

Appendix 4 – Recommendations 1-6 Months Overdue

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
ICT Software Licensing 24 July 2018	31 August 2018	The Council should ensure that the agreed remediation actions to address the SAP licensing non-compliance are implemented as a matter of priority.	Issue to be raised at earliest DLT opportunity to resolve any barriers to implementation and agree on timetable. This timetable to be communicated to IA.	ICT have commissioned an external partner to reassess the Council's exposure to risk with regard to SAP licensing. We were told that the outcomes of this had been taken forward and that the Council was now in a compliant position. We sought further evidence to confirm this. Internal Audit Opinion: Outstanding	Director: Carol Culley, City Treasurer Executive Member: Councillor Ollerhead Status: Five months overdue Action: Monitor
ICT Software Licensing 24 July 2018	31 December 2018	In accordance with industry good practice (ISO 19770-1), the Council should implement a Software Asset Management (SAM) policy and ensure that it provides an overarching approach to the acquisition, implementation and disposal of software as well as key compliance requirements. The policy should reference key software licensing processes, such as software acquisition, monitoring, disposal and ongoing compliance. Where processes do not follow a centralised approach they should be formally documented for each application. Furthermore it should state the process for reviewing, approving, issuing, and controlling relevant process and procedural documentation.	Research current best practice and submit SAM policy as per IA recommendation, including: - approach to the acquisition, implementation and disposal of software; - key compliance requirements; -guidelines/instructions for locally managed software; and - process for reviewing, approving, issuing and controlling process and procedural documentation. for approval by ICT Direct Leadership Team.	We have reviewed an early draft of this policy which is currently being worked on and will provide comments to support its development. Internal Audit Opinion: Partially Implemented	Director: Carol Culley, City Treasurer Executive Member: Councillor Ollerhead Status: One month overdue Action: Monitor
Retail Markets	27 July	Pricing strategies and methodologies	1. Charging Strategy document	The service started a full review of	Director: Fiona Worrall,

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21 May 2018	2018	should be reviewed and evidence retained as to why a method has been used and why any differences between stalls have been applied.	<p>to be created for each business area and issued as part of the SOP manual.</p> <p>2. Any historical agreements to be recorded on a site by site basis.</p> <p>3. All historical agreements to be reviewed with Head of Service, and formal annual review.</p>	<p>rents and charges in October 2018 to inform a strategy for the control over consistent charging of market stall holders. The service is awaiting the outcome of this independent review.</p> <p>Internal Audit Opinion: Partially implemented</p>	<p>Chief Operating Officer for Neighbourhoods</p> <p>Executive Member: Councillor Rahman</p> <p>Status: Six months overdue</p> <p>Action: Monitor</p>
<p>Art Gallery Contract Management</p> <p>23 July 2018</p>	28 September 2018	<p>The Deputy Director of Galleries should set up and agree with the Development Trust a formal agreement to detail the relationship between the Gallery and Development Company.</p> <p>The formal agreement should also include information on:</p> <ul style="list-style-type: none"> - Any payback mechanism for profits generated by the provision. - Performance measures that should be reported on (financial and non-financial), including the levels at which performance is deemed to be below standard. - Change management processes including a method for recording any formally agreed changes. - Any conditions or restrictions on venue hire conditions once approved. 	Service Level Agreement to be drafted between the Development Company and the gallery	<p>A draft version of the SLA was provided. Further advice was being sought by the service from the contract and commissioning team over some clauses before finalisation. The draft included most areas included in our recommendation and we have fed back on where we consider additional detail was required which included any conditions or restrictions over venue hire.</p> <p>Internal Audit Opinion: Partially implemented</p>	<p>Director: Sara Todd, Deputy Chief Executive</p> <p>Executive Member: Councillor Rahman</p> <p>Status: Four months overdue</p> <p>Action: Monitor</p>
<p>Art Gallery Contract Management</p> <p>23 July 2018</p>	28 September 2018	The Deputy Director of Galleries should identify any potentially conflicting roles and introduce safeguards to ensure that officers are acting in a clear and transparent	Service Level Agreement to include management structure and KPI monitoring tools	An updated management structure outlining the roles from each organisation has now been received. The agreement remains under discussion but this part has been	<p>Director: Sara Todd, Deputy Chief Executive</p> <p>Executive Member: Councillor Rahman</p>

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		<p>manner. This could be achieved through incorporating a non-conflicted MCC officer into the contract management process who is not involved in the day to day management of the service provision in order to improve segregation and allow officers to:</p> <ul style="list-style-type: none"> - Challenge management of the service to ensure value is being achieved. - Ensure that quality is being maintained and question any perceived drops. - Challenge costs being associated with the service and the calculation of any payment due to the Gallery. - Exit and termination issues, including any benchmarking or review and approval arrangements that may be required prior to any decision to extend the current arrangements. <p>Additional safeguards could be achieved through the clear documenting of the relationship between the Development Company and the Gallery and how any elements of potential conflict will be dealt with.</p>		<p>agreed.</p> <p>Internal Audit Opinion: Partially implemented</p>	<p>Status: Four months overdue</p> <p>Action: Monitor</p>
<p>Art Gallery Contract Management</p> <p>23 July 2018</p>	<p>28 September 2018</p>	<p>The Deputy Director of Galleries should ensure that formal approval is given for the transfer of the venue hire service and that the terms of the transfer are clear. It may be beneficial to consult with Corporate Procurement to ensure that all</p>	<p>Transfer of the venue hire service will be formally agreed alongside the Service Level Agreement.</p> <p>Service Level Agreement to include financial terms for</p>	<p>The service confirmed to us that formal approval of the transfer of the venue hire service is required from the Chief Operating Officer, Neighbourhoods. We will seek further updates from the service on this to confirm implementation.</p>	<p>Director: Sara Todd, Deputy Chief Executive</p> <p>Executive Member: Councillor Rahman</p> <p>Status: Four months</p>

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		relevant procurement legislation is complied with on this matter.	payments to the gallery.	Internal Audit Opinion: Outstanding	overdue Action: Monitor
Art Gallery Contract Management 23 July 2018	28 September 2018	<p>The Deputy Director of Galleries should ensure that a clear methodology for calculating future payments is put in place. Ideally this should be incorporated as part of the formal agreement between the Gallery and Development Trust recommended above.</p> <p>Once agreed this methodology should be applied consistently, if it is not appropriate to follow the methodology at any point a clear record should be kept of the reasons why, the changes applied and whether these changes are temporary or permanent.</p>	Service Level Agreement to include financial payment schedule and details of how payment is calculated.	<p>A draft version of the SLA was provided which included a methodology for calculating future payments. Further advice was being sought by the service from the contract and commissioning team over some clauses before finalisation. We await the finalisation of the agreement before changing the status to implemented, once the agreement is finalised.</p> <p>Internal Audit Opinion: Partially implemented</p>	<p>Director: Sara Todd, Deputy Chief Executive</p> <p>Executive Member: Councillor Rahman</p> <p>Status: Four months overdue</p> <p>Action: Monitor</p>
HROD Contract Management 23 July 2018	1 September 2018.	<p>The Contract Manager should actively monitor the levy to ensure there are enough funds available to cover all the learners and that all the funds will be spent.</p> <p>The position in regards to potential clawback will need to be monitored by management on an ongoing basis to ensure that we are utilising the funds in the most effective manner.</p>	Monitoring of actual and projected Levy spend and clawback risk to be incorporated into the quarterly workforce assurance dashboard to ensure visibility by HROD DMT and SMT	<p>Management are awaiting tools from Central Government which are not yet available to allow them to accurately monitor the levy. When this information is available it will be included in the quarterly dashboard.</p> <p>In the interim HROD have designed their own tools to do this based on assumptions using average costs of</p>	<p>Director: Lynne Ridsdale, Director of HROD</p> <p>Executive Member: Councillor Ollerhead</p> <p>Status: Five months overdue</p> <p>Action: Monitor</p>

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				<p>apprenticeships which they plan to report to the Head of Workforce Strategy on a quarterly basis. We support this and we have suggested some enhancements to the interim reporting.</p> <p>Internal Audit Opinion: Partially implemented</p>	
<p>HROD Contract Management 23 July 2018</p>	<p>1 December 2018</p>	<p>The Contract Manager for Occupational Health should identify why the contract KPIs are not measured and incorporate the measurement of these into future KPI reporting.</p> <p>The contract manager for apprenticeships should put in place performance measures for each provider to report against, some examples of these include:</p> <ul style="list-style-type: none"> • Number of compliments / complaints received. • Number of apprenticeships. • Progress of learners. • Number of apprenticeships completed. • Money spent from the levy for course. • Amount of levy remaining. 	<p>The Occupational Health contract manager has worked with the provider to ensure monitoring arrangements are in place for the missing KPIs. Measures on customer satisfaction and reports issued within 48 hours will be monitored on an annual and quarterly basis going forwards. Work is underway to ensure cumulative monitoring of the % of reports requiring clarification.</p> <p>A set of KPIs will be established and utilised for MCC apprentice providers as part of the annual review cycle (see below). - As provision moves to coordination under the GM DPS the MCC apprenticeship lead will work to ensure effective contract KPIs are in place</p>	<p>The contract manager for the Occupational Health contract has worked with the provider to incorporate the missing KPIs where possible, customer satisfaction is monitored through an annual survey however we have been unable to obtain evidence to demonstrate that reports issued within 48 hours of assessment and cases requiring further review after initial consultation.</p> <p>The Apprenticeship Contract Manager confirmed this is still work in progress. Where new contracts are issued then KPIs are built into these for existing contracts. This will be picked up when the Management Information is due at the end of the financial year.</p> <p>Internal Audit Opinion: Partially implemented</p>	<p>Director: Lynne Ridsdale, Director of HROD</p> <p>Executive Member: Councillor Ollerhead</p> <p>Status: Two months overdue</p> <p>Action: Monitor</p>
<p>Factory Governance Arrangements</p>	<p>30 Sept 18</p>	<p>The SRO, with key project officers, should review the following areas to provide further clarity and to</p>	<p>Review the governance structure and protocols to include the quorum</p>	<p>We have received confirmation that the governance aspects in the recommendation are being</p>	<p>Director: Carol Culley, City Treasurer</p>

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5 September 2018		<p>strengthen the existing governance framework.</p> <p>Quorum requirements – consider whether it is appropriate to designate that at least one of the SRO, Project Director or Project Lead should be present for the meeting to be quorate.</p> <p>Decision Making – Clarify where decision making rights lie and the roles of attendees from the different bodies around this.</p> <p>Deputies – Clarify whether deputies are to be treated as the member they are deputising for or if there are limits to the powers being delegated.</p> <p>Board and role titles should be clarified and the governance paper updated to ensure these are referred to consistently.</p> <p>The governance document should then be amended to reflect any amendments or improvements agreed.</p>	requirements and the decision making status of the various Boards.	<p>addressed and that an updated governance paper has been drafted and will go through the next Board meeting cycle for approval. We are awaiting management providing a copy of the updated paper to confirm that all outstanding areas have been addressed and that the amendments have been suitably approved.</p> <p>Internal Audit Opinion: Partially implemented</p>	<p>Executive Member: Councillor Ollerhead</p> <p>Status: Four months overdue</p> <p>Action: Monitor</p>
Multi Links Commissioning Review – Advice and Guidance 22 August 2018	31 Dec.2018	<p>The Fostering Services Manager should, in line with strategic plans for the short break provision, begin the recommissioning of the service as soon as possible and should incorporate the key elements described below:</p> <p>All current multi-link contracts should be terminated ahead of new</p>	<p>Recommissioning exercise has begun. Extensions have been put in place of existing contract with three of the providers who are compliant with the number of nights required for the service. This extension is for a period of three months whilst new contracts are drafted. Two</p>	<p>This recommendation has only recently fallen due. We are due to meet with key officers in the coming weeks to discuss progress made with the recommendation.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children’s Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: One month overdue</p>

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		<p>contracts being issued. A full review of the current terms and conditions document should be undertaken to ensure that all issues, potential risks and shortfalls identified during the life of the current contract are addressed and any obvious errors or omissions are rectified. A list of some of the key factors to be considered is attached at Appendix 2.</p> <p>New contracts should be consistent across all providers and copies of key contractual documents should be signed and copies retained by the service.</p> <p>The difference between short break and multi-link care provision should be clearly defined and communicated to relevant officers.</p>	<p>providers have had their contract ended without any extension.</p> <p>A full review of the scheme is in process with key officer oversight. The steering group are meeting regularly to ensure there is no drift on meeting this recommendation.</p>		<p>Action: Monitor</p>
<p>Multi Links Commissioning Review – Advice and Guidance</p> <p>22 August 2018</p>	<p>31.12.2018</p>	<p>The Fostering Team Manager should put a process in place to record all approved short break requirements with an indicator of whether that demand is being met, so that assessments can be made at any point during the year whether there is currently sufficient supply available or whether more carers should be identified to provide additional capacity.</p> <p>A monitoring process should also be put in place to track the level of service from each provider on an ongoing basis so that:</p> <ul style="list-style-type: none"> - this can be compared with any minimum provision requirements and relevant action taken. 	<p>Robust monitoring processes have been implemented to ensure management have clear oversight of number of nights currently provided to children and any sufficiency measures that may be required.</p> <p>Going forward a further strategic panel may be required to review each provider independently from the fostering annual reviews and discuss any concerns, capacity and agreed actions to be taken.</p>	<p>This recommendation has only recently fallen due. We are due to meet with key officers in the coming weeks to discuss progress made with the recommendation.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Paul Marshall, Strategic Director of Children’s Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: One month overdue</p> <p>Action: Monitor</p>

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		<ul style="list-style-type: none"> - spare capacity can be easily identified to aid the placement of new short break approvals. - checks can be made that individual providers are able to utilise holiday allowances and are not subject to over demand. - checks can be made that each child is receiving their approved care package. - queries over payments can be easily resolved. 			
<p>Income and Debt Management – Investment Estate</p> <p>22 May 2018</p>	<p>31 December 2018</p>	<p>The Strategic Director (Development) should lead a review of actual and predicted income from the investment estate, and develop an associated action plan to maximise income and reduce budget pressure in the medium to long term. Delivery of this action plan should be overseen by the Investment Estate Board.</p>	<p>The Strategic Director (Development) will ensure that the recommended action plan is produced by the end of September 2018. This will be presented to the Investment Estate Board by the end of December 2018, and ongoing reporting arrangements will be agreed at that time.</p>	<p>The budget is being actively monitored and the predicted budget pressure has been minimised for 2018/19. This is being more fully reviewed as part of the budget setting process for 2019/20.</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Director: Eddie Smith, Strategic Director Development</p> <p>Executive Member: Councillor N Murphy</p> <p>Status: One month overdue</p> <p>Action: Monitor</p>
<p>Insurance Arrangements in Contracts</p> <p>4 September 2018</p>	<p>31 December 2018</p>	<p>The Head of Strategic Commissioning and Head of Corporate Procurement in conjunction with the City Solicitor should define contract managers' responsibilities around insurance cover within contracts.</p> <p>As part of this additional consideration should be given to:</p>	<p>Integrated Commissioning Team to amend standard MCC contract documents and guidance to include contract managers' responsibilities on insurance. Revised versions will be shared with Internal Audit for information. Insurance to be covered in training organised by Integrated Commissioning.</p>	<p>Work has been undertaken by the Integrated Commissioning team recently to develop a Contract Management User Guide. Internal audit has provided slides for inclusion covering responsibilities over insurance. The user guide is now available on the intranet however e-learning training is still being developed by the team.</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Ollerhead</p> <p>Status: One month overdue</p> <p>Action: Monitor</p>

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		<ul style="list-style-type: none"> • The process for 'handover' of insurance information from Corporate Procurement to the contract manager and whether this should be formalized to encourage ownership of the process. • The need for additional checks where supplier financial difficulty is identified to ensure that payments are being maintained to ensure continuance of cover (and the format that this may take). • The enhancement of existing guidance available for contract managers to require them to act on renewal dates promptly to confirm appropriate cover is in place. This could be covered as part of annual contract management reviews. 	<p>Responsible Officer: Lucy Makinson, Head of Strategic Commissioning, Mark Leaver, Strategic Lead Integrated Commissioning, Jacqui Towler, Project Manager Integrated Commissioning</p> <p>Target Date: Guidance: 31 October 2018, Training: 31 December 2018</p>	<p>Internal Audit Opinion: Partially implemented.</p>	
<p>Contractor Whistleblowing Arrangements</p> <p>4 September 2018</p>	<p>31 December 2018</p>	<p>The Head of Strategic Commissioning should incorporate training on whistleblowing into the training plan for contract managers. This should ensure that contract managers:</p> <ul style="list-style-type: none"> • Are aware of their responsibilities over whistleblowing and the responsibilities of contractors. • Are clear who the whistleblowing allegations or concerns should be reported to within the Council. • Have a method for monitoring if the contractor has received whistleblowing allegations in relation to Council funded services. <p>Consideration should also be given</p>	<p>Integrated Commissioning Team to amend standard MCC contract documents and guidance to include contract managers' responsibilities on whistleblowing. Revised versions will be shared with Internal Audit for information. Whistleblowing to be covered in training organised by Integrated Commissioning. Corporate Procurement will assist with putting a link to guidance on whistleblowing in their manuals once advised by Integrated Commissioning. Additional Resources Required for implementation: No</p>	<p>Work has been undertaken by the Integrated Commissioning team recently to develop a Contract Management User Guide. Internal audit has recently provided slides for inclusion covering responsibilities over whistleblowing. This information will be incorporated into the user guide on the intranet shortly. Training aspects will be incorporated into both the e-learning course being developed and the raising the bar course.</p> <p>Internal Audit Opinion: Partially implemented.</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Ollerhead</p> <p>Status: One month overdue</p> <p>Action: Monitor</p>

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		<p>to uploading whistleblowing guidance as a separate document to the intranet to make it more accessible to staff should they need to refer back to it.</p> <p>Internal audit would be happy to explore and support the development of these responses.</p>	<p>Responsible Officer: Lucy Makinson, Head of Strategic Commissioning, Mark Leaver, Strategic Lead Integrated Commissioning, Jacqui Towler, Project Manager, Integrated Commissioning</p> <p>Target Date: Guidance: 31 October 2018, Training: 31 December 2018</p>		
<p>Contractor Whistleblowing Arrangements</p> <p>4 September 2018</p>	<p>31 December 2018</p>	<p>The Head of Procurement and Head of Strategic Commissioning in conjunction with the City Solicitor should consider redrafting the standard terms and conditions to include reference to the supplier having a suitable whistleblowing procedure in place.</p> <p>Thought should also be given to widening the request around whistleblowing policies in the tender questions to include more specific reference to the Public Interest Disclosure Act. Once the high level evaluation is complete and the contractor moves into the status of being a potential contractor requests for a copy of their whistleblowing policy could be made.</p> <p>This can then be passed on to the contract manager during the implementation phase.</p>	<p>Deputy City Solicitor will lead on the amendment of the Council's standard terms and conditions to include requirements over whistleblowing. Once revised the Head of Strategic Commissioning will communicate this to the wider contract management community.</p> <p>Additional Resources Required for implementation: No</p> <p>Responsible Officer: Jacqui Dennis, Deputy City Solicitor and Lucy Makinson, Head of Strategic Commissioning</p> <p>Target Date: Terms and conditions redraft: 31 December 2018 Guidance 31 October 2018</p>	<p>This recommendation has only recently fallen due. We will seek an update from key officers in the coming weeks to discuss progress made with the recommendation.</p> <p>Internal Audit Opinion: Outstanding</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Ollerhead</p> <p>Status: One month overdue</p> <p>Action: Monitor</p>

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Purchase Cards 19 September 2018	30 November 2018	<p>The Shared Services Operations Manager should review and update the guidance in relation to the use of purchase cards to reflect the current operational needs. Consideration, and examples of appropriate and inappropriate usage, needs to be given to the use of purchase cards for:-Expenses and subsistence (including when abroad), Providing Hospitality (see recommendation 3), Transport, Accommodation, Parking fees, Stationery, ICT equipment/ Software.</p> <p>The other recommendations made in this audit should also be reflected in guidance including:- Business Case requirements, Revised Reconciliation and approval process, and appropriateness of lodging card details on websites.</p> <p>This revised guidance should be issued to all purchase card holders when issued with the requirement to renew their business case.</p>	The guidance will be reviewed, amended where appropriate, and then issued to card holders.	<p>Revised guidance has been produced. This covers the areas identified as needing clarification and reflects changes to the reconciliation process. However this has not yet been formally launched and has not yet been issued to users and is not available yet on the Intranet,</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Ollerhead</p> <p>Status: Two months overdue</p> <p>Action: Monitor</p>

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Purchase Cards 19 September 2018	31 December 2018	The City Treasurer should develop guidelines setting out the general principles for providing hospitality to others, including where a Council officer or member also benefits from the expenditure. This should be supported by examples as appropriate. Internal Audit will support implementation of this recommendation by providing an outline of potential areas for inclusion, and will provide further details of test findings on request.	The City Solicitor, supported by the City Treasurer, will develop guidance on the provision of hospitality. They will also identify a suitable place within the existing guidance framework for this to be published.	The City Solicitor has not yet completed a draft of this policy for review. Internal Audit Opinion: Outstanding	Director: Carol Culley, City Treasurer Executive Member: Councillor Ollerhead Status: One month overdue Action: Monitor
Transitions	31 October 2018	The Interim Deputy Director of Adults Social Services should ensure that within six months an operational plan is in place for delivering the revised transitions offer in line with the agreed strategy and vision. This plan should include the formalisation of policy and procedure, roles and responsibilities and the use of transition specific documentation referred to in NICE guidance.	Operational Plan in place for delivering the revised transitions offer in line with the agreed strategy and vision	As the strategy and vision for Transitions has yet to be agreed this recommendation has also not been implemented. However action has been taken in the interim to amend and strengthen working practices within the transitions team. The Locality Strategy Manager, Learning Disability confirmed that there have been procedures developed, that there is now a formal transitions plan on micare and that actions are continuing to engage with stakeholders from groups eligible for transitions where there has previously not been a pathway into the service such as mental health. Evidence of this progress will be provided to internal audit. Internal Audit Opinion: partially	Director: Bernadette Enright, Director of Adults Services Executive Member: Councillor Craig Status: Two months overdue Action: Monitor

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Early Help	31 October 2018	The Head of Safeguarding and Quality Assurance should, in conjunction with the Strategic Head of Early Help, ensure that moderation for triage and intervention audits include a check of SMART remedial actions. Any issues identified would need to be addressed with staff should this not improve over time. The assurance framework should include expectations to escalate any remedial actions that have not progressed. This could be included as a KPI in the Director of Children's Service (DCS) Performance Clinic report.	Oversight of the Early Help (EH) Audit Tracker will be reviewed quarterly in EH Management meetings to ensure actions are completed and SMART. The EH audit reports are reviewed by the Head of Safeguarding and QA as part of the monitoring of the QA Framework (previously monthly at QAF meetings and in future to meet standards set in new framework once approved)	<p>implemented</p> <p>This recommendation has been reported as implemented by the Business in our recommendation implementation tracker, however internal audit have not yet reviewed evidence to support implementation which we plan to do before the end of February 2019.</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Director: Paul Marshall Strategic Director of Children's Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Three months overdue</p> <p>Action: Monitor</p>
Early Help	31 October 2018	The Strategic Head of Early Help, should develop a summary narrative report, covering all QA activity across early help to ensure key themes and issues are identified where necessary. A decision should be made as to who is ultimately responsible for challenging performance in this key area. This should be the responsibility of the EH Performance Clinic and the EH Operational Board.	To coincide with the launch of the updated QA Framework, the Strategic Lead for Early Help will produce quarterly audit reports.	<p>This recommendation has been reported as implemented. however internal audit have not yet reviewed evidence to support implementation which we plan to do before the end of February 2019.</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Director: Paul Marshall Strategic Director of Children's Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Three months overdue</p> <p>Action: Monitor</p>

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Early Help	July 2018	<p>The Head of Safeguarding and Quality Assurance should, in conjunction with the Strategic Head of Early Help arrange for the audit pro-formas to be updated. This should include:</p> <ul style="list-style-type: none"> • Whether the practitioner was present at the time of audit. • An auditor opinion on outcomes for young people and the quality of practice. • Moderator opinion on agreement with outcomes for young people, quality of practice and additionally the quality of audit. • Clarifying what elements (outcomes, practice or both) should be included in 'What is working well' and 'What are you worried about'. <p>In order to ensure data quality, the Head of Safeguarding and Quality Assurance should, in conjunction with the Strategic Head of Early Help include checks on the presence of completed audits as part of the QA arrangements and address any systemic or compliance issues identified as a result.</p>	<ol style="list-style-type: none"> 1) Audit proformas have been updated. - Implemented 2) Thematic audit report to be provided quarterly by Strategic Lead for Early Help and Interventions 	<p>This recommendation has been reported as implemented by the Business in our recommendation implementation tracker, however internal audit have not yet reviewed evidence to support implementation which we plan to do before the end of February 2019.</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Director: Paul Marshall Strategic Director of Children's Services</p> <p>Executive Member: Councillor Bridges</p> <p>Status: Five months overdue</p> <p>Action: Monitor</p>
Troubled Families	31 August 2018	The Strategic Head of Early Help should increase frequency of management reporting in order to	Comments around performance monitoring and progress against targets are helpful. We had a	An attachments tracker is in place but the business is still not able to report on outcomes. They are aware	Director: Paul Marshall Strategic Director of Children's Services

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19 June 018		best support decision making; specifically the impact of the investment made and, given the potential for funding to be impacted, the achievement of successful outcomes. Given there are just over two years remaining until the end of the current programme, target milestones would be appropriate, we consider that these should be at least half-yearly.	meeting with PRI to discuss this on 6 March 2018 and actions will follow this to address reporting.	of the conversion rate for attachments so can estimate the projected outcomes. This area has been shown to internal audit but has yet to be included in the respective performance reporting pack. When this is completed the recommendation will be implemented. Internal Audit Opinion: Partially Implemented.	Executive Member: Councillor Bridges Status: Five months overdue Action: Monitor
Children Missing from Home	31 July 2018	The Strategic Head of Early Help should ensure that the MFH Procedures are clarified regarding whether and in what circumstances it is necessary to seek parental consent prior to initiating an IRI. If a parent refuses to allow the worker to carry out an IRI, management agreement with the decision to either override or accept the refusal should be recorded, such as by adding rationale and manager sign-off boxes to the IRI form.	Revised guidance to be issued for the Missing from Home Team. Senior Complex Safeguarding Social Workers to dip sample cases bi monthly where IRI has been refused.	From our recent update in relation to implementation no further action has yet been taken towards implementing this recommendation. Internal Audit Opinion: Outstanding	Director: Paul Marshall, Strategic Director of Children's Services Executive Member: Councillor Bridges Status: Five months overdue Action: Monitor
Children Missing from Home`	31 October 2018	The Strategic Head of Early Help and the Performance Manager (People) should ensure that key performance indicators, as described in the MFH&C Strategy, are agreed and targets defined. Other routine reporting should be	Development of a fit for purpose dashboard for missing and complex safeguarding services.	The Service Manager recently confirmed there is now a dashboard in place. Internal audit will review evidence to support implementation which we plan to do before the end of February 2019.	Director: Paul Marshall, Strategic Director of Children's Services Executive Member: Councillor Bridges

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		reconsidered to ensure that the focus is on key trends and that it is generated from the most timely and accurate data. The rationale for the reports, including whether they should prompt certain actions (and if so, what and by whom), should be described in the MFH Procedures.		Internal Audit Opinion: Partially Implemented	Status: Five months overdue Action: Monitor
Disability Supported Accommodation Services: Quality Assurance Framework 14 February 2018	31 August 2018	<p>Management should consider which key areas of the Care Act registered managers and support coordinators should provide assurance over for all citizens in their properties. To support this, there will need to be:</p> <ul style="list-style-type: none"> • A register of each citizen, staff member and property which should be monitored centrally to ensure full, timely coverage. • Each Centre's own registered manager and support coordinators should complete these checks as soon as possible to support the CQC inspections and provide results to the Interim Service Manager (DSAS) and Programme Lead. • Accountability for registered managers and support coordinators to implement any actions that are identified. Results can then be assessed and addressed at a strategic level if further support or resources are needed. • Clarity as to how registered managers assure themselves that quality control checks are 	<p>I agree with the activity identified within recommendation 1.</p> <p>Register of all details including residents; staff and properties to be sent to PRI.</p>	<p>We have met with the Programme Lead and the Service Manager Disability Accommodation Services who provided us with an update on progress made. They confirmed some progress has been made in implementing the recommendation. A register was in place and management were happy this was up to date. However internal audit have not yet reviewed evidence to support implementation which we plan to do before the end of February 2019.</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Director: Bernadette Enright, Director Adult Services</p> <p>Executive Member: Councillor B Craig</p> <p>Status: 5 months overdue</p> <p>Action: Monitor</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>built into day to day service provision. This should help inform the QA Framework, allowing auditors to provide an opinion on these arrangements rather than lower level, task specific compliance.</p>			
<p>Disability Supported Accommodation Services: Quality Assurance Framework</p> <p>14 February 2018</p>	<p>31 August 2018</p>	<p>Management should consider integrating oversight of the Supported Living QA process into the role of Adults QA team and revise the content of the Framework. This could include:</p> <ul style="list-style-type: none"> • A workshop including key partners, support coordinators and registered managers used to inform a revised framework. • Supporting an effective QA audit process and clarifying whether inquiry or inspection of evidence is required for each question/section and QA auditors recording where this has been done. • Where assurance is being, or should be, sought from more specialist input such as HR, Health and Safety, Risk and Resilience, Corporate Property, Contract Monitoring and Learning and Events teams. <p>Internal Audit propose to support development action by assisting management in the development and</p>	<p>With regard to recommendation 2 whilst I have welcomed the support and expertise the Adults QA Team have provided to date and would want this to continue going forward I do not think it is appropriate to integrate oversight into the role of the Adults QA Team. The service is a commissioned In House Provider and is regulated and inspected by CQC and is also subject to commissioning reviews by the contracts team. However it will be helpful to be able to access the QA Team's support for the further development work we have planned. Also in terms of oversight and challenge this will be provided through the Adults Quality Assurance and Performance Board.</p> <p>Workshops with staff and stakeholders to review and propose any desired changes to: QA Framework; Audit Tool and Guidance Documentation to be delivered throughout March and</p>	<p>The workshops have been undertaken and a revised audit tool is now in place. however internal audit have not yet reviewed evidence to support implementation which we plan to do before the end of February 2019.</p> <p>Internal Audit Opinion: Partially Implemented</p>	<p>Director: Bernadette Enright, Director Adult Services</p> <p>Executive Member: Councillor B Craig</p> <p>Status: 5 months overdue</p> <p>Action: Monitor</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		delivery of a redesign workshop.	April.		