

Appendix 2 – Recommendations Over 9 Months Overdue

| Audit Title | Due Date | Recommendation | Management Response | Update/Opinion | Ownership and Actions |
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| North West Foster Care Framework – Contract Monitoring Review 25 January 2017 | 30 June 2017 | <p>Management should review the current risk evaluation process which is used to drive provider monitoring visits. In reviewing the current approach this should seek to ensure the following is taken into account:</p> <ul style="list-style-type: none"> • Number of placements and value of spend; • Criteria, including related assurance activity, including sources of intelligence and information received through care workers, other Contracted Local Authorities (CLA) or Placements North West; • 'Joined up' assurance - Clarifying the role of Placements North West / other CLAs to determine their approach to monitoring. • Management quality assurance reviews of ratings assigned to Providers to ensure consistency across the team; • Maintaining of evidence to support the basis for risk ratings; • Expectations over the type and frequency of contact with a Provider." | <p>To hold a risk workshop with support from Internal Risk.</p> <p>To develop assessment of risk based on agreed criteria taking into account audit recommendations.</p> <p>Agree standard expectations for provider visits.</p> <p>To ensure that the process is joined up with Looked After Children (LAC) reviews.</p> <p>To collaborate with other Local Authorities and Placements North West.</p> | <p>The Deputy Director updated Audit Committee in September 2018 that the current proposed approach focuses on combining key contract information available to the Council and supplier self-assessment. This information will be collated and risk rated to determine whether further officer visits are required to suppliers. The templates to support this have been created and will be employed. Provider visits had been taking place already based on previous risk ratings of suppliers. Internal Audit support this approach and once satisfied it is in use and sustained the recommendation will be considered implemented. We are due to meet with the service for an update in November 2018.</p> <p>Internal Audit Opinion: Partially implemented</p> | <p>Director: Paul Marshall, Director of Children's Services</p> <p>Executive Member: Councillor G Bridges and Councillor C Ollerhead</p> <p>Status: Sixteen months overdue in part</p> <p>Action: Service to provide evidence to Internal Audit of provider visits and use of the portfolio management tool and templates in practice.</p> <p>Meeting agreed for November 2018 to confirm implementation.</p> |
| Events | 30 Sept | The Head of Events should liaise | The Head of Events has | The Event Strategy has been drafted | Director: Fiona Worrall, |

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| Management 10 February 2017 | 2017 | <p>with relevant stakeholders to review and update the current Council strategy for events management. We consider the strategy should:</p> <ul style="list-style-type: none"> • Set out a Council vision for events and key strategic objectives; • Establish how event objectives will be met, including event funding, application, management and performance evaluation, in accordance with best practice; • Set key performance indicators and targets; and • Outline relevant monitoring arrangements. | <p>already commissioned work to inform the development of the Events Strategy. The Head of Events will see this work through to completion and will liaise with relevant stakeholders to review and update the strategy for events management.</p> | <p>and is under review by management and consultation is taking place with members. The target is to have this completed by end of October 2018 to report to the Communities and Equalities Scrutiny Committee in November 2018.</p> <p>Internal Audit Opinion: Partially Implemented</p> | <p>Chief Operating Officer for Neighbourhoods</p> <p>Executive Member: Councillor Rahman</p> <p>Status: 13 Months Overdue</p> <p>Action: COO to attend Audit Committee to provide update on progress and reasons for slippage in agreed actions.</p> |
| Events Management 10 February 2017 | 30 Sept 2017 | <p>The Head of Events, in conjunction with colleagues from Corporate Procurement should review the existing approach to procuring suppliers and services in relation to events. This should include;</p> <ul style="list-style-type: none"> • Consideration of the most appropriate procurement method to meet service objectives including bringing some areas of expenditure under contract or framework agreement; • Analysis of total value expenditure with existing providers to identify related spend; and <p>Reduced dependency on waiver exemptions (only to be used in exceptional circumstances).</p> | <p>The Head of Events, in conjunction with colleagues from Corporate Procurement will review the existing approach to procuring suppliers and services in relation to events.</p> | <p>We are aware that the Events Team delivered an intensive major events programme on behalf of the City that utilised surplus capacity from mid-April to the end of June. This delayed addressing this recommendation.</p> <p>The service has now completed the specification, which is in final consultation with Corporate Procurement before it is issued to the market. Tender responses are timetabled to enable evaluation of submissions in December 2018 (and subsequent award thereafter).</p> <p>Internal Audit Opinion: Partially Implemented. Implementing this recommendation will address two identified risks.</p> | <p>Director: Fiona Worrall, Chief Operating Officer for Neighbourhoods</p> <p>Executive Member: Councillor Rahman</p> <p>Status: 13 Months Overdue</p> <p>Action: COO to attend Audit Committee to provide update on progress and reasons for slippage in agreed actions.</p> |

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| <p>Multi Agency Safeguarding Hub – Referrals and Enquiries: Compliance Audit</p> <p>19 September 2017</p> | <p>30 Sept 2017</p> | <p>The MASH Operations Manager should ensure that the consent fields in the MiCare Contact Centre Information episode and in the Screening Social Worker Decision page of the Contact Screening episode are mandatory. If the consent field is answered 'no', the free-text justification field should then be mandatory. The MASH Operations Manager should ensure that Screening Social Workers review the reasons for no consent before proceeding, to ensure that the justifications provided for over-riding consent are in line with the Consent Policy.</p> | <p>Consent Policy revised and shared with all MASH staff. Monthly audits by MASH team managers are evidencing improvements. Application of consent policy will be tracked via monthly partner audit activity.</p> | <p>The original recommendation to make the consent fields mandatory was not possible in MiCare, so we accepted management's proposed alternative to monitor compliance with the Consent Policy via monthly audits.</p> <p>However, we are not satisfied that either of the two audit tools in use are effectively monitoring application of the consent policy due to confusing wording and a lack of descriptors, and further testing did not confirm substantive improvement in consent.</p> <p>We have been told that the audit tools are being redesigned to aid reviewers in the assessment of compliance with the Consent Policy. This is planned for completion by the end of October 2018.</p> <p>Internal Audit Opinion : Partially Implemented</p> | <p>Director: Paul Marshall, Strategic Director of Children's Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: 13 months overdue</p> <p>Action: Management to confirm assurance to Internal Audit by end of October 2018</p> |

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| <p>Multi Agency Safeguarding Hub – Referrals and Enquiries: Compliance Audit</p> <p>19 September 2017</p> | <p>30 Sept 2017</p> | <p>The MASH Operations Manager should ensure that criteria are defined for the circumstances under which a longer assessment period may be appropriate, or (if such circumstances are too varied) that there is a request / management approval process. A mechanism should be introduced to identify / flag these referrals as such in order to monitor timeliness of these cases separately.</p> <p>Overall timeliness of the process should continue to be monitored by the MASH Board and MASH Managers, subject to the revisions recommended below in 4.1.</p> | <p>Procedures to be updated to reflect timescales for referrals requiring an immediate, 24-hour, or 72-hour response. Performance will be monitored via monthly Children's performance clinics, the MASH Operational Group, and the MASH Strategic Partnership Board. Daily tracking is in place via team managers to monitor timeliness.</p> | <p>The original agreed action to formally define which types of referrals may exceed 24 hours was not agreed by Senior Management. The MOU therefore not updated and 24 hours remains the official target for all referrals. Performance data shows that only around 50 percent of referrals are completed within 24 hours (including time elapsed in the Contact Centre) each month.</p> <p>Management repeatedly expressed confidence that the triage process ensures that the highest urgency cases were prioritised and completed within the target time, but no stratified performance measures by risk level had been created to provide this demonstrable level of assurance.</p> <p>The MASH now manually record all referrals that progress to a Strategy Discussion and the MASH Operations Manager carries out dip-testing to assess timeliness reported in the Performance Dashboard. This was done for May and June 2018, but due to changes in staffing, was not completed in July.</p> <p>We accept this approach as offering some assurance over timeliness, but this needs to be further embedded. We have offered advice on changes to the way results of the dip-testing</p> | <p>Director: Paul Marshall, Strategic Director of Children's Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: 13 months overdue</p> <p>Action: The MASH Operations Manager should continue to carry out manual dip-testing to confirm the timeliness of referrals that go to a Strategy Discussion, and report the results of this testing. Management to confirm assurance that this dip testing has been completed and reported to Internal Audit by end of October 2018.</p> <p>Management should ensure that the design and implementation of Liquid Logic includes population timeliness reporting.</p> |

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| | | | | are reported to more clearly show the depth of the testing. Internal Audit Opinion: Partially Implemented | |