

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

Audit Committee – 11<sup>th</sup> January 2022

**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, 19<sup>th</sup> January 2021 and 29<sup>th</sup> July 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 29<sup>th</sup> July 2021. The report referred to:
- Six external inspections, reviews and audits that had taken place since 19<sup>th</sup> January 2021, resulting in fourteen recommendations (twelve had been implemented, two remained ongoing and the outcome of one of the external audits conducted was not yet known).
  - In addition, out of the 23 ongoing recommendations relating to external inspections, reviews and audits that took place prior to January 2021, eight had been implemented and fifteen remained outstanding or ongoing.

### **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 29<sup>th</sup> July 2021, thirteen external inspections, reviews and audits have taken place and twenty-five recommendations made, eighteen of which have been implemented. Five are ongoing/outstanding and two do not require action. The outcome is not yet known for one of the external audits conducted.
- 2.3 In addition, three of the ongoing recommendations relating to external inspections, reviews and audits that took place prior to July 2021 have now been implemented, and eleven remain either ongoing or outstanding.
- 2.4 An update from each Directorate is provided below.

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

- 3.1 Three inspections have taken place since the last report which made twelve recommendations in total. Eight of these have been implemented and four remain outstanding. Further details are provided in paragraph 3.4.
- 3.2 There are eight outstanding recommendations from external inspections, reviews and audits that took place prior to July 2021. Since the last report, no outstanding recommendations have been implemented, but implementation work is progressing.
- 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 (taken place since July 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>
Joint Area SEND Inspection ( <i>Ofsted and CQC</i> )	5 <sup>th</sup> -9 <sup>th</sup> July 2021	No formal overall outcome from the inspection. A letter providing four recommendations has been published.	4 areas of concern: <ul style="list-style-type: none"> <li>• Variability in the quality of Education, Health and Care plans, including the contribution of health and social care partners.</li> <li>• Effectiveness of the graduated response to identify and meet children and young people's needs, especially in key stages 1 and 2.</li> <li>• Quality of provision for children and young people's preparation for, and transition to, adulthood.</li> <li>• Communication with all parents and carers of children and young people with SEND about the local offer, and the accessibility of the very valuable information included within the local offer.</li> </ul>	0	<b>4 recs outstanding</b>  Work ongoing to publish Written Statement of Action by January 2022 deadline.
Inspection of Beech Tree House new children's home ( <i>Ofsted</i> )	July 2021	Overall rating of 'Good'.  A report detailing the findings was published in August 2021.	5 requirements and 1 recommendation  1. Care planning standard: Ensuring Education, Health and Care Plans received and coordinated transition plan in	6	<b>Complete</b> – 6 requirements/recommendations addressed within three months.

			<p>place with adult services</p> <ol style="list-style-type: none"> <li>2. Protection of children recognition of Local Authority Designated Officer (LADO): Notification of all allegations to progress to LADO and all agency staff to read risk assessments</li> <li>3. Leadership and management: Ensuring sufficient staff to support continuity of care, to support staff development and reduce need for agency staff</li> <li>4. Recording of complaints and subsequent investigations should be completed</li> <li>5. Risk management should support continuing professional development, linked to Mental health and handling disclosures</li> <li>6. Recommendation – replace stair carpet</li> </ol>		
Liberty House short breaks service for children ( <i>Ofsted</i> )	August 2021	Overall rating of Outstanding. A report detailing the findings was published in August 2021	<p>1 requirement and 1 recommendation</p> <ol style="list-style-type: none"> <li>1. Leadership and Management in relation to timely documentation being progressed and staffing levels to support home manage to full capacity</li> <li>2. Quality of care report (reg 45) should be submitted every 6 months</li> </ol>	2	<b>Complete</b> – 2 requirements/recommendations addressed month after the inspection.

### **3.5 Joint Area Special Educational Needs and/or Disabilities (SEND) inspection (*Ofsted and CQC*)**

3.5.1 Between 5<sup>th</sup> – 9<sup>th</sup> July 2021 Ofsted and the Care Quality Commission conducted a joint inspection of the local area of Rotherham to judge the effectiveness of the area in implementing the Special Educational Needs and/or Disabilities (SEND) reforms as set out in the Children and Families Act 2014.

3.5.2 A letter detailing the findings was published on 19<sup>th</sup> October 2021. This identified four areas of concern and requested a Written Statement of Action to respond to the concerns, to be submitted by 22<sup>nd</sup> January 2022.

3.5.3 The 4 areas of concern were:

- The variability in the quality of Education, Health and Care plans, including the contribution of health and social care partners
- The effectiveness of the graduated response to identify and meet children and young people's needs, especially in key stages one and two
- The quality of provision for children and young people's preparation for, and transition to, adulthood
- Communication with all parents and carers of children and young people with SEND about the local offer, and the accessibility of the very valuable information included within the local offer.

3.5.4 Work has begun to address these areas. As required in the letter, a Written Statement of Action (WSOA) is currently being jointly developed with the Clinical Commissioning Group (CCG), which will be submitted to the inspectorate by the deadline of the 22<sup>nd</sup> January 2022. This will formally set out the actions and timelines that will be undertaken to address the areas of concern.

3.5.5 Formal internal governance arrangements are in place to review and challenge progress made against the actions. An executive board is being developed to hold accountability of WSoA and four key workstreams established, which will each have a lead to drive forward the action plans for each of areas identified. In addition, regular monitoring visits will be undertaken by the Department for Education to review and support progress.

### **3.6 Inspection of Beech Tree House new children's home (*Ofsted*)**

3.6.1. An Ofsted inspection took place in July 2021 of newly opened Beech Tree House, which provides in-house residential care and accommodation for up to two children with social, emotional and/or behavioural difficulties. A report detailing the findings was published in August 2021 and the service received an overall rating of 'Good'.

3.6.2. Five requirements and one recommendation were made, and they have all been implemented:

- Care planning standard: Ensuring Education, Health and Care Plans received and coordinated transition plan place with adult services - completed July 21

- Protection of children recognition of Local Authority Designated Officer (LADO): Notification of all allegations to progress to LADO and all agency staff to read risk assessments – completed July 21
- Leadership and management: Ensuring sufficient staff to support continuity of care, to support staff development and reduce need for agency staff – completed September 2021
- Recording of complaints and subsequent investigations should be completed – completed August 2021
- Risk management should support continuing professional development, linked to mental health and handling disclosures – completed September 2021
- Recommendation: replace stair carpet – completed September 2021

3.6.3. All requirements and recommendations were addressed within three months of the inspection, including a clear plan of how to make the best use of the staff recruited to support staffing challenges in other homes. The changes made have reduced reliance on agency staff and helped the home to settle and progress.

3.6.4. Regular residential service meetings are held, and an action plan is in place which is reviewed monthly to track progress and impact of any inspection or quality assurance activity.

3.6.5. Monthly independent visits offer additional oversight to the implementation and continued practice in the homes and these actions will be included as part of their coming visits. The operation's manager oversees the actions from the inspections to ensure any lessons learned are implemented where relevant in all the children's homes.

### **3.7 Inspection of Liberty House short breaks service for children (Ofsted)**

3.7.1. An Ofsted inspection took place in August 2021. A report detailing the findings was published in the same month and the service received an overall rating of 'Outstanding'.

3.7.2. One recommendation and one requirement were made:

- Leadership and management in relation to timely documentation being progressed and staffing levels to support home managed to full capacity – completed September 21
- Quality of care report (reg 45) should be submitted every six months – completed August 21.

3.7.3. Both points have now been addressed, one month after the inspection, and staffing levels are slowly increasing based on good and safe recruitment.

### **3.8 CYPS inspections prior to July 2021**

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

**Ongoing** external inspections reviews and audits (those reported previously which had outstanding recommendations)

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 (Ofsted)	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>	1	0	<p><b>Partially complete</b> (1 complete and 2 ongoing)</p> <p>No further recommendations have been formally completed in the last 6 months; however significant progress has been made against each of these actions.</p> <p>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.</p> <p>See update below (paragraph 3.9) re the progress made in relation to the outstanding recommendations</p>
Troubled Families (Ministry of Housing, Communities and Local Government)	July 2019	Feedback extremely positive and six recommendations made, which included a recommendation to enhance systems.	6, these include: <ul style="list-style-type: none"> <li>Reference key plans Service Transformation Maturity Model in the Early Help 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>	5	0	<p><b>Partially complete</b> (5 complete and 1 ongoing)</p> <p>Ongoing recommendations include: <ul style="list-style-type: none"> <li>Align better Troubled Families data with the Corporate Context – to be completed by March 2023.</li> </ul> </p> <p>See update below (paragraph 3.10) re the progress made in relation to the outstanding recommendation.</p>



Youth Offending Service Inspection (HMIP)	14 – 17 <sup>th</sup> September 2020	<p>The RMBC YOT (Youth Offending Team) received an overall rating of 'Requires Improvement'.</p> <p>A report, detailing the findings and recommendations was published on the 17<sup>th</sup> December 2020.</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 review policies and practices of all agencies to minimise the possibility of children entering the criminal justice system unnecessarily</li> <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> <li>• Review the quality of risk of harm work and improve the effectiveness of management oversight in all cases.</li> </ul>	4	0	<p><b>Partially complete</b> (4 complete and 1 ongoing)</p> <p>Ongoing recommendation includes:</p> <ul style="list-style-type: none"> <li>• Undertake a health needs analysis of YOT children to better understand the health provision being delivered and what needs to be developed.</li> </ul> <p>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> <p>See update below (paragraph 3.11) re the progress made in relation to the outstanding recommendations.</p>
Focused visit to Rotherham children's services (Ofsted)	20 – 22 <sup>nd</sup> October 2020	<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</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>	0	0	<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</p>

		in the early months of 2020.				Ofsted as part of Annual Conversations.  See update below (paragraph 3.12) re the progress made.
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### **3.9 Inspection of Local Authority Children’s Services (ILACS) Framework - Focused visit on permanence and planning (Ofsted)**

3.9.1 Ofsted undertook an Inspection of Local Authority Children’s Services (ILACS) Framework on 21<sup>st</sup> March 2019 focusing on planning and achieving permanence.

3.9.2 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 one of which has been implemented and is now complete, and two are still ongoing.

3.9.3 Progress on the two ongoing recommendations is still 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 quality assurance work. The impact will be monitored over the next few months to ensure this is consistent and there is assurance, before being reviewed by the Evidence Challenge Panel and formally signed off by the Directorate Leadership Team. 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 the roll out of phase two of the children’s homes is now January 2022. This was originally planned for December 2021 but has been delayed due to the availability of HMI Ofsted to inspect the new homes prior to providing approval to open. Phase three of the programme will commence in 2022 providing a further two, four-bedroom homes this is expected to be completed in 2024.

3.9.4 Progress is managed via the Children and Young People’s Service (CYPS) Development Plan and challenged as part of the CYPS quality assurance process. Discussions also take place with Ofsted as part of Annual Conversations.

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

3.10.1 A troubled families spot check was carried out in July 2019 by the Ministry of Housing and Local Government. The purpose of the inspection was to review processes, performance and systems and identify areas for improvement.

3.10.2 One recommendation is still outstanding, but progress has continued to be made and this is scheduled for completion by March 2023:

- Align better Troubled Families data with the Corporate Context. A bid was made to the MHCLG's Data Accelerator Fund to support this work however this was unsuccessful. This action is now the focus of the single view development and progress has continued to be made against the remaining action scheduled for completion by March 2023.

3.10.3 Progress is managed via the Children and Young People's Service (CYPS) Development Plan and challenged as part of the CYPS quality assurance process. Discussions also take place with Ofsted as part of Annual Conversations.

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

3.11.1 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.

3.11.2 The findings published on 17<sup>th</sup> December 2020 found that the service, overall, 'Requires improvement'.

3.11.3 Within the report, five recommendations were made regarding areas which required improvement. Four of these had been implemented at the last report.

3.11.4 Work to implement the final recommendation is ongoing:

- Undertake comprehensive health needs analysis of Youth Offending Team (YOT) children to better understand the health provision being delivered and what needs to be developed.

3.11.5 Work in relation to the remaining action is complete and findings have been shared with the YOT board, however further work is being undertaken to review the impact. New Child and Adolescent Mental Health Service (CAMHS) and Speech and Language Therapy (SALT) Pathways are operational, and training has been delivered. A report will be presented to the YOT Board in December 2021, which will determine if any further action needs to be undertaken or whether this action can be closed.

3.11.6 The actions to address the findings are incorporated into the Children and Young People's Service (CYPS) 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.

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

3.12.1 A virtual focused visit was conducted by Ofsted between 20<sup>th</sup> and 22<sup>nd</sup> October 2020 to look 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.

3.12.2 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.

3.12.3 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).

3.12.4 For the final two actions, significant progress has been made and the actions are expected to be complete early in the new year following which, as part of improvement planning and quality assurance processes, they will be reviewed by the Evidence Challenge Panel before being formally signed off.

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

4.1 One inspection has taken place since the last report, which included a desktop audit of the corporate Advocacy and Appeals service, based in Housing, and an in-person assessment. Based on the desktop audit, five recommendations were made and have been implemented. The official report from the in-person assessment is yet to be received. Further details are provided below, see paragraph 4.4.

4.2 There remains one recommendation outstanding from external inspections, reviews and audits that took place prior to July 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 4.7.

4.4 The table below provides a summary of new external inspections, reviews and audits (taken place since July 2021).

New external inspections reviews and audits					
Title	Date	Outcome	Number of recommendations	Number implemented	Status
Advice Quality Standard (Advice Services Alliance)	22 <sup>nd</sup> October 2021 (Desktop Audit) & 19 <sup>th</sup> November 2021	Awaiting official report	5 based on desktop audit, awaiting recommendations from in-person assessment  1. An update to the Signposting and Referral Policy to explicitly state that first consideration should be given to AQS holders.  2. A copy of the risk register/risk	5	<b>Partially complete</b> – 5 recommendations complete based on desktop audit, however awaiting official documentation from ‘in person’ assessment to clarify any further recommendations.

			<p>assessment for the service.</p> <p>3. Update to the Authorisation Forms to cover audits by AQS assessors/ quality audits and the option to opt out of this – please note files will only be able to be reviewed on site where client consent is evidenced.</p> <p>4. A copy of a service charter setting out what clients can expect from the service.</p> <p>5. An update to the manual to show how and when reviews of quality processes will be carried out.</p>	
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#### **4.5 Advice Quality Standard (*Advice Services Alliance*)**

4.5.1 The corporate Advocacy and Appeals service, which is based in Housing, underwent a desktop audit on 22<sup>nd</sup> October 2021 and an in-person inspection on 19<sup>th</sup> November 2021 to qualify for an Advice Quality Standard (AQS) accreditation. This is a quality standard for legal advice services operating in the area of social welfare law, which has to be renewed every two years.

4.5.2 Based on the desktop audit, five recommendations were made, which have all been implemented.

1. An update to the signposting and referral policy to explicitly state that first consideration should be given to AQS holders
2. A copy of the risk register/risk assessment for the service
3. Update to the authorisation forms to cover audits by AQS assessors/ quality audits and the option to opt out of this
4. A copy of a service charter setting out what clients can expect from the service
5. An update to the manual to show how and when reviews of quality processes will be carried out.

4.5.3. The report on the in-person inspection and any recommendations based on this are awaited.

#### **4.6 Adult Care, Housing and Public Health inspections prior to July 2021**

4.6.1 The table below provides a summary of the ongoing recommendations from external inspections, reviews and audits that took place prior to July 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	
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>Residents temporarily moved to Lord Hardy Court due to impact of Covid. Longer term decision to be made in December 2021.</p> <p>See further update below, paragraph 4.7.</p>

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

- 4.7.1 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.
- 4.7.2 A report was presented to Cabinet in December 2021 regarding the location of Park Hill Lodge residential service.
- 4.7.3 The Adult Social Care Directorate Leadership Team are responsible for overseeing implementation.

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

- 5.1 Four new external audits have taken place since the last report. Five recommendations were made, all of which related to the General Register Office Stock and Security Assurance Audit and all of which have now been implemented. Further details are provided in paragraph 5.3.
- 5.2 Of the recommendations from external inspections, reviews and audits that took place prior to July 2021, three have been implemented since the last report and one remains outstanding. The outstanding recommendation relates to the Sports Ground Safety Audit.

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

<b>New</b> external inspections reviews and audits					
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Recommendations</b>	<b>Number Implemented</b>	<b>Status</b>
MOT Test Lane Inspection (DVSA)	6th October 2021	Satisfactory	0	n/a	No formal recommendations.  See further update below, paragraph 5.4
Review of Clinical waste operations (NHS)	August 2021	Passed	0	n/a	No formal recommendations.  See further update below, paragraph 5.5
Stock and Security Assurance Audit (General Register Office)	12 <sup>th</sup> August 2021	Overall High Assurance on all criteria apart from Order and receipt of stock which was graded Reasonable	5 recommendations: 1, Reminder for all staff to send acknowledgement of receipt of stock to Registration Supplies Unit. 2, Periodic Stock Checks of unused certificate stock to resume after being suspended during the pandemic. 3, Casual staff not to be allowed access to depository. 4, Amount and type of stock to not exceed reasonable levels. 5. Local Authority to consider introducing regular audits of the registration service.	5	<b>Complete</b>  See further update below, paragraph 5.6
Annual site audit of Rotherham Leisure Complex and Maltby Leisure Centre	30 <sup>th</sup> June 2021	Very Good	0	n/a	No formal recommendations.  See further update below, paragraph 5.7

#### 5.4 MOT Test Lane Inspection (DVSA)

5.4.1 On 6<sup>th</sup> October 2021, the Driver and Vehicle Standards Agency (DVSA) conducted an unannounced visit to ensure required standards exist within the MOT test lane facility based at Hellaby Depot.

5.4.2 The inspection found the facility to be satisfactory and no recommendations were made.

## 5.5 Review of Clinical Waste Operations (NHS)

5.5.1 A review of all clinical waste operations took place in August 2021, conducted by the NHS.

5.5.2 No issues were identified, and no recommendations made.

## 5.6 Stock and Security Assurance Audit (General Register Office)

5.6.1 On 12<sup>th</sup> August 2021, the General Register Office conducted a Stock and Security Assurance Audit.

5.6.2. Overall, it was graded 'high assurance' on all criteria apart from order and receipt of stock which was graded 'reasonable'.

5.6.3 Five recommendations were made, all of which have been implemented. These were:

- Reminder for all staff to send acknowledgement of receipt of stock to registration supplies unit
- Periodic stock checks of unused certificate stock to resume after being suspended during the pandemic
- Casual staff not to be allowed access to depository
- Amount and type of stock to not exceed reasonable levels
- Local authority to consider introducing regular audits of the registration service.

## 5.7 Rotherham Leisure Complex and Maltby Leisure Centre (Quest)

5.7.1 Quest Prime conducted a site audit of Rotherham Leisure Complex and Maltby Leisure Centre on 30<sup>th</sup> June 2021.

5.7.2 The audit found the sites to be Covid-19 secure in line with the assessment criteria and no recommendations were made.

## 5.8 Regeneration and Environment Services Inspections prior to July 2021

5.8.1 The table below provides a summary of the ongoing recommendations from external inspections, reviews and audits that took place prior to July 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 commitment</li> <li>• Impressed by the</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 staff time is split between customer</li> </ul>	7	2	<b>Complete</b> – all recommendations now complete.  2 implemented since last report related to:  2. Review of offers at each location through service map



		<p>managers, staff and volunteers met with</p> <ul style="list-style-type: none"> <li>• Vision but not a shared vision and was not always clearly visible to staff and wider partners</li> </ul>	<p>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>7. Use of volunteers</p> <p>See further update below, paragraph 5.9</p>
Sports Ground Safety Audit (Sports Ground Safety Authority) (Follow-up Inspection)	June 2021	<ul style="list-style-type: none"> <li>• Council risk rating improved to "medium risk"</li> </ul>	<p>9 identified at the initial audit in October 2020. 2 were outstanding at last report in July 2021:</p> <p>3. Introduce an annual review of the safety certificate and operations manual in consultation with the SAG.</p> <p>9. To ensure resilience in sports ground safety involve and train other members of staff in the function.</p>	7 (from initial Audit recommendations)	1	<p><b>Partially Complete</b> (8 complete, 1 ongoing)</p> <p>Recommendation 9 has now been implemented and only recommendation 3 is still ongoing. This relates to administrative procedures in relation to safety documentation.</p> <p>See paragraph 5.10 below.</p>

## 5.9 Libraries Peer Challenge (*Local Government Association*)

5.9.1 Implementation of the recommendations from the Libraries Peer Challenge conducted in June 2019 has now been completed, after delays caused by Covid-19.

5.9.2 Since the last report in July 2021 the two remaining recommendations have been implemented:

- All sites have contributed to a service map in order to ensure there is a central overview of the core and complementary offers. This is regularly updated to ensure it is accurate
- Work has been implemented to ensure volunteers are used across the library network. Libraries are working in conjunction with RMBC volunteer coordinators to develop a corporate volunteer policy which is in the process of being approved. A recruitment campaign is planned for early in the New Year and a software is being procured to allow volunteers to apply for roles through a smart phone app.

## 5.10. **Sports Ground Safety Audit (*Sports Ground Safety Authority*)**

- 5.10.1 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.
- 5.10.2 The initial audit identified several areas of concern (nine recommendations), resulting in the Council's risk rating being 'high'.
- 5.10.3 A follow up audit took place on 30<sup>th</sup> June 2021 resulting in the Council's risk rating improving to 'medium risk'. The final report was issued on 7<sup>th</sup> July 2021.
- 5.10.4 At the last report in July 2021, two recommendations were outstanding, one of which has now been completed:
- To ensure resilience in sports ground safety involve and train other members of staff in the function.
- 5.10.5 The only outstanding recommendation relates to administrative procedures around safety documentation. The process has been introduced and it was originally planned to carry out an inspection of the ground and report back to the Safety Advisory Group in July/August for sign-off. However, due to staffing changes at the inspection could not go ahead in this timescale. As a result, the process has not yet been inspected but an inspection is scheduled to take place in January 2022.
- 5.10.6 The next audit is due in June/July 2022.
- 5.10.7 Implementation of the final outstanding recommendation is overseen by the Management Team.

## 6. **Finance and Customer Services**

- 6.1 Five new audits have taken place since the last report and three recommendations have been made, two of which do not require action. Further details are provided below, see paragraph 6.4.
- 6.2 There is one ongoing recommendation from an external inspection that took place prior to July 2021. This relates to the inspection by the Investigatory Powers Commissioners Office and is set out in section 6.12 below.
- 6.3 Final audit reports have not yet been received for Audit of Pooling of Housing Capital Receipts 2020/21 and Public Services Network (PSN) Connection Compliance.
- 6.4 The table below provides an overall summary of new external inspections, reviews, and audits (taken place since to July 2021).

**New** external inspections reviews and audits

Title	Date	Outcome	Recommendations	Number Implemented	Status
Audit of Financial Statements 2020/21 (Grant Thornton)	August to November 2021	Unqualified (clean) opinion	3 recommendations: <ul style="list-style-type: none"> <li>• Future changes to MRP policy and reprofiling should have due regard to statutory guidance and be prudent and affordable for future medium- and long-term financial planning.</li> <li>• Consider moving its valuation date for land and buildings closer to the balance sheet date of 31 March.</li> <li>• Consider revising the Related Party note to remove over disclosure</li> </ul>	0	<p><b>Partially Complete</b> (1 ongoing and 2 do not require action)</p> <p>Do not require action:</p> <ul style="list-style-type: none"> <li>• Current MRP policy is determined in accordance with statutory guidance and considered reasonable</li> <li>• The Council is comfortable with the level of information disclosed and does not intend to adjust this note, therefore no action required.</li> </ul> <p>Ongoing recommendation relates to:</p> <ul style="list-style-type: none"> <li>• The valuation process is to be reviewed and adjusted.</li> </ul> <p>See further update below, paragraph 6.5</p>
Audit of Annual Governance Statement 202/21 (Grant Thornton)	August to November 2021	Unqualified (clean) opinion	0	n/a	<p><b>No recommendations</b></p> <p>See further update below, paragraph 6.6</p>
Audit of Narrative Statement 2020/21 (Grant Thornton)	August to November 2021	Unqualified (clean) opinion	0	n/a	<p><b>No recommendations</b></p> <p>See further update below, paragraph 6.7</p>
Audit of Pooling of Housing Capital Receipts 2020/2021 (KPMG)	November – current day	Unknow	n/a	n/a	<p><b>Unknown</b>, audit remains ongoing</p> <p>See further update below, paragraph 6.8</p>

Audit of Teachers Pension 2020/21 (KPMG)	July/August 2021	Letter to TPA issued by KPMG to confirm year end TPA certificate	0	n/a	<b>No recommendations</b>  See further update below, paragraph 6.9
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## **6.5 Audit of Financial Statements 2020/21 (Grant Thornton)**

**6.5.1** The Annual audit is conducted to ensure that the statements provide a true and fair view of the financial position of the Council and have been prepared in accordance with the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice on Local Authority Accounting.

**6.5.2** The audit was conducted between August – November 2021.

**6.5.3** On 3<sup>rd</sup> December 2021 the Council received an ‘unqualified’ (clean) opinion and the feedback included three recommendations/areas for consideration:

- Future changes to Minimum Revenue Provision policy and reprofiling should have due regard to statutory guidance and be prudent and affordable for future medium- and long-term financial planning
- Consider moving its valuation date for land and buildings closer to the balance sheet date of 31<sup>st</sup> March
- Consider revising the related party note to remove over disclosure.

**6.5.4** The current MRP policy is determined in accordance with statutory guidance and considered reasonable. This policy is kept under review and any changes to statutory guidance will be reflected in the policy. Therefore, no further action is required.

**6.5.5** The Council intends to review its valuation process with a view to adjusting the valuation date from 1<sup>st</sup> April to a date later in the year.

**6.5.6** The Council is comfortable with the level of information disclosed and does not intend to adjust its related party disclosure note. Therefore, no further action is required.

**6.5.7** The arrangements for reviewing and implementing the ongoing recommendation will be reported to the Council’s S151 and to Audit Committee as part of the annual preparation of the Council’s Statement of Accounts.

## **6.6 Audit of Annual Governance Statement 2020/2021 (Grant Thornton)**

**6.6.1** The annual audit of the Governance Statement 2020/21 was conducted by Grant Thornton between August-November 2021 to ensure that report is materially consistent with the financial statements.

**6.2.2** On 3<sup>rd</sup> December the Council received an ‘Unqualified’ (clean) opinion and there were no recommendations made.

**6.7 Audit of Narrative Statement 2020/21 (Grant Thornton)**

6.7.1 The annual audit of the narrative statement is to ensure that report is materially consistent with the financial statements and the audit was conducted between August – November 2021.

6.7.2 On 3<sup>rd</sup> December the Council received an ‘Unqualified’ (clean) opinion and there were no recommendations made.

**6.8 Audit of Pooling of Housing Capital Receipts 2020/2021 (KPMG)**

6.8.1 The annual audit commenced in November and remains ongoing.

**6.9 Audit of Teachers Pension 2020/21 (KPMG)**

6.9.1 The annual audit is an end of year process to provide assurance that all contributions due have been correctly paid over to the Teachers’ Pension Scheme (TPS). The audit was conducted between July-August 2021.

6.9.2 The outcome letter provided by KPMG confirmed the year end TPS certificate and there were no recommendations.

**6.10 Finance and Customer Services inspections and audits prior to July 2021**

6.10.1 The table below provides a summary of the ongoing recommendations for external inspections, reviews and audits that took place prior to July 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	
Public Services Network (PSN) Connection Compliance (Cabinet Office)	May 2021	Unknown	n/a	n/a	n/a	<p><b>Awaiting response.</b></p> <p>The annual application submitted in May 2021, awaiting the outcome of the submission. No response from the Cabinet Office received.</p> <p>Further updated submission sent November 2021 reflecting the further security improvements and investments in IT Infrastructure since May 2021.</p> <p>See further update below, paragraph 6.5.</p>

Regulatory and Investigatory Act 2000 (RIPA) ( <i>Investigatory Powers Commissioner's Office</i> )	July 2020	Clean audit	1  Awareness training	0	0	<b>1 rec outstanding.</b>  The recommendation relates to wider awareness training which will be arranged in the new year.  See further update below, paragraph 6.12.
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## **6.11 Public Services Network (PSN) Connection Compliance (*Cabinet Office*)**

6.11.1 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.

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

6.11.3 The PSN is a secure network which enables access to HMG systems and shared services to be controlled by authorised participants.

6.11.4 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.

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

6.11.6 No response from the Cabinet Office was received and a further updated submission was sent in November 2021 reflecting the further security improvements and investments in IT Infrastructure since May 2021.

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

6.12.1 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. 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.

6.12.2 On the 2<sup>nd</sup> July 2020 a desktop inspection by the Investigatory Powers Commissioners Office took place. The outcome of inspection was positive, however there was one recommendation relating to awareness training for staff who do not necessarily encounter potential RIPA issues on a regular basis.

6.12.3 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. The training will be arranged in the new year.

6.12.4 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.

## **8. Lessons learnt**

8.1 The Council will continue to share learning from external inspections, reviews and audits across services and other directorates, where appropriate, to prevent future concerns/problems arising and enhance service delivery.

8.2 As stated in paragraph 3.6.5, arrangements are in place to share learning from children's homes inspection, where relevant, across all homes.

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

9.1 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 July 2021.

9.2 Audit Committee to note the governance arrangements that are currently in place for monitoring and managing the recommendations.

9.2 Audit Committee to continue to receive regular reports in relation to external inspections, reviews and audits and the progress made.

## **10. Consultation on proposal**

10.1 Not applicable to this report.

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

11.1 The timescales for each recommendation varies and further details are included within the report above.

11.2 The next report will be presented to Audit Committee in July 2022.

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

12.1 There are no direct financial and procurement implications as a result of this report.

12.2 Audits relating to finance and procurement and any related recommendations are outlined in the main body of the report.

**13. Legal Advice and Implications**

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

13.2 Audits relating to legal services and any recommendations are outlined above.

**14. Human Resources Advice and Implications**

14.1 There are no Human Resources implications.

**15. Implications for Children and Young People and Vulnerable Adults**

15.1 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.

**16. Equalities and Human Rights Advice and Implications**

16.1 When implementing changes/improvements services are to consider the impacts on services users and communities, including an individual or group with a protected characteristic. This may require the completion of an equality analysis to advance and maximise equality as well as eliminate discrimination and negative consequences.

**17. Implications for CO2 Emissions and Climate Change**

17.1 There are no direct CO2 emissions and climate change implications.

**18. Implications for Partners**

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

**19. Risks and Mitigation**

19.1 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.

**20. Accountable Officer(s)**

Simon Dennis, Acting Head of Policy, Performance and Intelligence

Tanya Lound, Acting Corporate Improvement and Risk Manager

**Approvals Obtained from:-**

Jo Brown, Assistant Chief Executive

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