

**Committee Name and Date of Committee Meeting:**

Audit Committee – 29<sup>th</sup> July 2021

**Report title:**

External inspections, reviews and audits update

**Is this a Key Decision and has it been included in the Forward Plan?**

No

**Strategic Director Approving Submission of the Report:**

Jo Brown – Assistant Chief Executive

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**Ward(s) Affected:**

All

**Report Summary:**

In line with the Audit Committee terms of reference, the purpose of this report is to provide details of the recent external inspections, reviews and audits as well as to provide assurance that outstanding recommendations from earlier inspections, audits and reviews, are being progressed.

The report provides a summary of progress against the recommendations from all external inspections, reviews and audits and sets out the details of arrangements for ensuring the accountability and governance around their implementation.

**Recommendations:**

That Audit Committee:

- Note the recent external inspections, reviews and audits which have taken place and the progress made relating to ongoing recommendations

- Note the governance arrangements in place for monitoring and managing the recommendations
- Continue to receive regular reports.

**List of Appendices Included:**

None

**Background Papers**

External audit and inspection recommendations reports to Audit Committee on 18<sup>th</sup> June 2019, 26<sup>th</sup> November 2019, 18<sup>th</sup> August 2020 and 19<sup>th</sup> January 2021.

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

None

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **External audits, inspections and reviews update**

### **1. Background**

- 1.1 In line with the Audit Committee terms of reference, the purpose of this report is to provide details of the recent external inspections, reviews and audits across the Council and assurance that outstanding recommendations, relating to those that have taken place previously, are being progressed.
- 1.2 The last report was presented to Audit Committee on 19<sup>th</sup> January 2021. The report referred to:
- Five external inspections, reviews and audits that had taken place since 18<sup>th</sup> August 2020, resulting in eleven recommendations (two had been implemented, nine remained outstanding or ongoing and two for which the outcome was unknown).
  - Three ongoing recommendations (relating to external inspections, reviews and audits that took place prior to August 2020) which had been implemented, eleven of which remained outstanding/ongoing and one which was still awaiting the final report.

### **2. Key issues**

- 2.1 This report provides an overview of key areas of concern relating to external inspections, reviews, and audits, including action taken or to be taken and the associated governance arrangements. This is intended to provide the Audit Committee with assurance that appropriate arrangements are in place for managing the Council's response, in line with the Audit Committee's responsibilities.
- 2.2 Since 19<sup>th</sup> January 2021, six external inspections, reviews and audits have taken place and fourteen recommendations made, twelve of which have been implemented and two remain ongoing. The outcome is not yet known for one of the external audits conducted.
- 2.3 In addition, eight of the ongoing recommendations relating to external inspections, reviews and audits that took place prior to January 2021 have now been implemented, and fifteen remain either outstanding or ongoing.
- 2.4 An update from each Directorate is provided below.

### **3. Children and Young People's Services**

- 3.1 One inspection has taken place since the last report and three recommendations were made, which have been implemented. Further details are provided in paragraph 3.5.

3.2 Six of the outstanding recommendations from external inspections, reviews and audits that took place prior to January 2021 have been implemented since the last report and eight remain outstanding.

3.3 The eight outstanding recommendations relate to the:

- Ofsted Focused Visit (focused on permanence planning and achieving permanence) conducted in March 2019,
- Troubled Families review in June 2019,
- Youth Offending Inspection in September 2020 and
- Ofsted Focused Visit in October 2020.

3.4 The table below provides a summary of new external inspections, reviews and audits which have taken place since January 2021.

<b>New external inspections reviews and audits</b>					
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Number of recommendations</b>	<b>Number implemented</b>	<b>Status</b>
Inspection of Pegasus House new children’s home (Ofsted)	25 <sup>th</sup> – 26 <sup>th</sup> May 2021	Overall outcome – Good  Sub judgements: 1. How well children are helped and protected - Good. 2. The effectiveness of leaders and manager - Requires Improvement.	3, these include:  • Leadership and management – strengthen team working, fill vacancies continue QA activity and record managers time on site. • Ensure causal and agency staff have fire evacuation training. • Registered Manager to ensure updates from Team Around the Child shared with all staff to support consistency.	3	<b>Complete</b>  All 3 recommendations have been implemented.

### 3.5 Inspection of Pegasus House new children’s home (Ofsted)

3.5.1 Pegasus House, the new children’s home, received an inspection on 25<sup>th</sup> and 26<sup>th</sup> May 2021 by Ofsted.

3.5.2 The formal publication of findings is currently being awaited, however, Ofsted found that the home overall is ‘Good’. Two sub-judgements were also made:

- How well children are helped and protected – ‘Good’.
- The effectiveness of leaders and manager – ‘Requires Improvement’.

3.5.3 Three recommendations were made:

- Leadership and management – strengthen team working, fill vacancies, continue quality assurance activity and record managers time on site.
- Ensure causal and agency staff have fire evacuation training.
- Registered Manager to ensure updates from team around the child shared with all staff to support consistency.

3.5.4 All three recommendations have since been implemented and were complete by June 2021.

3.5.5 An action plan is in place and reviewed monthly to track the progress of inspections and quality assurance activity. Monthly independent Regulation 44 visits to children’s homes offer additional oversight to the implementation and continued practice of these recommendations. The actions will be included as part of coming visits.

3.6 The table below provides a summary of the ongoing recommendations for external inspections, reviews and audits that took place prior to January 2021.

<b>Ongoing</b> external inspections reviews and audits <i>(those reported previously which had outstanding recommendations)</i>						
Title	Date	Outcome	Recommendations	Implemented:		Status
				At last report	Since last report	
Inspection of Local Authority Children’s Services (ILACS) Framework - Focus on permanence planning and achieving permanence ( <i>Ofsted</i> )	March 2019	Looked after children in Rotherham are receiving a "strong" service that has significantly improved	3, these include: <ul style="list-style-type: none"> <li>• The quality and consistency of written planning, so that it matches up to social workers’ verbal accounts of their plans</li> <li>• Sufficiency of in-house options, to avoid the use of unregulated placements when finding places for children in care to live</li> <li>• Quality of Risk assessments, where risk has potential implications for stability in the lives of children in care.</li> </ul>	0	1	<b>Partially complete</b> (1 complete and 2 ongoing)  Actions progressed to address the recommendations, however work paused due to Covid-19 to enable key staff to focus on safeguarding and supporting our families.  Progress is managed via the CYPS Service Development Plan and challenged as part of the CYPS quality assurance process. Discussions also take place with Ofsted as part of Annual Conversations.  See update below (paragraph 3.7) re the progress made in relation to the outstanding recommendations

<p>Troubled Families (Ministry of Housing, Communities and Local Government)</p>	<p>July 2019</p>	<p>Feedback extremely positive and six recommendations made, which included a recommendation to enhance systems.</p>	<p>6, these include:</p> <ul style="list-style-type: none"> <li>• Reference (hyperlink) our key plans STMM in the EH maturity matrix and action plan</li> <li>• Align better Troubled Families data with the Corporate Context</li> <li>• Review how quality assurance and family feedback data feeds informs commissioning</li> <li>• Case study of positive employment outcome as a direct result of Troubled Families engagement.</li> <li>• Review the strategic engagement with the Job Centre Plus</li> <li>• Re-instate the attachment of families.</li> </ul>	<p>4</p>	<p>1</p>	<p><b>Partially complete</b> (5 complete and 1 ongoing)</p> <p>Ongoing recommendations include:</p> <ul style="list-style-type: none"> <li>• Align better Troubled Families data with the Corporate Context</li> </ul> <p>See update below (paragraph 3.8) re the progress made in relation to the outstanding recommendations.</p>
<p>Focused visit to Rotherham children's services (Ofsted)</p>	<p>20 – 22<sup>nd</sup> October 2020</p>	<p>No formal overall outcome from the inspection. A letter providing four recommendations has been published.</p> <p>It was however noted that Rotherham children's services have reacted rapidly and effectively to the COVID-19 pandemic in the early months of 2020.</p>	<p>4, these included:</p> <ul style="list-style-type: none"> <li>• The quality and monitoring of children's plans</li> <li>• Placement sufficiency to reduce the need for children to be placed out of authority and in unregistered provision</li> <li>• The timeliness of children in care accessing education</li> <li>• The timely return to full-time education for children with SEND.</li> </ul>	<p>0</p>	<p>0</p>	<p><b>4 recs ongoing</b></p> <p>No actions are formally complete, however significant progress has been made against each of these actions.</p> <p>Actions to address findings are in progress and being incorporated into the CYPS Service Development Plan.</p> <p>Progress will be discussed and challenged as part of the arrangements for the CYPS quality assurance process and discussed with Ofsted as part of Annual Conversations.</p> <p>See update below (paragraph 3.9) re the progress made.</p>
<p>Youth Offending Service Inspection (HMIP)</p>	<p>14 – 17<sup>th</sup> September 2020</p>	<p>The RMBC YOT (Youth Offending Team) received an overall rating of 'Requires Improvement'.</p> <p>A report, detailing the findings and</p>	<p>5, these included:</p> <ul style="list-style-type: none"> <li>• Board members to understand the specific needs of children known to the YOT and advocate on their behalf in their own agencies</li> <li>• Partnership to understand the reasons for the significant number of Looked After Children known to the YOT and</li> </ul>	<p>0</p>	<p>4</p>	<p><b>Partially complete</b> (4 complete and 1 ongoing)</p> <p>Ongoing recommendations include:</p> <ul style="list-style-type: none"> <li>• Undertake a health needs analysis of YOT children to better understand the health provision being delivered</li> </ul>

		<p>recommendations was published on the 17<sup>th</sup> December 2020.</p>	<p>review policies and practices of all agencies to minimise the possibility of children entering the criminal justice system unnecessarily</p> <ul style="list-style-type: none"> <li>• Undertake comprehensive health needs analysis of YOT children to better understand the health provision being delivered and what needs to be developed</li> <li>• Review the quality and accessibility of education, training and employment provision for post-16-year-old children known to the service</li> </ul> <p>Review the quality of risk of harm work and improve the effectiveness of management oversight in all cases.</p>			<p>and what needs to be developed.</p> <p>Draft inspection action plan developed. Action plan submitted to HMIP on 11th January 2021.</p> <p>Actions to address findings will be incorporated into the CYPs Service Development Plan.</p> <p>Progress will be discussed and challenged as part of the arrangements for the CYPs quality assurance process and discussed with Ofsted as part of Annual Conversations.</p>
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### 3.7 Focused visit on permanence and planning (*Ofsted*)

3.7.1 Ofsted undertook a focused visit on 21<sup>st</sup> March 2019 focusing on planning and achieving permanence.

3.7.2 No formal judgement was given but the inspectors stated looked after children in Rotherham are receiving a "strong" service that has significantly improved. Three recommendations were made, and since the last report in January 2021, one more recommendation has been implemented and is now complete:

- Risk assessments, where risk has potential implications for stability in the lives of children in care – completed December 2020. Ofsted commented at their inspection in October 2020 that "Dynamic assessments of COVID-19 risks have allowed children to be seen directly when it is safe to do so. Children's COVID-19 risk assessments are constantly reviewed so that direct visits take place whenever possible."

3.7.3 Progress on the two ongoing recommendations is as follows:

- The quality and consistency of written planning, so that it matches up to social workers' verbal accounts of their plans. Significant work has taken place and is referenced in recent QA work. The impact will be monitored over the next few months to ensure this is consistent, and this will then become business as usual and performance managed as part of the quality assurance process.

- Sufficiency of in-house options, to avoid the use of unregulated placements when finding places for children in care to live. This is ongoing and is part the wider sufficiency programme of work. The expected completion of roll out of the children's homes is December 2022.

3.7.4 Progress is managed via the CYPS Service Development Plan and challenged as part of the CYPS quality assurance process. Discussions also take place with Ofsted as part of Annual Conversations.

### **3.8 Troubled Families (*Ministry of Housing, Communities and Local Government*)**

3.8.1 Since the last report in January 2021, one more recommendation has been implemented and is complete as of July 2021:

- Review the strategic engagement with the Job Centre Plus.

3.8.2 Progress has also been made in relation to the ongoing Troubled Families recommendation:

- Align better Troubled Families data with the Corporate Context. This action is now the focus of the Single View development. This is expected to be complete by March 2023. In May 2021, a bid was made to MHCLG's Data Accelerator Fund which, if successful, would significantly support this work.

### **3.9 Focused visit to Rotherham children's services (*Ofsted*)**

3.9.1 A virtual focused visit was conducted by Ofsted between 20<sup>th</sup> and 22<sup>nd</sup> October 2020. The visit looked at the quality and impact of key decision-making across help and protection, children in care and services for care leavers, together with the impact of leadership on service development.

3.9.2 The findings were published on 4<sup>th</sup> December and are available on the Ofsted website.

3.9.3 There was no formal overall outcome from the inspection. Four recommendations were made regarding areas which required improvement. These included:

- The quality and monitoring of children's plans.
- Placement sufficiency to reduce the need for children to be placed out of authority and in unregistered provision.
- The timeliness of children in care accessing education.
- The timely return to full-time education for children with SEND.

3.9.4 No actions are formally complete, however significant progress has been made against each of the actions. The first two actions are tracked as part of the

findings of the Ofsted Focused Visit in March 2019 (see above). For the final two actions, progress has been made and these are managed as part of improvement planning and quality assurance processes. Progress is monitored throughout the CYPs Improvement Plan and challenged at the Evidence Challenge Panel after which they will be formally signed off.

### **3.10 Youth Services Inspection (Her Majesty's Inspectorate of Probation (HMIP))**

3.10.1 A virtual inspection was conducted by HMIP between 14<sup>th</sup> and 17<sup>th</sup> September 2020. The visit looked at the quality and impact of key decision-making across three domains: organisational delivery of services; the planning and delivery of court disposals; and the planning and delivery of out-of-court disposals.

3.10.2 The findings were published on 17<sup>th</sup> December. The inspectorate found that the service, overall, 'Requires improvement'.

3.10.3 Within the report, five recommendations were made regarding areas which required improvement. Four of these have now been implemented:

- Ensure that Board members understand the specific needs of children known to the Youth Offending Team (YOT) and advocate on their behalf in their own agencies – complete May 2021.
- Ensure the partnership understands the reasons for the significant number of Looked After Children known to the YOT and reviews the policies and practices of all agencies to minimise the possibility of children entering the criminal justice system unnecessarily – complete May 2021.
- Review the quality and accessibility of education, training, and employment provision for post-16-year-old children known to the service – complete May 2021.
- Review the quality of risk of harm work and improve the effectiveness of management oversight in all cases – complete May 2021.

3.10.4 One action remains outstanding:

- Undertake a health needs analysis of YOT children to better understand the health provision being delivered and what needs to be developed.

3.10.5 Draft inspection action plan developed by the partners at the YOT Board on 14th December 2020 and YOT Board took place on 20th January 2021 to progress the actions.

3.10.6 An approved inspection action plan was submitted to HMIP on 11th January 2021. The action plan has forty six actions against the five recommendations (thirty eight of these are now complete, or 82.6%). The health needs analysis is complete, and two of the three pathways have now been implemented, with the third being launched on 15<sup>th</sup> July 2021.

3.10.7 The actions to address the findings are incorporated into the CYPS Service Development Plan. Progress will be discussed and challenged as part of the arrangements for the CYPS quality assurance process and discussed with Ofsted as part of the annual conversations.

#### 4. Adult Care, Housing and Public Health

- 4.1 One inspection has taken place since the last report and no recommendations have been made. Further details are provided below, see paragraph 4.5.
- 4.2 There remains one recommendation outstanding from external inspections, reviews and audits that took place prior to January 2021.
- 4.3 The one outstanding recommendation relates to the CQC inspection of Parkhill Lodge (Adult Social Care) and the medium-term plan to look for alternative premises. Further details are provided below, see paragraph 4.8.
- 4.4 The table below provides a summary of new external inspections, reviews and audits (taken place since January 2021).

New external inspections reviews and audits					
Title	Date	Outcome	Number of recommendations	Number implemented	Status
Response to the COVID-19 pandemic - Lord Hardy Court (CQC)	13 <sup>th</sup> April 2021	No formal outcome ratings are applied to this type of CQC inspection visits.	0	n/a	No formal recommendations.  See further update below, paragraph 4.5.

#### 4.5 Response to the COVID-19 pandemic – Lord Hardy Court (Care Quality Commission (CQC))

- 4.5.1 Lord Hardy Court was inspected on 13<sup>th</sup> April 2021 as part of CQC's response to the COVID-19 pandemic to look at preparedness in relation to infection prevention and control.
- 4.5.2 No formal recommendations were made from this inspection, however there were several areas where CQC found areas of good practice:
- Staff supervised and monitored to ensure they followed infection control guidelines, and staff received appropriate training in this area
  - Cleaning schedule for the home enhanced to maintain safety.
  - Procedures for entering the home well managed and visitors tested for COVID-19 before meeting with people living at the home. Appropriate visiting areas had also set up.
  - Risk assessments completed and mitigating action taken to promote the health and wellbeing of high-risk staff.

- Action taken to keep friends and families in touch; this was also incorporated into activities at the home, where people were supported to make cards and take photographs for loved ones.
- Staff and people regularly tested in line with government current COVID-19 testing program.

4.6 The table below provides a summary of the ongoing recommendations from external inspections, reviews and audits that took place prior to January 2021.

<b>Ongoing</b> external inspections reviews and audits reported previously <i>(those reported previously which had outstanding recommendations)</i>						
Title	Date	Outcome	Recommendations	Implemented:		Status
				At last report	Since last report	
Rotherham Adult Social Care Peer Review Self-assessment and Sector Led Peer Review <i>(Yorkshire and Humber ADASS)</i>	12 <sup>th</sup> – 14 <sup>th</sup> February 2020	Evident to the Peer Review Team that much careful work has been done in co-producing the new model with staff and partners, and that this has paid off in the effective engagement with the new model.	No recommendations made but identified 3 areas for consideration focussed around: <ul style="list-style-type: none"> <li>• Confidence of staff and managers (Sustainability, capacity and conscious competence)</li> <li>• Culture change (Success, customise culture change and dynamic learning)</li> <li>• Practice Assurance (Culture, carers and eligibility and hand offs)</li> </ul>	n/a	n/a	<b>No formal recommendations.</b>  Final report received November 2020 which included 3 areas for consideration.  Action plan produced and fed into a formal Pathway Review exercise. Governed via the Perform+ Framework owned by the Senior Management Team.  See further update below, paragraph 4.6.
Formal review of the Adult Social Care restructure and pathway <i>(supported by PWC linked to Perform+)</i>	24 <sup>th</sup> August – 4 <sup>th</sup> September 2020	The review provided a summary of staff feedback on what is working well, what is not working as the way it was intended - and the reasons why, and therefore what actions are needed in order to achieve the full aims of the pathways. This has been organised in the framework of 'what staff have said, and things to do	No formal recommendations made, however improvement actions identified related to the following teams: <ul style="list-style-type: none"> <li>• Access</li> <li>• Localities</li> <li>• Service Improvement &amp; Governance</li> <li>• Professional Practice</li> <li>• Targeted Review Team</li> </ul>	n/a	n/a	<b>No formal recommendations</b>  The final report was received in December 2020 and included improvement actions.  An action plan has been put in place to address the considerations and Perform+ is being used to ensure these are managed and monitored.  See further update below, paragraph 4.7.

		next', and is service specific.				
Adult Social Care – Inspection of Parkhill Lodge (CQC)	24 <sup>th</sup> January 2018	Good overall rating, with good individual ratings within all sub-categories of Safe; Effective; Caring; Responsive. Well-led category - requires improvement	2	1	0	<p><b>Partially complete</b> (1 complete and 1 outstanding)</p> <p>The outstanding recommendation relates to external works to the building.</p> <p>Medium term plan for Parkhill Lodge is to look for alternative premises. - Residents temporarily moved to Lord Hardy Court due to impact of Covid. Longer term decision to be made in August 2021.</p> <p>See further update below, paragraph 4.8.</p>

#### **4.6 Rotherham Adult Social Care Peer Review Self-assessment and Sector Led Peer Review (Yorkshire and Humber ADASS)**

4.6.1 The formal peer review sessions took place between 12<sup>th</sup> – 14<sup>th</sup> February 2020 and were conducted by Yorkshire and Humber ADASS. The purpose of the peer review was to review the new Adult Social Care Pathway which has been in place since October 2019 and stimulate a discussion about how Adult Social Care and its partners can become more effective in improving outcomes.

4.6.2 The scope of the review was to identify the confidence levels of staff and managers, to understand the level of culture change and to feedback on practice.

4.6.3 The final report was received November 2020. It did not make any formal recommendations but outlined areas for consideration. These are:

1. Pathway clarity – The peer review recognised that teams still needed to settle into the new way of working. Further to this the review highlight a subsequent consideration of sustainability. The work of the newly formed teams (Professional Practice Team and the Service Improvement and Governance Team) were positioned to work with teams to strengthen the delivery of the pathway.

2. Sufficient capacity – In line with corporate financial plans the restructure had to release savings. These savings came from staffing budgets being realigned. The peer review highlighted how the savings target had been met and it suggested ongoing monitoring of resources; acknowledging that as population and demographic changes occur staffing resources and pathways will again need to be repositioned accordingly.

The review highlighted a consideration relating to improving the Carers offer. Work on a carers programme began in March 2020 governed by the Health and Wellbeing Board. It is also part the Council's Year Ahead Plan and is also governed internal to Adult Social Care via a Project Assurance Meeting chaired by the Strategic Director.

3. Celebrating successes – The peer review team felt work was needed to ensure the enormity of the change was recognised. It was suggested people stories would enhance the pathway changes. This is being picked up as part of the standard communications and engagement work supported by colleagues from the Corporate Communications Team.

4.6.4 In addition to the above, the review highlighted a range of strengths, including:

- Leadership is strong throughout the directorate.
- Very clear evidence around partnership working (internally and externally).
- Strong investment in our workforce.
- Culture has changed in a positive way.
- Coherent performance management framework.

4.6.5 An action plan was produced in August and fed into the formal pathway review exercise, as outlined in section 4.7 below. Progress against the actions is governed via the Perform+ Framework, owned by the Senior Management Team.

#### **4.7 Formal review of the Adult Social Care restructure and pathway (PWC)**

4.7.1 Following on from the Rotherham Adult Social Care Peer Review Self-assessment, a full review of the Adult Social Care restructure and pathway took place between 24th August – 4th September 2020. This was originally scheduled for six months after its implementation (April 2020); however, this was delayed due to the pandemic and full national lockdown.

4.7.2 This review was undertaken to identify what was working well, and what was not working in the way that it was intended – and the reasons why, and therefore what actions may be needed to be considered in order to achieve the original aims of the pathway. The objectives of the review were to create clarity on the challenges of the pathway, and to present these objectively for decision making by the Adult Social Care Leadership Team.

4.7.3 The outcome of the review was received December 2020. This did not result in any formal recommendations, although improvement actions were identified for the following teams:

- Access
- Localities
- Service Improvement & Governance
- Professional Practice
- Targeted Review Team

4.7.4 Actions plans have been put in place to address the considerations from all the reviewing activities and the Perform+ methodology is being used to ensure these are managed and monitored.

4.7.5 Since February 2021 the pathway and staffing structure have been part of routine improvement conversations supported by the Perform+ Platform.

#### **4.8 Adult Social Care – Inspection of Parkhill Lodge (CQC)**

4.8.1 Work continues to resolve long term plans for Parkhill Lodge and residents. A decision was made to temporarily move the residents of Parkhill Lodge on 22<sup>nd</sup> October 2020 to Lord Hardy Court due to a Covid outbreak and these arrangements remain in place. The layout of the Parkhill building and lack of ensuite facilities was not supporting infection control and compounded with staff absence due to either being Covid positive or self-isolating.

4.8.2 A report is scheduled to be presented to Cabinet in August 2021 regarding the location of Park Hill Lodge residential service.

4.8.3 The Adult Social Care Directorate Leadership Team are responsible for overseeing implementation.

### **5. Regeneration and Environment Services**

5.1 Two new external audits have taken place since the last report. The first covered a review of enquiries to the Web Enabled Enquiry (WEE) system conducted by the DVLA. Two recommendations were made which have now been implemented. The second related to a follow up inspection of sports ground safety that took place in October 2020. Of the seven initial recommendations made from this review, two remain outstanding.

5.2 Of the recommendations from external inspections, reviews and audits that took place prior to January 2021, nine have been implemented since the last report and five remain outstanding. The outstanding recommendations relate to the Libraries Peer Challenge and the Sports Ground Safety Audit.

5.3 The table overleaf provides an overall summary of new external inspections, reviews and audits (taken place since January 2021).

New external inspections reviews and audits					
Title	Date	Outcome	Recommendations	Number Implemented	Status
Review of enquiries to the Web Enabled Enquiry (WEE) system (DVLA)	April 2021	The overall audit rating was green.	2 compliance exceptions to be addressed: <ul style="list-style-type: none"> <li>Enquired on incorrect Date of Event. No keeper data received.</li> <li>Enquired upon wrong vehicle registration number (one digit incorrect).</li> </ul>	2	<b>Complete</b>  Action taken to address the two minor issues identified in May 2021.  See further update below, paragraph 5.4.
Sports Ground Safety Audit (Sports Ground Safety Authority) (Follow-up Inspection)	June 2021	Council risk rating improved to "medium risk"	9 identified at the initial audit in October 2020. 2 remain outstanding.	7 (from initial Audit recommendations)	<b>Partially Complete</b> (7 complete, 2 ongoing)  The outstanding recs relate to the training of staff (not yet in post) and administrative procedures relation to safety documentation (the process has been introduced but sufficient time has not yet past to verify that the process has been fully embedded).

#### 5.4 Review of enquiries to the Web Enabled Enquiry (WEE) system (Driver and Vehicle Licensing Agency (DVLA))

5.4.1 A review of enquiries to the Web Enables Enquiry (WEE) system by RMBC staff was conducted in April 2021 by the DVLA. The system is used to identify the keepers of vehicles as registered with the DVLA. The vehicles about which enquiries are submitted are typically the subject of reports of being untaxed or abandoned. The audit is conducted every two years to review the Council's compliance with permissible reasons for enquiries.

5.4.2 The outcome of the audit was rated as green. This was following confirmation that the relevant actions have been taken to address two minor issues originally identified.

5.4.3 The table overleaf provides a summary of the ongoing recommendations for external inspections, reviews and audits that took place prior to January 2021.

## 5.5 Sports Ground Safety Audit (Sports Ground Safety Authority)

- 5.5.1 In October 2020 the Sports Ground Safety Authority undertook an audit of the Council to ensure that the designated sports ground within the borough (Rotherham United Football Ground) was operating safely and that the local authority is discharging its duties appropriately under the Safety of Sports Ground Act 1975.
- 5.5.2 The initial audit identified several areas of concern (nine recommendations), resulting in the Council risk rating being high.
- 5.5.3 Seven of the nine recommendations have been completed and two remain outstanding. The outstanding recommendations relate to the training of staff (not yet in post) and administrative procedures relation to safety documentation (the process has been introduced but sufficient time has not yet past to verify that the process has been fully embedded). The outstanding recommendations are due for completion in July/August 2021.
- 5.5.3 A follow up audit took place on 30<sup>th</sup> June 2021 resulting in the Council risk rating improving to medium risk (8 points from being categorised as low risk). The final report was issued on 7<sup>th</sup> July 2021.
- 5.5.4 The inspector commented that excellent progress had been made and that outstanding recommendations were in hand and had a valid reason for the delay. In addition, there was a level of confidence in the Council's performance and the inspector was of the view that the authority will go on to improve further.
- 5.5.5 The next inspection is due in 12 months' time.
- 5.5.6 Implementation of the recommendations is overseen by the Management Team.
- 5.6 The table below provides a summary of the ongoing recommendations from external inspections, reviews and audits that took place prior to January 2021.

<b>Ongoing</b> external inspections reviews and audits <i>(those reported previously which had outstanding recommendations)</i>						
Title	Date	Outcome	Recommendations	Implemented:		Status
				At last report	Since last report	
Libraries Peer Challenge <i>(Local Government Association)</i>	19 <sup>th</sup> - 20 <sup>th</sup> June 2019	<ul style="list-style-type: none"> <li>Libraries in Rotherham valued asset</li> <li>Enthusiasm and recognition of the role libraries could play in delivering the wider council objectives within community</li> <li>Strong political</li> </ul>	9, these include: <ul style="list-style-type: none"> <li>Library strategy; service review</li> <li>Internal review of what is taking place at each location, its success</li> <li>Resolve where</li> </ul>	4	2	<b>Partially complete</b> (6 recs implemented: 2 ongoing and 1 outstanding)  6 complete: <ul style="list-style-type: none"> <li>Library strategy approved</li> <li>Engaged with staff to develop</li> </ul>

		<p>commitment</p> <ul style="list-style-type: none"> <li>• Impressed by the managers, staff and volunteers met with</li> <li>• Vision but not a shared vision and was not always clearly visible to staff and wider partners</li> </ul>	<p>staff time is split between customer service roles and library service roles</p> <ul style="list-style-type: none"> <li>• Engage staff on the development of the vision</li> <li>• New challenging targets</li> <li>• Opportunities to work more with partners locally, regionally and nationally</li> <li>• More effective use of volunteers</li> <li>• Engage young people in volunteering</li> </ul>			<p>a new vision</p> <ul style="list-style-type: none"> <li>• Set new targets</li> <li>• Looked at opportunities to work more with partners locally, regionally and nationally</li> <li>• Separated out customer service and library staff roles which has been supported by channel shift during the Covid 19 pandemic</li> <li>• Engaged young people- through consultation events and prioritised in the 2 year action plan for Libraries.</li> <li>• Potential for different, innovative library asset designs</li> </ul> <p>Actions linked to recommendation 7 is in progress; recommendation 2 is outstanding.</p> <p>Action plan developed for all remaining recommendations. Implementation has been delayed due to the Covid-19 response.</p>
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## 5.5 Libraries Peer Challenge (*Local Government Association*)

5.5.1 Implementation of the recommendations from the Libraries Peer Challenge conducted in June 2019 continues, due to delays caused by the Covid-19 response.

5.5.2 Since the last report in January 2021 two further recommendations have been implemented. We have and will continue to visit other libraries and local authorities to review library asset design which will inform plans for the redesign of Rotherham libraries.

5.5.3 In relation to separating out the customer service and library roles, there has been a review on how customer service transactions are delivered, and this had led to a significant reduction in the number of face-to-face appointments required. This has been further reduced during the pandemic where people have opted to complete their transactions over the phone or online. It has

been agreed that the few number of enquiries still occurring face-to-face will be dealt with by generic library staff.

5.5.4 Engagement with young people has taken place as part of the consultation on the new library strategy which took place in 2020, although response was limited due to the impact of the pandemic. It is a service priority to target this group and improve engagement with library services. This work will continue as part of the two-year action plan.

## 6. Finance and Customer Services

6.1 Two new audits have taken place since the last report and no recommendations have been made. Further details are provided below, see paragraphs 6.4 and 6.5 below.

6.2 There is one ongoing recommendation from an external inspection that took place prior to January 2021. This relates to the inspection by the Investigatory Powers Commissioners Office and is set out in section 6.9 below. Final audit reports have also been received for teachers pensions and housing benefits.

6.3 The table below provides an overall summary of new external inspections, reviews, and audits (taken place since to January 2021).

<b>New external inspections reviews and audits</b>					
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Recommendations</b>	<b>Number Implemented</b>	<b>Status</b>
External Audit of Pooling of Housing Capital Receipts 2019-20 (KPMG)	January 2021	Clean audit.	0	n/a	<b>No formal recommendations.</b>  See further update below, paragraph 6.4.
Public Services Network (PSN) Connection Compliance (Cabinet Office)	May 2021	Awaiting final report.	Unknown	n/a	<b>Awaiting final report.</b>  See further update below, paragraph 6.5.

### 6.4 External Audit of Pooling of Housing Capital Receipts 2019-20 (KPMG)

6.4.1 The Ministry of Housing, Communities and Local Government (MHCLG) administers the pooling of housing capital receipts scheme. These are capital receipts generated when a local authority sells a property under the Right to Buy (RTB) (Schedule 6A of the Housing Act 1985).

6.4.2 The use of the receipts arising from the disposal of housing assets is governed by the Local Authorities (Capital Finance and Accounting) (England) Regulations 2003 (as amended). The regulations require that:

- Receipts arising from RTB (and similar) sales may be retained to cover the cost of transacting the sales, and to cover some of the debt on the properties sold, but a proportion of the remainder must be surrendered to central Government
- Receipts arising from all other disposals may be retained in full provided they are spent on affordable housing, regeneration or the paying down of housing debt (each of which is defined in the Regulations).

6.4.3 The pooling return is an annual return submitted by local authorities to MHCLG showing the breakdown of the various elements of housing capital receipts.

6.4.4 MHCLG requires local authorities to appoint an independent accountant to carry out 'agreed upon procedures' and report factual finding in the respect of the annual pooling return.

6.4.5 If there are any errors in the pooling, whereby under or overpayment to Central Government in respect of the sub-liability payment (the proportion surrendered to Central Government) has been miscalculated, then there are penalties and interest payments to be made.

6.4.6 For the audit report in respect of pooling of Housing Capital receipts for the financial year 2019/2020 year, showed that there were no exceptions noted.

## **6.5 Public Services Network (PSN) Connection Compliance (*Cabinet Office*)**

6.5.1 The Public Services Network (PSN), is a Her Majesty's Government (HMG) initiative that provides assurance to all public sector participants that all connecting organisations have a mature, stable, and secure network. Certification is hard to achieve and most Councils are 'working towards' compliance.

6.5.2 Access to PSN is still possible provided you submit an annual application for review that outlines the organisation's current security position.

6.5.3 The Public Services Network (PSN) is a secure network which enables access to HMG systems and shared services to be controlled by authorised participants.

6.5.4 The security of each organisation and user connected to the PSN affects both the security of all other users and the network itself. The PSN compliance process exists to provide the PSN community with assurance that their data is protected to an agreed level.

6.5.5 The annual application was submitted by the Council in May 2021 and the Council is awaiting the outcome of the submission.

6.6 The table below provides a summary of the ongoing recommendations for external inspections, reviews and audits that took place prior to January 2021.

<b>Ongoing</b> external inspections reviews and audits <i>(those reported previously which had outstanding recommendations)</i>						
Title	Date	Outcome	Recommendations	Implemented:		Status
				At last report	Since last report	
External Audit of Teachers Pensions 2019-20 (KPMG)	November 2020	Clean audit	0	n/a	n/a	<b>No formal recommendations.</b>  See further update below, paragraph 6.7.
External Audit of Housing Benefits 2019-20 (Grant Thornton)	November – December 2020	Clean audit	0	n/a	n/a	<b>No formal recommendations.</b>  See further update below, paragraph 6.8.
Regulatory and Investigatory Act 2000 (RIPA) (Investigatory Powers Commissioner's Office)	July 2020	Clean audit	1	0	0	<b>1 rec outstanding.</b>  The recommendation relates to wider awareness training which is currently being prepared for distribution through SLTs.  See further update below, paragraph 6.9.

## 6.7 External Audit of Teachers Pensions 2019-20 (KPMG)

6.7.1 Authorities who administer the Teachers' Pension must complete an audited 'End Of Year Certificate' to provide assurance to the Secretary of State that all contributions due in that year have been correctly calculated, deducted and paid over to the Teachers' Pension Scheme.

6.7.2 Grant Thornton were provided with Teachers Pension submissions for 2019-20 to enable the audit work to be completed by the deadline 30<sup>th</sup> November. This work was undertaken remotely in October and November 2020.

6.7.3 The report presented to Audit Committee in January 2021 stated that this audit had been completed, however the Council was awaiting the final report.

6.7.4 The Grant Thornton report dated 7th December noted any exceptions and/or errors with relevant management explanation and was submitted to The Teachers' Pension scheme in due course, meeting the statutory obligation to provide an audited 'Teachers Pension End Of Year Certificate 1920'.

## **6.8 External Audit of Housing Benefits 2019-20 (*Grant Thornton*)**

- 6.8.1 Housing benefit is a means tested social security benefit, administered by local authorities on behalf of the Department for Work and Pensions (DWP). Housing benefit is intended to help claimants meet housing costs for rented accommodation both in the private and social rented sector.
- 6.8.2 The Council reclaim most of the housing benefit that they pay to claimants by submitting subsidy claims to the DWP. There is a requirement that the Council appoint an external auditor to undertake an annual check of the subsidy claim under a methodology set by DWP.
- 6.8.3 Based on their sample testing, the external auditor will either certify that the annual claim is fairly stated or report any errors found to DWP in their return. Where errors are found the claim is qualified and DWP will seek to reduce the subsidy payment to the Council.
- 6.8.4 The Councils Housing Benefit Subsidy audit for the 2019/20 financial year was undertaken by Grant Thornton between December 2020 and March 2021. They confirmed to DWP that the subsidy claim was fairly stated and DWP confirmed the Councils subsidy claim of £63,669,862 with no adjustments being applied.

## **6.9 Regulatory and Investigatory Act 2000 (RIPA) (*Investigatory Powers Commissioners Office*)**

- 6.9.1 The Regulation of Investigatory Powers Act 2000 (RIPA) provides a mechanism to make it lawful for public bodies, such as local authorities, to use directed (i.e. covert) surveillance and covert human intelligence sources e.g. undercover officers and public informants for the purposes of the detection and prevention of crime.
- 6.9.2 RIPA also provides a mechanism for public bodies, such as local authorities, to acquire communications data where it is proportionate and necessary to do so for the purposes of the detection and prevention of crime.
- 6.9.3 On the 2<sup>nd</sup> July 2020 a desktop inspection by the Investigatory Powers Commissioners Office took place. This type of inspection now takes place where a local authority does not regularly use the powers available. The outcome of inspection was positive and previously reported separately to Audit Committee on 18<sup>th</sup> August 2020. Within the report there is one item to address. The report states:

‘Wider awareness for staff who do not necessarily encounter potential RIPA issues on a regular basis was identified as an area for which increased emphasis is desirable. Current efforts to remind and re-enforce RIPA issues is approached by issuing general reminders at Director meetings and cascading such messages. This is an area which the RIPA Co-ordinator agreed to focus on, as online activity and the use of social networking sites

has increased this risk in several organisations. It is positive that RMBC has recognised the need for increased communication in this area.’

- 6.9.4 Since the inspection Legal Services have been focussing efforts to provide awareness training to ensure the RIPA legislation is cascaded to individual directorates to reduce any potential risk arising from any unauthorised activity. The RIPA Coordinator is attending external training to ensure that any awareness training provided is as up to date as possible. Once the training is prepared, discussions will take place with Directorate Leadership Teams in relation to the best way to deliver the training to the individual directorates.
- 6.9.5 The legal services management team meeting agenda includes an item relating to audit recommendations to ensure that there is regular oversight of the progress in the implementation.

## **7. Assistant Chief Executive**

- 7.1 There are no new external inspections, reviews or audits relating to the Assistant Chief Executive’s Directorate to report.
- 7.2 There is one update from an external review that took place prior to January 2021. This relates to the Local Government Association review of the Big Hearts, Big Changes programme and is set out in the following paragraphs.
- 7.2 **Review of the Big Hearts, Big Changes Programme (*Local Government Association*)**
- 7.2.1 A review of the Big Hearts, Big Changes programme took place on 21st – 22<sup>nd</sup> July 2020, conducted by the LGA. This was a remote peer support review, rather than an inspection and there were no recommendations made. The key reflections report provided did however include sixteen areas for consideration and five early next steps.
- 7.2.2 Following the review, the Council has revised the programme to become more of a mechanism to focus officer resources around the ‘big ticket’ items such as Equalities, Climate Change, and Thriving Neighbourhoods that have been set out in the priorities of the Year Ahead Plan and the emerging priorities of the Council Plan which is in development. These are led by cross-directorate teams and supported by the change and innovation team within Assistant Chief Executive’s directorate, along with other enabling support services, such as finance, HR, legal. One of the other key considerations from the LGA was to take a more agile approach; ensuring that projects and activities remain under the programme for as long as it makes sense to have more corporate oversight, before moving back under directorates as business as usual activity. Revised governance arrangements have been established in the form of separate Operational and Strategic Boards to ensure effective programme assurance and oversight.

## **8. Options considered and recommended proposal**

- 8.1 Audit Committee to note the recent external inspections, reviews and audits which have taken place and the progress made in implementing the recommendations since the last report in January 2021.
- 8.2 Audit Committee to note the governance arrangements that are currently in place for monitoring and managing the recommendations.
- 8.2 Audit Committee to continue to receive regular reports in relation to external inspections, reviews and audits and the progress made.

## **9. Consultation on proposal**

- 9.1 Not applicable to this report.

## **10. Timetable and Accountability for Implementing this Decision**

- 10.1 The timescales for each recommendation varies and further details are included within the report above.
- 10.2 The next report will be presented to Audit Committee in November 2021.

## **11. Financial and Procurement Advice and Implications**

- 11.1 There are no financial and procurement implications.

## **12. Legal Advice and Implications**

- 12.1 There are no direct legal implications arising from the recommendations within this report.

## **13. Human Resources Advice and Implications**

- 13.1 There are no Human Resources implications.

## **14. Implications for Children and Young People and Vulnerable Adults**

- 14.1 The recommendations in relation to inspections in both Children and Young People's Services and Adult Social Care have direct implications on the quality of services provided to children, young people and vulnerable adults. Completing the recommendations will improve outcomes for these groups.

## **15. Equalities and Human Rights Advice and Implications**

- 15.1 Equality Analyses are undertaken in relation to any new policies or strategies that are developed, and work is being undertaken to improve services.

## **16. Implications for Partners**

16.1 Partnership approaches are key to improving services and the improvements need to be of a multi-agency nature and owned cross the partnership.

**17. Risks and Mitigation**

17.1 There is a risk that actions are reported as completed without substance, it is important that arrangements are in place as part of the respective quality assurance regimes and monitored through performance management, evidencing not just completion of actions, but the associated outcomes. As governance arrangements are strengthened, these risks become mitigated.

**18. Accountable Officer(s)**

Simon Dennis, Corporate Improvement and Risk Manager

**Approvals Obtained from:-**

Jo Brown, Assistant Chief Executive

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