Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
	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 includes the requirements of both the City Council and the RPs. 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. 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	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 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. Agree, PI's need to be simple, informative and what is required. We will use the new DFG guidance as a format. We do always update the Adaptations Policy when there is any change to policy or legislation/legal rulings etc. And	We have confirmed that a draft SLA was developed and shared with partners but a decision has since been taken to bring all adaptations work back into the Council by the end of September 2024. No further work will therefore be completed on a revised SLA and management confirmed that the	Director: Bernie Enwright, DASS Executive Member: Councillor Robinson Status: Classed as superseded and no longer relevant. Audit focus will be on review of action to address new recommendation in follow up audit report.
	2023	SLA recommended at recommendation 1 above; the requirements around quality	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	As outlined for the recommendation relating to development of an SLA above, we have confirmed that due to the decision to bring adaptations work	Executive Member:

## Appendix 4 – Recommendations between 1 and 6 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		articulated and consideration should be given to developing a standard document to be completed demonstrating quality checks have been completed prior to handover.	resources will be needed to do this. It is Important that there is independent sign off that the works delivered are appropriate	new SLA. Therefore no revisions will be made to process for quality checks. We concluded in our follow up	<b>Status:</b> Classed as superseded and no longer relevant. Audit focus will be on review of action to address new recommendation in follow up audit report.
Adult Social Care Contract Governance	2023	Management should explore options for addressing the capacity issues currently faced by the Contracts Team which is limiting the progression of planned development work to strengthen the impact of the team. 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.	through post interview process. Once in post, the Adults directorate will have a Contracts Officer covering each of the 4 large service areas (LD, MH, Homecare and Older People bedded care). 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 3) The Head of Contracts has ambitions to grow the team	initially to increase the capacity of the team, this remains an area of challenge for the team. In recent months, temporary cover from existing resources has been sourced to cover portfolio areas and plans are being reviewed to potentially split certain portfolios to ensure there is sufficient capacity. The Controcc work is progressing with oversight of delivery of this programme provided by the programme Board. Once issues are addressed, this will free up the time of the contracts team to better focus on contract management activity and proposed development work. As such, we consider this recommendation to be partially implemented.	Action: To progress with follow up review to determine and assess progress.

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Adult Social Care Contract Governance	September	Active contract management/monitoring of providers for those areas of a	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. It is noted that a focus on assurance on the areas listed require a collaborative		<b>Director:</b> Bernadette Enright Executive Director, Adults Social Services
		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: -Social value -Carbon reduction -Provider payments -Ongoing financial resilience of providers. -Capacity. -Other KPIs not covered by PQI team.	approach across a number of functions, supported by contracts including commissioners and Finance. 1) The developments covered under action 1 responses will create capacity in the contracts team to undertake Contract Management activities. 2) The team are currently being set objectives and drafting workplans for each portfolio area. This will be concluded by the end of November. 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. 4) Complete the Contracts Team SOP by April 2023 5) Work with Commissioners to	contract uplifts to all Manchester based providers to help in their continued financial sustainability. Previously planned Supplier Contract Review and Utilisation Meetings (SCRUM) have been piloted which should help in better identifying risks and pressures and discussing any finance or performance related issues. There was recognition from management that whilst the initial pilot proved beneficial there are further tweaks needed to improve the process before the wider roll out of these across providers. Social value and carbon reduction requirements within contracts and subsequent monitoring activity continues to be challenging although planned procurement of the Mental Health and Learning Disability contracts should help to ensure any current gaps and shortfalls are addressed. As such, we consider this recommendation	Executive Member: Councillor Robinson Status: Three months overdue Action: To progress with follow up review to determine and assess progress.

Audit Title Due Dat	e Recommendation	Management Response	Update/Opinion	Ownership and Actions
Contracts Risk Management 2023	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. 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 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. We have provided a list below of potential details to be captured on	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 will work with Major Contracts	Major Contracts Board, including an overall RAG rating, and summary position from the relevant contract manager	Treasurer Executive Member: Councillor Akbar Status: Four months overdue Action: To assess supporting documentation once received.

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Review of Fire Risk		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 A coordinated approach is needed	A Fire Safety Strategy will be	information on word documents and emails. We are awaiting documentation to support the progress described which we will then assess ahead of closing the recommendation. Internal Audit opinion: Partially implemented Progress has continued building	<b>Director:</b> Neil Fairlamb,
Assessment	September 2023	to ensure the Council is	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. Specific attention will be in respect of roles and	on previous updates reported to Audit Committee. A suite of documents have been produced making up the Council's Fire Safety Plan and Fire Safety Management Procedure. This includes the overarching management and delivery of FRA actions and other building safety remedials. This also outlines the	Strategic Director: Neighbourhoods <b>Executive Member:</b> Councillor White <b>Status:</b> Three months overdue <b>Action:</b> To continue to request updates from the service and evaluate progress.
	September	A robust corporate access strategy should be developed to define the processes to be followed in the	Services reviewing the		<b>Director:</b> Neil Fairlamb, Strategic Director: Neighbourhoods

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
(Residential Properties)		event a resident will not allow access to complete required works. This should be developed in conjunction with advice from legal services and include escalation routes should access not be granted. Once finalised officers should be briefed on the policy and the requirements of the policy and implemented as soon as possible. Works and attempts to gain access should then be prioritised according to risk.	ensure a consistent approach across all Council social housing.	December 2023 to discuss the draft policy, including what will need to be implemented to sit alongside the policy. It was agreed	Action: To continue to request updates from the service and evaluate progress.
Review of Fire Risk Assessment Processes (Residential Properties)		Increased priority to address FRA actions is needed and should be driven by senior managers across the relevant directorates to allow for FRA actions to be given the priority needed. This should be supported by strong	The recommendation is accepted. In line with the development of the Fire Safety Strategy, roles and responsibilities will be identified. The governance in	reduce the exposure to risk we will update and report on progress as part of formal follow up review	<b>Director:</b> Neil Fairlamb, Strategic Director: Neighbourhoods <b>Executive Member:</b> Councillor White

Audit Title Due Date Recommendation	Management Response	Update/Opinion	Ownership and Actions
communications to pro over the risks and prior assigned to this work. To facilitate this, suffici resources and capacity	vide clarity ities respect of management and monitoring of actions will be revised including attendance of senior offices in the FRA group and development of an operational group. The priority needs to be Data management and reporting and tracking will be revised and developed to support the effective monitorin and management and reportin of progress through the FRA Group and into the relevant Boards. e various completion mented uld also is from start able to hey sit is will be en the anges d others n. e given to operational FRA group d the champions o act as a point for ents for nd any is needed	g	Status: Due Action: To complete follow up review in February/March to assess progress.

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		support the completion of core parts of the process should be established in the event of the absence of key officers integral to the timely completion of FRA actions. Assessment, interpretation and allocation of FRA actions should be undertaken by officers with the	The recommendation is accepted. A full review of resource requirements across Building and Fire Safety to be undertaken to include technical expertise within the team and across the Council in relation to the strategic and operational management of building and fire safety.	service work has commenced to reduce the exposure to risk we will update and report on progress as part of formal follow up review work planned for February/March 2024. Internal Audit opinion: Not implemented	Director: Neil Fairlamb, Strategic Director: Neighbourhoods Executive Member: Councillor White Status: Due Action: To complete follow up review in February/March to assess progress.
Review of Fire Risk Assessment Processes (Residential Properties)		gaining additional value from the current contract with Savills. There should be an assigned contract manager to undertake this role which should incorporate regular, robust contract monitoring and management activity supported by appropriate records. This should also consider the quality of information provided resulting from FRAs including	resources should be allocated to develop the FRA process and provide scrutiny over the requirements across Building and Fire Safety with technical expertise within the team and across the Council. This will tie in to working to a new BAU process for managing FRAs	service work has commenced to reduce the exposure to risk we will update and report on progress as part of formal follow up review work planned for February/March 2024. Internal Audit opinion: Not implemented	Director: Neil Fairlamb, Strategic Director: Neighbourhoods Executive Member: Councillor White Status: Due Action: To complete follow up review in February/March to assess progress.

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
	31 December 2023	incorporated and replace the	The recommendation is accepted. Work has commenced on this and with the recruitment of an	service work has commenced to reduce the exposure to risk we will update and report on progress as part of formal follow up review	Director: Neil Fairlamb, Strategic Director: Neighbourhoods Executive Member: Councillor
		are not correct. Reconciliation work should continue to highlight and remove any duplicate actions on Risk hub.	be progressed in conjunction with input from the Capital Delivery team and Investment and Strategic Asset	2024. Internal Audit opinion: Not implemented	White <b>Status:</b> Due <b>Action:</b> To complete follow up review in February/March to assess progress.

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Review of Fire Risk Assessment Processes (Residential Properties)	December 2023	A framework for determining and providing assurance through management information and reporting and quality assurance processes should be developed for FRA actions. The format and data currently being reported on should be reviewed to ensure this includes the most pertinent detail to allow for prioritised focus of action. This should also aim to report data in such a way to allow for comparison of position with other periods/areas and to enable identification of highest risk actions/areas/non performance. Better use could be made of the reporting functionality within Risk Hub to reduce the manual work involved in the reporting of data. Quality assurance mechanisms should be developed ahead of reaching business as usual and should be supported by an appropriate level of resource to ensure this is sustainable. This could consist of sample checking, deep dives into specific areas,	The recommendation is accepted and reports will continue to be developed via Risk Hub to present key data in a more frequent and accessible manner via the Council's Housing Board and operational working groups.	work planned for February/March	Director: Neil Fairlamb, Strategic Director: Neighbourhoods Executive Member: Councillor White Status: Due Action: To complete follow up review in February/March to assess progress.
Council Tax – Discounts and Exemptions	2023	should develop a timetable for regular review of all live discounts and exemptions, to confirm that eligibility is continuing. As part of this a risk assessment should be	Agreed. We have just gone out to tender for, amongst other things, third parties to undertake reviews of major discounts and exemptions. Once this tender is awarded, we will agree a timetable of reviews with the successful company based on potential	third party to deliver this work was expected in January 2024.	Director: Carol Culley, Deputy Chief Executive and City Treasurer Executive Member: Councillor Akbar Status: Two months overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		of review for each category of discount or exemption awarded. Delivery of work in line with the agreed timetable should be monitored to identify any resourcing challenges at the earliest opportunity.	risk that the review/exemption is no longer applicable, the numbers of different types of reviews/exemptions and the financial exposure faced by the Council if they are wrongly in place.	Internal Audit opinion: Not implemented	Action:
Imprest Accounts	31 December 2023	Imprest account holders should rectify the specific imbalances outlined in our audit field work at the earliest opportunity. We note that steps previously taken by account holders have not resulted in the accounts returning to a balanced position, and therefore anticipate that support will be required from departmental finance teams in order to achieve a balanced position.	will work with imprest account holders to try and reconcile any imbalances. If the account cannot be reconciled, a brief report will be drafted setting out what checks and balances have been undertaken, whether there are any anomalies or transactions that need to be highlighted, and the required adjustments to bring the accounts back into balance. This will be reviewed by the Deputy City Treasurer and the departmental management team. The adjustments required will be made as part of the Period 9 budget monitoring exercise.	Managers informed us that full reconciliations had been carried out in relation to the imbalances identified during our audit. For one account, a subsequent issue had occurred but this had been identified, isolated and was in the process of being resolved. For the other account, the reconciliation process had resolved some anomalies but a level of imbalance remained. Managers were drafting a report outlining the steps undertaken and the remaining required adjustments to achieve a balanced position. <b>Internal Audit opinion:</b> Partially implemented	
Imprest Accounts	31 December 2023	An agreed frequency of reconciliation should be confirmed with all account holders. This should be monthly at a minimum but could be more frequent as required. An escalation process and pathway should also be agreed if reconciliations are not completed.	As part of the account approval process, the imprest request form will require regularity of reconciliations to be agreed. The updated guidance will	Imprest account holders have all been asked to complete the imprest request business case form, which includes details of the expected frequency of reconciliation. These are expected to be returned by the end of	Director: Carol Culley, Deputy Chief Executive and City Treasurer Executive Member: Councillor Akbar Status: One month overdue Action: Continue to monitor

	do not financially require a regular reconciliation, the business case	reconciliations will need to be signed off and approved by a line manager, with a copy being retained within the service and another copy being forwarded	An approach to monitoring and escalation of non-compliance is being drafted. Internal Audit opinion: Partially implemented	
		quality assurance sessions with the Deputy City Treasurer. This will involve at least setting out number of imprests, overall balances and confirmation that the monthly reconciliation has been undertaken as part of the month end process. The final accounts closedown process will be amended to include a specific action setting out how all imprest accounts must be reconciled as at 31 March – with the reconciliation being signed off and submitted to the Core Finance team as part of the year end working papers. The guidance will clearly set out that if reconciliations are		
		imprest account will be suspended.		
ovember 023	Support Team Manager should ensure that the specification for the new case management system addresses current system	will rely on the supplier on the new system	officer and whilst we understand that work has commenced to reduce the exposure to risk, there have been challenges within the	Director: Rebecca Heron Strategic Director: Growth and Development Executive Member: Councillor White
(	ovember )23	D The Information, Delivery and povember Support Team Manager should ensure that the specification for	<ul> <li>current financial management quality assurance sessions with the Deputy City Treasurer. This will involve at least setting out number of imprests, overall balances and confirmation that the monthly reconciliation has been undertaken as part of the month end process. The final accounts closedown process will be amended to include a specific action setting out how all imprest accounts must be reconciliation being signed off and submitted to the Core Finance team as part of the year end working papers. The guidance will clearly set out that if reconciliations are not being carried out, use of the imprest account will be suspended.</li> <li>D The Information, Delivery and Support Team Manager should ensure that the specification for the new case management system addresses current system deficiencies, namely that there are</li> </ul>	<ul> <li>current financial management quality assurance sessions with the Deputy City Treasurer. This will involve at least setting out number of imprests, overall balances and confirmation that the monthy reconciliation has been undertaken as part of the month end process. The final accounts closedown process will be amended to include a specific action setting out how all imprest accounts must be reconciled as at 31 March – with the reconciliation being signed off and submitted to the Core Finance team as part of the year end working papers. The guidance will clearly set out that if reconciliations are not being carried out, use of the imprest account will be suspended.</li> <li>The Information, Delivery and overmber Support Team Manager should ensure that the specification for the new case management system addresses current system addresses current system</li> </ul>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		for actions due / overdue, -Inbuilt standard documentation / templates (where applicable), - Real time document uploads, - Links with other relevant casework / applications, -Management information and reporting.		part of formal follow up review work planned for April/May 2024. Internal Audit opinion: Not implemented	<b>Status:</b> One month overdue <b>Action:</b> To complete follow up review in March/April to assess progress.
Building Control	November 2023	The Development Compliance Manager should ensure that a framework is in place to assure that all new complaints or referrals	This is underway	We have met with the responsible officer and whilst we understand that work has commenced to reduce the exposure to risk, there	<b>Director:</b> Rebecca Heron Strategic Director: Growth and Development
		of unauthorised work are managed in accordance with the defined procedures as per those		have been challenges within the service affecting progress. We will update and report on progress as	
		complaints received under the planning regime. Action should be taken to address any areas of non		part of formal follow up review work planned for April/May 2024.	Status: One month overdue Action: To complete follow up
		compliance.		Internal Audit opinion: Not implemented	review in March/April to assess progress.