

Appendix 1 – Implemented Recommendations

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Early Years Casework Management	7 March 2023	Requirements for management oversight and approvals of Early years casework should be added to process diagrams and procedures. This should clarify the level of oversight required and at what stage as well as what actions require documented approval. This oversight and approval should be documented on Liquid Logic.	Existing Mangers guidance has been revised and strengthened a section on management oversight has been added. A meeting was held on the 7 th March 23 to go through the guidance with the instruction to implement immediately for all case file recording from then onwards. Case files audits have subsequently been undertaken to ensure revised practice guidance is being followed. 6 weekly Case file audits are being undertaken to ensure compliance with agreed revised processes and procedures.	Implemented - process flow diagrams have been updated and are now clear on the requirements for management oversight and review. Requirements in relation to the QA of management oversight has also been added to the QA document. It is clear from the process diagram that oversight should be recorded in Liquid logic.	No further action required
Early Years Casework Management	7 March 2023	The Early Years Strategic Lead should remind staff of the importance of completing all case records on Liquid Logic in line with	Revised guidance amended clearly sets out the requirement to document strength-based conversations, initial	Implemented - Guidance has been updated with clear requirements in relation to strength based conversations, this has	No further action required

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		<p>procedures, with a particular focus on the documentation of strength based conversations and initial conversations with the referrer and the need to complete and attach a home risk assessment.</p> <p>Management in Neighbourhood areas 4/7 should be reminded of the process for documenting the strength based conversation (SBC) on the Early Help Assessment templates and for these to be attached to Liquid Logic in line with the approach adopted in other areas.</p> <p>For areas of non compliance consideration should be given to strengthening procedures to be clearer and specify how things should be documented, for example for the SBC use the Early Help Assessment template.</p>	<p>conversations with the referrer and the need to complete and attach a home risk assessment. This will be monitored as part of 6 weekly audits.</p> <p>In particular Neighbourhood 4&7 management have been reminded and will audit case file processes on a weekly basis to ensure compliance with process and procedures. This will continue until Strategic Lead is confident that compliance with case file process and procedures is embedded.</p> <p>All Early Years Outreach Workers have been reminded to use the Strength Based Early Help Assessment template in line with guidance. This will be monitored as part of service 6 weekly case file audits.</p>	<p>been communicated with a particular focus on the area where non compliance with this requirement was evident.</p>	

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Supporting Families Programme	31/5/2023	The programme of quality assurance checks of partner organisations, Early Help Assessments as part of the quality assurance framework should be recommenced and completed moving forward on a quarterly basis in line with agreed timescales. Consideration should also be given to expanding the quality assurance checks of partners to include checks of evidence retained to support the reporting of outcomes being met in the supporting families closure questionnaires received from partners.	The Early Help Programme team have already identified an audit tool and have a programme of audit for 60 partner Early Help Assessments (EHAs) with the support of the locality hubs. They have also circulated a briefing note to partners to support them to audit their agencies EHAs. This will be built into a quarterly audit programme. Work has commenced with Early years colleagues and PRI to ensure closure information is captured and a closure briefing note is being prepared for partners.	Implemented The Quality Assurance of EHAs has recommenced with summary reports of outcomes periodically produced. A closure briefing note as also been developed and issued to partners.	No further action required
Safer Recruitment in Schools	31 May 2023	The Senior Schools Quality Assurance Officer with responsibility for leading on safer recruitment should develop a mechanism to seek assurance over safer recruitment. This could be achieved by: -	Agree. We accept these recommendations. Having brought the Safer Recruitment training in house we have already delivered training to 40 school staff since April 2022. The recommendation reflects	Implemented – A circular was issued to schools in January 2023 and the policy was relaunched to schools. Further progress has also been made in training staff with more schools taking	No further action required

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		<ul style="list-style-type: none"> • Continue the Local Authority training offer to schools, updated annually with changes to KCSiE by the Safer Recruitment Consortium (training providers) • Continue to share best practice with schools, via events or seminars attended by Governors, Business Managers or Head Teachers. • Share a circular to schools to highlight common themes identified in the report with suggestions of how to improve practice in each area. • Relaunch the Council's updated Safer Recruitment in Schools policy to all schools. 	<p>our updated approach of sharing regular training and briefing events. We have already launched the September 2022 Safer Recruitment policy. We will be sharing a circular to schools in January 2023 to highlight common themes identified in the report with suggestions of how to improve practice in each area.</p>	<p>up the Local Authority training option.</p>	

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Childrens Services – Supervisions	31 December 2022	The Head of Service and Principal Social Worker should remind Team Managers of the need to document and confirm a review of actions from the previous supervision at each meeting.	<p>There are various forms of ‘supervision’ and management oversight that takes place in between the formal monthly supervision where actions can be addressed. There is an acceptance that actions require completion on the case file under another title and if completed/discussed outside of formal supervision. We are assured this is taking place and to avoid time taken away from direct work and duplication in recording on the case file, this can be reviewed as part of the revised supervision policy.</p> <p>The supervision process is currently under review following a recommendation from OFSTED. This timeframe will permit a comprehensive review of</p>	<p>A revised supervisions policy was issued in April 23. There is a template personal supervision document attached with a section entitled review of any actions from previous personal supervisions, there is also a requirement for staff to update personal development plans after their supervisions which also includes clear actions. There is also then a template for completing case supervisions which again clearly includes a section entitled review of previous actions, it also includes a next steps section for actions and timescales to be included from the current supervision.</p>	No further action required

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			the policy to include this issue in this recommendation.		
Childrens Services – Supervisions	31 December 2022	The Head of Service and Principal Social Worker should develop the supervision policy to clarify an agreed and consistent approach for recording case discussions during supervisions whether that be recording them on liquid logic, recording in supervision records or a combination of both. The agreed approach should also include the requirement for actions and decisions taken in case discussions during supervisions to be clearly identified.	Please see the comment above as above, consistency is key here and this needs clarification and review in implementation once the revised policy is completed.	A revised supervisions policy was issued in April 23 and the policy is clear that supervisors should use an agreed template for recording case supervision on the child’s file with the completed template attached to the childs liquid logic file. This template is attached to the supervision policy.	No further action required
Childrens Services - Supervisions	31 December 2022	The Head of Service and Principal Social Worker should confirm when the QA process will be reinstated now that the OFSTED inspection has been completed.	The QA process for supervision will be revisited in line with the revisions within the policy and expectations including the findings of this audit and Ofsted. This will be more robust and include observations of quality.	Implemented – Evidence has been provided of the supervision QA process being relaunched with management including a schedule of audits to be completed and by whom as well as details of how the outcomes of the QA will be reported.	No further action required.

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Privacy Notices	31 Oct 2022	There should be a systematic exercise coordinated by the DPO to ensure service specific privacy notices are communicated to individuals at the correct time.	Agreed	<p>The Heads of Corporate Revenues and Corporate Assessments (the business areas with the greatest volumes of outgoing post) have confirmed that letters now include pointers to the service-specific privacy notice. The DPO has engaged with the Customer Services Organisation on ensuring that outgoing email messages included a link to the service-specific privacy notices and this has been implemented where practical.</p> <p>We consider this action to be fully implemented.</p>	No further action required.
Public Sector Decarbonisation Scheme Phase 1	31 January 2023	The Zero Carbon Programme Manager should ensure that the existing file structure for PSDS Phase 1 is populated with all key financial documents supporting programme spend.	All records are now available and have been signed off by the organisation appointed by central government to assess compliance with scheme rules. A review of the filing structure will be	We confirmed with managers that they had undertaken a review of available documentation and were satisfied that this was all available in the scheme files.	No further action required.

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		<p>We understand from our work that some information was not collected at the time of Phase 1 delivery, for example timesheet evidence in support of hours worked. We do not expect any new information to be created in order to populate the file structure.</p>	<p>completed to ensure they are easy to locate.</p>	<p>We consider this recommendation to be fully implemented.</p>	
<p>Public Sector Decarbonisation Scheme Phase 1</p>	<p>31 January 2023</p>	<p>The Zero Carbon Programme Manager should ensure that feedback provided by stakeholders in relation to PSDS Phase 1 is appropriately reflected in revised expectations for evidence supporting PSDS Phases 3a and 3b.</p> <p>In particular this should include:</p> <ul style="list-style-type: none"> • Stronger evidence base in support of internal staff costs incurred. • Explicit referencing of PSDS and the relevant project in all financial documentation. 	<p>This is in progress and will be completed by the date below.</p>	<p>Guidance documentation was produced, outlining the evidential requirements for PSDS schemes and the associated expected staff responsible for gathering evidence.</p> <p>We consider this action to be fully implemented.</p>	<p>No further action required.</p>

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		<ul style="list-style-type: none"> Introduction of a formal monthly documentation review alongside the existing financial claim process. 			
Vendor Creation and Amendment	31 January 2023	<p>The Exchequer Services Lead should develop a policy, procedures, and other associated guidance for the completion of vendor creation and amendment requests.</p> <p>This should include the following:</p> <ul style="list-style-type: none"> Roles and responsibilities of all staff involved in the process (including those outside Exchequer Services). Key checks to be completed to confirm the legitimacy of requests. Guidance on how these checks should be evidenced, 	<p>Agree to recommendation. Work is already underway to improve the form and process, and the 'checklist' is now in use.</p> <p>Training for Exchequer Services with the Audit Fraud team is also planned for 17/11/22. Input will be needed from Procurement to clarify and agree their role in the vendor create process.</p> <p>Guidance notes on dealing with Fraud alerts have been produced for Exchequer staff.</p>	<p>A policy had been developed and implemented, and we confirmed it was available to all staff through the intranet.</p> <ul style="list-style-type: none"> The policy outlines roles and responsibilities for the City Treasurer, Strategic Director of Heads of Service, Council Officers, Procurement and Exchequer Services. We confirm that a checklist has been created and circulated to the team to use. The service has implemented on how to deal with specific scenarios which is shared locally. 	No further action required.

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		<p>including consideration of the checklist provided by Internal Audit.</p> <ul style="list-style-type: none"> Advice for the team on how to deal with specific scenarios (which is likely to evolve over time). <p>Alongside this, the format and content of the current forms used should be reviewed to confirm that they remain fit for purpose.</p>		<p>Format and content of the current forms will be reviewed annually to ensure they remain fit for purpose.</p> <p>We consider this recommendation to be fully implemented.</p>	
Vendor Creation and Amendment	31 January 2023	<p>The Exchequer Services Lead should develop expectations for management review of vendor create and amend requests, to confirm compliance with procedure.</p> <p>This should include a review of the validation of a request's legitimacy, as well as the accuracy of processing.</p>	<p>Agree to recommendation. Manager approval process will be addressed and documented as part of the policy and procedure framework.</p>	<p>We confirmed that this expectation had been appropriately clarified and documented as part of the new policy and supporting procedures.</p> <p>We consider this recommendation to be fully implemented.</p>	No further action required.

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ICT Asset Management	31 December 2022	Management should raise staff awareness around preventing cross-use of devices and the risks involved.	A memo containing key asset management messages was disseminated to Senior Leadership Group members in July 2022. ICT will continue to reinforce these key messages through methods including corporate messaging tools, direct reports to Heads of Service, and contacting individuals as appropriate.	Additional evidence was provided to Audit of discussion with Directorate Management Teams, explaining the issues caused by inappropriate use of devices and the key principles of effective asset management. We consider this recommendation to be fully implemented.	No further action required.
ICT Vulnerability Management	31 January 2023	Detail removed as presents security risk	Detail removed as presents security risk	Detail removed as presents security risk We consider this action to be fully implemented.	No further action required.
Use of Waivers and Extensions	31 May 2022	The ICP Team should develop a formal system for the process of submitting and approving waiver and contract requests. This should include a mandatory control for all waivers over £50k to be submitted to the Deputy Chief Executive and City Treasurer by ICP, to	The ICP Team are currently exploring options including Teams functionality to support with this. The team are also looking to procure a new contract management system with functionality that will support management of approvals. In the	Strengthened controls mean all waivers over £50,000 go through the Integrated Commissioning and Procurement team and are included in the revised waiver log and sent for relevant sign off. We saw evidence which confirmed increased	No further action required.

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		<p>provide assurance of their agreement.</p> <p>Consideration should be made to integrating the Teams Approvals function into the system to support more unambiguous authorisations and a self-contained audit trail.</p>	<p>immediate term, the team has already amended the waiver template form to explicitly confirm that ICP Management have been consulted beforehand. We will confirm with directorates that waivers and extensions, along with contract award reports more generally must go through the ICP Team.</p>	<p>scrutiny around waivers and examples where work has been undertaken to prevent the need for waivers.</p> <p>The new contract management system is currently in the testing phase and the required approvals have been built into the system.</p> <p>We consider this action to be fully implemented.</p>	
Use of Waivers and Extensions	31 May 2022	<p>The ICP team should work with Legal Services to simplify the Constitutional wording around contract authorisations. Wording around delegated authority should be explicit and unambiguous, with clear definitions of authorised officers.</p> <p>This should be reflected in procurement guidance and disseminated to</p>	<p>Agree, subject to Constitutional amendments being confirmed. The ICP Team are currently working with Legal Services and directorates to develop proposed revisions for the Constitution</p>	<p>The Constitution was updated and subsequently approved in November 2022 with simplified wording around contract authorisations.</p> <p>We were satisfied that these changes have been reflected in procurement guidance and disseminated to commissioning and authorising officers.</p> <p>We consider this action to</p>	No further action required.

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		<p>commissioning and authorising officers. We advise that ICP take their observations regarding waivers/direct award and delegated authorities to the Commercial Board for discussion.</p>		be fully implemented.	
Housing Operations Voids	30 September 2022	<p>Detailed options appraisal guidance should be developed, and a full options appraisal should be undertaken for all strategic voids including a cost benefit analysis to ensure investment / repair decisions are well informed, and based on future use / strategic plans / community plans etc. The Asset Management strategy should be updated to include proposals for record keeping / assessment / decision making / reporting and Management Information.</p>	Agreed	<p>The current Asset Management Strategy is in place for 2022-25 (also due to be renewed over the next 18 months). This refers to detailed options appraisal guidance which has been agreed by the Strategic Void Group. Appraisals have been completed or are underway for all strategic voids, now under the scrutiny of the Group. Some of the strategic voids have new established 'exit' routes since the time of our audit, for example, be demolished. Remaining Strategic voids have been prioritised with a £350,00 fund within the capital investment programme for delivering long term empty properties</p>	No further action required.

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				<p>going for approval on the 10 July. Others are currently having works under a government funding stream.</p> <p>We consider this action to be fully implemented.</p>	
Housing Operations - Governance	31 July 2022	<p>The Director of Housing Operations should ensure that the following are added into the governance documentation: Person Specification, Role profile / tasks, Required / desired skills, Membership renewal strategy, Programme of training, Equality, diversity and inclusion statement / policy, Committee member conflict of interest statements, Clarification of how the committee will appoint a chair in the Executive Member's absence, Clear plan to support continuous improvement of the committee, Outline of decision-making arrangements. We also</p>	<p>The recommendations are accepted and are in progress, following the receipt of the draft audit findings.</p> <p>NB: The two year period for residents is a minimum period and subject to review can be extended by the Chair of the Advisory Committee to a four year term.</p>	<p>The required documentation is now in place and a number of learning and development sessions have been held for board members e.g. finance, capital programme, decent homes, damp and mould. Membership renewal has been considered and will be formalised prior to the end of the minimum two year term.</p> <p>We consider this action to be fully implemented.</p>	No further action required.

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		<p>recommend the following: The proposed two-year maximum term for tenant committee membership is extended. The numbers of tenants and members are equal.</p>			
Housing Operations - Governance	31 July 2022	<p>Reporting requirements and routes should be defined in the committee ToR. We would expect this to include annual reporting, monitoring of KPIs, regular reporting against equality, diversity and inclusion priorities and objectives, reporting on the declaration of interests register, tenant's annual scrutiny review of the service.</p>	Recommendation agreed.	<p>The Terms of reference set out the responsibilities and remit of the Board and reporting requirements. A declaration of interests register is in place, has been signed by all parties and will be reviewed annually. The role of the board is to scrutinise the service, primarily from residents' perspective. An annual report was produced for 21/22 and one for 22/23 will be complete in September. Equality, Diversity and Inclusion responsibilities have been set out in the role profile and terms of reference.</p> <p>We consider this action to be fully implemented.</p>	No further action required.