

IMPLEMENTATION STATUS OF HIGH PRIORITY RECOMMENDATIONS

Action Ref.	Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Department: Adults' Social Care, Health and Public Protection						
Service Area: Quality & Market Management						
Audit: ASC1601 Service User Contributions to Residential and Nursing Care						
A1	Revise the main financial assessment form to incorporate a field to record the names and contact details of those who can correspond on behalf of service users.	30 th June 2015	Completed	Complete	Testing confirms the control has been implemented.	Confirmed by Internal Audit
A2	Where there is a power of attorney or deputyship in place, the signed declaration form (FAF3) will be used as the evidentiary document.		Completed		Testing confirmed that the action has been implemented.	Confirmed by Internal Audit
Service Area: Quality & Market Management: Locality Offices						
Audit: ASC1607 District Client Accounts						
A5	Update and expand staff guidance on the management of service users' finances	31 st March 2016 (original); 31st October 2016 (revised)	Staff guidance on criteria is still in draft. Team Manager will complete by 31st October 2016	Complete	The guidance has been released on the Council's intranet and drawn to the attention of relevant staff.	Confirmed by Internal Audit
Service Area: Quality & Market Management						
Audit: ASC1610 Market Development & Care Standards						
A6	Reporting of safeguarding enquiry outcomes to the Quality & Market Management Team - extension of current referral process to include information from Multi-Agency Safeguarding Hub staff, pending improvements with the implementation of the Mosaic upgrade.	Immediate and September 2016 (for the Mosaic upgrade)	There is no update to report as the next update cannot take place until September 2016. However we have now been informed that the proposed changes to Mosaic will not give what was originally intended from the project. Therefore we are in discussions with the Framework Project Team about how to best utilise what is available. Quality & Market Management continue to receive referrals from safeguarding teams with outcomes.	Complete	Strong arrangements for communications between safeguarding teams, the MASH and the Quality & Market Management Team are in place and these provide for the primary control. As a secondary control, a monthly report of safeguarding cases is being developed.	Confirmed by Internal Audit
Service Area: Homecare						
Audit: ASC1706 Procurement of interim homecare service						
A7	Staff will be informed that they are to discuss any contract requirements with the Market Management team and Procurement to find a solution. As a last resort a waiver from tendering should be applied for.	Immediate	Management update to be obtained for June 2017 update	Compliance testing to be scheduled following the management update		
A8	Establishment of the Contracts and Payments Overview Group to improve communications between the department and Corporate Procurement and to keep procurement activity under review.	Nov-16	Management update to be obtained for June 2017 update	Compliance testing to be scheduled following the management update		

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Department: Children, Families and Cultural Services						
Service Area: Adolescence and Early Help Locality Services						
Audit: CFCS1602 School Swimming Service						
C1	Pricing to recover expected costs and provide for future investment through: move to trader account status; targetting price increases at schools requiring more stafing support; budgetary restraint	Trader account September 2015; notification in February 2016 of September price increases	The increase in charges to Schools in 16/17 and 17/18 accademic years were agreed. We are working with Finance to convert the service to a Trading account to allow limited reserves to be accrued in good years to balance unplanned expenditure in bad years (e.g. unexpected pool closure). All additional instruction to support children with additional needs are being paid for by the schools.	In progress	Testing has confirmed that a range of actions have been taken to bring the actual income and expenditure in this area of activity back into line with approved budgets.	Confirmed by Internal Audit
C2	Reduce overspending through: Bridging Clubs becoming self-funding or deleted; Group Manager scrutiny of spend; utilise Access to Work funding; renegotiate transport contracts; recharge pool providers for unplanned closures; review staffing structure	September 2015 onwards	A wide range of actions and initiatives are reported by management to implement budgetary restraint			Confirmed by Internal Audit
Service Area: Children's Social Care						
Audit: CFCS1608 Locality-based Client Accounts						
C3	Designated officer within the Department to take responsibility for the establishment and overview of locality based accounts	End of financial year 2015-16	On transfer to the Council's new bankers all Children's client accounts were closed. Where balances were held these were returned to the charities which they had been gifted by. A small amount remains which we are unable to return due to the charities no longer existing. This money will be donated to the Chairman's Charity when it is confirmed that there is no possibility of returning to any of the charities. From mid-September monies received from charities for use with particular Children and families will be administered through one account held by the Team Manager Business Support. This will be reconciled monthly by CFCS finance. Regular checks will be made to ensure the monies are used within a timeframe or returned to the charities. This new system and procedure will be reviewed in November.	Complete	The agreed actions have been taken. Locality-based accounts have been closed and client funds are now visibly accounted for within the Council's Business management System.	Confirmed by Internal Audit
C4	A central departmental record of all client accounts should be maintained	End of financial year 2015-16				Confirmed by Internal Audit
Service Area: Access to Resources						
Audit: CFCS1612 External Placements						

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C5	Compliance with Council tendering regulations through use of the following hierarchy of options: 1 internal provision; 2 use of existing framework contracts; 3, issue contracts for specialist placements and invite the providers to join the existing frameworks	April 2016 (original); Sept 2016 (revised)	The latest management update advised that new providers have recently been accepted on to the East Midlands Regional Children's Framework, including one supplier that NCC currently uses. In addition, some existing suppliers on the framework have extended their offer into different placement categories. Despite this, the framework still does not provide for all placement needs, and this is a difficulty being experienced by other local authorities. Whilst management consider that the frequency of using spot providers remains low, work is ongoing with both Legal Services and the Procurement Section to pursue alternative and compliant procurement options. This will include the development of a process around the use of spot providers, for application across the Council.	Complete	Further follow-up testing will be scheduled once management have confirmed a revised process is in place.	Implementation remains in progress
Service Area: Access to Resources Audit: CFCS1705 Troubled Families						
C6	Comparisons against trajectory numbers of families worked with on the Programme will be included in quarterly reports going forward. These will be considered by a newly formed bi-monthly Project Board from December 2016. We will continue regular dialogue with the Department for Communities & Local Government on local and national progress and future funding models.	From December 2016	Target numbers and comparisons with trajectory now go to the Board and Operational Group. Future targets will be directly provided by DCLG. Internal dialogue about future funding models is ongoing.	Testing scheduled for Q2 of 2017/18		Confirmed by management
C7	Routine auditing to ensure that targets meet the Nottinghamshire Families Outcomes Plan definitions before any claim can be made. Introduction of a new technical plan, separate to the plan for the family, which we expect will make it easier for practitioners to produce a compliant plan. Non-compliance will continue to be discussed in supervision by the managers who are responsible for signing off the plan. Consider the need for specialist FAP authors as we use for social care cases.	Immediate	The technical plan has been piloted and is due to go live on the Farenwork -I system imminently. Delays have been due to the change freeze associated with the move to the MOSAIC system. Specialist FAP authors have been considered and rejected but oversight and development of case holders continues.	Testing scheduled for Q2 of 2017/18		Confirmed by management

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Department: Place						
Service Area: Economic Development						
Audit: PPCS1601 Broadband						
P1	Discontinue the use of limit orders in favour of each supplier invoice being matched with a duly approved purchase order in the Business Management System	Already implemented	The response to the recommendation confirms the agreed action has already been taken.	Complete	The limit order has now been closed.	Confirmed by Internal Audit
Service Area: Catering & Facilities Management						
Audit: E&R1617 Catering (County Hall & Trent Bridge House)						
P2	Re-introduce checks of consolidated invoices on the basis of a 10% ratio.	This will be implemented at the onset of the 2016 financial year	Checks are made on consolidated invoices. These are then signed off and recorded. No discrepancies have been found. The checks are from September 16 onwards.	Complete	Sample checking of consolidated invoices to supporting records for deliveries to the Council properties on the West Bridgford campus are in place. Work remains in progress to re-introduce these checks in respect of deliveries to schools.	Implementation remains in progress
	The recommendation advised further that:					
P3	- Each month, the three school P&L accounts with the highest cost per meal should be explained.					
P4	- food costs in the school P&L accounts should be agreed to BMS at the end of each school year.					
P5	Remind staff in the Catering team that delivery notes from the suppliers of groceries and fruit and vegetables should be signed as evidence of receipt of the goods.	Feb-16	A verbal instruction and a memo was issued to all staff. Delivery notes are checked and signed.		Testing confirmed that the action has been implemented.	Confirmed by Internal Audit

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Department: Cross-Cutting						
Service Area: Agency Staff & Consultants						
Audit: XC1602						
XC1	a) Identify short-term placements that have extended into longer-term placements to ensure a Vacancy Control Document Record is completed.	As part of quarterly reporting from 31/3/16	Pending procurement of new contract - The investigation of altering the online system to include the VCDR number was prohibited by cost midway through the life of the current contract. It is likely the current contract will be extended for 12 months from 10/11/2017 to 09/11/2018. The future procurement exercise will have this built into the invitation to tender.	Testing of the quarterly manual process scheduled for Q2 of 2017/18		Confirmed by management
	b) Explore with the managed service provider the possibility of the online system differentiating between longer term placements requiring a VCDR and the more urgent short-term requirements. A manual process will be implemented if the adjustment cost is prohibitive.	Determine by August 16 whether a system adjustment or a manual system will be implemented.	In the meantime, manual checking of changes to longer term agency placements by HR business partners takes place on a quarterly basis as part of the data collection for the return to Personnel Committee. A detailed item appeared in November's Team Talk entitled "Continued Scrutiny of the use of agency workers" which provided 8 key reminders to hiring managers			
	c) Build into future tendering exercises for this service the requirement to differentiate between the nature of agency placements	For the end of the current contract in November 2017 or 1 year later if the option to extend is taken into account				Pending new contract
XC2	Specific report from the service provider system to identify individual tenure information, to be used as part of the corporate monitoring process. An electronic pro-forma will be introduced to record the detail of the discussions between HR and managers to capture the ongoing reasons for the agency placement and the intended exit date. Where there are concerns about placement drift, these will be escalated to the responsible service director to mirror the approval process for VCDRs The 12 week period is significant for 2 reasons: it is when Agency Worker Regulations provide additional protections; this is the maximum period allowed for temp staff without VCDR approval. The additional protections will be brought to managers' attention so they are personally made aware and encouraged to consider whether agency is the most cost effective way of filling a temporary or permanent vacancy.	30/09/2016	Tenure information is now included in the monthly MI reports received from Reed which allows ongoing challenge to managers over the duration of placements and the need to have an identified exit strategy. Further developments since the audit include the introduction of a cap on all qualified children's social care posts with a minimum reduction of £4 per hour for all new supply. We continue to negotiate tenure discounts for the longer term placements from 6 months onwards	Testing of the monthly report & challenge process scheduled for Q2 of 2017/18		Confirmed by management
XC3	Corporate Directors will be reminded of the processes surrounding the engagement of consultants as set out in financial regulations.	End of December 2016	Financial Regulations have been updated and will be published on the intranet during February 2017. Corporate Directors and their leadership teams have been reminded by their respective Senior Finance Business Partners of the processes surrounding the engagement of consultants	Testing scheduled for Q2 of 2017/18		Confirmed by management

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Service Area: Information Governance						
Audit: XC1701						
XC4	a) The Information Asset register (IAR) has been compiled by the Information Asset Managers and is under review. The Information Manager will write to all Information Asset Owners to confirm that they have checked the entries in their areas and are satisfied that the register is substantially complete.	December 2016 (original) July 2017 (revised)	Review has been implemented as planned and a number of revisions have been agreed with Information Asset Owners (IAOs). Work is ongoing with IAOs to identify Information Sharing Agreements in relation to Information Assets (IAs) and to ensure all relevant IAs are included in the Register.	Testing scheduled for Q3 of 2017/18 following a further management update in Q2 of 2017/18		Implementation remains in progress
	b) The Information Manager is reviewing all aspects of the IAR, including Business Impact Levels and security classifications	December 2016 (original) July 2017 (revised)				Implementation remains in progress
	c) As part of the review of the IARs the Information Manager will liaise with the relevant IAM to review the BIL rating and with ICT to ensure all IARs with a BIL of 4 or higher is subject to a risk assessment (currently 92 assets).	December 2016 (original) July 2017 (revised)				Implementation remains in progress
	d) Owners of information with a BIL of 4 and above will be identified during the review and made aware of the need for an annual review and will be asked to return a checklist signed by the IAO each year to confirm this has been done.	April 2017 (original) July 2017 (revised)				Implementation remains in progress
	The work on confirming that the PSN Domain Administrators have had a vetting check has been completed	Completed				No update required - the response to the recommendation confirms implementation