

**Manchester City Council
Report for Information**

Report to: Audit Committee – 28 November 2023
Subject: Outstanding Audit Recommendations
Report of: Head of Audit and Risk Management

Summary

In accordance with Public Sector Internal Audit Standards, the Head of Audit and Risk Management must “establish and maintain a system to monitor the disposition of results communicated to management; and a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action”. For Manchester City Council this system includes reporting to directors and their management teams, Strategic Management Team, Executive Members and Audit Committee.

This report summarises the implementation position at the end of September 2023.

Recommendations

The Committee is recommended to consider the assurance provided from the follow-up of outstanding audit recommendations.

Wards Affected: ALL

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

None

Equality, Diversity, and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

None

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities.	An effective internal audit service is an integral part of the Council's governance arrangements. It helps to maintain and develop good governance and risk management and provides independent assurance over the effectiveness of the Council's systems of control. This contributes to being a well-run Council and indirectly to the achievement of organisational objectives and the Our Manchester Strategy.
A highly skilled city: world class and home-grown talent sustaining the city's economic success.	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities.	
A liveable and low carbon city: a destination of choice to live, visit, work.	
A connected city: world class infrastructure and connectivity to drive growth.	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue = None

Financial Consequences – Capital = None

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

- Internal Audit progress reports to Audit Committee
- Outstanding Audit Recommendations Report to Audit Committee – July 2023

1 Introduction

- 1.1. Audit Committee are provided with regular reports on actions taken to address outstanding high priority recommendations made by both Internal and External Audit.
- 1.2. There are four categories of recommendation priority: critical, significant, moderate, and minor. This report provides the details of progress to address outstanding recommendations in the high risk (critical and significant) categories and an update on proposed next steps. This report focuses solely on Internal Audit recommendations, as there are currently no External Audit recommendations being tracked.
- 1.3 This report also includes an update on progress made by school to address recommendations from school audit reports.

2 Background

- 2.1 Internal Audit follows up management actions on high-risk recommendations at least quarterly to obtain assurance that progress is being made to address risk. Management is required to provide demonstrable evidence to show that agreed actions have been implemented. Internal Audit considers this evidence and may choose to re-test systems and controls on a risk basis to provide assurance that agreed improvement actions have been implemented and are operating effectively.
- 2.2 Where a limited or no assurance opinion is issued, a full follow up audit is undertaken after 6-12 months to test whether agreed areas for improvement have been addressed.
- 2.3 In addition to recommendations agreed as part of planned assurance reviews, we have now formalised our approach to capturing and tracking recommendations made through audit investigations. In specific circumstances where we find systemic control weaknesses or gaps, we will produce an action plan for management, identify action owners and agree implementation dates. Critical and significant recommendations will be monitored via the existing processes.
- 2.4 Where system related issues are found, we may include them in standard recommendation reporting to Committee but that may not be appropriate in all cases, for example, if the recommendation relates to actions needed to be taken to reduce the risks of fraud or theft where publishing to the public at large would present an increased likelihood of crime. For completeness we will continue to report progress on all counter-fraud related audit activity to the Committee through the Counter Fraud Annual report.
- 2.5 Progress made in the implementation of agreed actions is reported quarterly to Directorate Leadership Teams (DLTs), Strategic Management Team (SMT) and Audit Committee. Executive Members are notified of high priority recommendations reaching six months overdue. At nine months overdue,

Strategic Directors are required to attend Audit Committee with the relevant Executive Member to explain the position and progress to either address or accept the reported risks.

- 2.6 In accordance with Audit Committee expectations, the risk relating to recommendations that are not fully implemented will not be written back to Strategic Directors when they are over 18 months past the agreed implementation date. Directors will continue to attend this Committee to outline the reasons for delay and mitigating actions that they consider have reduced risk exposure to a tolerable level.

3 Current Implementation Position Update

- 3.1 The position in terms of high priority internal audit recommendations is summarised below. Implemented recommendations are described in detail at Appendix 1. Overdue recommendations are detailed in Appendices 2,3 and 4.

- 3.2 This report relates to Council activities only.

Outstanding Recommendations – over 12 months

- 3.4 There are four recommendations that are over 12 months old.

- 3.5 Avro Hollows Tenants Management Organisation (TMO) – three recommendations that are 12 months overdue where updates were sought from the TMO as part of a wider meeting with the Chair and the TMO Board intended to improve the quality of information exchange and level of confidence in governance arrangements. At this stage management cannot provide assurance that the TMO have addressed recommended improvements from the audit and we continue to work with them to influence action in this as well as in a range of other governance and performance areas. The governance of the TMO remains a concern and is highlighted in the Register of Strategic Partnerships.

- 3.6 Privacy Notices – This relates to the work of the Data Protection Officer to assess current privacy notices and confirm whether they are tailored to individual user groups. One recommendation is overdue which is partially implemented. Actions have been taken to update privacy notices but there are four service areas across Children's and Adults Services where specific child-friendly and easy-to-read notices still need to be completed. The recommendations will not be signed off as complete until these are done. We are confident based on management updates that these will be completed before the next Committee update but if this is not the case then senior management will be required to attend the meeting to provide an update.

Directorate	Audit Title	Due Date	Months	Status
Growth & Development	Avro Hollows Tenants Management Organisation (AHTMO)	June 2022	16	Partially Implemented
Growth & Development	AHTMO	Sept 2022	13	Partially Implemented
Growth & Development	AHTMO	Sept 2022	13	Outstanding
Core	Privacy Notices	Oct 2022	12	Partially Implemented

Overdue Recommendations – 6 to 12 months

- 3.6 There are two recommendations that have been overdue for between six and twelve months.
- Vendor Creation and Amendment (1) – a number of positive actions have been taken in response to this recommendation so it is classed as partially implemented. There are opportunities to include proactive vendor review mechanisms as part of the new ERP (finance and HR) system so this recommendation is remaining open to help ensure that that this remains a focus in the design and implementation of the new system.
 - Social Value Monitoring (1) – partially implemented as actions had been taken to ensure banked hours and social value commitments from contractors were utilised. As additional social value would accrue from ongoing delivery of contracts we have sought assurance how this will be managed and monitored before this recommendation is signed off as fully implemented.

Overdue Recommendations – 1 to 6 months

- 3.7 We are tracking 14 recommendations that are now in this category
- Adaptations Review (6)
 - Adult Social Care: Contracts Governance (2)
 - Contracts Risk Management (1)
 - Review of Fire Risk Assessment Process (Residential Properties) (2)
 - Adults Care Package Payments (3)

4 Recommendation

- 4.1 Audit Committee is requested to note the current process and position in respect of high priority Internal Audit recommendations.

Appendix 1 – Implemented Recommendations

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Avro Hollows Tenants Management Organisation (AHTMO)	30 September 2022	<p>The Head of Housing Services should ensure that the Modular Management Agreement is reviewed, to ensure it accurately reflects expectations following the closure of Northwards Housing, and that it provides sufficient clarity on key aspects of delivery including anti-social behaviour and scheduling of capital works.</p> <p>Following this, the document should be finalised and signed off.</p>	Agreed	We have confirmed that this document has been signed off by the Assistant Director (Legal Services) and by two of the AHTMO Board Directors.	No further action required
Damp and Mould in the Private Rented Sector	31 August 2023	<p>The Housing Compliance and Enforcement Team Manager should review the process (in particular triage and case closure) to ensure that it fully supports vulnerable residents and those who may struggle to comply with the usual procedures. This shall include: Triaging the complaints to encourage landlord informal action where tenants may be vulnerable but have not provided all the required information, Conducting licensing visits / referrals where intelligence suggests problems exist, but tenants are struggling to engage, or where tenants have moved out, but issues not resolved.</p>	Agreed	We have confirmed that a review of the triage process has been undertaken and amendments have been made to the Flare system to ensure that vulnerable residents are better supported. There are also 3 new Community Engagement Officers in post in October 23 funded via GMCA pathfinder funding who will be able to assist in supporting vulnerable residents. Licensing referrals are now made when vulnerability concerns are identified.	No further action required

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
ICT Asset Management	31 July 2023	<p>Management should ensure that asset scans include all networked computing devices, including Apple products. These should be updated within ServiceNow accordingly.</p>	<p>ICT have agreed to seek a third party to provide support for these products. As part of their contract we will include expectations on asset scanning, patching and updating, and relevant performance indicators will be agreed for reporting back to the Council.</p>	<p>We can confirm that planned activity in this area has now been enacted, and we have reviewed evidence of the monitoring outputs. This recommendation has therefore been fully implemented.</p>	<p>No further action required</p>
Adaptations Review	30 June 2023	<p>A working group should be developed including representatives from both the City Council and each of the RPs with a remit to consider options to improve the timeliness and effectiveness of the adaptations process across the City, this should include but not be limited to a focus on the issues identified in our audit as contributing to the delays our testing identified.</p> <p>Solutions may involve redistributing responsibility for problematic elements of the process, sharing more good practice and guidance around problem areas, considering if there are areas where framework contracts could be used to increase contractor capacity and ensure the necessary skills are available.</p>	<p>This is already in place via the working group meetings that the Housing Programme Manager chairs. These do need to be scheduled in the calendar as reoccurring to ensure they occur on a regular basis and a revised Terms of Reference agreed & standard agenda items reviewed.</p>	<p>We can confirm that bi-monthly meetings are in the diary and taking place for the working group. Therefore this recommendation has been fully implemented.</p>	<p>No further action required.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Safer Recruitment in Schools	20 September 2022	The Senior Schools Quality Assurance Officer with responsibility for safer recruitment should ensure the Safer Recruitment Policy is updated and reviewed on an annual basis to ensure all key processes are documented in once place.	Schools were notified of the two updates via schools broadcast, via the self-assessment section of the annual safeguarding audit and via the checklist within the annual model safeguarding policy. This was also included in the COVID-19 supplementary safeguarding policy which ALL Manchester schools adopted. The policy is updated regularly, but particularly where there are significant updates. The two updates were shared with all schools via multiple sources between 2020 and 2022. An updated policy for 2022 was shared in September 2022 so that these two amendments are noted in both the model safeguarding policy and the safer recruitment policy.	<p>We reviewed the Safer Recruitment Policy and were able to confirm it had been updated with Keeping Children Safe In Education (KCSiE) 2022. The policy was distributed to schools via a circular broadcast in September 2022.</p> <p>In addition to the regular updates that schools receive they have had two significant updates between 2020 and 2022, these two amendments were noted in the model safeguarding policy and the safer recruitment policy.</p>	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: - Continue the Local Authority training offer to schools, updated annually with changes to KCSiE by the Safer Recruitment Consortium (training providers)	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 our updated approach of sharing regular training and briefing events. We have already launched the September 2022 Safer Recruitment policy. We will	The SSQA has implemented processes to seek assurance over safer recruitment overall in a number of different ways, specifically; The Local Authority training has been delivered to 47 individuals within 29 schools in 2021-2022 and 41 individuals from 24 schools in 2022-2023. The launch of the updated Safer Recruitment Policy in September 2022.	No further action required

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>Continue to share best practice with schools, via events or seminars attended by Governors, Business Managers or Head Teachers.</p> <p>Share a circular to schools to highlight common themes identified in the report with suggestions of how to improve practice in each area.</p> <p>Relaunch the Council's updated Safer Recruitment in Schools policy to all schools.</p>	<p>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>A broadcast was shared in January 2023 to highlight common themes identified in the report with guidance of how to improve and strengthen practice in each area of safer recruitment.</p>	
Safer recruitment in Schools	30 September 2022	<p>The SSQA for each school where a limited opinion has been identified should discuss progress with management during their routine visits.</p>	<p>Agree</p> <p>We identified some schools that we had concerns about HR practice or additional support needed or where there were new colleagues in post for the audit. The findings would confirm the need for further support to these schools and this was addressed at the start of the new school term in September 2022.</p>	<p>The SSQA's with responsibility for individual schools have been liaising with the schools with regards to their recommendations and have been monitoring implementation. Liaison and engagement from the SSQA's with individual schools has been evident due to progress being made in the implementation of recommendations.</p>	No further action required

Appendix 2 – Recommendations Over 12 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Avro Hollows Tenants Management Organisation (AHTMO)	30 June 2022	We found that the formal recording of repair requests was managed through a spreadsheet. However, requests were only added to the spreadsheet at the point that they were approved for referral to the external repairs' contractor. The AHTMO Manager informed us that there was no structured record of repair requests that were refused, and that minor repairs passed to the handyman were only recorded in carbonated job request books. Jobs referred to Housing Operations (previously Northwards) were also not recorded.	Agreed - The Head of Housing Services should seek assurance from the AHTMO Manager over the recording and management of requests for repair at the point of receipt.	<p>AHTMO staff have documented their process for recording of repair requests. This shows that repairs referred to Housing Operations are also expected to be recorded.</p> <p>We were also informed that the handyman does not undertake repairs.</p> <p>From the evidence supplied, we were unable to determine whether refused requests were routinely recorded.</p> <p>Internal Audit opinion: Partially implemented</p>	<p>Director: Becca Heron, Strategic Director of Development</p> <p>Lead Officer: Martin Oldfield, Head of Housing Services</p> <p>Executive Member: Councillor White</p> <p>Status: Sixteen months overdue</p> <p>Action: This is an area of active follow up by the Head of Audit and Risk Management and the Head of Housing Services.</p>
Avro Hollows Tenants Management Organisation (AHTMO)	30 Sept 2022	The Head of Housing Services should seek assurance from the AHTMO Manager over the completeness of the local policy for assessing repair quality and resident satisfaction, and the extent of compliance with the expectations outlined in the Modular Management Agreement.	Agreed	<p>We were able to confirm from the quarterly surveyor's report that resident satisfaction was assessed in relation to completed repairs. However, the report did not include detail of the other methods used to assess repair quality, including the outcomes of surveyor inspections, and did not directly reference the expectations of the Modular Management Agreement.</p> <p>Internal Audit opinion: Partially implemented</p>	<p>Director: Becca Heron, Strategic Director of Development</p> <p>Lead Officer: Martin Oldfield, Head of Housing Services</p> <p>Executive Member: Councillor White</p> <p>Status: Thirteen months overdue</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
					<p>Action: This is an area of active follow up by the Head of Audit and Risk Management and the Head of Housing Services.</p>
Avro Hollows Tenants Management Organisation (AHTMO)	30 Sept 2022	The Head of Housing Services should seek assurance from the AHTMO Manager over the completeness and accuracy of performance monitoring, including the frequency of resident satisfaction surveys.	Agreed	<p>The AHTMO Board report contains aspects of performance management information that is required under the terms of the Modular Management Agreement and that is required to assure performance, however there are significant areas for improvement in the completeness of information including satisfaction surveys and mechanisms to assess and act on resident satisfaction or concerns.</p> <p>Internal Audit opinion: Not implemented</p>	<p>Director: Becca Heron, Strategic Director of Development</p> <p>Lead Officer: Martin Oldfield, Head of Housing Services</p> <p>Executive Member: Councillor White</p> <p>Status: Thirteen months overdue</p> <p>Action: This is an area of active follow up by the Head of Audit and Risk Management and the Head of Housing Services.</p>
Privacy Notices	31 Oct 2022	The Data Protection Officer (DPO) should co-ordinate an exercise to assess current privacy notices and confirm whether they are tailored to individual user groups identified as unlikely to understand the standard information given. Where required amendments are identified, the Data Protection Officer should agree target timescales for delivery of these amendments with relevant officers.	Agreed	<p>The assessment identified four service areas where a tailored privacy notice would be beneficial. These all fell within the remit of the Directorate Senior Information Risk Owner (DSIRO) for Children's, Education and Adults.</p> <p>In addition, the DPO will provide more hands-on support to the DSIRO.</p> <p>The next periodic review of all privacy notices will include and record consideration of the intended audience and whether tailored information is required.</p>	<p>Director: Fiona Ledden, City Solicitor and Senior Information Risk Owner</p> <p>Executive Member: Councillor Craig at time of report issue – now Councillor Akbar</p> <p>Status: Twelve months overdue</p> <p>Action: To continue to request updates from the service to evaluate progress.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>Formal consideration of the intended audience could be added to the scope of periodic reviews to ensure full coverage and evidence decision making as to whether tailored information is required in specific circumstances.</p>		<p>Internal Audit opinion: Partially implemented</p>	

Appendix 3 – Recommendations between 6 and 12 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Vendor Creation and Amendment	30 April 2023	<p>The Exchequer Services Lead should define and establish arrangements for the regular review of the vendor master file in its entirety, to identify duplicate or unused vendors and ensure that these are blocked from future use.</p> <p>We anticipate that support will be required from ICT in providing relevant data to enable this review to take place.</p>	<p>Agree to recommendation. Exchequer Services takes part in the NFI (National Fraud Initiative) every 2 years which identifies duplicate accounts on our vendor records. This is currently taking place (late 2022). In addition to this an annual check of the VMF (vendor master file) will be added to the year end / new year schedule. There will also be a joint exercise as part of the ERP work to rationalise vendors.</p>	<p>The review of unused vendors was carried out by the Finance Systems Change Team, who blocked several thousand vendors that had not been used in the preceding two years. This was completed over two stages, completed in February and May 2023.</p> <p>The Exchequer Services Team has previously used reports produced by the National Fraud Initiative (NFI) to identify and block duplicate vendor records. However, the approach, resourcing and risk assessment for handling these reports in future is to be reviewed to confirm that it remains fit for purpose.</p> <p>The Systems Change Team will be exploring options for the enhancement of validation functionality as part of the new corporate finance system project, which is in the early stages of procurement.</p> <p>Internal Audit opinion: Whilst positive action has been taken this will remain as partially implemented to ensure it remains an area of focus in the implementation of the new ERP system.</p>	<p>Director: Carol Culley, Deputy Chief Executive and City Treasurer</p> <p>Executive Member: Councillor Akbar</p> <p>Status: Six months overdue</p> <p>Action: To continue to request updates from the service and evaluate progress as part of the ERP solution.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Social Value Monitoring	31 March 2023	<p>Prompt action should be taken to ensure there are appropriate processes in place to ensure the timely use of banked hours received from the small works framework contractors before its expiry.</p> <p>This should also consider reminders to relevant officers of the need for hours to be redeemed along with appropriate timescales. This may also be used to generate ideas/proposals for use of banked hours should this be required.</p> <p>Decision making and the recording of approval to use banked hours should be determined to ensure consistency, fairness, and transparency. Mechanisms for reporting the outcome of used hours should also be developed.</p>	<p>Agreed. The Social Value Governance Board will discuss options for use of the banked hours at its next meeting in October.</p> <p>Work is also being undertaken with Corporate Estates to discuss options for use of social value contributions for ongoing maintenance work in community asset transfer properties and how this could work in future iterations of NWCH frameworks.</p>	<p>The small works framework has now expired (end of September 2023). However, proposals for use of the remaining hours were approved by the Head of Integrated Commissioning and Procurement and were shared with the Social Value Board earlier in the year.</p> <p>We were informed that some social value will continue to be delivered after the framework's expiry as the hours owed take effect from when the client is in contract with the contractor so we will still be realising social value on those specific jobs.</p> <p>We have requested further detail from the service on the extent of banked hours remaining and proposals for their use. As such we consider this to be partially implemented.</p> <p>Internal Audit opinion: Partially implemented</p>	<p>Director: Carol Culley, Deputy Chief Executive and City Treasurer</p> <p>Executive Member: Councillor Akbar</p> <p>Status: Seven months overdue</p> <p>Action: To continue to request updates.</p>

Appendix 4 – Recommendations between 1 and 6 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Adaptations Review	31 May 2023	As part of the wider review of adaptations delivery consideration should be given to bringing the delivery and oversight of Manchester Housing Operations adaptations back under the MEAP team.	Agree with this recommendation. The current resources from Northwards/Manchester Housing Services would need to move over to support this including the manager, 3 technical officers and business support.	Partially implemented - Initial conversations have taken place with a view to responsibility for the completion of Manchester Housing Operations adaptations moving back under MEAP. However agreement has not been reached yet and more work is needed to move work back into MEAP. Internal Audit opinion: Partially implemented	Director: Bernadette Enright Executive Director, Adults Social Services Executive Member: Councillor Robinson Status: Five months overdue Action: To continue to request updates from the service and evaluate progress.
Adaptations Review	30 June 2023	A centralised workflow with supporting procedures should be produced to map the end to end process for delivery, including defined timescales for each process stage; from initial request, through assessment, to decision and completion of adaptation and sign off the work. This should clearly identify the point at which adaptations pass between the various partners involved in the process and the documentation that should be completed.	This already exists and is in the appendices of the SLA but will be reviewed and updated to match the revised DFG guidance and then annually.	The most recent update we received from management confirmed that this has been completed as part of the design of the new case management system for the process that is completed by MEAP. Discussions are required for what takes place with the Lead Registered providers. This may be affected by the ongoing Delivery Model Assessment. Internal Audit Opinion: Partially Implemented	Director: Bernadette Enright Executive Director, Adults Social Services Executive Member: Councillor Robinson Status: Four months overdue Action: To continue to request updates from the service and evaluate progress.
Adaptations Review	31 August 2023	The Adaptations SLA should be reviewed, updated, and formally agreed as a priority, and reviewed / revised annually thereafter. Consideration should be given to including representatives from the RPs in the initial review to ensure the future SLA is balanced and	Agreed. The RPs and Northwards were involved in setting up the original SLA. Meetings will be set up with Lead RPs and Housing Services to take this forward. However, refer to actions below for recommendation 3 which may affect this.	The most recent update we received from management confirmed that action to implement this recommendation was ongoing. The ongoing Delivery Model Assessment may impact on this. Internal Audit Opinion: Partially implemented	Director: Bernadette Enright Executive Director, Adults Social Services Executive Member: Councillor Robinson Status: Two months overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>includes the requirements of both the City Council and the RPs.</p> <p>Once the SLA between the City Council and the three main RPs is in place, SLAs should also be developed with the smaller RPs for adaptations work completed for them. These SLAs should be consistent with the requirements of the main SLA.</p> <p>As part of the refresh of the SLA the performance reporting requirements and current performance indicators should be reviewed and revised. This should include performance reporting from the RPs on their activity and should include consideration of what performance information it may be useful to report to the RPs from MEAP.</p> <p>The Adaptations Policy should also be reviewed annually.</p>	<p>The ongoing discussion and a decision in relation to bringing the smaller RPs back in house will resolve many of the issues identified as one framework would be utilised.</p> <p>Agree, PI's need to be simple, informative and what is required. We will use the new DFG guidance as a format.</p> <p>We do always update the Adaptations Policy when there is any change to policy or legislation/legal rulings etc. And will arrange an annual review.</p>		<p>Action: To continue to request updates from the service and evaluate progress.</p>
Adaptations Review	30 June 2023	<p>Responsibility for completion of the smaller RPs adaptations should be reallocated away from the three large RPs to allow them to focus their resources on their own adaptations. Options include allocating smaller RPs work back into the City Councils MEAP team or alternatively, asking the small RPs to complete their own adaptations.</p> <p>The procedures and workflows developed as recommended at recommendation two should be</p>	<p>There is a proposal to bring the smaller RPs back in house which is to be discussed for approval at SMT. However, there may still be issues particularly around resources which may still lead to an inconsistent offer for residents with no consistency around waiting times, quality/cost and hand-offs. We could also explore options around the delivery model for the Lead RPs and establish their appetite to continue to deliver</p>	<p>The latest update we received from the business confirmed that they considered this implementation to be complete. They confirmed that MEAP have taken responsibility for the smaller RPs from 1 April 2023 and discussions are underway regarding the remainder of the work coming back to MEAP from 1 April 2024. We are awaiting confirmation that the procedures and workflows have been shared with landlords and RPs as per our recommendation as well as</p>	<p>Director: Bernadette Enright Executive Director, Adults Social Services</p> <p>Executive Member: Councillor Robinson</p> <p>Status: Four months overdue</p> <p>Action: To continue to request evidence from management of communication of revised arrangements to the small RPs.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		shared with all landlords and smaller RPs to ensure they are clear on their own role in the completion of adaptations.	their tenants' major adaptations and consider whether that responsibility should be transferred back to MEAP. Additional resources would be required to transfer back to MEAP but this would be funded by the additional fee income generated.	evidence of the communication of this decision to the smaller RPs before confirming full implementation of this recommendation. Internal Audit opinion: Partially implemented.	
Adaptations Review	30 June 2023	Options for achieving a more consistent and streamlined approach for recording and tracking adaptation requests must be considered. There are several different options that could be considered to achieve this; specifically: <ul style="list-style-type: none"> • Develop a centralised database on which all adaptations work is documented from the completion of initial assessment through to completion and sign off the work, which can be accessed by MEAP and all RPs. • Develop a standard approach to recording adaptations activity across all adaptations with a single spreadsheet between MEAP and each of the RPs for their work. • Develop a set of minimum standards for documenting adaptations activity. Each RP and MEAP will therefore be required to meet these minimum standards for their 	MEAP are in the process of implementing Case Manager from Foundations (a cloud-based database that will address this recommendation and has the capability to cover all tenures/landlords). It will provide a comprehensive recording and tracking system with excellent performance management capability built in. (Subject to confirmation there will be no GDPR issues regarding sharing information/system can adequately limit access to information by user etc). MEAP have requested a Liquid Logic change to be able to report on the RP waiting lists and will be able to provide this as soon as the change/report has been actioned.	We have not yet received an update from the Business on progress made towards implementing this recommendation. Internal Audit Opinion: Not implemented	Director: Bernadette Enright Executive Director, Adults Social Services Executive Member: Councillor Robinson Status: Four months overdue Action: To continue to request updates from the service and evaluate progress.

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>records but will still maintain ownership of their monitoring records and there will be no shared access.</p> <p>If the option chosen does not involve shared records between MEAP and the RPs, then MEAPs waiting lists should be regularly shared with each RP so that they have clarity on the numbers on the MEAP waiting lists that may come through for adaptations in their area.</p>			
Adaptations review	31 August 2023	<p>In the review and revision of the SLA recommended at recommendation 1 above; the requirements around quality checks should be clearly articulated and consideration should be given to developing a standard document to be completed demonstrating quality checks have been completed prior to handover.</p>	<p>Agree with the need to include within the SLA and creation of standard document. If the three Lead RPs continue to deliver their own major adaptations, there is an option for MEAP Technical Officers to sign off all completed works across all tenures, but additional resources will be needed to do this. It is important that there is independent sign off that the works delivered are appropriate and meet Assessment of Need and this will provide robust quality assurance.</p>	<p>We have not yet received an update from the Business on progress made towards implementing this recommendation.</p> <p>Internal Audit Opinion: Not implemented</p>	<p>Director: Bernadette Enright Executive Director, Adults Social Services</p> <p>Executive Member: Councillor Robinson</p> <p>Status: Two months overdue</p> <p>Action: To continue to request updates from the service and evaluate progress.</p>
Adult Social Care Contract Governance	30 June 2023	<p>Management should explore options for addressing the capacity issues currently faced by the Contracts Team which is limiting the progression of planned</p>	<p>1) The 4th Contract Officer appointed is currently going through post interview process. Once in post, the Adults directorate will have a</p>	<p>We have commenced our follow up review to determine progress with the implementation of audit recommendations. The service is currently collating relevant</p>	<p>Director: Bernadette Enright Executive Director, Adults Social Services</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>development work to strengthen the impact of the team.</p> <p>All proposed improvement actions should be consolidated into a single action plan with target timescales for completion. Appropriate monitoring mechanisms to track progress with the action plan should be established.</p>	<p>Contracts Officer covering each of the 4 large service areas (LD, MH, Homecare and Older People bedded care).</p> <p>2) The Contracts Team is further expanding to include 2x Grade 5 Contract Support Officers to support with the wider growth and service delivery of the function</p> <p>3) The Head of Contracts has ambitions to grow the team further to expand its operational oversight of service delivery. This area of growth will be assessed through Q4 of 22/23 and into Q1 of 23/24</p> <p>4) The Controcc programme of work is gathering pace and the creation of a 'hub' which will form outside of the contracts team remit will increase Contract Officer capacity to undertake Contract Management activities. The Controcc programme activities will commence over Q3/Q4.</p>	<p>documentation which we will review and assess once received.</p> <p>As such we still consider this recommendation to be outstanding.</p> <p>Internal Audit opinion: Not implemented</p>	<p>Executive Member: Councillor Robinson</p> <p>Status: Four months overdue</p> <p>Action: To review relevant documentation once received from the service and evaluate progress.</p>
Adult Social Care Contract Governance	30 September 2023	<p>Active contract management/monitoring of providers for those areas of a contract not covered as part of the PQI team monitoring should begin. These should aim to seek assurance on an ongoing basis over areas including:</p> <ul style="list-style-type: none"> -Social value -Carbon reduction -Provider payments 	<p>It is noted that a focus on assurance on the areas listed require a collaborative approach across a number of functions, supported by commissioners and Finance.</p> <p>1) The developments covered under action 1 responses will create capacity in the contracts team to</p>	<p>We have commenced our follow up review to determine progress with the implementation of audit recommendations. The service is currently collating relevant documentation which we will review and assess once received.</p> <p>As such we still consider this recommendation to be outstanding.</p>	<p>Director: Bernadette Enright Executive Director, Adults Social Services</p> <p>Executive Member: Councillor Robinson</p> <p>Status: One month overdue</p> <p>Action: To review relevant documentation once received</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>-Ongoing financial resilience of providers.</p> <p>-Capacity.</p> <p>-Other KPIs not covered by PQI team.</p>	<p>undertake Contract Management activities.</p> <p>2) The team are currently being set objectives and drafting workplans for each portfolio area. This will be concluded by the end of November.</p> <p>3) For LD and MH services – We are now establishing quarterly SCRUM meetings with 3 critical suppliers in each service area to commence from January 2023. We will be rolling this out to homecare and bed based care provision during Q4.</p> <p>4) Complete the Contracts Team SOP by April 2023</p> <p>5) Work with Commissioners to implement non-Quality based KPIs for new Contracts (April to September 2023).</p>	<p>Internal Audit opinion: Not implemented</p>	<p>from the service and evaluate progress.</p>
Contracts Risk Management	31 August 2023	<p>Means of gaining assurance over gold contracts and the timeliness of this should be assessed to provide a greater understanding of the scrutiny, assurance, and operational monitoring of the Council's most critical contracts.</p> <p>This should be viewed against the current requirements of the Due Diligence Framework to optimise the intelligence and assurance we have over gold contract suppliers. We would expect this information to then be used to provide an</p>	<p>The recommended action above picks up on two related but distinct elements: due diligence (particularly in relation to the economic and financial standing of suppliers) and performance management. On the first of these, ICP will explore with contract managers how we can refine the Due Diligence framework recording accordingly, although some of the above issues relate more to the second element, performance management. ICP</p>	<p>Integrated Commissioning and Procurement (ICP) produce a high level summary of key risks and issues for gold contracts to the Major Contracts Board, including an overall RAG rating, and summary position from the relevant contract manager regarding whether performance is meeting expectations, whether social value is being delivered to expectations, risk of financial pressures on the contract (a key risk currently given the high inflation rates this year) plus any</p>	<p>Director: Carol Culley, Deputy Chief Executive and City Treasurer</p> <p>Executive Member: Councillor Akbar</p> <p>Status: Two months overdue</p> <p>Action: To assess supporting documentation once received.</p>

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		<p>assessment of the risk exposure level relating to each gold contract and allows for preventative/reactive measures to be taken in response to risks identified.</p> <p>We have provided a list below of potential details to be captured on the monitoring sheet although recognise this is not exhaustive:</p> <ul style="list-style-type: none"> • Company key details, company number, parent company details, sub-contractor details, • Supplier financial data, claims, early payments, external funding, financial resilience • H Score – Company watch • Overall risk rating – operational risk • Contract management data – risks/issues, Contract management plan • Contract/spend data – original contract price, actual contract price, variance, payments history (disputes, aged POs, credits) • Continuity data – BCP, test of BCP • Re-procurement details/ • Operational performance data – KPIs, project schedule data, H&S, contract compliance, relationship management status. • Risk/issues – ones to watch 	<p>will work with Major Contracts Leads to develop a more consistent summary reporting pro forma which could be reviewed by the Major Contracts Board and Directorate Management Teams. It will be important in this to make the reporting as streamlined as possible.</p>	<p>issues for the Board to be aware of.</p> <p>ICP have commenced, from September and October 2023, new quarterly meetings with directorate management teams to run through their contractual positions (all contracts not just gold), spend with suppliers and the recommissioning plans. A standard information pack has been developed for each DMT, including H-scores on suppliers, which will be refined further following completion of the initial round of meetings.</p> <p>The due diligence framework is sent to managers of gold and silver contracts. ICP are currently working with the contract management system supplier to add the relevant fields into the system, which will be used going forward instead of capturing information on word documents and emails.</p> <p>We are awaiting documentation to support the progress described which we will then assess ahead of closing the recommendation.</p> <p>Internal Audit opinion: Partially implemented</p>	

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Review of Fire Risk Assessment Processes (Residential Properties)	30 September 2023	<p>A coordinated approach is needed to ensure the Council is appropriately addressing all fire safety related recommendations related to its residential buildings. This includes actions made as part of fire risk assessments, those made in EWS1/PAS9980s and any other relevant recommendations.</p> <p>This should incorporate an assessment of ongoing budget provision, procurement options for the commissioning and delivery of required works and the prioritisation of works to ensure work is planned efficiently and in alignment with other priorities.</p> <p>Parameters and expectations for jobs to be undertaken by the various teams (repairs and maintenance/minor works) should be defined and communicated to provide clarity and ensure consistency.</p>	<p>A Fire Safety Strategy will be developed with Strategic Housing for the overarching management and delivery of Fire Safety Actions and other building safety remedials as a result of EWS1/PAS9980 assessments for all residential buildings.</p> <p>Specific attention will be in respect of roles and responsibility and accountability across the Council at Senior Management level.</p>	<p>A working group was established earlier in the year who were tasked with the development of a corporate fire strategy. This included the production of a number of draft documents including a fire safety policy, fire safety management procedure and supporting appendices to clarify roles and responsibilities. Draft documents have been shared with key stakeholders for consultation ahead of finalisation and approval.</p> <p>Other developments have included increased resources to oversee and manage the delivery of FRA actions including an Interim Fire Safety Manager and Interim Building Safety Manager. Steps have also been taken to improve the supply chain available to complete required works including the commissioning of an external organisation to assist with the surveying and scoping of works, and the provision of a quality assurance and project management function.</p> <p>Internal Audit opinion: Partially implemented</p>	<p>Director: Neil Fairlamb, Strategic Director: Neighbourhoods</p> <p>Executive Member: Councillor White</p> <p>Status: One month overdue</p> <p>Action: To continue to request updates from the service and evaluate progress.</p>
Review of Fire Risk Assessment Processes (Residential Properties)	30 September 2023	A robust corporate access strategy should be developed to define the processes to be followed in the event a resident will not allow access to complete required works.	Strategic Housing and Housing Services reviewing the Refusals and Access Policy to ensure a consistent approach across all Council social housing.	Work has begun to develop a Refusals and Access Policy, driven by Strategic Housing. However, we have reviewed the draft policy and further refinement of the current content is required along with ensuring appropriate input is received from other	<p>Director: Neil Fairlamb, Strategic Director: Neighbourhoods</p> <p>Executive Member: Councillor White</p> <p>Status: One month overdue</p>

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		<p>This should be developed in conjunction with advice from legal services and include escalation routes should access not be granted.</p> <p>Once finalised officers should be briefed on the policy and the requirements of the policy and implemented as soon as possible.</p> <p>Works and attempts to gain access should then be prioritised according to risk.</p>		<p>relevant teams. We have shared our comments on the policy with relevant officers.</p> <p>To ensure momentum is not lost we highlight the need for the continuation and prioritisation of this work, endorsed by senior officers to finalise and enable the subsequent roll out of this policy and supporting framework. As such we consider this to be partially implemented.</p> <p>Internal Audit opinion: Partially implemented</p>	<p>Action: To continue to request updates from the service and evaluate progress.</p>
Adults Care Package Payments	30 June 2023	<p>The Deputy Director (Adult Social Care), supported by the LAS and ContrOCC Steering Board, should identify, and agree (with respective management) service standards for each activity from creation of CPLI's to Invoice reconciliation and dispute resolution.</p>	<p>This is a key part of the project work which is in progress. Whilst this is priority, the expansion of the Brokerage Team (planning for go live April 2023) and the creation of a ContrOCC 'system hub' team will necessitate changes in process which need to be designed and implemented alongside the agreement of service standards (including for other services involved in the overall process)</p> <p>The planned completion date reflects critical dependency with these other priorities.</p>	<p>Following the Adults Care Package Payments report being issued Adult Services set up a project in BOBL for setting up care packages in LAS (and Controcc), this project included the recommendations from this report but included a wider redesign of the process. Given the limited assurance opinion previously provided, we are currently undertaking a follow-up audit in this area. It is already clear that there has been significant work undertaken, however until we have completed our testing we are not in a position to confirm if the actions taken have addressed the issues previously identified. We are currently working with the ContrOCC Board to review the changes that have been made and</p>	<p>Director: Bernadette Enright Executive Director, Adults Social Services</p> <p>Executive Member: Councillor Robinson</p> <p>Status: One month overdue</p> <p>Action: To review relevant documentation once received from the service and evaluate progress.</p>

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				<p>will issue a follow-up report when our work is completed.</p> <p>Internal Audit opinion: Partially implemented</p>	
Adults Care Package Payments	30 June 2023	<p>The Deputy Director (Adult Social Care) should lead in the production of integrated guidance for the CPLI to payment processes. This guidance needs to include:</p> <ul style="list-style-type: none"> • The standards in Recommendation 1. • Team specific operational responsibilities. • What each Team can expect from others. • Processes for dispute resolution (when CPLI and Invoices don't reconcile), and how responsibility for this is appropriately allocated to the correct team. • Expectations of management review of activity. 	<p>As above, this work is a key part of the project work in progress. Again, as the way in which the teams who interact with the process will be changing in two key ways (expansion of the brokerage team, and creation of a system hub team) – it will be necessary to sequence this work to facilitate those functions becoming operational.</p>	<p>Following the Adults Care Package Payments report being issued Adult Services set up a project in BOBL for setting up care packages in LAS (and Controcc), this project included the recommendations from this report but included a wider redesign of the process. Given the limited assurance opinion previously provided, we are currently undertaking a follow-up audit in this area. It is already clear that there has been significant work undertaken, however until we have completed our testing we are not in a position to confirm if the actions taken have addressed the issues previously identified. We are currently working with the ContrOCC Board to review the changes that have been made and will issue a follow-up report when our work is completed.</p> <p>Internal Audit opinion: Partially implemented</p>	<p>Director: Bernadette Enright Executive Director, Adults Social Services</p> <p>Executive Member: Councillor Robinson</p> <p>Status: One month overdue</p> <p>Action: To review relevant documentation once received from the service and evaluate progress.</p>
Adults Care Package Payments	30 June 2023	<p>The Deputy Director (Adult Social Care), supported by the LAS and ContrOCC Steering Board and by PRI, should identify what management information could be</p>	<p>A data quality scorecard is now in place which has identified an initial collection of metrics including for example 'number of authorised CPLIs not</p>	<p>Following the Adults Care Package Payments report being issued Adult Services set up a project in BOBL for setting up care packages in LAS (and Controcc),</p>	<p>Director: Bernadette Enright Executive Director, Adults Social Services</p>

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		<p>produced (and how often) to support the monitoring of these processes. Reports linked to service standards (from recommendation 1) detailing how long various aspects of this process take could be key to driving improvements.</p> <p>Examples of this could include reports covering how long it takes:</p> <ul style="list-style-type: none"> • The charging team to complete a financial assessment • The brokerage team to identify providers • The brokerage team (or Social worker) to set up a CPLI • Team managers to approve CPLI • Payments team to respond to failures to reconcile. <p>Team management should use this information, for example during supervisions or one to ones, to support service improvement.</p>	<p>activities'. This will develop in parallel with the work described above and our wider work to improve data quality over the coming months.</p>	<p>this project included the recommendations from this report but included a wider redesign of the process. Given the limited assurance opinion previously provided, we are currently undertaking a follow-up audit in this area. It is already clear that there has been significant work undertaken, however until we have completed our testing we are not in a position to confirm if the actions taken have addressed the issues previously identified. We are currently working with the ContrOCC Board to review the changes that have been made and will issue a follow-up report when our work is completed.</p> <p>Internal Audit opinion: Partially implemented</p>	<p>Executive Member: Councillor Robinson</p> <p>Status: One month overdue</p> <p>Action: To review relevant documentation once received from the service and evaluate progress.</p>