

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

Audit Committee – 28<sup>th</sup> July 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

**Report Author(s):**

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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 outgoing and 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, 29<sup>th</sup> July 2021 and 11<sup>th</sup> January 2022.

**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 ongoing and outstanding recommendations, relating to those that have taken place previously, are being progressed.

1.2 The last report was presented to Audit Committee on 11<sup>th</sup> January 2022. The report referred to:

- Thirteen external inspections, reviews and audits that had taken place since 29<sup>th</sup> July 2021, resulting in twenty-five recommendations (eighteen had been implemented, five remained ongoing, two did not require action and the outcome of one was not yet known)
- In addition, out of the fourteen ongoing recommendations relating to external inspections, reviews and audits that took place previously, three had been implemented and eleven remained ongoing.

1.3 At the meeting in January 2022, Audit Committee noted:

- That the governance arrangements that were currently in place for monitoring and managing the recommendations from external audits and inspections, as now reported, be noted
- That the Audit Committee continue to receive regular reports in relation to external audit and inspections and the progress made in implementing recommendations
- That discussions take place with the Strategic Leadership Team (SLT) regarding the setting of performance measures for actions set by external audits/inspections that do not state a timeline for completion.

### **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 Governance arrangements are in place for monitoring and managing external inspection, review, and audit recommendations within each directorate. In addition, the content of this report, along with additional supporting information around arrangements in each directorate, has been considered and approved by SLT.

- 2.3 With regards to the request at Audit Committee relating to the possibility of having a set of performance measures for monitoring performance, external audit and inspection recommendations are received into the Council via Strategic Directors, who take responsibility for implementing the necessary actions to take them forward. They will also ensure that this is reported into the appropriate committee, for oversight and transparency.
- 2.4 Since 11<sup>th</sup> January 2022, seven external inspections, reviews and audits have taken place and forty-seven recommendations/areas for improvement made, of which twenty-seven have been implemented, twelve are ongoing and eight have not yet started. The outcome is not yet known for three of the inspections and peer reviews conducted.
- 2.5 In addition, three of the ongoing recommendations relating to external inspections, reviews and audits that took place prior to January 2022 have now been implemented, and twelve remain ongoing, four of which are awaiting final sign off.
- 2.6 Four previously reported ongoing inspections/audits require no further action, due to no recommendations or areas for improvement being identified and the closure of Parkhill Lodge.
- 2.6 An update for each directorate is provided below.

### 3. Children and Young People’s Services

- 3.1 One peer review and one inspection has taken place since the last report. The peer review identified thirteen potential areas for improvement. The outcome of the inspection is not yet known. Further details are provided below.
- 3.2 Of the recommendations from external inspections, reviews and audits that took place previously, one recommendation has been completed since the last report and eleven recommendations remain ongoing, four of which are awaiting final sign off.
- 3.3 The tables below provide a summary of new and ongoing external inspections, reviews and audits.

<b><u>New</u> external inspections reviews and audits</b>				
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Number of recommendations</b>	<b>Status</b>
Rotherham Youth Justice Service Peer Review <i>(The Youth Justice Board)</i>	March 2022	No formal outcome or recommendations from the peer review, however 13 areas for improvement identified for consideration.	13 areas for improvement identified for consideration.	<b>Ongoing</b> (8 areas underway and 5 areas not yet started)

				As requested by the Committee all except 3 recommendations have inclusion of target dates and completion dates. The 3 that do not are awaiting the appointment of the Youth Justice Manager and will have target dates put in place following this.
Inspecting local authority services for children (ILACS) Short Inspection (Ofsted)	June 2022	Awaiting outcome.	Unknown.	Awaiting outcome.

<b>Ongoing</b> external inspections reviews and audits ( <i>those reported previously which had ongoing recommendations</i> )						
Title	Date	Outcome	No recs	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	1	0	<b>Partially complete</b> (1 complete and 2 ongoing)  Although two ongoing, one is complete and awaiting final sign off at Evidence Challenge panel.  As requested by the Committee all recommendations have inclusion of target dates and completion dates.
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	5	0	<b>Partially complete</b> (5 complete and 1 ongoing) As requested by the Committee all recommendations have inclusion of target dates and completion dates.
Youth Offending Service Inspection (HMIP)	14 – 17 <sup>th</sup> September 2020	The RMBC YOT (Youth Offending Team) received an overall rating of 'Requires Improvement'.	5	4	1	<b>Complete</b>  All 5 recommendations now complete.

		Report, detailing the findings and recommendations published on the 17 <sup>th</sup> December 2020.				
Focused visit to Rotherham children's services ( <i>Ofsted</i> )	20 – 22 <sup>nd</sup> October 2020	No formal overall outcome from the inspection. A letter providing four recommendations has been published.  Noted that Rotherham children's services reacted rapidly and effectively to the COVID-19 pandemic in the early 2020.	4	0	0	<b>Ongoing</b> (4 recs ongoing)  Although four recs ongoing, three are complete and awaiting final sign off at Evidence Challenge panel.  As requested by the Committee all recommendations have inclusion of target dates and completion dates.
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	0	0	<b>Ongoing</b> (4 recs ongoing)  As requested by the Committee all recommendations have inclusion of target dates and completion dates.

### 3.4 Rotherham Youth Justice Service Peer Review (*The Youth Justice Board*)

3.4.1 The Youth Justice Board (YJB) were asked to undertake a review of Rotherham's Youth Justice Service to assess progress against the September 2020 Inspection findings. The peer review was conducted in March 2022.

3.4.2 There was no formal outcome or recommendations from the peer review, however thirteen areas for consideration were identified. These included:

1. Develop a new Vision for the partnership and agree priorities going forward
2. Youth Justice Partners to embed the new LAC Protocol (Reducing unnecessary criminalisation of children) and consider where the operational monitoring of the strategy will be owned, tracked and reviewed
3. Understand and respond to an increase in First Time Entrants (FTE)
4. Explore how the partnership can expedite Health pathways and access to health and wellbeing support for children & young people open to the Youth Justice Service
5. Strengthen the Education, Employment and Training Offer for Youth Justice young people
6. Develop how data is presented to the Partnership Board to ensure improvements within the youth justice system can be driven by the partnership to adopt a problem-solving approach to issues and challenges
7. Enhance Board oversight of effectiveness of Out of Court Disposal decision making across the partnership
8. Appoint a Vice Chair to the Youth Justice Partnership Board

9. Review National Standards and Identify and develop operational thematic leads within the Youth Justice Service
  10. Strengthen current quality assurance arrangements through thematic partnership audits
  11. Review the partnership sharing and escalation processes and include in new working agreements
  12. Review the Youth Justice Service's Risk Management Policy and clarify the role of the wider partnership (for example, CAMHS, Education and the Police) and their input into child specific risk management plans
  13. Workforce and partnership development including the induction for staff (including secondees), volunteers and partnership board members.
- 3.4.3 The Peer Review report and findings have been shared with the Rotherham Youth Justice Partnership Board, Improving Lives Select Commission, the Strategic Leadership Team and the Safer Rotherham Partnership.
- 3.4.4 Work is underway to address the areas of improvement by the Rotherham Youth Justice Partnership Board through the Youth Justice Plan 22/23.

### **3.5 Inspecting local authority services for children (ILACS) Short Inspection (Ofsted)**

- 3.5.1 Every three years Ofsted conducted an inspection to review the effectiveness of local authority services and arrangements for Children and Young People. The inspection was conducted in June 2022.
- 3.5.2 The review findings have not yet been received.

### **3.6 Inspection of Local Authority Children's Services (ILACS) Framework – Focused visit on permanence and planning (Ofsted)**

- 3.6.1 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.
- 3.6.2 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, one of which has been implemented and is now complete, and two are ongoing:
- The quality and consistency of written planning, so that it matches up to social workers' verbal accounts of their plans
  - Sufficiency of in-house options, to avoid the use of unregulated placements when finding places for children in care to live.
- 3.6.3 Work around the quality and consistency of written planning is complete and awaiting final sign off as part of the Evidence Challenge Panel process, before final sign off by DLT in August 2022.

3.6.4 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.

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

3.7.1 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.

3.7.2 Six recommendations were made, five of which have been implemented and are complete, and one is still ongoing and scheduled for completion March 2023:

- Align better Troubled Families data with the Corporate Context.

3.7.3 Progress is managed via the Children and Young People's Service (CYPS) Development Plan and challenged as part of the CYPS quality assurance process.

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

3.8.1 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.

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

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

3.8.4 Work to implement the final recommendation (Rec: Undertake comprehensive health needs analysis of Youth Offending Team children to better understand the health provision being delivered and what needs to be developed) is now complete and has been approved as part of the Evidence Challenge Panel process, before final sign off by DLT in August 2022. The new Child and Adolescent Mental Health Service (CAMHS) and speech and language therapy pathways are operational, and training has been delivered.

### **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 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.

3.9.2 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.

3.9.3 The first two actions are tracked as part of the findings of the Ofsted Focused Visit in March 2019 (see above).

3.9.4 Activities in relation to the first and final two actions are now complete, however they are awaiting formal review and approval at the Evidence Challenge Panel to provide assurance, before final sign off by DLT in August 2022. Sign off is later than anticipated, due to a presentation at the social care whole service event in May 2022.

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

3.10.1 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.

3.10.2 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 (WsoA) to respond to the concerns, to be submitted by 22<sup>nd</sup> January 2022. These included:

- 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.

3.10.3 A formal Written Statement of Action (WsoA) has been jointly developed with the Clinical Commissioning Group (CCG) which has been approved by the

inspectorate. This sets out the key actions and timelines to be undertaken to address these areas for improvement.

- 3.10.4 Progress has been made in respect of all recommendations. The first monitoring meeting has been held with the Department for Education (DfE) and National Health Service Improvement England who monitor operational delivery of the WsoA, feedback has been provided by DfE that assurance is in place and that Rotherham has met requirements of implementation of its WsoA.
- 3.10.5 Formal internal governance arrangements are in place to review and challenge progress made against the actions. The SEND Executive Board meets bi-monthly to review and hold accountability against progress.

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

- 4.1 Three inspections have taken place since the last report which made thirty-four recommendations in total. Twenty-seven of these have been implemented, four are ongoing and three have not yet started. Further details are provided below.
- 4.2 There are no recommendations outstanding from external inspections, reviews and audits that took place prior to January 2022.
- 4.3 It was previously reported that there was one outstanding recommendation relating to the CQC inspection of Parkhill Lodge (Adult Social Care) and the medium-term plan to look for alternative premises. However, the Parkhill Lodge building at Maltby has since been closed and successfully decommissioned.
- 4.4 In addition, the previous report referenced an audit of the corporate advocacy and appeals service in housing undertaken by the Advice Services Alliance. The desktop audit took place in October 2021 and an in-person assessment was conducted in November 2021. Although the recommendations from the desktop audit were complete, the Council was awaiting the report on the in-person inspection. This has now been received and no recommendations were made. Therefore, no further action is required.
- 4.5 The tables below provide a summary of new and ongoing external inspections, reviews and audits.

<b><u>New</u> external inspections reviews and audits</b>				
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Number of recs</b>	<b>Status</b>
Compliance Audit 2021/22 (Homes England)	September 2021 with the report issued in January 2022	Red graded due to three high severity breaches and two low severity breaches.	2	<b>Complete</b>
Repairs and Maintenance Cost Collection Workbook (Contracted services Engie and Mears) (Stradia)	September – October 2021 – Report returned Jan 2022	Positive review, however, twenty-four observations made, the bulk of which related to definition of actual cost and what can and cannot be charged to the contract.	24	<b>Partially complete</b> (23 recommendations complete, 1 ongoing)  As requested by the Committee the remaining

				recommendation has the inclusion of target date and completion date.
Community substance misuse service Rotherham (inspection of contracted service Change, Grow, Live) (CQC)	22 April 2022	Requires improvement and eight recommendations made.	8	<b>Ongoing</b> (2 recommendations complete, 3 ongoing and 3 not yet started)  As requested by the Committee all recommendations have inclusion of target dates and completion dates.

<b>Ongoing</b> external inspections reviews and audits ( <i>those reported previously which had ongoing recommendations</i> )						
Title	Date	Outcome	No recs	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	<b>Closed.</b> No further action required.  Premises closed.
Advice Quality Standard ( <i>Advice Services Alliance</i> )	22 <sup>nd</sup> October 2021 (Desktop Audit) & 19 <sup>th</sup> November 2021	Desktop audit - five recommendations made. The report from the in-person inspection identified no further recommendations.	5	5	0	<b>Closed.</b> No further action required.  No further recommendations from desktop inspection.

#### 4.5 Compliance Audit 2021/22 (*Homes England*)

- 4.5.1 Homes England conducted a compliance audit in September 2021. The purpose of the audit was to check provider compliance with Homes England’s policies, procedures and funding conditions.
- 4.5.3 Standardised checks are made by independent auditors on an agreed sample of Homes England schemes funded under affordable housing programmes. The findings and areas determined to be ‘breaches’ are reported back to the local authority.
- 4.5.4 The audit report was received in January 2022 and concluded that the Council was ‘red’ graded due to three high severity breaches and two low severity breaches having been identified. The following recommendations were made:

- The provider should review their processes and add the necessary steps to prevent similar issues reoccurring in the future. Ensure the revised process meets the Capital Funding Guide requirements and funding conditions.
- The provider is expected to revise and correct the identified issue in all current grant funded developments.

4.5.5 Both recommendations and a range of actions have been implemented since receiving the inspection report, with the support and oversight of Internal Audit. These have included:

- New procedures
- Staff training
- Proactive review of all schemes that could be audited
- Detailed discussions with Homes England.

4.5.6 Implementation of the recommendations was overseen by the Directorate Leadership Team.

4.5.7 Workshops have been held with staff in other directorates to share learning and raise awareness of grant funding compliance requirements to ensure everyone is clear about their individual roles and responsibilities and the importance of ensuring compliance for all schemes.

#### **4.6 Repairs and Maintenance Cost Collection Workbook (Contracted services Engie and Mears) (*Stradia*)**

4.6.1 An annual audit has been carried out by Stradia to verify the Cost Collection Workbooks for Engie and Mears provided by RMBC, for the year April 2020 to March 2021 and all observations and recommendations have been acted upon. Legal services and the Assistant Director for Housing Services were consulted about the outstanding contractual recommendation relating to allowable cost.

4.6.2 The audit reports were received in January 2022 and included twenty-four recommendations, focussed around:

- Allowable costs
- Furlough payments
- Accrual queries/missing invoice
- Schedule of rates with supply chains
- Clarity on staffing and roles.

4.6.3 Twenty-three of the recommendations have been completed by Engie and Mears and one remains ongoing.

4.6.4 Implementation of the recommendations is overseen by the Commercial Manager, and Head of Service.

## **4.7 Community Substance Misuse Service Rotherham (inspection of contracted service Change, Grow, Live) (CQC)**

4.7.1 The Care Quality Commission (CQC) undertook an inspection of the Community Substance Misuse Service on 24<sup>th</sup> April 2022, a commissioned service delivered by Change, Grow, Live, voluntary organisation. The inspection was undertaken to establish the quality of the service being provided and was focused around whether they were safe, effective, caring, responsive and well-led.

4.7.2 Eight recommendations were made including:

- Ensure staff know how to handle complaints and who to pass them on to
- Recovery activities to be promoted effectively with clients receiving treatment through their GP.
- Ensure that systems and processes are operating effectively to assess, monitor and improve the quality of the service. This includes ensuring there is appropriate guidance for staff on care planning, what issues should be discussed in team meetings and timely review of procedures that impact on clients having to wait outside.
- Embed governance processes, including local governance meetings and guidance for staff about what they should discuss in team meetings.
- Ensure that care plans are recovery orientated and treatment goals reflect the full range of client need.
- Suitable guidance for staff on how to develop recovery orientated care plans.
- Develop holistic, recovery-oriented care plans and evidence that clients have been offered copies of their care plans.
- Review the waiting area arrangements.

4.7.3 The first two recommendations are complete and complaints training was provided in June 2022 to raise awareness of complaints handling and the effective promotion of recovery activities.

4.7.4 Three recommendations are ongoing and three are yet to start. All recommendations are scheduled to be completed by August 2022.

4.7.5 Progress is being monitored at the contract performance meetings led by the designated Public Health Commissioning Manager and Commissioning are to undertake a site audit in August 2022 to review and evidence actions to date.

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

5.1 There have been no new external audits since the last report.

5.2 Of the recommendations from external inspections, reviews and audits that took place previously, one recommendation remains ongoing.

5.3 The table below provides a summary of the ongoing external inspections, reviews and audits.

<b>Ongoing</b> external inspections reviews and audits <i>(those reported previously which had ongoing recommendations)</i>						
Title	Date	Outcome	Number of recs	Implemented:		Status
				At last report	Since last report	
Sports Ground Safety Audit (Sports Ground Safety Authority) (Follow-up Inspection)	June 2021	Council risk rating improved to "medium risk"	9 recommendations	8	0	<b>Partially Complete</b> (8 complete, 1 ongoing)

#### **5.4 Sports Ground Safety Audit (Sports Ground Safety Authority)**

- 5.4.1 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.
- 5.4.2 The initial audit identified several areas of concern (nine recommendations), resulting in the Council's risk rating being 'high'.
- 5.4.3 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.
- 5.4.4 At the last report in January 2022, one recommendation was ongoing relating to administrative procedures around safety documentation. The Safety Certificate was reviewed in September 2021. A review of the operations manual took place in July 2021 and again throughout May/June 2022. A further review is scheduled during the annual inspection of the stadium on 21<sup>st</sup> July 2022..
- 5.4.5 Implementation is overseen by the Management Team.

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

- 6.1 One peer review has taken place since the last report and the Council is awaiting the findings. Further details are provided below.
- 6.2 Of the recommendations from external inspections, reviews and audits that took place previously, all recommendations are now complete.
- 6.3 The tables below provide a summary of new and ongoing external inspections, reviews and audits.

<b><u>New</u></b> external inspections reviews and audits				
Title	Date	Outcome	Recommendations	Status
Customer Service Peer Review (LGA)	June 2022	Awaiting findings	Unknown	<b>Awaiting final report</b>

<b><u>Ongoing</u></b> external inspections reviews and audits <i>(those reported previously which had ongoing recommendations)</i>						
Title	Date	Outcome	Recommendations	Implemented:		Status
				At last report	Since last report	
Audit of Pooling of Housing Capital Receipts 2020/2021 (KPMG)	13 February 2022	No exceptions or errors identified, clean audit opinion with no recommendations	0	n/a	n/a	<b>No formal recommendations.</b>
Audit of Financial Statements 2020/21 (Grant Thornton)	August to November 2021	Unqualified (clean) opinion	3	2 did not require action	1	<b>Complete</b>
Public Services Network (PSN) Connection Compliance (Cabinet Office)	May 2021	Passed – RMBC has a PSN Certificate for 2022/23	0	n/a	n/a	<b>No formal recommendations.</b>
Regulatory and Investigatory Act 2000 (RIPA) (Investigatory Powers Commissioners Office)	July 2020	Clean audit	1	0	1	<b>Complete</b>

## **6.4 Customer Service Peer Review (LGA)**

6.4.1 In June 2022 the LGA conducted a peer review of Customer Service. The review looked at the current position and performance of customer service across the Council. The Council is awaiting the findings. The report will highlight any areas that would benefit from further improvement, and these will then be considered for inclusion in the Customer Experience Programme for future delivery.

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

6.5.1 The annual audit commenced in November 2021 and on 13<sup>th</sup> February 2022 the Council received a clean audit opinion with no recommendations.

6.5.2 This is a statutory requirement of Government to have the Council's pooling return audited to ensure that the Council has fully disclosed and correctly accounted for all capital receipts generated by right to buy sales.

## **6.6 Audit of Financial Statements 2020/21 (*Grant Thornton*)**

6.6.1 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.

6.6.2 The audit was conducted between August – November 2021.

6.6.3 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 (MRP) 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.

6.6.4 All recommendations are now complete, and the following action has been taken:

- 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.
- The Council has reviewed its valuation process and has adjusted the valuation date of DRC valuations from 1<sup>st</sup> April to 1<sup>st</sup> January which makes it closer to the yearend balance sheet date of 31<sup>st</sup> March.
- 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.

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

6.7.1 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.

6.7.2 Access to PSN is still possible provided you submit an annual application for review that outlines the organisation's current security position. The compliance process exists to provide the PSN community with assurance that their data is protected to an agreed level.

6.7.3 The annual application was submitted by the Council in May 2021 and a further updated submission was sent in November 2021 reflecting the further security improvements and investments in IT Infrastructure.



6.7.4 On 7<sup>th</sup> January 2022 Cabinet Office confirmed that the Council passed the PSN Certificate for 2022/23 and work is now taking place in preparation for the 2023 submission to ensure any required updates or changes to RMBC IT systems are completed in time for the next assessment.

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

6.8.1 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.

6.8.2 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.

6.8.2 This recommendation is now complete and RIPA awareness training took place on the 3<sup>rd</sup> March 2022 for the RIPA Coordinator, and all Council Officers directly involved, to ensure that RIPA legislation is cascaded to individual directorates to reduce any potential risk arising from any unauthorised activity.

**7. Assistant Chief Executive**

7.1 One peer review has taken place since the last report and the Council is awaiting the findings. Further details are provided below.

7.2 The table below provides a summary of new external inspections, reviews and audits.

<b><u>New</u> external inspections reviews and audits</b>				
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Recommendations</b>	<b>Status</b>
Equality Framework for Local Government - Rotherham Council Informal Peer Challenge ( <i>Doncaster Council</i> )	March – April 2022	Awaiting final report	Unknown	<b>Awaiting final report</b>

### **7.3 Equality Framework for Local Government - Rotherham Council Peer Challenge (Doncaster Council)**

7.3.1 Between March – April 2022 the Council received an informal, desktop peer assessment of the Council's progress judged against the KLOEs of the Equality Framework for Local Government by Doncaster Council.

7.3.2 The Council is awaiting the final 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 See paragraph 4.5.5 regarding learning around grant funding compliance requirements.

### **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 January 2022.

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 timescale for each recommendation varies depending on the individual inspection or audit.

11.2 The next report will be presented to Audit Committee in January 2023.

### **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.

#### **17. Implications for Partners**

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

#### **18. Risks and Mitigation**

18.1 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.

#### **19. Accountable Officer(s)**

Simon Dennis, Corporate Improvement and Risk Manager

Tanya Lound, Corporate Improvement and Risk Officer

**Approvals Obtained from:-**

Jo Brown, Assistant Chief Executive

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