

Community Hubs City of York Council Internal Audit Report 2020/21

Business Unit: Customer and Communities

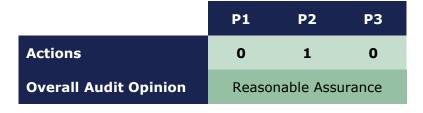
Responsible Officer: Assistant Director of Customer and Communities

Service Manager: Head of Communities

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Summary and Overall Conclusions

Introduction

Community hubs provide and host community activities that local people need. They may provide facilities and services for the local community, opportunities for community engagement, volunteering and the empowerment of local people.

In March 2020 central government declared a national lockdown in response to the Covid-19 pandemic. Elderly and vulnerable members of the community were advised to isolate and stay indoors meaning that they were no longer able to undertake regular tasks such as shopping and the collection of prescriptions.

As part of the city's co-ordinated response to Covid-19, the council used community hubs to deliver assistance to residents identified as clinically vulnerable, those who needed to medically shield and those who had no other source of help. The hubs were used to facilitate the delivery of food, medicine, information and support. Volunteer help came from re-deployed council workforce, residents and local businesses.

A flexible approach was taken to developing the community hubs so that the Council and its partners could respond in an agile manner to the changing situation.

The work of the hubs reports into the Volunteering and Communities Silver Sub Group of the City of York Council.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system will ensure that:

- Policies and procedures are in place for the selection and training of volunteers
- The physical safety, financial security and confidentiality of residents accessing support is protected
- Use of purchase cards is controlled and expenditure is appropriate
- The council is reimbursed for costs incurred delivering services to people who did not qualify for financial assistance

Key Findings

Following the receipt of communication from the Ministry of Housing, Communities and Local Government in March 2020, the council introduced procedures to engage staff and external volunteers in supporting vulnerable residents for an initial 12-week period. A range of social media platforms were utilised to attract volunteers and an online registration survey was created to record volunteer details.



The work of the community hubs was overseen by Hubs Work Stream meetings which reported in to the Silver Sub Committee as part of the council's response to the Covid-19 pandemic. Guidance was provided to community hub staff through volunteer job descriptions, the Community Hubs Manual, the Hub Co-ordinators Guide and a Questions and Answers document.

Volunteers were asked at point of registration whether they were in possession of a DBS certificate. Records indicate that some volunteers who were allocated to community hubs were not in possession of a DBS certificate. This would suggest that there was no systematic process to ensure that all volunteers were assessed for suitability prior to being deployed.

Once registered and assigned to a hub, the responsibility for the induction, training and guidance of volunteers was passed to the hub. Core training for volunteers, consisting of basic safeguarding awareness and information governance training, was offered at the point of registration through the council's MyLo e-leaning system. This was voluntary and not all volunteers who were assigned a role undertook this training.

Many of the hub staff were redeployed council, library or existing community centre staff. As a result these individuals could use their workplace badges as identification. Evidence shows that there was a system in place to provide external volunteers with ID from the beginning of April. However, an ID badge was not provided for all external volunteers and there were some issues with ensuring that unused or redundant ID had been collected securely when no longer required.

Pre-paid procurement cards were allocated to key personnel at each hub. The named individuals who received the cards were responsible for authorising purchases to be made on behalf of vulnerable residents. Whilst there was no formal authorisation process, the giving of the card to a volunteer acted as the 'authorisation'. The named individual was also responsible for ensuring the card was returned once the purchase had been made.

Amounts under £45 were able to be spent using contactless technology. Payments over this amount required a PIN. The PIN was held by the individual to whom the card was issued. The Principal Neighbourhood Management officer requested card top ups from the Income Services Manager. A record of payment cards was maintained by Income Services to monitor the use and distribution of pre-payment cards. It recorded who the card was assigned to and identified the individual transactions on each card. It also identified when cards were topped up and when they were taken out of circulation.

Transactions undertaken on behalf of paying residents were recorded on weekly call logs for each hub. For each prepayment card transaction a food reimbursement form was completed and an image taken of the reciept. These were forwarded to the council to enable an invoice to be sent out to the resident. A review of transactions that had occurred in one month suggested that all residents who were able to pay for their purchases had been invoiced by the council. However, call logs did not specifically identify those residents against which an invoice should be raised. Where payment had not been received for purchases, the council's usual debt recovery procedures had been initiated.



Overall Conclusions
There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.
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1 Screening for unsuitable volunteers

Issue/Control Weakness

Risk

The existence of a current DBS certificate was not used as a prerequisite for. The addresses and details of vulnerable residents could the assignment of volunteers to community hub work.

be shared with unsuitable individuals.

Findings

A survey was developed and launched by the council's Business Intelligence Hub to provide council and non-council staff with the opportunity to register to volunteer for community hub work.

From the information obtained via the survey, a spreadsheet of volunteers was created. Among a range of other information requirements, the registration process required volunteers to indicate whether they had a DBS certificate. From review of the volunteer spreadsheet, only 18 of the 55 (33%) volunteers deployed to the hubs were able to confirm that they had a valid DBS certificate. A total of 12 (22%) volunteers indicated that they were unsure if they had a certificate and the remaining 25 (45%) volunteers confirmed that they did not have a DBS certificate. Therefore, it does not appear that the existence of a current DBS certificate was a prerequisite for assigning volunteers to community hub roles or that volunteers were assigned elsewhere if this was not available.

Management response

Whilst the council did an excellent job in rapidly, safely and productively deploying over a thousand volunteers to a wide range of tasks during the pandemic, including several hundred to community hubs, it is recognised that the council is not best placed to act as a volunteer management organisation and that we need to be prepared, with more robust arrangements in place, for any future emergency that might require the deployment of volunteers. To this end, the council has provided funding for York CVS to set up a volunteer bureau for the recruitment of volunteers and has also liaised with Ready for Anything to clarify the role that they will play in deploying volunteers in emergencies. Working with established partners in this way will place us in a stronger position to mobilise volunteers effectively in the future.



2 Covid-19 volunteer photo ID badges

Issue/Control Weakness	Risk
Not all external volunteers had a means of identifying themselves to vulnerable residents.	Vulnerable residents could be targeted by an individual using volunteer photo identification under false pretences.
ID badges that were no longer required by volunteers were not collected by the council.	·

Findings

As many of the hub volunteers were redeployed council, library or community centre staff, volunteers could initially use their workplace identification passes when carrying out duties. On 8 April 2020 (two weeks after the community hubs were opened), 125 COVID-19 Volunteer photo ID badges were issued and a record of ID badges issued was created.

The record shows that 125 ID badges were issued to a mixture of council staff and volunteers. However, it also shows that a total 72 hub volunteers were not issued with an ID badge. Of these 72, 25 were council staff and four were library staff. Five were volunteer staff and 15 were drivers. There would appear to be no clear process behind the allocation of photo ID badges.

When volunteers stopped their work with a hub, we understand that they were required to return their ID badges to the hub site. However, there is no record which confirms that all ID badges issued were subsequently collected once the volunteers ceased volunteering.

Agreed Action 2.1

Establish robust procedures for the issue and retrieval of ID badges for volunteers.

Priority

Responsible
Officer

Principal
Neighbourhood
Management
Officer

2

Timescale 31 July 2021



Audit Opinions and Priorities for Actions

Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

Our overall audit opinion is based on 4 grades of opinion, as set out below.

Opinion	Assessment of internal control
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.



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