 3.12 A total of 11 recommendations have been made in respect of this review, of which 5 are considered high priority. The recommendations and corresponding management action plan are attached at Appendix 1.

Management Action Plan					
Ref	Recommendation	Rec	Management Response	Responsible Officer(s)	Target Date
POLICIES AND PROCEDURES					
<i>RISK: Inaccurate, inconsistent processes carried out which do not meet legislation or best practice, leading to potential financial loss and reputational damage to the Council</i>					
1	<p>It should be ensured that all Officers are aware of the existence of relevant policies and procedures. In addition, existing documentation should be reviewed to ensure there is sufficient detail and that they reflect current processes. Professional advice should be from RBC's legal (and other) teams as relevant to ensure that processes/procedures meet all required legal and best practice requirements and that actions are in clients' best interests (for example professional financial advice in relation to asset transfers/sales).</p> <p>Consideration should be given to archiving/deleting old versions of procedures to avoid confusion.</p>	Priority 2	<p>All of the team is aware of where the office processes are held on file.</p> <p>There are easy guide tick lists to follow that have been created.</p> <p>An Independent Financial Advisor (IFA) is sourced for clients that hold over £50k; however, there have been difficulties since COVID to source any.</p> <p>All processes are being reviewed; they will be saved in one central place on SharePoint for the team to access - all old processes will be deleted.</p>	Team Manager, Deputy's Office / Deputy's Administrator	31/12/22

Management Action Plan					
Ref	Recommendation	Rec	Management Response	Responsible Officer(s)	Target Date
2	<p>It is recommended that a full review of processes is undertaken by the Transformation Team with a view to streamlining them, moving away from manual processes/multiple spreadsheets, and to a more automated/workflowed approach. This would help identify progress, delays and approaching deadlines, enabling timely action to be taken.</p> <p>Working from one central document is preferable to using a number, some of which are located on personal drives, which is reliant on Officers updating them - SharePoint could help alleviate this problem.</p> <p>In association with this, an investigation should also be undertaken into the capabilities of NEC Document Management system (the system replacing i@w, the Council's current electronic document management system).</p> <p>It would also be beneficial to clearly document the calculations, including amounts/dates used, to determine deputy's and appointees' fees.</p>	Priority 1	<p>It is felt that a more specialized, commissioned professional who is aware of the process/Deputy's Service would support better with reviewing processes - for example from Trojan who supplies Caspar.</p> <p>There are processes to follow; however, some of the team have created their own spreadsheets to support them with their workflows as a tool. These spreadsheets are now kept on the shared drive, rather than on their desktops. They have also been advised to use their Outlook calendar as a prompt reminder.</p> <p>Investigations into the "trays of work" in i@W to see if this would benefit the team with capturing their workflows, have, to date, proved unsuccessful.</p> <p>Calculations for the appointee and Deputy charges are clear. The charging date is by the direction date, which is when the balance from cashfac is obtained to work out the charges.</p>	Team Manager, Deputy's Office	31/3/23

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3	<p>It should be ensured that notes on Caspar are kept up to date and provide a clear audit trail to substantiate actions taken for clients, including client visits.</p> <p>Individual risk assessments should be saved on all clients' Caspar records.</p>	Priority 3	<p>Caspar is a new way of working within the Deputy's team. Prior to Caspar, the team was very much dependent on spreadsheets, hard copy case notetaking, and memory. It has been reinforced to the team that they all need to ensure case notes are recorded accurately and in a timely manner, rather than wait for the case to conclude.</p> <p>A new way of working has evolved with Caspar, capturing so much data in one place. Other areas are reviewed with a view to updating on Caspar to benefit the team with information.</p> <p>Officers have been advised of the importance of following the process completely (which includes risk assessments) before moving on to something else.</p> <p>Checks are now in place for new clients - all clients' risk assessments have been checked.</p>	Team Manager, Deputy's Office	Complete
NEW DEPUTIES AND APPOINTEES					
<i>RISK: Delays/approaching deadlines in the application and associated processes are not automatically identified, resulting in a lack of (timely) action</i>					
4	<p>It should be ensured that copies of signed documentation/applications and granting of deputyship/appointeeship, as well as all relevant supporting documentation, is retained on clients' i@w files.</p>	Priority 3	<p>The team has been advised to ensure all documentation is saved to i@w and then check to make sure all correspondence has been saved.</p>	Team Manager, Deputy's Office	Complete

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5	<p>There needs to be improved controls on income. It should be limited as to who is able to request the transfer of funds and there should be appropriate management oversight of the process.</p> <p>There should be a clear method for identifying sources of income and regularly tracking the progress of their transfer, automated or workflowed where possible, which should also include reconciliation between official documents (such as final bank statements/benefit/pension notifications etc), Lloyds CBO, cashfac and Caspar to ensure that all funds have been transferred, the correct amounts credited to the correct accounts and identify any issues in a timely manner with appropriate action taken. Where possible, manual and multiple spreadsheet processes should be avoided.</p> <p>Where there is cash handling, there should be a clear, documented audit trail of the cash received, a copy given to the client/relative, etc. and a copy retained by the deputy's team to evidence the cash transfer. Where cash payments are made to carers/others and the client lacks capacity, regular expenditure logs should be requested and reviewed, ensuring there is appropriate supporting documentation in all cases and that transactions are bona fide.</p> <p>All financial transactions should have a clear audit trail, with supporting evidence retained in a central location.</p> <p>There should be a clear, documented scheme of delegation.</p>	Priority 1	<p>There is a spreadsheet in place that lists client accounts that have been identified as belonging to them that need to be closed once the Direction has been received. Accounts are identified from clients' post collected from their property or from mail redirection to the Deputy's Team. Client accounts may also be identified directly from the clients/family/friends/social workers. The clients' bank statements of the accounts that the Deputy's Team is aware of for income and expenditure are also reviewed; this provides a great deal of information. The spreadsheet/Caspar is updated with details of when contact has been made by the Deputy's Office Administrators with banks and is overseen by the Deputy's Office Manager; bank visits are recorded in the notes section of Caspar.</p> <p>Closing statements are generally requested but are not always provided, especially if the person was being supported previously by someone who was financially abusing them, or the previous appointee was using their own account for the client's benefits to be transferred into.</p> <p>Changes have been made to improve this process. The team is aware not to close off an account (mark it as closed on the spreadsheet) until they have received the closing statement (when available) and then checked the balance in cashfac.</p> <p>All the team is aware that there is now a red tray to place all correspondence received advising of account closures.</p> <p>The team is aware of the process for cash being returned to the Deputy's Office.</p> <p>The manager seeks approval from the AD for Safeguarding, Quality, Performance and Practice to authorise all high levels of expenditure of £1,000.00 or more. Duty officers can authorise less than £1,000.00 but do need to notify the manager. In both instances, authorisations/approvals are recorded on Caspar in the notes section.</p>	Team Manager, Deputy's Office	Complete

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6	It should be ensured that transactions are accurately reflected on Caspar, with appropriate descriptions and allocation of income/expenses. Debits and credits should be shown as separate transactions and attention paid to accurately recording whether transactions were income or expenditure. This should be reviewed as part of the monthly reconciliation process and there should be appropriate oversight of this process to ensure it is completed correctly.	Priority 1	Changes have already been implemented to ensure that transactions are being recorded accurately on Caspar. The new process involves reports being checked on the 25 th of every month to see if anything has been misallocated and if so, to find out why and rectify it. Any corrections made will be captured on Caspar.	Team Manager, Deputy's Office / Deputy's Administrators	Complete
EXISTING DEPUTIES AND APPOINTEES					
<i>RISK: Transactions are not subject to appropriate levels of control, increasing the risk of error and potential fraud.</i>					
7	Roles and responsibilities of all deputy team members, including within the payment process, need to be reviewed. Non-employed/junior officers should not be undertaking reviewing/release roles and only inputting with appropriate oversight (junior officers). Further consideration needs to be given to roles within the review/release process to ensure that there are appropriate controls/checks in place to ensure payments are bone fide.	Priority 1	<p>Now only employed staff have access to the system. Previously, the team had been supported by temps/new directions who had access to Cashfac because the team was short-staffed.</p> <p>The previous process has now resumed:</p> <ul style="list-style-type: none"> • Bacs payments are inputted with bank details ticked to ensure they have been double-checked. • Authorising officer authorises the payments. • Releasing officer, who is the Senior officer on Duty, double-checks the invoices that have been paid before releasing the payments. <p>Questions are asked by the authorising officers if there is something that does not look right, or if the payment is for a significant amount.</p>	Team Manager, Deputy's Office / Deputy's Office Team	Complete

Management Action Plan					
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8	Consideration should be given to reconciling clients' accounts, including CBO card accounts, on a regular basis for example as part of the annual review/report process to ensure that all income/expenditure is correct and has been correctly identified/recognised and that there is consistency between records.	Priority 2	<p>The team audit accounts that require auditing. However, sometimes there will be a delay between the auditing dates which are captured when completing the reviews. This area of work has increased significantly since moving away from cash.</p> <p>CBO accounts are checked every Friday.</p> <p>Some clients remain independent, and they are able to manage a weekly allowance, so their accounts are not audited.</p> <p>Changes have already been implemented to ensure that transactions are being recorded accurately on Caspar. The new process involves reports being checked on the 25th of every month to see if anything has been misallocated and if so, to find out why and rectify it. Any corrections made will be captured on Caspar.</p> <p>Closure of accounts, transfer of funds from private accounts to RBC main account. Name of accounts is recorded on a spreadsheet with the date that a letter was sent to request a statement and closing of the account. Once a closing letter is received back from the bank/building society etc, they are now placed into a red tray to be checked on cashfac that the funds have been received and that they match the closing statement. Only then is the account highlighted on the spreadsheet as complete, and the correspondence saved up to l@W.</p>	Team Manager, Deputy's Office / Deputy's Office Team	Complete

Management Action Plan					
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9	<p>Consideration should be given to retaining relevant communications relating to transactions reallocated from the cashfac suspense account in the client's i@w folder in case of future queries etc. and as an audit trail.</p> <p>An appropriate investigation should be carried out for items in the cashfac suspense account prior to reallocation to ensure that they are allocated to the correct client's account.</p>	Priority 3	<p>A drop down has been created in the NOTES section of Caspar called AUDIT. The team has been advised that any misallocation, correction or concern with audits needs to be recorded within this tab for transparency.</p> <p>An investigation will be completed until the matter has been resolved, then a note to be added on Caspar detailing the cause and what the outcome is.</p> <p>The investigation of the suspense account will be done more vigorously from now on, with more meticulous attention to detail for the transactions allocated. Improvements have already been implemented.</p>	Team Manager, Deputy's Office / Deputy's Office Team	Complete
10	<p>It should be ensured that OPG reports are reviewed to confirm that bank balances agree to those on Caspar and that annual reviews include obtaining required safety etc. certificates/evidence that appropriate annual checks have been conducted in all cases.</p> <p>It should also be ensured that the review process is clearly documented.</p>	Priority 2	<p>Easy-read procedures are now in place detailing how to generate reports.</p> <p>All reports are checked by a senior officer.</p> <p>The Review process is clear; there is a form that officers can follow that supports the review process. Difficulties and delays are sometimes encountered receiving the safety certificates for the property.</p> <p>Current cases 238 Deputy 14 Appointee cases and 91 deceased cases.</p> <p>Both these areas of work have increased greatly as a report must now be created for every Deputy client; previously the team was only expected to create 10-15 reports a year for the OPG.</p>	Team Manager, Deputy's Office / Deputy's Office Team	Complete

Management Action Plan					
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1 1	Hard copy documents should not be kept at home - processes need to be reviewed and amended to avoid this. All relevant documentation should be stored centrally and electronically to ensure continuity of service and help prevent loss of tacit knowledge and information.	Priority 1	<p>This has been addressed - there is no valid reason why original documentation should be kept at home for long periods of time.</p> <p>All the Deputy's team have completed the GDPR training and Cyber Course, so are fully aware that they need to keep documentation secure and safe.</p> <p>All original certificates remain in the office files in the lockable cupboards.</p>	Team Manager, Deputy's Office / Deputy's Office Team	Complete

4. FINDINGS

4.1 POLICIES AND PROCEDURES

- 4.1.1 There was a range of documented procedures in place, most of which focused on how to carry out day-to-day tasks. However, some would benefit from a review to ensure that they reflected current practices and met relevant legislation and best practice, such as the client allowance procedure and the processes required to be carried out after a client had passed away (Rec 1). It would also be beneficial to ensure that appropriate professional advice, such as from the Council's legal team, is sought, where relevant.
- 4.1.2 At the time of audit testing, procedures were available on a shared drive that could be accessed by members of the deputy's team. Discussion with various deputies Officers identified that they were not always aware of what was available, there were not documented procedures for all aspects of their work, or they lacked sufficient detail in some cases - for example, the transfer of income from client's personal bank accounts to that of the deputy - and they would also benefit from further elaboration (Rec 1).
- 4.1.3 Discussion with the Office Manager identified that policies and procedures were reviewed and updated on a regular basis. However, there were a number of folders, and documents, some of which had been superseded and would benefit from being archived/deleted (Rec 1).
- 4.1.4 For a sample of deputies and appointees' clients, it was identified that appropriate fees had been charged as set out by the Office of the Public Guardian (OPG). Appointees were charged in bulk at the same time each year. Deputy's clients were charged fees annually on the anniversary of the date of the court direction being awarded. It was noted that this process was manually triggered, with a spreadsheet reviewed each month to identify the deputies who were due to be charged fees and the amounts due, which were then notified to the client in writing via a letter and invoice. This was subject to error and omission as it was reliant on the spreadsheet being up to date in terms of clients, key dates and services provided and calculations being correct (Rec 2).

4.2 STAFFING

- 4.2.1 At the time of the initial audit inquiry, it had been identified that there were five permanent members of staff, one of whom was on long-term sick leave (and whose employment contract had subsequently ended). Since then, a finance administrator had been recruited on a rolling contract. There had also been a number of volunteers and people from New Directions College or on the Kickstart Scheme who had been assisting the team. In addition, a successful bid to the covid grant fund had enabled the funding of a fixed-term Best Interests Assessor and Deputies Court Administrator to work on mental capacity assessments for a cohort of appointees.

- 4.2.2 The Assistant Director for Safeguarding, Quality, Performance and Practice was the authorised signatory for the Court of Protection. It was noted that she had indicated that the resources for the team were limited in comparison to some other areas of the country and that this had been addressed creatively using a mixture of volunteers and apprentices.
- 4.2.3 It was noted in discussion that one team member had declared an interest; a note had been entered on Caspar¹ for that individual not to access the relevant client files or complete visits to them. However, access to the files was unable to be blocked and therefore was down to trust.
- 4.2.4 DBS checks were in place or in the process of being put in place for all current deputy team members. All staff completed generic RBC training and were trained in-house and supported by senior Officers in the team. Officers kept up to date with relevant legislation, changes, etc. by completing annual updates as required, and attended Association of Public Authority Deputies (APAD) meetings to learn of Office of the Public Guardian (OPG) and Court of Protection (COP) changes. Updates were also provided via email to officers by the Deputy's Office Manager. One team member was working on APAD accreditation. DWP/benefits training was accessed via updates, webinars, access to the FAB Team and reference books.
- 4.2.5 Deputy's team senior staff were on a rota as to when they needed to be in the office and also on duty, ensuring that there was always a senior officer at the civic but limiting the number of people in the office. Junior staff (including the apprentice), volunteers, New Direction, and Kickstart scheme members were all solely office based and supervised by senior staff.
- 4.2.6 Staff on duty dealt with telephone calls and emails received via the team inbox ensuring that all those received were dealt with on the day and appropriate notes input onto Caspar¹. However, it was identified during internal audit testing that notes on Caspar were not always kept up to date so there was not always a clear audit trail to substantiate actions taken for all clients (Rec 3).
- 4.2.7 It was noted that an incident discussed later in the report (see section 4.3.16) had not been identified when it arose due to an issue with the process for dealing with the receipt of hard copy documents in the office and their subsequent scanning to information@works (i@w)² (also see section 4.3.17). The letter received from Barclays Bank in relation to the transfer of client funds was scanned and indexed to i@w but not workflowed to an officer for action. This meant that it was not identified that the letter was addressed to the incorrect person and a transfer made to an unknown bank account until the client's tax return was completed some months later. Since this had come to light, a new process had been put in place. However, it was noted that this was another instance where there was not an automatic/workflowed process in place which led to issues being overlooked (Rec 2).

¹ Trojan Consultants case management system for deputies and appointees.

² Northgate electronic document management system.

- 4.2.8 All deputy's team staff were able to input, review and release payments via Lloyds cashfac³, although three different individuals were required for each of the three steps. It was also understood that all of the team's staff were able to visit the bank in relation to queries on clients' accounts and request closure and/or transfer of accounts if they possessed an original copy of the court direction and identification (Rec 7).
- 4.2.9 During the covid pandemic, client reviews were carried out via Microsoft Teams; however, these had now returned to being conducted face-to-face. Also, covid had led to a decrease in the amount of cash handled by the deputy's team, with the majority of clients now using a bank card rather than cash (see section 4.4.10).

4.3 NEW DEPUTIES AND APPOINTEES.

- 4.3.1 Discussion with the Deputy's Office Manager identified that a visit was held with a prospective new client prior to submitting an application for deputyship to the court to determine whether the client supported the application, provide details of the deputy's office services and answer any questions, and obtain background on the client such as their likes and dislikes. There would always be a witness present although it was noted that at the time of audit testing no record of this meeting was retained on Caspar (Rec 3), although a note was included within the application to COP of the meeting and its outcome.
- 4.3.2 Prior to client visits being undertaken, an Intel check was conducted, and the client's Mosaic record and the team's own risk assessments were reviewed. Generic health and safety risk assessment documents were on the deputy's shared drive with individual risk assessment files on the client's record on Caspar. Several of the former had recently been updated including that for cash handling. Review of a sample of ten deputy clients identified that risk assessments were located on Caspar in 8 out of 10 cases sampled (Rec 3).
- 4.3.3 As noted above (see 4.2.9), during the pandemic, a number of meetings/reviews with clients/potential clients were carried out via Microsoft Teams. These were now able to be carried out in person again.
- 4.3.4 Internal audit review identified that a number of deputy's and appointees' processes were manual with a heavy reliance on a number of spreadsheets, some of which were located on personal rather than shared drives. There was a risk that Officers were not working from the most up-to-date data (GDPR risk) and, due to the manual nature of the processes, that key information and processes were overlooked (Rec 2).

³ Lloyds Bank facility providing virtual client accounts for deputies and appointees showing details of income and expenditure from the RBC deputy or appointee account.

- 4.3.5 New clients' details were input onto a deputy detailed client list spreadsheet and a unique client number generated. A client record was then set up for them on Caspar, with key information and documents uploaded. A client folder was also created on i@w and key documents saved in it. The client had a virtual account set up on Lloyds cashfac, they were added to the Court of Protection spreadsheet detailing whether they were liable to pay court expenses and details of bank accounts to be closed added to the accounts to be closed spreadsheet. Progress was tracked via a separate spreadsheet.
- 4.3.6 Internal audit review of a sample of 25 new deputy's clients identified that 24 out of 25 clients had been set up on Caspar (with the remaining case not applicable as they had been relinquished as a client). In all cases, the client had been set up/was already set up on Lloyds cashfac and in 19 out of 25 cases, the client had been set up on Lloyds CBO with a card account, with six of those having a card account but no transactions on it at the time of audit testing. In 18 out of 19 cases, there was evidence of a letter to the bank and application form having been signed by two finance signatories and the Assistant Director for Safeguarding, Quality, Performance and Practice.
- 4.3.7 Generally, there was evidence that appropriate forms had been submitted to the Court of Protection/Department for Work and Pensions (DWP) and copies retained on the clients' i@w record. Review of a Caspar report identified that as at 1st June 2022, there were a total of 489 records on Caspar, three of which were duplicates giving 486 unique records. From this, there were 262 active records, 202 of which were deputy clients, 37 appointees, one referral, 15 had been relinquished and 15 were blank. From the active records, 16 had been referred since 1st April 2021, with four having order dates.
- 4.3.8 Discussion with the Deputies Office Manager identified that as at 13th May 2022 there were five referrals with the deputies team that were awaiting processing. It was noted that referrals were prioritised based on urgency not in date order of receipt. Referrals had completed capacity assessments and verification that potential clients did not have anyone else suitable (for example family or friends) to become their deputy before they could be processed. It was identified during internal audit testing that there were several instances where the process to apply for RBC to become a deputy had been underway before it had been identified that a family member/friend was willing/able to take on deputyship. It was noted in discussion with Deputies Officers that this was now being checked with the social worker at the start of the application process.
- 4.3.9 Once these checks had been completed, several meetings would take place with the client to discuss the deputy's service before an application was made (see 4.3.1). In addition to these, there were a number of cases that were at various stages of the courts process and several instances where there had been a (significant) delay between referral and being appointed as deputy. Whilst some related to court delays, it was also noted that this was another instance where the process was manual and spreadsheet-based, which could lead to delays not being identified/in a timely manner (Rec 2).

- 4.3.10 Testing of a sample of 25 deputies clients identified that copies of the relevant documentation submitted to the COP were retained on the clients' i@w files in the majority of cases, with one case in the sample having no documents located on i@w file, one on the waiting list so no documents had been submitted at the time of testing and one being a relinquished client. In terms of notifying the client and three named individuals of the application to become a deputy, there was one case sampled where only evidence of two named people being notified was located and another where there was no evidence of any notification of the application on i@w, although it was shown on Caspar as having been completed (Rec 4). Application forms to become a corporate deputy were signed by the Assistant Director in all cases. There was also one instance where an interim direction had been granted for six months which was due to expire shortly. This had not been flagged automatically for action and was unlikely to have been identified without internal audit/COP highlighting (Rec 2). However, the deputy's team were taking the necessary action after internal audit highlighted the issue. It was also noted that all other court directions were being reviewed to identify any further instances where only an interim court order had been granted.
- 4.3.11 For the 14 appointees sampled, there was evidence of completion of the BF56 form in all but one case on i@w and all but two cases for the COP3 form, in all but one case there was evidence of the BF56 and COP3 forms being submitted to the DWP and in 10 out of 14 cases evidence that appointeeship had been granted. In the remaining four cases, there was no evidence of the appointeeship being granted but subsequent notification relating to the award indicated that the application had been successful.
- 4.3.12 It was also noted that Officers involved in the applications process had their own spreadsheets identifying progress which could lead to errors and omissions, as well as difficulty in obtaining appropriate management oversight (Rec 2, 4).
- 4.3.13 Discussion with the Deputies Office Administrator and Deputies Office Manager identified that benefits new clients were in receipt of and regular payments made (for example for utilities), were identified from clients' bank statements, which were either provided by the social worker on referring the client, or when the deputies team visited the client. Similarly, bank accounts were identified from reviewing paperwork, collecting post and discussing with clients on visits.
- 4.3.14 It was noted that a discussion would be had, if necessary, regarding whether assets should remain where they were (for example national savings and bonds) or, in the majority of cases, be transferred to the deputies or appointees RBC Lloyds account (Rec 1). Details of bank accounts and savings identified for each client were recorded on a spreadsheet and highlighted yellow once closed. To close accounts, either a letter was written to the relevant bank providing an original copy of the directive or the bank visited in person. It was noted that anyone within the deputy's team could write to the bank or visit the bank to request a transfer of funds (Rec 7). Requests for fund transfers required an original copy of the court direction to be included, which was located in a cupboard in the civic offices. Details of new clients were input into the client list spreadsheet, together with details of utilities,

insurance, rent, council tax and progress was tracked by individual Officers. These were reviewed and updated at least annually. Officers would diarise when awaiting forms.

- 4.3.15 Review of a sample of five new deputy's clients identified that income i.e., benefits and/or pensions identified in the client's Caspar notes/i@w file agreed to what had been received into the Lloyds CBO RBC deputies account, recognised in Lloyds cashfac in the clients virtual account and recorded on Caspar in three instances. In one instance the clients occupational pension was still being paid into another bank account and no statements were available to verify this was being received and there was a discrepancy regarding the amount of a loan that RBC had provided to the client with Caspar and Lloyds cashfac detailing that £10.5k had been provided but evidence was only located on i@w for total of £10k loan (Rec 5) and in one instance the client had been in receipt of £200 winter fuel payment which had been credited to her cashfac virtual account but not recorded on Caspar (Rec 6). In addition, for this latter client, a credit of £51.43 had been made with no details of what it related to - it appeared to be cash returned by her nephew from her son's funeral although no details/receipt to verify this and the amount received were located. Following further discussion with the Deputy's Office Manager, it was noted that receipts in relation to this were unable to be located (Rec 5). In addition, the client's occupational pension for March 2022 had been misallocated in cashfac to another client and had not been reallocated at the time of testing. Following audit inquiry, this was in the process of being addressed (Rec 5).
- 4.3.16 Further testing of the sample identified that in two instances, one personal bank account had been identified for each client, with the balance transferred to the RBC deputy/appointee account and recognised in the client's cashfac virtual account and Caspar. However, in both instances, there was no recent bank statement to verify that the amount transferred by the bank and received was correct (Rec 5). In one instance, the client's bank account balances had not been transferred to RBC as a family member was now applying for deputyship.
- 4.3.17 In the remaining two instances, the clients had a number of bank accounts with different providers, some with significant balances. In one of those instances, the providers had been written to, but no balances had been transferred at the time of audit testing. In the other instance, all bank accounts had been closed and the balances transferred to RBC's deputy account and recognised in the client's cashfac virtual account and on Caspar with audit verifying the balances transferred to bank statements in all but two cases. In one case (Halifax Bank), the balance transferred was circa £5k more than the balance per the latest statement (Rec 5). In the other instance (Barclays Bank), the balance (£62.5k) had not been received by RBC. Review of the relevant information identified that the bank had written to a named individual in a letter addressed to RBC, who was not a current or former RBC staff member nor a named friend or relative of the client. Similarly, the bank account detailed by the bank as to where the transfer had been made to was not an RBC account - it was a Lloyds account in Gloucester. The letter from the bank detailing the transfer was dated March 2022. Discussion with the Deputy's Manager identified that the deputy's office had found the issue a number of months later when an

officer was completing the client's tax return and were in the process of recovering the money - she believed it was a genuine error made by Barclays. It was noted that the letter from Barclays had been received via the post, scanned and put onto i@w but not workflowed to an officer for action so the issue was only identified when the tax return was completed (Recs 2, 5). A new process had subsequently been put in place so that bank closure letters were kept separately in hard copy to action (Rec 2). There was a lack of audit trail on i@w and notes on Caspar to evidence when the issue had been identified and action taken.

- 4.3.18 It was also noted that there was one instance identified during internal audit testing where money had been received from a client's relative by the deputy's office, but the amount credited to the client's virtual bank account (£2.25k) did not agree to the amount detailed on the client's Caspar record (£2.5k) (Recs 5, 6). Discussion with the Deputy's Office Manager identified that the amount credited was correct and the note incorrect. However, no receipt/copy receipt issued to the relative on site when taking delivery of the cash had been able to be located to verify the amount received (Rec 5).
- 4.3.19 For five appointees sampled, in four instances the benefits identified on Caspar'/i@w agreed to what had been received via Lloyds CBO and the clients cashfac virtual account. In the other instance, there was no notification in relation to the amount due for benefits and no benefits had been received to date in RBC accounts.
- 4.3.20 Further testing for appointees identified that in three instances, bank accounts had been pinpointed but there was no evidence of closure to date as the Court of Protection (COP) direction for deputyship had not been granted to allow this to happen, in one instance no bank accounts had been identified (and also no COP direction received yet). In the final instance, a bank account had been identified and the balance transferred to Lloyds CBO and the client's cashfac virtual account after the COP direction had been received granting deputyship. However, it had been misrecorded in Caspar as expenditure and then reconciled as income so that the client's Caspar and cashfac accounts did not reconcile as at the end of July (Rec 5). It was noted that there was not always a regular review of clients' personal bank accounts to identify progress with closure and no record was kept of the amount received reconciled to the latest bank statement to ensure the correct amount had been credited (Rec 5).
- 4.3.21 It was noted that a project was currently underway to assess all appointees and determine whether the level of support being provided by the Deputy's Office was sufficient or whether there was a need to apply for deputyship for the client. A Best Interests Assessor (BIA) had been appointed to assess appointees. A spreadsheet was being maintained to track progress which was saved on the Officer's desktop (Rec 2). However, it was noted that this was not a comprehensive list of appointees to be assessed but only detailed those where information had been received back from the BIA. It was understood that there are approximately 30 appointees' clients. Of these, 21 (i.e., approximately two thirds) had been assessed

by the BIA at the time of audit inquiry with two being identified as having capacity (i.e., appropriate to stay as appointees) and in one case an objection had been raised to applying for deputyship. The remaining 18 were at various stages of the court application process for deputyship.

4.4 EXISTING DEPUTIES AND APPOINTEES

- 4.4.1 Clients' financial transactions were generally accurately recorded and had supporting paperwork. Details of the payment and transfer process via cashfac and Lloyds CBO were documented in a procedure note. In the main, payments were made in the client's cashfac virtual account and then imported into the Lloyds CBO pool deputy/appointee account on a daily basis by finance. Once completed, the deputy's team were notified, and a deputy's team member approved the payments. Any failed payments were reviewed, amended and resubmitted for transfer the following day, as appropriate.
- 4.4.2 Audit review of the previous month's cashfac transactions for a sample of 25 deputies clients identified that one-off payments and the initial payment of a regular transaction required three levels of control - one person inputting, one reviewing the transaction and another one authorising it. All three officers in the process needed to be different. Anyone within the deputy's team with cashfac access was able to undertake any of the three roles, including junior staff members. It was noted that officers reviewing/releasing payments for the day were unable to review all transactions and therefore would look for any anomalies. It was unlikely that inputting errors, other than where there were significant amounts involved, would be picked up by this process, for example, payments to incorrect bank accounts (Rec 7).
- 4.4.3 Supporting documentation for transactions was not always located on i@w nor was there always a relevant note detailed on the clients' Caspar record (Recs 3,5). In addition, there was one instance where a personal allowance was paid to carers for their expenses; however, a request for the provision of an expenses log and receipts to verify expenditure had not been fulfilled at the time of audit testing (Rec 5). Review of a sample of five appointees clients identified that there was also a lack of supporting paperwork for financial transactions in a few instances (Rec 5). This was also observed in a sample of transactions taken from Caspar for deputies and appointees. There was one instance where a note on the client's Caspar record detailed that £2.5k had been collected from the client's brother but only £2.25k has been credited to the client's Caspar account; no copy of the receipt provided to the brother had been located (Rec 5). It was also noted that there was not a clear, documented scheme of delegation although internal audit were informed that anything in excess of £1k had to be approved by the Assistant Director, with anything below that approved by the Deputy's Office Manager or one of the seniors in her absence (Rec 5).

- 4.4.4 During transaction sampling, it was noted that a client's contribution to care fees had been paid twice in one instance. Discussion with the Deputy's Office Manager identified that there had been an issue relating to the invoicing of these by RBC's Accounts Receivable team. Initially, the deputies had received invoices for care contributions including for clients who already had direct debits in place, resulting in payment being made twice in some instances as a manual payment was made in addition to the direct debit. However, invoices were now marked as being paid by direct debit to try to avoid this. However, this had resulted in some invoices not being paid at all as invoices were marked up as being paid by direct debit when they were in fact paid manually.
- 4.4.5 It was noted that progress on cases was discussed with officers at their one-to-ones with the Deputies Office Manager. However, this had not necessarily involved reviewing various systems to ensure that they had been updated to reflect progress. A spot check was planned on this going forward.
- 4.4.6 Personal allowances were set up as regular payments and therefore only required the aforementioned three levels of authorisation when they were initially set up. After that, they were automatically processed as a regular payment. Where extra allowances were required, a request was received via telephone or email. It was verified with the Office Manager prior to being processed as a one-off payment through cashfac and also input onto Caspar. Transfers between clients' accounts (inter-account transfers) did not require a separate individual from the inputter to authorise them although any external transfers did.
- 4.4.7 Review of personal allowances paid for a sample of deputy and appointee clients identified that there was a lack of supporting evidence for one payment (Rec 5). In addition, some transactions on clients' Caspar accounts had both debits and credits on the same line, sometimes for unrelated items and others where both the debit and credit was for zero or there were blank line descriptions or incorrect allocation of the type of item. There were also several instances where it appeared payments may have been made twice (Recs 5,6). Further discussion identified that these related to a number of issues, including the misrecording of income as expenditure and vice versa on Caspar and the subsequent incorrect reconciliation with cashfac. Since identification of the various issues, the Deputy's Team were working to review and rectify them.
- 4.4.8 There were also instances where allowances were paid to clients' personal bank accounts, a care home or care providers' bank accounts and these were unable to be verified. Discussion with the Deputy's Office Manager identified that where care homes received clients' allowances, a log of expenditure would be provided to the deputy's team with associated receipts. It would be reviewed by a team member and receipts seen ticked off on the log. The log would be retained but the receipts once reviewed would not be. It was noted that it was up to clients how they spent their personal allowance. Where clients were supplied with their personal allowance, no check would be made on how this was spent as they were deemed to have the capacity to know that they received an allowance, the frequency with which they received it and the amount. However, audits would be conducted on

personal allowances where a client had lacked capacity, for example, supported living where someone received the allowance on their behalf.

- 4.4.9 There was a monthly process of reconciling clients' Caspar and cashfac virtual accounts. Review of a sample of 25 deputies and five appointees found that there were seven deputies and two appointees where the reconciliation between Caspar and cashfac did not agree. These related to transfers from clients' Lloyds CBO card accounts which had not been reflected in Caspar (Rec 8), other DWP income not reflected on Caspar and a bank account balance transfer of c£57k which had been incorrectly reflected as an expense rather than income on Caspar. As detailed earlier, this related to the misrecording of income and expenditure and subsequent incorrect reconciliation with cashfac (Recs 5, 6).
- 4.4.10 The majority of clients had a Lloyds virtual bank account in cashfac and a card running off their account. The personal allowance was tailored to each individual and what worked best for them in terms of amount and frequency of allowance. Bank cards should be audited regularly and any accounts with balances in excess of £500 identified and the balance transferred back to their main account to protect their money, other than if there was a specific reason for the increased balance. Review of a sample of 25 deputies and five appointees identified that for deputies the majority either had no card account, a card account with no transactions within it or a balance that either did not exceed £500 or only for a specific reason. There was one instance where an account had a balance in excess of £500 for a holiday; however, the balance had been transferred back to the client's cashfac account leading to a money shortage on holiday. In addition, five card accounts had transfers back to their cashfac account which in three cases were not all recorded on Caspar (Rec 6). No issues were identified on the appointee cards sampled.
- 4.4.11 It was noted that there did not appear to be reconciliations conducted between clients' CBO card, cashfac and Caspar accounts to ensure personal allowances were appropriately reflected nor were any reconciliations carried out between the Lloyds CBO pool deputies and appointees accounts and clients' cashfac virtual accounts to ensure that all income/payments received/made had been allocated to clients virtual cashfac accounts (Rec 8).
- 4.4.12 No evidence was located during internal audit testing of the team carrying out actions they were not sanctioned to do by the Court of Protection.
- 4.4.13 The cashfac suspense account was reviewed daily and an allocations spreadsheet used detailing allocations. Generally, payments/income were allocated automatically to clients cashfac accounts via rules but those that were not auto allocated went to the cashfac suspense account. Relevant emails were kept in the Officer's Outlook in-tray and then deleted once the transaction had been allocated (Rec 9). It was noted that there was one instance identified during income testing (4.3.14) where a client's occupational pension had been incorrectly allocated out of suspense to another client's account. This had highlighted that there was not always an appropriate investigation being conducted for items in suspense prior to them being reallocated (Rec 9).

- 4.4.14 Discussion with the Deputies Office Manager identified that the team had decreased the amount of cash held in the office since the last audit as well as the frequency with which trips to the bank to obtain cash were made. A maximum of £7k was held in the office and collected from the bank a maximum of once a month at the time of audit testing; at the time of the last audit in 2017, £15k was being collected once a week. The majority of clients now held bank cards rather than receiving personal allowances in cash. However, it was noted that details of clients' cards were retained in some cases and used by officers - these were held in a secure spreadsheet.
- 4.4.15 The majority of the cash was held in the safe in the deputy's office, with a small float (maximum £500) held in the mayor's safe for use by reception when clients came in for cash. The deputy's office safe was opened by a key which was kept in a key safe in the deputy's office with access controlled by number combination. The senior officers had received a reminder to change the key safe combination every four weeks (note until audit enquiry this had not been carried out on a regular basis). The cash was audited each time the safe was opened.
- 4.4.16 In relation to the cash held on the ground floor of the civic for reception, when there was a request for cash from a client, reception contacted the deputy's team to authorise the payment. A form was then signed by the client or their representative when they visited the civic for cash, they retained a copy and a further copy was then given to the deputy's team to allow the allowance to be processed through the banking system and scanned onto the client's i@w record. For the majority of cash personal allowance payments reviewed during internal audit testing, a copy of the signed form was located on i@w. A weekly reconciliation of the cash held for reception was carried out and the amount topped back up to £500. Internal audit carried out a cash count of monies held in the deputy's office safe, which agreed to the amount on cash float spreadsheet. It was also noted that the deputy's team were also holding the social care fund. It had not been accessed recently, the purpose of it was unclear as was whether others within the directorate were aware of its existence. This amounted to £280, which again was verified via a cash count by internal audit.
- 4.4.17 It was noted that a few items of former clients' property were still held by the deputy's team in the safe, inherited from deceased clients' estates. Testing of the list to the contents of safe confirmed that all items on list were held plus a few additional sundry items for one individual. The Deputy's Office Manager had approached legal for advice on the approach to be taken with this. Advice was, that if reasonable steps had been taken to locate beneficiaries and had been unsuccessful, the items could be donated to charity.
- 4.4.18 Annual reviews were conducted on the anniversary of the court direction being awarded for deputies (no review for appointees). Annual reports to the OPG were submitted based on these reviews. Annual reviews were carried out by all members of the Deputy's team (other than one of the Deputy's Office administrators) and allocated to Officers by the Office Manager. A spreadsheet was maintained of

clients, the date of their last review, and when reviews were due and completed on the deputy's shared drive (Rec 2). The process was used to review the service and whether the support provided by the deputy's team was appropriate, the client's budget and whether it was still appropriate or needed to be amended. Review of a sample of ten annual reviews identified that there was evidence of a review being conducted i.e., notes from the meeting in all but one case and reports had been submitted to the Office of the Public Guardian (OPG) (noted that some in sample were not due to submit 2022 reports yet). There were some instances where bank balances as per the OPG report did not appear to agree to Caspar for the period and a lack of evidence in some instances that gas, electrical safety, PAT testing and fire alarm certificates were obtained. It was noted that whilst there were various templates in place, the process was not documented as such (Rec 10).

4.5 FORMER DEPUTIES AND APPOINTEES

- 4.5.1 It was noted that this was an area where there had been a significant increase since the start of the pandemic. Deputies staff worked on deceased clients from their passing to completion of their estates. When a client passed away, the OPG and COP must be contacted to inform them that the client had died and provide evidence of death to OPG plus a copy of COP9. The notification would be acknowledged by the OPG, together with a request for any further action required.
- 4.5.2 There was a documented procedure in place for deceased clients although this needed to be reviewed to reflect the current process and detail a clear process to be followed (Rec 1). It would also benefit from professional input, where appropriate, such as from the Council's Legal Team, to ensure that relevant legislation was met (Rec 1). In addition, there was a checklist that had been drafted for the process; however, it was noted that this was not used currently. One of the Deputies Officers worked on deceased cases from when the client passed to estates completion.
- 4.5.3 At the time of audit testing, this process was spreadsheet-based and not workflowed, with progress monitored via notes and therefore subject to error and omission (Rec 2). Documentation was usually received in hard copy via the post, scanned in the office and emailed to the Officer working in this area. They would then use the Office Connect app in Outlook to transfer the document(s) to i@w. However, it was noted that the app was not currently working. This then led to the Officer working on clients on a mixture of emails saved in their Outlook inbox and hard copy documentation located unsecured at home until work was complete on the client when they were returned to the office for scanning (Rec 11). It was noted that this posed a GDPR risk as well as risk of loss of information to fire and theft plus lack of ability for effective management oversight of progress. There was a risk that key information would be unable to be accessed/lost in the case of unexpected Officer absence/departure. In addition, the Officer had a separate version of the spreadsheet which was then used to update the master document

(Rec 2). In light of this, detailed internal audit testing in this area was unable to be conducted nor an opinion offered in this area.

- 4.5.4 Review of a Caspar report identified that twelve clients were marked as deceased in 2022 on Caspar. Walkthrough testing of one of these deceased clients found a lack of documentation on i@w and a lack of details on the central spreadsheet as to the action that had been taken. Various actions were noted on Caspar although there was a lack of audit trail to support these in the majority of instances (Rec 11). In light of this (as detailed above), further testing was not conducted. However, due to the various aspects involved in the process for former deputies and appointees, it is recommended that appropriate specialist advice (for example from the Council's Legal Team) is taken, as appropriate, to ensure that all relevant legislation and best practice is met (Rec 1).
- 4.5.5 Fees for work on former clients were charged at a flat rate per hour. However, charges were calculated based on a flat fee for each type of service provided to a client; no record was maintained of the amount of time spent working on each case.
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4.6 MANAGEMENT OVERSIGHT

- 4.6.1 Due to the manual nature of the processes and multiple spreadsheets, it was difficult for effective management oversight over all the team's processes. As detailed previously, junior staff were solely office based and senior staff were on a duty rota to work in the office and supervise them.
- 4.6.2 Discussion identified that the service's budget was reviewed on a monthly basis by the Deputy's Office Manager, with information provided by the DACHS Finance Business Partner. The Assistant Director for Safeguarding, Quality, Performance and Practice also received these reports as well as exception reports which were discussed with the Strategic Finance Business Partner. It was noted that income targets for the team were based on an estimate of the number of clients, their level of savings and hence the amount that could be charged in fees. However, there was a degree of uncertainty as to if and when a court direction for deputyship would be granted and also clients' level of savings, which were decreasing, thereby reducing the amount that could be charged in fees.
- 4.6.3 As detailed previously, a project was underway to assess current appointees to determine whether the level of support they received was appropriate or whether there was a need to apply for deputyship (4.3.22). Part of the annual review process for deputies included review of the service being provided (see 4.4.18).
- 4.6.4 Reporting to Committees such as the Care Quality Board and DMT occurred on an ad hoc basis.
- 4.6.5 At the time of audit review, all Lloyds CBO bank account signatories for deputy and appointee accounts were current RBC staff. Review of a report detailing CBO user permissions identified that at the time of audit testing one individual had access

whilst being on long-term sickness absence. The majority of officers had access roles five and eleven. This meant that they were able to view and make payments for all accounts (but not make inter-account transfers) and approve all payments. One volunteer was able to view selected accounts and make payments and inter-account transfers from them and approve inter-account transfers, another volunteer was able to view, make and authorise payments on all accounts although not inter-account transfers (Rec 7).

- 4.6.6 There was one former deputies team member who still had access to cashfac at the time of the audit. It was noted that cashfac access was based on standardised roles with all team members being able to set up and approve payments (Rec 7). It was noted that all team members had access to enquiry and data entry on Caspar, with three officers also having access to period procedures.