

Appendix 1 – Implemented Recommendations

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
<p>Multi Links Commissioning Review – Advice and Guidance</p> <p>22 August 2018</p>	<p>31 Dec 2018</p>	<p>The Fostering Services Manager should, in line with strategic plans for the short break provision, begin the recommissioning of the service as soon as possible and should incorporate the key elements described below:</p> <p>All current multi-link contracts should be terminated ahead of new contracts being issued. A full review of the current terms and conditions document should be undertaken to ensure that all issues, potential risks and shortfalls identified during the life of the current contract are addressed and any obvious errors or omissions are rectified. New contracts should be consistent across all providers and copies of key contractual documents should be signed and copies retained by the service.</p> <p>The difference between short break and multi-link care provision should be clearly defined and communicated to relevant officers.</p>	<p>Recommissioning exercise has begun. Extensions have been put in place of existing contract with three of the providers who are compliant with the number of nights required for the service. This extension is for a period of three months whilst new contracts are drafted. Two providers have had their contract ended without any extension.</p> <p>A full review of the scheme is in process with key officer oversight. The steering group are meeting regularly to ensure there is no drift on meeting this recommendation.</p>	<p>Contracts covering the multi link service were issued to providers in July 2019. We are satisfied that this recommendation is now implemented.</p> <p>Internal Audit Opinion: Implemented</p>	<p>No further action required.</p>

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<p>Factory Project: Financial Reporting</p> <p>30 January 2019</p>	<p>28 February 2019</p>	<p>The Project Director in liaison with the Finance Lead should inform the Boards of the previously omitted figures. This should provide an explanation of the issues and give assurances that the correct figures are included in monthly Board reports and how this will be assured going forward.</p> <p>Once agreed by Board members this process should be utilized immediately for all future finance reports.</p>	<p>The Senior Responsible Officer (SRO) has requested a reconciliation of the latest figures to those found in SAP in order to ensure all issues have been resolved going forward, this will be reported to the next Board meeting for completeness.</p>	<p>A process is now in place to reconcile all figures prior to board reporting to ensure that the correct figures are being reported. The SRO has also received a full break down of the errors previously identified and the reasons for these.. We were also informed that provisions are now in place to ensure future reporting is correct.</p> <p>Internal Audit Opinion: Implemented</p>	<p>No further action required.</p>
<p>Off Rolling Arrangements</p> <p>6 June 2019</p>	<p>28 June 2019</p>	<p>The Head of Access should introduce periodic validation checks over the numbers of pupils off rolled. Such checks could be facilitated by periodically requesting schools to submit electronic data from SIMs to show the pupils who have been off rolled (migration/leavers report). This could then be checked to the Children Missing from Education (CME) team spreadsheets and any anomalies investigated.</p> <p>The timing and extent of the checks including whether the data is checked in its entirety or</p>	<p>The admissions team will produce a list containing details of off rolled pupils. The list will be passed to MCC's attendance team who can then cross reference with the schools register whilst they are carrying out their usual audit of the register.</p> <p>The CME team are to alert the Head of Access when there has been no or limited off rolling forms from any particular school.</p>	<p>Schools were informed via a recent circular that the CME team will now provide the School Attendance Team with details of the numbers of requests received from schools to remove pupils from their registers. For those with little or no off rolling forms returned the lead for the Attendance team will match the data provided by the CME team to their attendance data and report any anomalies. We also confirmed that a process has been introduced to identify any schools submitting a small or zero amount off rolling forms to the Local Authority in any given term. Identified schools will receive a phone call from the CME</p>	<p>No further action required.</p>

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		whether on a sample basis should then be determined.		<p>team lead to double check the data and challenge/escalate to the senior officer responsible for CME where needed. We have seen the spreadsheets set up for this purpose to allow for tracking where required.</p> <p>Internal Audit Opinion: Implemented</p>	
<p>Prevention and Detection of Procurement Fraud – Use of System Data</p> <p>6 June 2019</p>	<p>31 December 2019</p>	<p>The Head of Integrated Commissioning and Procurement should consider amending the template contract report to include:</p> <ul style="list-style-type: none"> • Whether the activity has previously been tendered and discontinued and any reasoning behind this. • The method of procurement used (including the use of multiple procurement stages). • Where a single bidder is received an outline of how value for money has been confirmed and where this is the incumbent the length of time they have been the supplier • Any key reasons why other suppliers have opted out. • Any non standard issues which may have affected the procurement e.g. the acceptance of late bids or 	<p>We will review the contract report template to determine how best to incorporate the information identified.</p>	<p>The contract report template was reviewed by Corporate Procurement colleagues and other ways of capturing the information have been considered where not thought appropriate to change the report. All discontinued tender processes are subject to a formal report explaining the reasons behind the discontinuation. We reviewed a sample of recent reports and confirmed these had been signed off and the Chest updated to reflect this. We therefore consider this recommendation to be implemented.</p> <p>Internal Audit Opinion: Implemented</p>	<p>No further action required.</p>

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		shortened tender response times, and the reasons for the actions taken.			
ICT Software Licensing 24 July 2018	31 Dec 2018	In accordance with industry good practice (ISO 19770-1), the Council should implement a Software Asset Management (SAM) policy and ensure that it provides an overarching approach to the acquisition, implementation and disposal of software as well as key compliance requirements. The policy should reference key software licensing processes, such as software acquisition, monitoring, disposal and ongoing compliance. Where processes do not follow a centralised approach they should be formally documented for each application. Furthermore it should state the process for reviewing, approving, issuing, and controlling relevant process and procedural documentation.	<ul style="list-style-type: none"> • Research current best practice and submit SAM policy as per IA recommendation, including: • approach to the acquisition, implementation and disposal of software; • key compliance requirements; • guidelines/instructions for locally managed software; and process for reviewing, approving, issuing and controlling process and procedural documentation for approval by ICT Direct Leadership Team. 	As part of our dedicated follow up review we were supplied with a copy of this policy, and confirmed that the recommended areas were included in it. We were also able to confirm that the policy had been formally approved by the Interim Director of ICT, and published on the intranet alongside other relevant and related ICT policies. Internal Audit Opinion: Implemented	No further action required
Penalty Notices	31 January 2019	The Strategic Lead for School Attendance & Education Other Than At School OTAS should ensure that refunds are issued to the 14 identified parents / carers who paid a penalty notice	Refunds will be made to the identified parents. The attendance team have now implemented a 3 level checking system to determine if a pupil is of statutory school age:	Internal Audit confirmed that a circular letter was issued to all schools on 4 March 2019 reminding them not to request statutory action for children of non-statutory school age and that schools must make	No further action required.

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		<p>for a child that was not of compulsory school age, and should consider expanding the time period of this review to identify any further such instances.</p> <p>The Strategic Lead should also ensure that a process is in place to undertake an initial check to ensure the child was of compulsory school age before processing the penalty notice request. Where it is identified that this is not the case this should be flagged with the respective schools.</p> <p>On a termly basis, a review of penalty notice data should be carried out, comparing the child's date of birth to the dates of unauthorised absence, to identify any penalty notices that have been issued in error and require refunding.</p>	<p>1st Level – check date of birth before issue on the ONE system;</p> <p>2nd Level – when payments are received the age is checked again;</p> <p>3rd Level – all unpaid penalty notices are checked again.</p> <p>A circular to be sent to all schools informing them that they should not be requesting penalty notices for non-statutory school age pupils and that adequate checks should be in place.</p>	<p>adequate checks of the pupil's age before a request is submitted. Refunds have been made to families billed in error. To test effectiveness of the attendance team's checking system, we reviewed a data extract of all penalty notices issued since 1 November 2019. We found some errors continue to be made identifying 17 penalty notices were issued and paid for nine children of non-statutory school age. Most of these were issued in November or December 2018, but two were issued in February and two in March 2019.</p> <p>Internal Audit confirmed with management that refunds should be made. We agreed to request another extract in 2 months' time to confirm no further inappropriate penalty notices had been issued. This report was run on 11 September 2019 to cover all penalty notices issued since the previous report and our review of this confirmed that no further inappropriate penalty notices had been issued.</p> <p>Internal Audit opinion: Implemented</p>	

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<p>Homecare Services – Contract Management</p> <p>7 March 2018</p>	<p>31 May 2018</p>	<p>The Strategic Commissioning Manager in liaison with the Head of Social Work and Head of Adults Finance should put in place a clear process for the reporting, investigation and follow up of variations in invoice value / care provision immediately.</p> <p>This should involve:</p> <ul style="list-style-type: none"> • A clear policy on the levels of upwards and downwards variation that should be reported / investigated. • Clear designation of responsibility for investigating variances and the action that to be taken on overpayments. • How variations are prioritised and a target timeline for investigation based on priority. • An evidence trail of actions taken confirming the approval of any payment for variation to planned care. • Reporting so that management can be assured that investigations and recovery are taking place. 	<p>Commissioning Manager will draft a pro forma for the finance and front line services to follow in the event of underpayments, this will need to be proportionate with the risk associated to it. The work will have an impact on capacity due to the size and number of services involved.</p> <p>Policy and process for over payment is already in place, Strategic Lead, Social Care will undertake checks that teams are following this.</p> <p>Head of Adults Finance will work with Head of Social Care and Commissioning Manager to review the decision on suspensions. This will include an analysis of whether it is appropriate to re-introduce the earlier suspensions policy. In addition to this the Payments Team Leader will run a periodic report for the Commissioning Manager based on weekly delivery against planned for both under and over delivery.</p>	<p>The service is now fully staffed and focus is being placed on the transition to the new Homecare providers and use of the new IT systems. The process for confirming variances under the new system has been determined and a step by step process note is being drafted to ensure that all Team Managers are clear on the process. Whilst we still consider there to be some risks given the current technical issues with Liquid Logic we are satisfied that the additional resources and changes to the process should reduce the original risk identified during our initial review. As such we now consider the recommendation to be implemented and management should continue to work on ensuring that care plans are up to date to reduce the number of variances reported and to resolve the current interface issues being experienced.</p> <p>Internal Audit Opinion: Implemented</p>	<p>No further action required.</p>

Appendix 2 – Recommendations Over 9 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Transition to Adult Services	31 October 2018	The Interim Deputy Director of Adults Social Services should ensure that within six months an operational plan is in place for delivering the revised transitions offer in line with the agreed strategy and vision. This plan should include the formalisation of policy and procedure, roles and responsibilities and the use of transition specific documentation referred to in NICE guidance.	Operational Plan in place for delivering the revised transitions offer in line with the agreed strategy and vision	<p>Joint process design sessions have been completed with Children’s Services in September and the transitions Board has agreed a number of key priorities. It is planned that by the end of 2019/20 the process design will focus on ensuring there is clarity of process and pathway for young people between Children’s and Adults Services.</p> <p>Internal Audit Opinion: Partially implemented</p>	<p>Director: Bernadette Enright, Executive Director of Adult Social Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 12 months overdue</p> <p>Action: Internal Audit will continue to engage with management to review and report on progress.</p>
Transition to Adult Services	30 April 2018	The Interim Deputy Director of Adults Social Services should develop a clear transitions strategy and vision in conjunction with Children’s Services and other key partners, in line with Care Act requirements. Once developed the strategy and vision should be used to inform the development of a clear service offer for transitions. This offer should be clearly communicated to confirmed key stakeholders including service users.	Transitions Strategy and Vision to be developed	There has been considerable slippage in the implementation of this recommendation and significant management change since the recommendation was agreed. However the new management team are now in place and committed to addressing the issues as a matter of priority. Addressing the ongoing issues in relations to the transitions offer is a key element of the Adults Social Care Improvement Plan.	<p>Director: Bernadette Enright, Executive Director of Adult Social Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 18 months overdue</p> <p>Action: Internal Audit will continue to engage with management to review and report on progress.</p>

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		Advice could be sought from other Local Authorities including the Council's Adults Services improvement partner, and differing approaches considered.		<p>Joint process design sessions have been completed with Children's Services in September and the Transitions Board has agreed a number of key priorities. It is planned that by the end of 2019/20 the process design will focus on ensuring there is clarity of process and pathway for young people between Children's and Adults Services.</p> <p>Internal Audit Opinion: Partially Implemented</p>	
Transitions to Adult Services	30 June 2018	<p>To support day to day performance management the Interim Deputy Director of Adults Social Services should introduce a suite of Key Performance Indicators. This should be defined once the strategy and vision in place.</p> <p>A long term solution should be considered and built into Liquid Logic to help identify performance trends and provide assurance to senior management.</p>	Key performance Indicators (KPIs) introduced.	<p>Work is on-going. Process design will ensure there is clarity of process and a pathway for young people moving between Children's and Adults services and KPIs will be developed to support and assure these arrangements.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Bernadette Enright, Executive Director of Adult Social Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 16 months overdue</p> <p>Action: Internal Audit will continue to engage with management to review and report on progress.</p>
Disability Supported Accommodation Services:	31 August 2018	Management should consider which key areas of the Care Act registered managers and support coordinators should provide	I agree with the activity identified within recommendation 1.	A complete register of all citizens, staff and properties was not created as envisaged in the recommendation. Internal Audit	Director: Bernadette Enright, Executive Director of Adult Social Services

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<p>Quality Assurance Framework</p> <p>14 February 2018</p>		<p>assurance over for all citizens in their properties. To support this, there will need to be:</p> <ul style="list-style-type: none"> • A register of each citizen, staff member and property which should be monitored centrally to ensure full, timely coverage. • Each Centre's own registered manager and support coordinators should complete these checks as soon as possible to support the CQC inspections and provide results to the Interim Service Manager (DSAS) and Programme Lead. • Accountability for registered managers and support coordinators to implement any actions that are identified. Results can then be assessed and addressed at a strategic level if further support or resources are needed. • Clarity as to how registered managers assure themselves that quality control checks are built into day to day service provision. This should help inform the QA Framework, allowing auditors to provide an opinion on these arrangements rather than lower level, task specific compliance. 	<p>Register of all details including residents; staff and properties to be sent to PRI.</p>	<p>have now seen the 'House File Tracker' for South Locality which was intended to serve as both the register to track Quality Assurance activity, and also enable monitoring of other key activities such as Deprivation of Liberties in a Domestic Setting reviews. An 'audit' tab to record activity has been recently added, but was not yet populated. Once fully populated, it is considered that this will satisfy bullet points one, two and four of the recommendation.</p> <p>There remained no system in place to ensure accountability for actions arising from the audits. To resolve this a tracker to monitor the status of actions has been introduced and will be reviewed and discussed every four weeks at the Senior Leadership meeting. Once in place, this process will satisfy the third bullet point of the recommendation.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Executive Member: Councillor Craig</p> <p>Status: 14 months overdue</p> <p>Action: Follow Up Audit Report September 2019.</p> <p>Internal Audit will continue to engage with management to review and report on progress.</p> <p>Workshop October 2019</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
<p>Disability Supported Accommodation Services: Quality Assurance Framework</p> <p>14 February 2018</p>	<p>31 August 2018</p>	<p>Management should consider integrating oversight of the Supported Living QA process into the role of Adults QA team and revise the content of the Framework. This could include:</p> <ul style="list-style-type: none"> • A workshop including key partners, support coordinators and registered managers used to inform a revised framework. • Supporting an effective QA audit process and clarifying whether inquiry or inspection of evidence is required for each question/section and QA auditors recording where this has been done. <p>Where assurance is being, or should be, sought from more specialist input such as HR, Health and Safety, Risk and Resilience, Corporate Property, Contract Monitoring and Learning and Events teams.</p> <p>Internal Audit propose to support development action by assisting management in the development and delivery of a redesign workshop.</p>	<p>With regard to recommendation 2 whilst I have welcomed the support and expertise the Adults QA Team have provided to date and would want this to continue going forward I do not think it is appropriate to integrate oversight into the role of the Adults QA Team. The service is a commissioned In House Provider and is regulated and inspected by CQC and is also subject to commissioning reviews by the contracts team. However it will be helpful to be able to access the QA Team's support for the further development work we have planned. Also in terms of oversight and challenge this will be provided through the Adults Quality Assurance and Performance Board.</p>	<p>The follow-up audit confirmed that workshops took place in March 2019 as planned and our review of the revised audit tool and guidance document confirmed that some changes had been made. However, it was not evidence that the risks previously identified have been satisfactorily addressed, in particular:</p> <ul style="list-style-type: none"> • The audit tool for citizens was still broad and generically worded. A sample of completed audits demonstrated that questions were being answered inconsistently and not in line with the guidance, and that actions were not always being raised where standards were not met. • There was still no moderation process in place. From our review of a sample of completed audits, there was still inconsistency and incompleteness in how questions were answered and the depth to which outcomes were recorded. Management have arranged a workshop with all Support Coordinators in October 2019 to develop and agree an audit moderation process. This will also consider the content and wording 	<p>Director: Bernadette Enright, Executive Director of Adult Social Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 14 months overdue</p> <p>Action: Follow Up Audit Report September 2019</p> <p>Internal Audit will continue to engage with management to review and report on progress.</p> <p>Workshop October 2019</p>

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			Workshops with staff and stakeholders to review and propose any desired changes to: QA Framework; Audit Tool and Guidance Documentation to be delivered throughout March and April.	of the audit tool following our feedback to determine where further improvements can be made. Internal Audit Opinion: Outstanding	
Children Missing from Home 2 July 2018	31 October 2018	The Strategic Head of Early Help and the Performance Manager (People) should ensure that key performance indicators, as described in the Missing from Home and Care Strategy, are agreed and targets defined. Other routine reporting should be reconsidered to ensure that the focus is on key trends and that it is generated from the most timely and accurate data. The rationale for the reports, including whether they should prompt certain actions (and if so, what and by whom), should be described in the MFH Procedures.	Development of a fit for purpose dashboard for missing and complex safeguarding services.	There is a GM wide dashboard in place however this does not provide the detail required to monitor operational performance with the Council. Further work to establish appropriate key performance indicators has been agreed by the Strategic Head of Early Help by the end of November. Internal Audit Opinion: Outstanding	Director: Paul Marshall, Strategic Director of Children's Services Executive Member: Councillor Bridges Status: Twelve months overdue Action: Internal Audit to review and confirm action to complete this in December 2019.
Purchase Cards 19 September 2018	31 Dec 2018	The City Treasurer should develop guidelines setting out the general principles for providing hospitality to others, including where a Council officer or member also benefits from the expenditure. This should be	The City Solicitor, supported by the City Treasurer, will develop guidance on the provision of hospitality. They will also identify a suitable place within the	Purchase card guidance has been updated to clarify the approval process for hospitality. To strengthen the response and ensure alignment with best practice the City Solicitor is	Director: Fiona Ledden, City Solicitor and Carol Culley, Deputy Chief Executive & City Treasurer

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		supported by examples as appropriate. Internal Audit will support implementation of this recommendation by providing an outline of potential areas for inclusion, and will provide further details of test findings on request.	existing guidance framework for this to be published.	<p>developing guidance further part of the employee and member codes of conduct. As this is part of a wider update of the Codes implementation of this recommendation will be by March 2020 and it is proposed that a new implementation target date be set which will enable this work to be carried out and fully address risks noted in the audit..</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Executive Member: Councillor Leese</p> <p>Status: Ten months overdue</p> <p>Action: City Solicitor to attend Audit Committee to confirm interim actions to date and steps to completion of the full actions proposed..</p>

Appendix 3 – Recommendations 6-9 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Children Missing from Home 2 July 2018	31 March 2019	<p>The Strategic Head of Early Help should ensure that the functionality of Liquid Logic’s MFH workflow enables more effective handling of episodes, preferably with a single point of entry which flows through to SW notification, allocation of the IRI, and recording of the IRI outcome.</p> <p>PRI should confirm reporting requirements can be met from the new workflow in Liquid Logic.</p>	<p>Mapping of missing from home workflow to inform new processes in Liquid Logic and user acceptance testing to be undertaken by MFH workers. In the interim review of current data and spreadsheets to be undertaken to identify some quick wins.</p>	<p>Implementation has been delayed due in part to Liquid Logic roll-out. The new MFH workflow is now in place in Liquid Logic and new procedures have been developed. However, staff training to ensure understanding of and compliance with new procedures is ongoing.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children’s Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Seven months overdue</p> <p>Action: Internal Audit to assess progress 30 October</p>
Children Missing from Home 2 July 2018	31 March 2019	<p>The Strategic Head of Early Help should re-emphasise with staff the importance of ensuring the completeness and accuracy of Case History data. To monitor this in the short-term, timeliness and accuracy of MiCare updates should be added to the Return Interview Audit form.</p> <p>Moving forward, the necessity of capturing complete and accurate data for reporting purposes should be considered in the new MFH workflow within Liquid Logic, such that the data</p>	<p>To be included in the new workflow requirements for Liquid Logic. Dip sampling of missing episodes by the MFH workers and senior social workers to be undertaken to evidence improvements.</p>	<p>Strategic Lead Complex Safeguarding has stated that the new MFH workflow in Liquid Logic will rectify the issue of inaccurate Case History data as it will now be in-built and automatic rather than needing to be input retrospectively which was prone to error and omission. A demonstration of the new case system to confirm implementation was agreed.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children’s Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Seven months overdue</p> <p>Action: Internal Audit to assess progress 30 October</p>

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		is drawn from essential steps rather than from a retrospective step that is not consistently completed.			

Appendix 4 – Recommendations 1-6 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
ICT Software Licensing 24 July 2018	30 April 2019	The Council should review the need for a business case for dedicated full-time resource and software licensing tools in order to drive a centralised and consistent approach to software licensing management.	ICT will: <ul style="list-style-type: none"> • Carry out a review of roles and Responsibilities within Service Operations to assess the current limitations in terms of software asset management (SAM) skillsets and resource: and • Explore other market solutions in conjunction with subject matter experts including Gartner, and present a business case to ICT DLT. 	An ICT Business Concept Document has been completed outlining the requirements in this area and the potential solutions identified. The potential cost of the work has been identified, which is forecast to be met from the wider capital allocation for ICT improvement, and the project is included in the Corporate Core project portfolio. However, a full business case is yet to be produced and a formal decision on whether to proceed has not yet been taken. Internal Audit Opinion: Partially implemented	Director: Carol Culley, Deputy Chief Executive and City Treasurer Executive Member: Councillor Ollerhead Status: Five months overdue Action: Notification of recommendation overdue status to be issued to Executive Member and Director as part of dedicated follow up audit report, October 2019
ICT Software Licensing 24 July 2018	30 April 2019	Software licensing management roles, responsibilities and capability gaps need to be defined, implemented and communicated to ICT and the Directorates. Additionally, both the end users of licenced applications and IT staff who install and maintain the applications should have a clear understanding of the appropriate processes and	Following the work done in Recommendation 1, ICT will be in a position to define roles and responsibilities for software asset management (SAM). Beyond this, ICT will devise (as part of another recommendation arising from this audit) policies and procedures to support Council-wide compliance to a consistent approach to SAM,	The finalised software licensing policy includes an appendix detailing the roles and responsibilities of relevant stakeholders in respect of the approval, communication, distribution and enforcement of the policy itself. However, a wider assessment of roles across licence management had not been completed, and capability gaps had not been assessed.	Director: Carol Culley, Deputy Chief Executive and City Treasurer Executive Member: Councillor Ollerhead Status: Five months overdue

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		<p>procedures that limit risk to and ensure compliance. This recommendation should be considered in the wider context of the potential requirement to define roles relating to application ownership across the Council, with a specific focus the specific responsibilities that the role entails.</p>	<p>clearly differentiating between centrally managed licensing and those managed locally within business units.</p>	<p>Internal Audit Opinion: Outstanding</p>	<p>Action: Notification of recommendation overdue status to be issued to Executive Member and Director as part of dedicated follow up audit report, October 2019</p>
<p>ICT Software Licensing 24 July 2018</p>	<p>30 April 2019</p>	<p>The current systems used by ICT to support software asset management (SAM) should be reassessed to ensure that they are fit for purpose and possess the capability to process, create and maintain all stores and records for software and related assets.</p> <p>Furthermore, the Council should look to move away from the manually intensive process currently in operation and explore the automation of tasks required to maintain compliance with software licenses and control software spending.</p> <p>The tools available to the Council should provide the functionality to detect and manage all exceptions to SAM</p>	<p>ICT will investigate the work other Council colleagues may be undertaking in relation to the acquisition of tools to manage SAM. ICT will seek to collaborate with such colleagues to ensure best ICT practice implemented and ICT requirements are included in any specifications. If no collaboration opportunities exist, ICT will explore other market solutions and present options to DLT to approve a way forward as part of the business case planned in response to another recommendation arising from this audit.</p>	<p>The commissioning of a licence management tool was being explored as part of the preparation of the business case identified as part of another recommendation arising from this audit. Given that this business case had yet to be formally considered, the Licence Manager was exploring how better use could be made of existing data sets. He had built a basic spreadsheet-based tool to support the identification of significant discrepancies in licence management. However, this tool required further work to confirm the reliability of associated information and to develop expectations around its use.</p>	<p>Director: Carol Culley, Deputy Chief Executive and City Treasurer</p> <p>Executive Member: Councillor Ollerhead</p> <p>Status: Five months overdue</p> <p>Action: Notification of recommendation overdue status to be issued to Executive Member and Director as part of dedicated follow up audit report, October 2019</p>

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		<p>policies, processes, and procedures; including license use rights and necessary infrastructure and processes for the effective management, control and protection of the software assets, at all stages of the Software license lifecycle.</p> <p>Once reporting is established, regular validation audits should be completed by the SAM team to ensure that the reported position is accurate.</p>		<p>Internal Audit Opinion: Partially Implemented</p>	
<p>Mental Health Casework Compliance 5 April 2019</p>	<p>30 June 2019</p>	<p>The Director of Adult Services should seek assurance from the Trust over how the timely and appropriate conclusion of investigations can be better managed and monitored – for example, system workflows to ensure adherence to procedure, and system generated reports of open investigations for which no recent activity has been logged.</p>	<p>Greater Manchester Mental Health Trust (GMMHT) and Council to jointly establish a 'Task & Finish' group to investigate, work to resolve, and report progress back to the Director of Adult Services.</p>	<p>The Trust have reported this action to be completed. Internal Audit have agreed to carry out a walkthrough of the new system and follow-up testing on 18 October to validate this position.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Bernadette Enright, Executive Director of Adult Social Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: Four months overdue</p> <p>Action: Monitor</p>
<p>Mental Health Casework Compliance 5 April 2019</p>	<p>30 September 2019</p>	<p>The Director of Adult Services should seek assurance from the Trust on the timeliness of Annual Reviews and the plan to address the backlog of overdue Annual Reviews.</p>	<p>GMMHT and Council have agreed and begun a joint piece of work focussing on outstanding reviews, aiming to reduce the backlog by April 2019. Going forward, a work-</p>	<p>Progress on this action will be confirmed at the scheduled follow-up audit date of 18 October 2019.</p>	<p>Director: Bernadette Enright, Executive Director of Adult Social Services</p>

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		The Trust's performance reporting on Annual Reviews is addressed below in recommendation 4.2.	stream is providing assurance over annual reviews, with results reported as a quality measure via Quality and Performance. The joint 'Task & Finish' group will pick up any remaining issues. Additionally, the Assistant Director of Adult Services is to form a 'Task & Finish' group focusing on mental health panels, with input from GMMHT.	Internal Audit Opinion: Outstanding	Executive Member: Councillor Craig Status: One month overdue Action: Monitor
Mental Health Casework Compliance 5 April 2019	30 September 2019	The Director of Adult Services should ensure that a formal process is agreed and established with the Trust for a monthly reconciliation between safeguarding referrals sent and received. Trust and Council staff should work together to ensure that the new case management systems in each organisation – Paris and Liquid Logic, respectively – consistently record outcomes of safeguarding referrals, so that these can more easily be transferred across systems to ensure completeness of Council records and ability to monitor outcomes.	It is accepted that safeguarding outcomes need to be recorded in MiCare (Liquid Logic in future). Quality and Performance group will consider options to ensure this can be done efficiently and effectively.	The Trust have reported that they have begun the process of defining a reconciliation procedure, but that they were awaiting a report from the Council. Further progress on this action will be confirmed at the scheduled follow-up audit date of 18 October 2019. Internal Audit Opinion: Outstanding	Director: Bernadette Enright, Executive Director of Adult Social Services Executive Member: Councillor Craig Status: One month overdue Action: Follow Up Audit

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Mental Health Casework Compliance 5 April 2019	30 June 2019	The Mental Health Commissioning Manager should undertake a review of performance reporting against the agreed KPIs to ensure that performance is being reported accurately and consistently in line with the Section 75 agreement.	The Quality & Performance group is working on improvements to the current performance reporting arrangements; changes are planned for the new financial year (from April 2019 onwards), including addition of commentary.	An update on progress on this action has been requested. Internal Audit Opinion: Outstanding	Direct Director: Bernadette Enright, Executive Director of Adult Social Services Executive Member: Councillor Craig Status: Four months overdue Action: Follow Up Audit
Adults Services, management oversight and supervision 5 April 2019	31 May 2019	The Assistant Director of Adult Services should complete a thorough review of the Supervision Guidance document, to ensure that it clearly articulates the actual expected procedures and how these requirements should be documented, particularly in those areas identified in the matters arising.	Review the Supervision Policy and how to embed it within the workforce. Additional Resources Required for implementation: Yes – Support from the Reform and Innovation Team secured.	Internal Audit has been told that a revised Supervision Policy has now been shared with senior managers for approval. On receipt of this Internal Audit will review to verify implementation. Internal audit opinion: Outstanding	Director: Bernadette Enright, Executive Director of Adult Social Services Executive Member: Councillor Craig Status: Five months overdue Action: Monitor
Adult Services Management Oversight and Supervision 5 April 2019	31 May 2019	The Assistant Director of Adult Services should establish a central means of monitoring the actual frequency of supervisions. Accuracy of this central record should be confirmed as part of the QA process (see recommendation	Audit process to be agreed within the Supervision Task & Finish Group. Process will be embedded into the final Supervision Policy. Additional Resources Required for implementation:	We have been told that a tracker to monitor the frequency of supervisions has been agreed and that it will be embedded into the supervision document. On receipt of this Internal Audit will review of verify implementation.	Director: Bernadette Enright, Executive Director of Adult Social Services Executive Member: Councillor Craig

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		4.1). The results in terms of frequency and quality should be audited, analysed, and reported annually.	Yes – Support from the Reform and Innovation Team secured.	Internal Audit opinion: Outstanding	Status: Five months overdue Action: Monitor
Our Manchester Voluntary and Community Sector Grants – Monitoring 20 June 2019	30 August 2019	The Programme Lead – Our Manchester Funds should develop minimum expectations for Liaison Officers in relation to frequency and extent of contact made with funded organisations. This could be informed by a risk assessment of the level of support or input required. Once these expectations have been agreed, they should be communicated to Liaison Officers and compliance with these should be monitored.	Liaison Officer role profile, expectations and handover pack to be developed, issued and monitored by Programme Team.	Internal Audit has requested an update on this recommendation. Internal Audit Opinion: Outstanding	Director: Carol Culley Deputy Chief Executive and City Treasurer Executive Member: Status: One month overdue Action: Monitor
Assessed and Supported Year in Employment 21 May 2019	30 June 2019	The Workforce Learning and Development Manager should ensure that Social Work Managers are reminded of their role in supporting delivery of the ASYE programme. In particular, SW Managers should be required to provide confirmation to the SW Consultants on the completion of key milestones, including at a minimum the learning agreement, direct observations, and the six- and twelve-month reviews.	A google sheet has been circulated by the Workforce Learning and Development Manager to the North, South and Central Service Leads. Managers with responsibilities for NQSWs can update their records each month over the 12 month programme and progress will be RAG rated. This will allow the SW Consultant to provide additional support to those	We confirmed that a google sheet of all NQSWs on the ASYE programme has been adapted to include the key milestones and had been circulated to all team managers to use to record when key milestones are completed. However, on review it appeared this document was virtually entirely blank, indicating that team managers were not completing it as required. Therefore, while the mechanism for monitoring progress is now in place, data is	Director: Paul Marshall, Strategic Director of Children's Services Executive Member: Councillor Bridges Status: Four months overdue Action: Monitor

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
			<p>NQSWs that fall into an amber or red position. The Google sheet will be used to capture all the key milestones of the ASYE programme up to completion by the service.</p>	<p>not being input as required to allow the Social Work Consultant to identify and escalate issues where needed. Further action needs to be taken to ensure that team managers are populating the sheets as required.</p> <p>Internal Audit Opinion: Partially implemented</p>	
<p>Assessed and Supported Year in Employment 21 May 2019</p>	<p>30 Sept 2019</p>	<p>The Social Work Consultant should ensure that reconciliations of expected income against actual receipts are undertaken regularly (possibly in-line with the quarterly reporting). This may be done by creating additional columns in the tracker and using the notification of payments from Skills for Care to confirm receipt of payment.</p>	<p>Workforce Learning and Development Manager to have greater oversight into the reconciliations and payments from Skills for Care.</p> <p>Monthly review of spreadsheet and viewing payment when available from Skills for Care.</p> <p>*Please note* Skills for Care close for 5 months for online payment so systems will be in place to monitor this and claim when online system is closed from April 2019 – September 2019.</p> <p>Support from finance has been sought who now are in communication with Skills for Care to ensure we are clear on claims received.</p>	<p>The Social Work Consultant said that she was still not receiving detailed remittances and the payment notifications from the Department for Education and Skills for Care are still being received as block payments with no detail to allow for a reconciliation to be performed. A meeting was planned for 9 October 2019 with finance colleagues to determine options to resolve this matter.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children's Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: One month overdue</p> <p>Action: Monitor</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Assessed and Supported Year in Employment 21 May 2019	30 June 2019	<p>The Social Work (SW) Consultant should produce a report from the tracker every quarter to provide senior management with information on:</p> <ul style="list-style-type: none"> • new starters (first half of funding claimed); • Newly Qualified Social Workers (NQSWS) SWs on track with key milestones and those for whom progress is unknown or delayed for a known reason (e.g. change of manager); • NQSWS suspended from the programme (e.g. due to maternity or sickness absence - these should be supported by manager confirmation and expected return date); and, • NQSWS that have successfully completed their ASYE (second half of funding claimed). 	As discussed above spreadsheets will be circulated with information but a dashboard will be completed with key information identified around, new starters, stages in programme and any challenges.	<p>We have been informed that work on a dashboard is underway and this will be shared with Internal Audit for validation shortly.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children's Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Four months overdue</p> <p>Action: Monitor</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Management Oversight and Supervision – Children’s 9 May 2019	31 July 2019	The Deputy Director Children’s Services should ensure that action is taken to review and update the Supervisions Policy to ensure it is fit for purpose. This should include assigning responsibility for the review and ongoing maintenance and setting a date for an annual refresh.	The Supervision policy will be reviewed by one of the Heads of Locality.	Management have confirmed that they have completed a review of the policy in August 2019. Internal Audit have asked for a copy of the revised version to confirm implementation. Internal Audit Opinion: Outstanding	Director: Paul Marshall, Strategic Director of Children’s Services Executive Member: Councillor Bridges Status: Three months overdue Action: Internal Audit to see copy of revised policy
Management Oversight and Supervision – Children’s 9 May 2019	30 June 2019	Consideration could be given to a ‘risk based’ approach to case review by targeting those cases that are considered to be high risk or have particular issues for in depth discussion at supervisions	The above review will revise the position on each child being discussed in supervision and if required additional direction will be provided.	Management have confirmed that the review of the policy included a risk approach in terms of dealing with the highest priority cases. Internal Audit Opinion: Outstanding	Director: Paul Marshall, Strategic Director of Children’s Services Executive Member: Councillor Bridges Status: Three months overdue Action: Internal Audit to review copy of policy
Management Oversight and Supervision – Children’s	31 July 2019	The Deputy Director Children’s Services should ensure that all managers who are responsible for completing supervisions	Action to be taken: The model delivered to staff in the ILM5 training will be revisited. This may require	Management have confirmed that planned briefing sessions are scheduled for November 2019.	Director: Paul Marshall, Strategic Director of Children’s Services

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9 May 2019		complete supervision training. Consideration should also be given to making more focussed supervision training available to all staff, potentially as part of the induction process to ensure all staff are aware of the importance of supervisions.	commissioning the training on this model of supervision.	Internal Audit Opinion: Planned briefing sessions to be rolled out in November – partially implemented	<p>Executive Member: Councillor Bridges</p> <p>Status: Three months overdue</p> <p>Action: Monitor</p>
Management Oversight and Supervision – Children’s 9 May 2019	31 July 2019	The Deputy Director Children’s Services should ensure that there is greater clarity over requirements to record performance and professional standards feedback consistently. We propose that this could be addressed when the Supervisions Policy is reviewed and built into strengthening the supervision template and the mechanism for tracking development actions.	The supervision template will be reviewed as part of the review of the supervision policy.	<p>Management have confirmed that they have developed an ongoing programme of supervision training for new staff and refresher training for existing staff</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children’s Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Three months overdue</p> <p>Action: Internal Audit to review evidence</p>
Management Oversight and Supervision – Children’s 9 May 2019	31 July 2019	The Deputy Director Children’s Services should ensure that the policy is clear on requirements for supervision agreements and record retention.	The supervision template will be reviewed as part of the review of the supervision policy.	<p>Management have confirmed that they have included a template as an appendix in the revised policy</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children’s Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Three months overdue</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
					Action: Internal Audit to review template
Management Oversight and Supervision – Children’s 9 May 2019	31 July 2019	The Locality Heads of Service should remind all staff of the importance of completing supervisions on a timely basis and emphasis that they should only be postponed in exceptional circumstances such as staff sickness or holiday and should be rearranged promptly.	The briefings that support the implementation of the revised policy will focus on timely completion of supervision.	Management have confirmed that they have included reference to ensuring comprehensive compliance in the revised policy. Internal Audit Opinion: Outstanding	Director: Paul Marshall, Strategic Director of Children’s Services Executive Member: Councillor Bridges Status: Three months overdue Action: Internal Audit to review policy on receipt.
Management Oversight and Supervision – Children’s 9 May 2019	31 July 2019	In the case of staff vacancies the Team managers at each Locality should allocate an interim supervisor to fill the resource gap and ensure supervisions are done.	This to be completed in guidance.	Management confirmed that they have developed a revised contingency process that will be implemented in November 2019. Internal Audit Opinion: Outstanding	Director: Paul Marshall, Strategic Director of Children’s Services Executive Member: Councillor Bridges Status: Three months overdue Action: Internal Audit to consider evidence of implementation on receipt.

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Management Oversight and Supervision – Children’s 9 May 2019	31 July 2019	The Deputy Director, Children’s Services should ensure that Locality Heads of Service complete file audits in conjunction with the requirements of the policy.	To be included within guidance.	Management confirmed that they will reintroduce the file audit process from November 2019. Internal Audit Opinion: Outstanding	Director: Paul Marshall, Strategic Director of Children’s Services Executive Member: Councillor Bridges Status: Three months overdue Action: Internal Audit to consider evidence of implementation of the file audit process.
Management Oversight and Supervision – Children’s 9 May 2019	31 July 2019	The Deputy Director Children’s Services should ensure that arrangements are developed to monitor completion of supervisions in accordance with the supervisions policy. This could be achieved by developing the current monthly report for supervisions to include a clear indication as to where there are clear gaps in timeliness of supervisions both for individual social workers and also for teams/ localities.	Revision of current Google sheet.	Management have confirmed that the service has introduced a google form to enable monitoring and overview of completion of monthly supervisions. Internal Audit Opinion: Outstanding.	Director: Paul Marshall, Strategic Director of Children’s Services Executive Member: Councillor Bridges Status: Three months overdue Action: Internal Audit to assess progress to implementation.