

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

Audit Committee – 27 July 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:**

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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 11 January 2022, 28 July 2022 and 10 January 2023.

**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 10 January 2023. The report referred to:
- External inspections, reviews and audits that had taken place since July 2022:
    - Eight new external inspections, reviews and audits that had taken place since July 2022, resulting in twenty-six recommendations and areas for improvement
    - Three of the recommendations/areas for improvement had been implemented and were complete
    - Seven remained ongoing and were in progress
    - Sixteen had not yet started and were at the planning stage
    - The outcome was not yet known for three of the audits conducted.
  - Ongoing recommendations relating to external inspections, reviews and audits that took place prior to July 2022:
    - Thirty-three had been implemented and were complete
    - Seventeen were in progress
    - Thirty-five had not yet started. Twenty-two of which were being embedded within the Council's Equalities Framework Action Plan.

### **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.
- 2.3 New inspections, reviews, and audits since January 2023:

- Nine have taken place, resulting in fourteen recommendations/areas for improvement being made. Of these:
  - Six are complete
  - Eight are in progress
- The outcome is not yet known for one of the audit reviews conducted.

2.4 Ongoing recommendations/areas for improvement relating to external inspections, reviews and audits that took place prior to January 2023:

- Twenty-nine have been completed since the last report
- Forty-seven are in progress, five of which are delayed
- Four require no further action/do not require adjustment.

2.5 As requested by Audit Committee in January 2023, the following status ratings have been applied to demonstrate the current position for each inspection, review, and audit:

Complete	All recommendations/areas for improvement are fully complete
In progress and on track	All recommendations/areas for improvement are on track to be delivered by the original agreed deadline
In progress and partly delayed	Recommendations/areas for improvement progressing, however target date for one or more area is behind the original agreed deadline
Significant delay	All recommendations/areas for improvement delayed or one area delayed more than twelve months past the original agreed deadline
No action required	There are no recommendations/areas for improvement, or the outcome is not yet known

2.6 An update for each directorate is provided below.

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

3.1 Three new inspections of the RMBC children’s residential homes have been conducted since the last report. Further details are provided below.

3.2 Of the recommendations from external inspections, reviews and audits that took place prior to January 2023, eleven recommendations/areas for improvement have been completed since the last report and nine recommendations are in progress.

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

<b>New</b> external inspections reviews and audits		
Title	Date	Outcome
Beech Tree Lodge Children's Residential Home ( <i>Ofsted</i> )	25 January 2023	Good rating overall
Liberty House Children's Residential Home ( <i>Ofsted</i> )	7 February 2023	Outstanding rating overall
Quarry House Children's Residential Home ( <i>Ofsted</i> )	3 May 2023	Good rating overall

### 3.4 Inspections of RMBC Children's Residential Homes (*Ofsted*)

- 3.4.1 Residential children's homes are inspected by HMI Ofsted under the Social Care Common Inspection Framework (SCCIF) to evaluate the impact of care and support on the experiences and progress of children.
- 3.4.2 Following inspection, the children's home receives an overall judgement based on the experiences and progress of children and young people, of outstanding, good, requires improvement or inadequate.
- 3.4.3 The outcome of the inspections is confidential not in the public domain and therefore the recommendations and progress against these are not included within this report.

<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	
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	1	<b>Complete</b> (6 complete)
Joint Area SEND Inspection ( <i>Ofsted and CQC</i> )	5-9 July 2021	No formal overall outcome from the inspection. A letter providing four recommendations has been published.	4	0	0	<b>In progress and on track</b> (4 recs in progress)
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 improve ment.	7	6	<b>Complete</b> (13 areas for improvement complete)

Inspection of Local Authority Children's Services (ILACS) Short Inspection ( <i>Ofsted</i> )	June 2022	Services provided to children and families by the Council rated as 'good' across the board.	4	0	0	<b>In progress partly delayed</b>  (4 areas for improvement in progress, 3 of which are delayed and 1 is on track)
Child Sexual Exploitation review ( <i>Rotherham Safeguarding Children Partnership</i> )	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	2	4	<b>In progress partly delayed</b>  (6 area for improvement complete and 1 area delayed)

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

3.5.1 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.

3.5.2 Six recommendations were made, all of which are now complete.

3.5.3 The final recommendation was completed in March 2023 to better align troubled families' data with the corporate context and the previously collected data has now been included in the Joint Strategic Needs Assessment (JSNA) early help section.

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

3.6.1 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.

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

3.6.3 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.

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

3.6.5 A final meeting with the Department for Education (DfE) took place on the 20 June 2023 to review progress in relation to the actions from the SEND inspection. The Council is now awaiting a full inspection, under the new SEND inspection framework, which will formally sign off the support and challenge required from the DfE.

3.6.6 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.

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

3.7.1 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.

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

3.7.3 Since the last report, the remaining six areas for improvement are now complete:

- 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
- Enhance Board oversight of effectiveness of Out of Court Disposal decision making across the partnership
- Review National Standards and Identify and develop operational thematic leads within the Youth Justice Service
- Review the partnership sharing and escalation processes and include in new working agreements
- 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
- Workforce and partnership development including the induction for staff (including secondees), volunteers and partnership board members.

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

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

3.8.1 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.

3.8.2 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.

3.8.3 There were four areas for improvement which remain in progress:

- **Area for improvement:** Consideration of previous history and current circumstances when responding to 'Front Door' contacts and child protection concerns. **Progress:** New audit and moderation tools have been implemented and audit findings are presented at the CYPS Performance Assurance Board. The target date has changed from November 2022 to August 2023 due to allow additional time for further dip sampling of cases during the summer, prior to completion of this action
- **Area for improvement:** Assessment of the identity needs of children when planning for their future. **Progress:** The child's identity is fully considered in all records and a golden thread is seen through any assessment plan and intervention. The target date has changed from April 2023 to July 2023 to allow additional time for a review of data to be undertaken to provide assurance that the recording of identity information has improved prior to closure of this action
- **Area for improvement:** The level of ambition for individual care leavers, the support for them to achieve their aspirations and the detailing of this in pathway plans. **Progress:** Joint development sessions and quality assurance sessions have taken place across the service. A review of the Local Offer has commenced which will form part of an overall service development plan for the Leaving Care Service. This is scheduled to complete in July 2023, resulting in the target date changing from June 2023 to July 2023
- **Area for improvement:** The quality of individual case audits to inform wider service learning. **Progress:** A Learning Leadership Group has been established and a review of the Quality Assurance Framework is underway. Regular assurance meetings have also been established. Target date June 2023.

3.8.4 Actions are monitored through the Children and Young People's Services Improvement Plan and reported for review and challenge to the Directorate Leadership Team.



### 3.9 CSE review (*Rotherham Safeguarding Children Partnership*)

- 3.9.1 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.
- 3.9.2 The review was approved by Council Motion on 10 November 2021 and undertaken by an Independent Review Project Team.
- 3.9.3 The review was split into two stages and conducted between March – May 2022.
- 3.9.4 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.
- 3.9.5 The review did not make any recommendations, and instead made seven suggestions in recognition that there is always room for improvement.
- 3.5.6 Since the last report a further four areas for improvement are now complete:
- 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)
  - 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)
  - Public awareness raising that takes account of equality and diversity
  - CE/CSE Strategy review.
- 3.5.7 One area of improvement remains in progress which relates to:
- **Area for improvement:** 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). **Progress:** Work is ongoing to address this area for improvement and a training package for frontline staff is being developed through a multi-agency steering group. Awareness raising is also ongoing, including the sharing of messages across the partnership on spotting the signs of exploitation through social media and other channels. Despite the progress made, the target date for this action has changed from March 2023 to March 2024 due to a change in the executive group membership that allocated the funding and staffing changes.

3.5.8 The Rotherham Safeguarding Children’s Partnership are responsible for monitoring progress.

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

4.1 One audit has taken place since the last report and no recommendations were made. Further details are provided below.

4.2 Actions relating to external inspections, reviews and audits that took place prior to January 2023 remain in progress.

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

<b>New</b> external inspections reviews and audits				
Title	Date	Outcome	Number of recs	Status
Homes England Compliance Audit 2022/23 ( <i>Homes England</i> )	Audit year 22/23 – accepted and signed off 23/2/2023	Provider has satisfactory overall performance. Final grade ‘green’ was assigned. Meets requirements.	0	<b>No further action.</b>  (No further breaches were identified. Further audit will take place for 2023/24)

#### 4.4 Homes England Compliance Audit 2022/23 (*Homes England*)

4.4.1 Homes England conducted a 2022/23 audit check to ensure that the conditions required when site grant payment is claimed were being met. The audit was following the receipt of a ‘red’ status 2021/22 Compliance Audit relating to the Start on Site grant payment being claimed not being signed by all parties.

4.4.2 No further breaches were identified by the audit and the outcome demonstrated satisfactory overall performance. A final grade ‘green’ was assigned, meeting all requirements.

4.4.3 Whilst receipt of a green status would ordinarily mean that no audit is conducted the following year, the identification of a high severity breach in 2021/22 means that a further audit will take place for 2023/24.

<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	
Exemplar accreditation of housing tenancy engagement (Tpas)	October 2022	Excellent outcome.  Exemplar accreditation achieved with All 7 themes achieving an individual PASS status.	16 Improvements/ comment received, relating to 6 areas of good practice.	1	0	<b>In progress and on track</b>  (1 area for improvement complete and 15 are in progress)

## 4.5 Exemplar accreditation of housing tenancy engagement (Tpas)

- 4.5.1 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.
- 4.5.2 The Council received an excellent outcome and exemplar accreditation was achieved with all seven themes achieving an individual ‘pass’ status.
- 4.5.3. Six of the themes had a total of sixteen areas for improvement/comments and there were also six areas of good practice identified.
- 4.4.4 Since the accreditation one area of improvement/comment 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.
- 4.4.5 The remaining fifteen outstanding areas for improvement/comments are scheduled to be completed between December 2023 – June 2024.
- 4.4.6 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.

## 5. Regeneration and Environment Services

- 5.1 Three inspections/reviews have taken place since the last report and ten recommendations/areas for improvement were made. Further details are provided below.
- 5.2 Of the recommendations from external inspections, reviews and audits that took place prior to January 2023, one recommendation is now complete, and one remains in progress.
- 5.3 The tables below provide a summary of new and ongoing external inspections, reviews, and audits.

<b>New external inspections reviews and audits</b>				
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Number of recs</b>	<b>Status</b>
Quest Foundation Review ( <i>Quest</i> )	January 2023	Learning from the review included consideration of website information, answering of phones and social media information due to this being corporate and not specific to individuals.	3 areas for improvement	<b>In progress and on track</b>  (3 areas for improvement in progress)

Visitor Attraction Quality Assurance Scheme – VAQAS ( <i>Visit England</i> )	January 2023	The Museums, Arts & Heritage Service improved its overall quality score from 88% (May 2022) to 92% (January 2023).	0	<b>No recommendations</b>
Tree Management Protocol & Guidance Independent Review ( <i>Treconomics</i> )	March 2023	Protocol found to be in line with industry standards, however capacity to deliver within the service lacking and levels of inspections were felt to be above what is required nationally.	7	<b>In progress and on track</b>  (6 recommendations complete, 1 in progress)

## 5.4 Quest Foundation Review (*Quest*)

5.4.1 The Quest Foundation Review (QFR) provides a scored and benchmarked insight into real-life, ‘live’ customer service experiences from people who’ve traditionally been excluded from physical activity opportunities, including people from lower socio-economic groups, culturally diverse communities, disabled people and people with long-term health conditions.

5.4.2 The Council received a Quest Foundation Review in January 2023 and the finding received in February 2023 included three areas for improvement:

- **Area for improvement:** Work to ensure the phone is answered in a timely manner. **Progress:** all front of house staff have undertaken customer service essential training refresher
- **Area for improvement:** The need for information on Places Leisure website relating to transgender use of changing facilities. **Progress:** the Places Leisure policy is being assessed to ascertain what elements can be displayed on the soon to be revamped website
- **Area for improvement:** The need for site specific posts targeting socially excluded groups on Twitter. **Progress:** social media is generally controlled centrally by Places Leisure. However, a desire has been expressed to take more local ownership of content. This topic is being included in the review.

5.5.3 Learning from the review included consideration of website information, answering of phones and social media information due to this being corporate and not specific to individuals.

5.5.4 Places Leisure are acting upon findings and progress will be reviewed in November 2023.

## 5.5 Visitor Attraction Quality Assurance Scheme (VAQAS) (*Visit England*)

5.5.1 The Visitor Attraction Quality Assurance Scheme (VAQAS) programme assesses a range of factors from the quality of customer services to cleanliness at that time giving an annual score.

5.5.2 The Museums, Arts & Heritage Service assessed in January 2023 found that services had improved overall, and the quality score increased from 88% (May 2022) to 92% (January 2023).

5.5.3 The service was noted for:

- Improvements to the overall interpretation of the museum
- The 'Dishes of Rotherham' exhibition which brought together 10 Rotherham cooks and Rockingham tableware to form a fascinating exhibition on food
- The 'Silverwood Colliery Heritage' exhibition in the 'Test Space' gallery provided an informative glimpse into the coal mining industry
- Very strong performance of the staff which also reflects the experience at the last assessment.

5.5.4 The 92% rating moves the museum into the Gold Standard and the service has been nominated for the prestigious Visit England 'Gold' accolade this year, along with nominations for both the 'Welcome' and 'Best Told Story' Accolades. Accolade winners will be announced in the Autumn 2023.

5.5.5 The survey is undertaken within an 18-month period but usually annually.

5.5.6 In relation to lessons learned, there is a need to continue to invest in customer service skills of our front of house team by providing different training opportunities such as storytelling workshops, accessibility workshops and anti-racism workshops to ensure they continue to deliver a high-quality service.

## 5.6 **Tree Management Protocol & Guidance Independent Review** **(*Treconomics*)**

5.6.1 The independent review was conducted in March 2023 to review and benchmark the Council's Tree Management Protocol & Guidance document against four similar sized authorities, assess its practicality and feasibility and propose amendments for improvement and strengthening.

5.6.2 The protocol was found to be in line with industry standards, however capacity to deliver within the service was lacking and levels of inspections were felt to be above what is required nationally. Seven recommendations were made and six are now complete including:

- An appendix for classifying/zoning trees (tree risk matrix)
- External help to complete an accurate and up to date tree inventory
- Once a tree risk matrix has been established and tree inventory work has been completed, develop a 5-year inspection/survey schedule
- Ensure VALID training is up to date and accreditation is held by all Tree Officers involved in cyclical tree inspections
- Reduce officer hours spent responding to enquiries and service requests by removing the case-by-case reference from the guidance
- Ensure essential kit is supplied to Tree Officers/Surveyors.

5.6.3 The remaining recommendation in progress is:

- **Recommendation:** Annual Ash Dieback surveys are not required for all ash trees. For ash in high use/high risk areas, annual inspections may be

necessary, however in lower risk areas, inspections should consider the level of risk, stage of dieback and the capacity to carry out remedial action.

**Progress:** An Ash Dieback Plan is in production with the first draft due July 2023. The target date for this recommendation is September 2023.

5.6.4 All recommendations have been documented in the Tree Service Action Plan which is overseen by the Tree Service Task & Finish Group.

5.6.5 Lessons learned include conducting benchmarking exercises when undertaking new policy development.

<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	
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	0	2	<b>Complete</b> (2 recommendations complete)

### 5.7 Local Authority Audit - Sports Ground Safety Authority (SGSA)

5.7.1 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.

5.7.2 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’.

5.7.3 Two recommendations were made, and the following recommendation is now complete:

- 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.

## 6. Finance and Customer Services

- 6.1 One audit has taken place since the last report and three recommendations, and one follow up recommendation were made. Further details are included below.
- 6.2 Of the external inspections, reviews and audits that took place prior to January 2023, the Council has now received the findings from three ongoing audits that were reported previously. Six recommendations were made, two of which are complete and four require no further action. In addition, most of the Customer Service Peer Review improvement actions are now complete (twenty-six complete and one slightly delayed). Further details are provided below.
- 6.3 The tables below provide a summary of new and ongoing external inspections, reviews, and audits.

<b>New</b> external inspections reviews and audits				
<b>Title</b>	<b>Date</b>	<b>Outcome</b>	<b>Recommendations</b>	<b>Status</b>
2021/22 VFM arrangements (Grant Thornton)	March 2023	Council's financial position is strengthening.  Identified small number of improvement recommendations to further enhance finance, governance, and performance arrangements.	3 new recommendations.  1 follow up recommendation which is ongoing.	<b>In progress and on track</b>  (4 recommendations in progress)

### 6.4 2021/22 VFM arrangements (Grant Thornton)

- 6.4.1 Grant Thornton conducted the annual audit of the 2021-2022 Value for Money Arrangements and the findings were received on 6 March 2023.
- 6.4.2 The audit findings noted the Council's improvement journey and commented that the Council's financial position is strengthening, albeit the level of useable reserves in proportion to the Council's spend being lower than most peer authorities. The report identified a small number of improvement recommendations to further enhance finance, governance, and performance arrangements, these included:
- **Recommendation:** Refine existing arrangements for monitoring the capital programme to ensure the spend programme and timing of capital expenditure remains accurate and supports delivery of the programme and Council Plan.  
**Progress:** The Council is continuing to embed the Capital Governance Principles including reporting and escalation via the Capital Programme, Monitoring and Delivery Board. The review into delivery of Regeneration and Environment capital schemes is progressing. This action is ongoing.

- Recommendation:** In line with the Council’s Risk Management Guide, recommended the Council draws out the Corporate Strategic Risk Register and associated public risk reporting, the degree of risk appetite and the possible upside of taking on a degree of managed risk. **Progress:** Detailed Risk Register will be presented to Audit Committee in future which includes further mitigating actions and target score. This will address the degree of risk appetite the Council is willing to take. The Risk Register will be presented to Audit Committee in July 2023 and this recommendation will then be complete.
- Recommendation:** Consider streamlining KPI performance report to provide a more summarised and integrated performance, finance, and risk reporting. **Progress:** The suite of KPIs will be considered when the new plan for 2025 is developed.
- Follow up recommendation:** Following on from the Ofsted and CQC SEND inspection, the Council should have a clear Written Statement of Action (WSOA), a clear action plan for implementation and formal monitoring and challenge by the Improving Lives Select Committee. **Progress:** see pages 6-7 above. A formal Written Statement of Action (WSOA) has been developed and the Council is now awaiting a full inspection, under the new SEND inspection framework, which will formally sign off the support and challenge required.

6.4.3 Implementation of the recommendations is overseen by the Finance and Customer Services Directorate.

<b>Ongoing</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	
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.	12	14	<b>In progress partly delayed</b>  (26 improvement actions complete and 1 in progress but slightly delayed)
Housing Benefit Audit 2021/22 (Grant Thornton)	Report received January 2023	No risk identified in relation to the Councils subsidy claim.  Letter to DWP issued by Grant Thornton confirmed year-end return.	0	Was awaiting outcome	n/a	<b>No action required</b>  (No recommendations)



Statement of Accounts Audit 2021/22 (Grant Thornton)	Report received January 2023	Unqualified (clean) opinion	6 recommendations	Was awaiting outcome	2  4 do not require action.	<b>Complete</b>  (4 of the recommendations do not require adjustment and 2 are complete)
Housing Pooling Capital Receipts Audit 2021/22 (KPMG)	Report received May 2023	No exceptions or errors identified.  Letter to DLUHC issued by KPMG confirmed Annual Pooling Return.	0	Was awaiting outcome	n/a	<b>No action required</b>  (No recommendations)

## 6.5 Customer Service Peer Review (LGA)

- 6.5.1 In June 2022 the LGA conducted a peer review of Customer Services. 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:
- Ensure that there is a corporate approach to improved customer access and experience
  - Improve internal communication and co-ordination
  - Consider greater involvement of councillors in corporate priority programme and project management
  - Improve co-ordination of corporate strategies, services and teams
  - Explore ways to use technology to improve customer experience
  - Involve key stakeholders to help service improvements.
- 6.5.4 Only one of the twenty-seven areas for improvement remains ongoing relating to the second recommendation. The action to create a shared post calendar to enable a better understanding of when services are contacting residents and businesses on mass and enable customer service to support this activity has been slightly delayed until September 2023.
- 6.5.5 The Strategic Customer Experience Board oversees implementation of the improvement actions.

## **6.6 Housing Benefit Audit 2021/22 (Grant Thornton)**

- 6.6.1 Grant Thornton conducted the annual Housing Benefit Audit for 2021/22 and the findings were received in January 2023.
- 6.6.2 The findings confirmed no identified risk in relation to the Council's subsidy claim and no recommendations were made.

## **6.7 Statement of Accounts Audit 2021/22 (Grant Thornton)**

- 6.7.1 The annual audit of the Statement of Accounts Audit for 2021/22 report was received in January 2023 from Grant Thornton.
- 6.7.2 The Council received an Unqualified (clean) opinion, and six recommendations were made. Two are complete which relate to the Northgate system:
  - Management should ensure that a comprehensive change management policy and associated procedures are documented and approved at the appropriate level
  - Management should ensure that password settings configured on Northgate are in line with the organisation's password policy.
- 6.7.3 The other four recommendations do not require adjustment, as existing arrangements are deemed to be sufficient/the best possible.

## **6.8 Housing Pooling Capital Receipts Audit 2021/22 (KPMG)**

- 6.8.1 The audit of Housing Pooling Capital Receipts for 2021-22 was conducted between April and May 2023 and the findings were received in May 2023.
- 6.8.2 The findings confirmed that no exceptions or errors were identified, and no recommendations were made.

## **7. Assistant Chief Executive Directorate**

- 7.1 One new external peer review has taken place since the last report.
- 7.2 Of the external inspections, reviews and audits that took place prior to January 2023, the suggestions from the Equality Framework informal peer challenge remain in progress. Further details are provided below.
- 7.3 The table below provides 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
Corporate Peer Challenge (LGA)	5 – 8 June 2023	Awaiting findings.	Unknown	<b>Awaiting outcome.</b> (Awaiting findings)

#### 7.4 Corporate Peer Challenge (*Local Government Association*)

- 7.4.1 There is an expectation that Councils receive a peer review every five years to provide robust, strategic, and credible challenge, whilst also enhancing capacity and helping to avoid insularity.
- 7.4.2 The Local Government Association conducted the Council’s Corporate Peer Challenge in June 2023, focused on ensuring that the Council has the capacity, governance, leadership, and finances to deliver its ambition. There was also a particular focus on the work the Council is doing to create and inclusive economy for all.
- 7.4.3 The Corporate Peer Challenge Team was made up of six experienced and skilled peers and they were on site for 3.5 days.
- 7.4.4 Once agreed the findings will be presented to Cabinet and a detailed action plan produced in response.

<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	
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.	0	0	<b>In progress and on track</b>  (All 22 suggestions have been embedded and progressed within the Council’s Equality Framework Action Plan).

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

7.5.1 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.

7.5.2 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). All are on track for completion in June 2025:

- **Suggestion:** Understanding and Working with your Communities (three actions). **Progress:** consultation and engagement toolkit updated, and training being scheduled for staff; a new model of equalities engagement is being implemented; data from the Census has been used to update ward profiles and the Rotherham Data Hub.
- **Suggestion:** Leadership and Organisational Commitment (four actions). **Progress:** corporate EDI steering group has been formed; EDI operational group is in the process of being formed; Equalities Annual Report outlines learning from case studies of equalities outcomes; member development process being refreshed which will include raising awareness of equalities.
- **Suggestion:** Responsive Services and Customer Care (five actions). **Progress:** corporate commissioning toolkit launched which includes EDI; a package of measures being developed to assist contract managers to secure social value outcomes from contracts including around equalities and the real living wage; customer service management systems now includes equality questions; Service Plan templates updated to further embed EDI; Equalities Annual Report outlines learning from case studies of equalities outcomes.
- **Suggestion:** Diverse and Engaged Workforce (ten actions). **Progress:** the Workforce Plan is being implemented including eight internal staff representative groups formed; detailed equality analysis training is being provided to the EDI Operational Group; the Hybrid Working Policy is being reviewed and will be considered by the Staffing Committee in July.

7.5.3 The comments from the peer challenge have been shared with the Corporate Equality, Diversity, and Inclusion Steering Group and are being progressed via the Council's Equality Framework Action Plan. This has been developed to deliver the Council Equality, Diversity and Inclusion Strategy, including relasing our ambition to achieve 'excellent' in the Equality Framework for Local Government in 2025.

7.5.4 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 5.5.6 and 5.6.5 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 January 2023.
- 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 2024.

## **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.
- 16.2 As outlined in paragraph 7.5 an Informal Peer Challenge took place in March – April 2022 and actions are being progress via the existing Council's Equality Framework Action Plan.

## **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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