

Committee Name and Date of Committee Meeting:

Audit Committee – 10 January 2023

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 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 June 2019, 26 November 2019, 18 August 2020, 19 January 2021, 29 July 2021, 11 January 2022 and 28 July 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 22 July 2022. The report referred to:
- Seven external inspections, reviews and audits that had taken place since January 2022, resulting in forty-seven recommendations/areas for improvement (twenty-seven had been implemented, twelve remained ongoing and eight had not yet started). The outcome was not yet known for 3 of the inspections and peer reviews conducted
 - In addition, out of the nineteen ongoing recommendations relating to external inspections, reviews and audits that took place previously, three had been implemented and twelve remained ongoing, four of which were awaiting final sign off
 - Four previously reported ongoing inspections/audits required no further action.
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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 has been considered by the Strategic Leadership Team.
- 2.4 Since 28 July 2022, eight external inspections, reviews and audits have taken place and twenty-six recommendations/areas for improvement made, of which three are complete, seven are in progress and sixteen have not yet started and are at the planning stage. The outcome is not yet known for three of the audit reviews conducted.
- 2.5 In addition, thirty-three of the ongoing recommendations relating to external inspections, reviews and audits that took place prior to July 2022 are now complete, seventeen are in progress and thirty-five have not yet started. Twenty-two of those not yet started are currently being embedded within the Council's Equalities Framework Action Plan.
- 2.6 An update for each directorate is provided below.

3. Children and Young People's Services

- 3.1 One new independent review has been reported within this report, which identified seven areas for improvement. Further details are provided below.
- 3.2 Since the last report, the findings from the Inspection of Local Authority Children's Services (*ILACS*) short inspection by Ofsted has now been received and are included below.
- 3.3 Of the recommendations from external inspections, reviews and audits that took place prior to July 2022, thirteen recommendations have been completed since the last report, ten recommendations are in progress and five are yet to start.
- 3.4 The tables below provide a summary of new and ongoing external inspections, reviews and audits.

<u>New</u> external inspections reviews and audits				
Title	Date	Outcome	Number of recommendations	Status
CSE review	March - May 2022	The review team were assured that the concerns in the briefing paper provided regarding Child Sexual Exploitation (CSE) were taken seriously, acted upon, and dealt with appropriately.	7 areas for improvement	Partially complete (2 complete and 5 in progress)

3.5 CSE review (*Rotherham Safeguarding Children Partnership*)

- 3.5.1 An Independent Review was commissioned by the Chief Officers from Rotherham Metropolitan Borough Council (RMBC), South Yorkshire Police (SYP), and The Clinical Commissioning group (CCG, now Integrated Care Systems ICSs) following concerns raised in a Conservative Briefing paper dated 3 November 2021. The briefing suggested that Child Sexual Exploitation (CSE) was a continuing problem in Rotherham and that the response from the police and Council was not effective enough.
- 3.5.2 The review was approved by Council Motion on 10 November 2021 and undertaken by an Independent Review Project Team.
- 3.5.3 The review was split into two stages and conducted between March – May 2022.
- 3.5.4 The review team were assured that the concerns regarding Child Sexual Exploitation (CSE) were taken seriously, acted upon, and dealt with appropriately. The review also concluded that services in Rotherham have strong leadership, accountability and locally developed multi-agency relationships which take a robust approach to addressing CSE in Rotherham. The review team found no evidence that CSE may be occurring on the same scale as in the past as detailed in the Jay report in 2014.
- 3.5.5 The review did not make any recommendations, and instead made seven suggestions in recognition that there is always room for improvement.

3.5.6 Two of the areas for improvement are now complete:

- Induction and training of Councillors
- Scrutiny - consider how more meaningful data and performance information is included in performance reporting for members.

3.5.7 Five of the areas for improvement remain in progress:

- Rebuilding Trust and Confidence - Communications plan should be developed that actively promotes better public engagement through CE/CSE awareness campaigns and the sharing of good news and other stories. Should take account of equality and diversity to ensure the widest possible reach – target date February 2023
- Survivors - work with all local partners and develop a programme to achieve regular and consistent way to collate views and feedback to inform future development and commissioning – target date December 2022. Case studies have been shared, although this activity is ongoing
- Public awareness raising that takes account of equality and diversity – target date February 2023
- Keeping children and young people safe - further training and awareness that recognises the changing landscape of CE/CSE to more online abuse to keep children and young people and adults at risk, including those with Special Educational Needs and Disability (SEND) safe – target date March 2023
- CE/CSE Strategy review – target date January 2023.
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3.5.8 The Rotherham Safeguarding Children’s Partnership are responsible for monitoring progress.

Ongoing 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 <i>(Ofsted)</i>	March 2019	Looked after children in Rotherham are receiving a "strong" service that has significantly improved	3	1	2	Complete All 3 recommendations are now complete.
Troubled Families <i>(Ministry of Housing, Communities and Local Government)</i>	July 2019	Feedback extremely positive and six recommendations made, which included a recommendation to enhance systems.	6	5	0	Partially complete (5 complete and 1 in progress)
Focused visit to Rotherham children’s services <i>(Ofsted)</i>	20 – 22 nd October 2020	No formal overall outcome from the inspection. A letter providing four recommendations has been published.	4	0	4	Complete All 4 recommendations are now complete.

		Noted that Rotherham children's services reacted rapidly and effectively to the COVID-19 pandemic in the early 2020.				
Joint Area SEND Inspection (Ofsted and CQC)	5-9 July 2021	No formal overall outcome from the inspection. A letter providing four recommendations has been published.	4	0	0	Ongoing (4 recs in progress)
Rotherham Youth Justice Service Peer Review (The Youth Justice Board)	March 2022	No formal outcome or recommendations from the peer review, however 13 areas for improvement identified for consideration.	13 areas for improvement.	0	7	Partially complete (7 areas for improvement complete, 1 in progress and 5 awaiting start)
Inspection of Local Authority Children's Services (ILACS) Short Inspection (Ofsted)	June 2022	Services provided to children and families by the Council rated as 'good' across the board.	4	Was awaiting findings.	0	Ongoing (4 areas for improvement in progress)

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 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.
- 3.6.3 Since the last report the two remaining recommendations are now complete:
- 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.
- 3.6.4 In June 2022, Ofsted reported that 'the senior leadership team and managers have successfully delivered on all the actions identified from the Ofsted inspection of 2017 and focused visits of 2019 and 2020.'

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 now scheduled for completion in June 2023, rather than 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 Focused visit to Rotherham children's services (*Ofsted*)

3.8.1 A virtual focused visit was conducted by Ofsted between 20 - 22 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.

3.8.2 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.

3.8.3 In June 2022 Ofsted reported that 'the senior leadership team and managers have successfully delivered on all the actions identified from the Ofsted inspection of 2017 and focused visits of 2019 and 2020.'

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

3.9.1 Between 5–9 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.

3.9.2 A letter detailing the findings was published on 19 October 2021.

3.9.3 A formal Written Statement of Action (WsoA) has been jointly developed with the Clinical Commissioning Group (CCG) which sets out the key actions and timelines to address the following areas of improvement:

- 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.

3.9.4 The target date for the actions relating to all of the above is September 2023.

3.9.5 The WSoA review meeting with the Department for Education (DfE) concluded Rotherham's progress in implementing its WSoA is currently good, leadership appears to be strengthening and is shared across agencies.

3.9.6 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.

3.10 Rotherham Youth Justice Service Peer Review (*The Youth Justice Board*)

3.10.1 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.

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

3.10.3 Since the last report, seven areas for improvement are now complete, these include:

- Develop a new Vision for the partnership and agree priorities going forward
- 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
- Understand and respond to an increase in First Time Entrants (FTE)
- Strengthen the Education, Employment and Training Offer for Youth Justice young people
- 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
- Appoint a Vice Chair to the Youth Justice Partnership Board
- Strengthen current quality assurance arrangements through thematic partnership audits.

3.10.4 One area for improvement is in progress and five have not yet started, these include:

- 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 – in progress, target date December 2022. Exploration work has taken place, and meetings will take place in January 2023 to discuss implementation of the proposed arrangements
- Enhance Board oversight of effectiveness of Out of Court Disposal decision making across the partnership – target date March 2023
- Review National Standards and Identify and develop operational thematic leads within the Youth Justice Service – target date revised from December 2022 to February 2023
- Review the partnership sharing and escalation processes and include in new working agreements – target date revised from December 2022 to January 2023
- 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 – target date revised from December 2022 to January 2023

- Workforce and partnership development including the induction for staff (including secondees), volunteers and partnership board members – target date March 2023.

3.10.5 Work is underway to address the remaining areas for improvement through the Youth Justice Plan 22/23 and is overseen by the Rotherham Youth Justice Partnership Board.

3.10.6 The findings from the peer review have been shared with various partnership groups to share learning.

3.11 Inspecting local authority services for children (ILACS) Short Inspection (Ofsted)

3.11.1 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.

3.11.2 The review findings were published in August 2022 and services provided to children and families by the Council were rated as 'good' across the board.

3.11.3 There were 4 areas for Improvement:

1. Consideration of previous history and current circumstances when responding to 'Front Door' contacts and child protection concerns – target date November 2022. Some actions are complete; some remain ongoing
2. Assessment of the identity needs of children when planning for their future – target date April 2023
3. The level of ambition for individual care leavers, the support for them to achieve their aspirations and the detailing of this in pathway plans – target date June 2023
4. The quality of individual case audits to inform wider service learning – target date June 2023.

3.11.4 Actions are already underway to address the four recommendations identified and are being progressed as part of the embedded improvement, planning and quality assurance processes, with monitoring undertaken through the Children and Young People's Services Improvement Plan and reported for review and challenge to the Directorate Leadership Team.

4. Adult Care, Housing and Public Health

4.1 One inspection and one external accreditation has taken place since the last report. The external accreditation made seventeen recommendations for improvement. One of these has been implemented and sixteen have not yet started and are in the early planning stage. Further details are provided below.

4.2 All recommendations relating to external inspections, reviews and audits that took place prior to July 2022 are now complete and there are no recommendations outstanding.

4.3 The tables below provide a summary of new and ongoing external inspections, reviews and audits.

<u>New</u> external inspections reviews and audits				
Title	Date	Outcome	Number of recs	Status
Exemplar accreditation of housing tenancy engagement (Tpas)	October 2022	Excellent outcome. Exemplar accreditation achieved with All 7 themes achieving an individual PASS status.	17 Improvements/ comment received	Ongoing (1 area for improvement complete and 16 not yet started and at planning stage)
Inspection of Conway (Respite Service) 17 Conway Crescent (CQC)	July 2022	Overall rating achieved 'Good'. All 5 sub themes also received a 'Good' rating.	0	No formal recommendations.

4.4 Exemplar accreditation of housing tenancy engagement (Tpas)

- 4.4.1 In October 2022 the Council achieved the standard to achieve Tpas 'Exemplar' status which will run until 2024. Tpas Exemplar is for organisations who have been awarded the Tpas PRO accreditation three times and have consistently demonstrated their exemplar approach to engagement. It is comprehensive, visionary and time focused, ensuring organisations remain a beacon of excellent practice for engagement.
- 4.4.2 The Council received an excellent outcome and exemplar accreditation was achieved with all seven themes achieving an individual 'pass' status.
- 4.4.3 Six of the themes had a total of seventeen areas for improvement/comments and there were six areas of good practice identified.
- 4.4.4 The report received included examples of learning and additional learning will be captured in the future.
- 4.4.5 Since the accreditation one area of improvement is now complete:
- Wider consultation with residents to inform the plan - wanted to see evidence of this or how residents were consulted within the Framework. Tenants were involved in the development of the Tenant Engagement Framework and action plan at the Housing Involvement Panel meeting in September 2022.
- 4.4.6 The remaining sixteen outstanding areas for improvement/comments are at the planning stage and the overall target date for all recommendations to be completed in October 2024.
- 4.4.7 Detailed timelines for each recommendation and progress will be performance managed as agreed via the new Tenant Engagement Framework 2022-25 Action Plan and reported to the Housing Involvement Panel.

4.5 Inspection of Conway (Respite Service) 17 Conway Crescent (CQC)

- 4.5.1 The CQC undertook an inspection of Conway Crescent in July 2022, and the report was published on 24 August 2022.
- 4.5.2 The Council received an overall ‘good’ rating and all five sub themes also received ‘good’ ratings.
- 4.5.3 There were no recommendations made.
- 4.5.4 CQC assurance of the Council’s CQC registered provision was formerly annually, however this is now on a risk-based assessment basis.

Ongoing 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	
Repairs and Maintenance Cost Collection Workbook (Contracted services Engie and Mears) (<i>Stradia</i>)	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	23	1	Complete All recommendations are now complete.
Community substance misuse service Rotherham (inspection of contracted service Change, Grow, Live) (CQC)	22 April 2022	Requires improvement and eight recommendations made.	8	2	6	Complete All recommendations are now complete.

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 The one remaining recommendation (*Review the cost data provided and confirm all costs relate to the audit period*) is now complete.
- 4.6.4 It should be noted that all recommendations are complete. The cost collection workbook audit is also an annual audit which will repeat each year.
- 4.6.5 In relation to lessons learned, this is the first year of contract and there is a need for continuous external auditing to ensure that costs are correctly applied.
- 4.6.6 Progress 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 in February 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 All remaining outstanding recommendations were completed in August 2022 and a site audit was completed to review the evidence and actions taken. CQC also undertook a follow up visit on 31 October to review the progress made. Formal feedback has not yet been received.

5. Regeneration and Environment Services

- 5.1 One audit has taken place since the last report and two recommendations were made. Further details are provided below.
- 5.2 Of the recommendations from external inspections, reviews and audits that took place previously, all recommendations are now complete.

5.3 The tables below provide a summary of new and ongoing external inspections, reviews and audits.

<u>New</u> external inspections reviews and audits				
Title	Date	Outcome	Number of recs	Status
Local Authority Audit - Sports Ground Safety Authority (SGSA)	July 2022	Excellent progress has been made with recommended actions from the previous audit with all being completed satisfactorily.	2	Ongoing (2 recommendations in progress)

5.4 Local Authority Audit - Sports Ground Safety Authority (SGSA)

5.4.1 The Sports Ground Safety Authority (SGSA) – Local Authority Audit took place in July 2022. The audit is a national regulator who assess the Council’s delivery of its statutory obligations in relation to safety at sports grounds. The frequency is based on risk and the Council are currently low risk and audited every twenty-four months.

5.4.2 The audit concluded that excellent progress had been made with recommended actions from the previous audit all being completed satisfactorily. The Council’s risk rating was reduced from ‘medium’ to ‘low’.

5.4.3 Two recommendations were made, these included:

- The capacity and P/S (physical condition and safety management) factors will be reviewed annually at a Safety Advisory Group (SAG) to ensure all agencies can comment and a written record is contained within the minutes
- Ensure that policies and procedures document for the safety certification function, monitoring and enforcement are regularly reviewed and the review is documented.

5.4.4 Due to the nature of the recommendations, neither have a defined end point, are ongoing and will continue to form part of the services delivery of the safety at sports grounds function.

5.4.5 Implementation will be overseen by the Management Team.

<u>Ongoing</u> external inspections reviews and audits (those reported previously which had ongoing recommendations)						
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	1	Complete All recommendations are now complete.

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

- 5.5.1 In October 2020, the Sports Ground Safety Authority undertook an audit 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. A follow up Sports Ground Safety Authority audit took place on 30 June 2021 resulting in the Council’s risk rating improving from ‘high’ to ‘medium risk’.
- 5.5.2 The Safety Certificate and Operations Manual were reviewed by the Council and Safety Advisory Group (SAG) members as part of the preparations for the Women’s European Championship earlier this year and all recommendations have now been implemented.
- 5.5.3 A further audit was carried out in July 2022, see above.

6. Finance and Customer Services

- 6.1 Four audits have taken place since the last report and the Council is awaiting the findings of three of these. Further details are provided in the table below.
- 6.2 Of the external inspections, reviews and audits that took place prior to July 2022, the Council has now received the findings from the LGA Customer Service Peer Review which identified twenty-seven areas for improvement. Of these, twelve are complete. Seven are in progress and eight have not yet started. Further details are provided below.
- 6.3 The tables below provide a summary of new and ongoing external inspections, reviews and audits.

<u>New</u> external inspections reviews and audits				
Title	Date	Outcome	Recommendations	Status
Teachers Pension Audit 2021/22 (KPMG)	Completed 30 November 2022	Completed with clean opinion, no recommendations.	None	Complete No recommendations.
Housing Benefit Audit 2021/22 (Grant Thornton)	Due to be completed by March 2023	Unknown	Unknown	Awaiting outcome
Statement of Accounts Audit 2021/22 (Grant Thornton)	Expected to be completed 30 December 2022	Unknown	Unknown	Awaiting outcome.
Housing Pooling Capital Receipts Audit 2021/22 (KPMG)	December 2022	Unknown	Unknown	Awaiting outcome

6.4 Teachers Pension Audit 2021/22 (KPMG)

6.4.1 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 completed in November 2022.

6.4.2 The outcome letter provided by KPMG confirmed a clean opinion and there were no recommendations.

Ongoing 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	
Customer Service Peer Review (LGA)	June 2022. Findings received November 2022.	The Council has a vision to provide improved customer access and experience. However, there is more work to do to ensure that everyone is bought into the improved customer access and experience approach.	27 actions relating to six recommendations.	Was awaiting outcome.	12	Ongoing (12 improvement actions complete, 7 in progress and 8 not yet started)

6.5 Customer Service Peer Review (LGA)

6.5.1 In June 2022 the LGA conducted a peer review of Customer Service. The Council requested the review to assess progress against the outcomes set out in the Council Plan and suggest any improvement opportunities based on experience and knowledge of best practice in other authorities. The review looked at the current position and performance of customer service across the Council.

6.5.2 The findings received in November 2022 stated that overall 'Rotherham Council has a vision to provide improved customer access and experience. The aim is that whatever part of the Council a resident or customer contacts, they receive the same standard of service. There have been some corporate changes to working patterns, systems and processes to achieve this vision. It appears to the peer team that it is heading in the right direction, but that there is more work to do to ensure that everyone is bought into the improved customer access and experience approach.'

6.5.3 The report included twenty-seven areas for improvement focussed around six recommendations. These included:

1. Ensure that there is a corporate approach to improved customer access and experience – target date April 2023
2. Improve internal communication and co-ordination – target date June 2023
3. Consider greater involvement of councillors in corporate priority programme and project management – target date January 2023
4. Improve co-ordination of corporate strategies, services and teams – target date April 2023

- 5. Explore ways to use technology to improve customer experience – target date September 2023
- 6. Involve key stakeholders to help service improvements – complete November 2022.

6.5.4 Of the twenty-seven improvement actions, twelve are now complete. This includes all seven actions relating to recommendation six which is now complete.

6.5.5 Seven actions are in progress and eight have not yet started.

6.5.6. A Strategic Customer Experience Board has been established to oversee implementation of the improvement actions.

7. Assistant Chief Executive

7.1 No new external inspections, reviews or audits have taken place since the last report.

7.2 Of the external inspections, reviews and audits that took place prior to July 2022, the Council has now received the findings from the Equality Framework informal peer challenge conducted by Doncaster MBC. Further details are provided below.

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

Ongoing 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	
Equality Framework for Local Government - Rotherham Council Informal Peer Challenge <i>(Doncaster Council)</i>	March – April 2022. Findings received May 2022.	Peer team agreed with the Council's Self-assessment (Suggested developing level) and acknowledged that the Council provided the required level of information and documentation to evidence this. Stated the Council appear to be aware of their current position and have detailed activity planned to gain an 'Excellent' rating.	22 suggestions for consideration around focused around 4 themes.	Was awaiting outcome.	0	Ongoing All 22 suggestions/rec ommendations are being taken on board and embedded within the Council's Equality Framework Action Plan.

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 findings were received in May 2022 and twenty-two suggestions were made for consideration around the four themes from the Equality Framework for Local Government (EFLG):

1. Understanding and Working with your Communities
2. Leadership and Organisational Commitment
3. Responsive Services and Customer Care
4. Diverse and Engaged Workforce.

7.3.3 The comments from the peer challenge have been shared with the Corporate Equality, Diversity, and Inclusion Steering Group and many are already addressed within the published action plan. The Steering Group are currently developing a longer-term view to agree the timescale to achieve 'excellent' in the Equality Framework.

7.3.4 Implementation of the Equality Framework Action Plan is overseen by the Equality, Diversity and Inclusion Steering Group.

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 paragraphs 3.10.6, 4.4.4 and 4.6.5 regarding examples of learning being considered.

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 2022.

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

9.3 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 July 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.

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, Corporate Improvement and Risk Manager

Tanya Lound, Corporate Improvement and Risk Officer

Approvals Obtained from:-

Jo Brown, Assistant Chief Executive

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