


<p>London Borough of Hammersmith & Fulham</p> <p>AUDIT, PENSIONS AND STANDARDS COMMITTEE</p> <p>20 September 2017</p>	
<p>INTERNAL AUDIT QUARTERLY REPORT FOR THE PERIOD 1 APRIL – 30 JUNE 2017</p>	
<p>Report of the Director of Audit, Fraud, Risk and Insurance</p>	
<p>Open Report</p>	
<p>For review and comment Key Decision: No</p>	
<p>Wards Affected: None</p>	
<p>Accountable Director: David Hughes, Director of Audit, Fraud, Risk and Insurance</p>	
<p>Report Author: Geoff Drake – Senior Audit Manager</p>	<p>Contact Details: Tel: 0208 753 2529 E-mail: geoff.drake@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. This report summarises internal audit activity in respect of audit reports issued during the period 1 April to 30 June 2017 as well as reporting on the performance of the Internal Audit service.

2. RECOMMENDATIONS

- 2.1. To note the contents of this report.

3. REASONS FOR DECISION

- 3.1. Not applicable. No decision required.

4. PROPOSAL AND ISSUES

- 4.1. This report summarises internal audit activity in respect of audit reports issued during the period 1 April to 30 June 2017, and is for the Committee to note.

Internal Audit Coverage

- 4.1.1. The primary objective of each audit is to arrive at an assurance opinion regarding the robustness of the internal controls within the financial or operational system under review. Where weaknesses are found internal audit will propose solutions to management to improve controls, thus reducing opportunities for error or fraud. In this respect, an audit is only effective if management agree audit recommendations and implement changes in a timely manner.
- 4.1.2. A total of 32 audit reports were finalised in the first quarter of 2017/2018 from 1 April to 30 June 2017, including 5 Substantial Assurance and 23 Satisfactory Assurance reports.
- 4.1.3. 4 Limited Assurance reports were issued in this period.
- 4.1.4. The audit of the Community Equipment Framework Procurement received Limited Assurance, with 1 high priority and 1 medium priority recommendation being raised. These recommendations were not due for implementation at the time of writing.
- 4.1.5. The audit of Elgin Close Resource Centre Contract Management received Limited Assurance with 3 high priority and 3 medium priority recommendations being raised. 3 recommendations have been reported as implemented, 1 is currently outstanding and 2 are not yet due for implementation.
- 4.1.6. The audit of Payroll received Limited Assurance with 9 high priority and 1 medium priority recommendations and being raised. None of the recommendations were due for implementation at the time of writing.
- 4.1.7. The audit of Pensions Administration received Limited Assurance with 2 high priority recommendations being raised. Neither of the recommendations were due for implementation at the time of writing.
- 4.1.8. A summary of the limited assurance reports is set out in Appendix D.
- 4.1.9. Departments are given 10 working days for management agreement to be given to each report and for the responsible Director to sign it off so that it can then be finalised. There are no outstanding draft reports at the time of writing.

Outstanding audit recommendations

- 4.1.10. The Internal Audit service works with key departmental contacts to monitor the implementation of agreed recommendations.
- 4.1.11. There are now 7 audit recommendations where the target date for the implementation of the recommendation has passed and they have either not been fully implemented or the auditee has not provided any information on

their progress in implementing the recommendation. These are shown at Appendix E. This compares to 9 outstanding as reported at the end of the previous quarter. We will continue to work with departments to reduce the number of outstanding issues.

4.1.12. The breakdown of the 7 outstanding recommendations between departments is as follows:

- Adult Social Care – 1
- Regeneration, Planning & Housing Services – 5
- Public Health – 1

4.1.13. None of the recommendations listed are over 6 months past the target date for implementation as at the date of the Committee meeting. Internal Audit are continuing to focus on clearing the longest outstanding recommendations.

4.1.14. Management have decided not to fully implement one of the recommendations made in the 2016/17 Planning Control audit due to the resources required to implement the control. The recommendation raised stated that:

- All fees should be checked for accuracy by a second senior officer;
- Fees received on Uniform (planning system) should be reconciled against income received in Agresso on a regular basis; and,
- The Council should assess the benefits of undertaking a reconciliation between services provided and income received.

4.1.15. Planning Control management have stated that the first two recommendations will not be progressed due to cost, for the third point the software contractor will be contacted with a request for change. The increased risk of fees for planning applications and discretionary services being input incorrectly and income received not being received in full and accurately recorded have been accepted by management.

Implemented Recommendations

4.1.16. The table below shows the number of audit recommendations raised each year that have been reported as implemented. This helps to demonstrate the role of Internal Audit as an agent of change for the Council.

Year	Number of recommendations due	Number of recommendations implemented
2014/15	204	202
2015/16	277	277
2016/17	129	124

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4.1.17. Part of the Senior Audit Manager's function is to monitor the quality of Mazars' work. Formal monthly meetings are held with the Mazars Contract Manager and one of the agenda items is an update on progress and a review of performance against key performance indicators. The performance figures are provided for Quarter 1 of the 2017/18 financial year.

Performance Indicators 2017/18

Ref	Performance Indicator	Target	At 30 June 2017	Variance	Comments
1	% of deliverables completed	24%	11%	-13%	8 deliverables issued out of a total plan of 75. Behind target as audit plan allocated to Mazars is profiled to deliver more work towards the end of the financial year.
2	% of planned audit days delivered	24%	17%	-7%	162 days delivered out of a total plan of 974 days.
3	% of audit briefs issued no less than 10 working days before the start of the audit	95%	100%	+5%	5 out of 5 briefs issued more than ten working days before the start of the audit.
4	% of Draft reports issued within 10 working days of exit meeting	95%	100%	+5%	One draft report issued within 10 working days of exit meeting.
5	% of Final reports issued within 5 working days of the management responses	95%	N/A	N/A	No final reports issued.

Audit Planning

4.1.18. Amendments to the 2017/18 year Internal Audit plan are shown at Appendix C.

5. BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

LIST OF APPENDICES:

- Appendix A - Audit reports issued 1 April to 30 June 2017
- Appendix B - Summary of Outstanding Audit Reports
- Appendix C - Amendments to 2017/18 audit plan
- Appendix D - Summary of Limited Assurance Reports
- Appendix E - Outstanding Recommendations

APPENDIX A

Audit reports Issued 1 April to 30 June 2017

We have finalised a total of 25 audit reports for the period of 1 April to 30 June 2017 to be reported to this Committee. We categorise our opinions according to our assessment of the controls in place and the level of compliance with these controls.

No.	Audit Plan	Audit Title	Director / Sponsor	Audit Assurance
1	2016/17	Asset Management – Utilisation of Space	Maureen McDonald – Khan	Satisfactory
2	2016/17	Procurement Governance	Michael Hainge	Satisfactory
3	2016/17	Departmental Risk Management - ICT	Veronica Barella	Satisfactory
4	2016/17	Accounts Receivable	Hitesh Jolapara	Satisfactory
5	2016/17	MiHomecare procurement	Mike Boyle	Substantial
6	2016/17	Befriending and Community Engagement procurement	Mike Boyle	Satisfactory
7	2016/17	Community Equipment Procurement	Mike Boyle	Limited
8	2016/17	Elgin Close Resource Centre Contract Management	Mike Boyle	Limited
9	2016/17	Customer Journey	Rachel Wigley	Satisfactory
10	2016/17	Health & Wellbeing Strategy	Mike Boyle	Substantial
11	2016/17	Bridge Maintenance	Mahmood Siddiqi	Satisfactory
12	2016/17	Economic Development	Jo Rowlands	Satisfactory
13	2016/17	Transport policy/highways infrastructure (Highways Infrastructure Accounting)	Hitesh Jolapara	Satisfactory
14	2016/17	Procurement Compliance – Drug Dealing YOS Film Project	Mark Jones	Substantial
15	2016/17	Procurement Compliance – Work Setting Sensors and Live Occupancy Display	Maureen McDonald-Khan	Satisfactory
16	2016/17	Planning Control (excluding Enforcement)	Jo Rowlands	Satisfactory
17	2016/17	Planning Enforcement	Jo Rowlands	Satisfactory
18	2016/17	CCTV	David Page	Satisfactory
19	2016/17	SPUR Parking Application	Mahmood Siddiqi	Satisfactory
20	2016/17	PH Contract Monitoring - GPs and Pharmacists	Mike Robinson	Satisfactory
21	2016/17	ASC Commissioning Planning	Mike Boyle	Substantial
22	2016/17	Budgetary Control	Hitesh Jolapara	Satisfactory
23	2016/17	Treasury Management	Hitesh Jolapara	Substantial
24	2016/17	General Ledger	Hitesh Jolapara	Satisfactory
25	2016/17	Your Voice Survey	Mark Grimley	Satisfactory
26	2016/17	Parking Pay and Display*	Mahmood Siddiqi	Satisfactory
27	2016/17	Passenger Transport - Contract Monitoring*	Rachael Wright-Turner	Satisfactory
28	2016/17	Accounts Payable*	Hitesh Jolapara	Satisfactory
29	2016/17	Payroll – Managed Services*	Mark Grimley	Limited
30	2016/17	Pensions Administration*	Mark Grimley	Limited
31	2016/17	Community Safety Wardens	Mahmood Siddiqi	Satisfactory
32	2017/18	Risk Management – Libraries	Mike Clarke	Satisfactory

* Undertaken by the RBKC in-house audit team.

Substantial There is a sound system of control designed to achieve the objectives. Compliance with

Assurance	the control process is considered to be substantial and few material errors or weaknesses were found.
Satisfactory Assurance	While there is a basically sound system, there are weaknesses and/or omissions which put some of the system objectives at risk, and/or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.
Limited Assurance	Weaknesses and / or omissions in the system of controls are such as to put the system objectives at risk, and/or the level of non-compliance puts the system objectives at risk.
No Assurance	Control is generally weak, leaving the system open to significant error or abuse, and/or significant non-compliance with basic controls leaves the system open to error or abuse.

Other Reports

Management Letters

No.	Title
33	Head of Internal Audit 2016/17 Year End Summary Report
34	Schools 2016/17 Year End Summary Report
35	Procurement and Contract Management 2016/17 Year End Summary Report

Internal Audit reports in issue more than two weeks

There are currently no reports in issue more than two weeks at time of reporting.

APPENDIX C

Amendments to 2017/18 Audit Plan

	Department	Audit Name	Nature of Amendment	Reason for amendment
1	Corporate Services	Finance Transformation - Programme Governance	Addition	Allowance of days in the plan converted into specific audits.
2	Corporate Services	Finance Transformation - Business and Project Alignment	Addition	Allowance of days in the plan converted into specific audits.
3	Corporate Services	Finance Transformation - Organisational and Process Change Management	Addition	Allowance of days in the plan converted into specific audits.
4	Corporate Services	Finance Transformation - Post Implementation	Addition	Allowance of days in the plan converted into specific audits.
5	Corporate Services	MSP Pensions Compliance	Addition	Added at request of management
6	Environment Services	Parks Bookings	Addition	Added at request of management
7	Adult Social Care	Financial management and budgetary control	Removed	Removed from plan due to duplication with previous audits.
	Adult Social Care	Customer care/complaints management	Removed	Deferred to 2018/19
	Adult Social Care	Occupational therapy, including OT equipment	Removed	Covered by Reablement audit.
	Adult Social Care	Care assessments (including financial management)	Removed	Deferred to 2018/19
	Adult Social Care	Self-neglect and hoarding	Removed	Deferred to 2018/19
	Adult Social Care	Mental Health day services	Removed	Deferred to 2018/19
	Public Health	Public Health Commissioning (Part 2)	Removed	Deferred to 2018/19

Summary of Limited and Nil Assurance Reports

Ref	Audit and Scope	Details	Assurance/Risk
1	<p>Community Equipment Framework procurement</p> <p>The objectives of this review were to assess and evaluate the controls in the following areas:</p> <ul style="list-style-type: none"> • Strategic Assessment and Business Justification (Strategic Outline Case) • Project Governance • Contract Strategy • Delivery/Procurement Strategy (Outline Business Case & Options Appraisal and Authorisation to Proceed to Procurement) • Procurement (Selection of Contractor/Service Provider/Suppliers) • Procurement (Assessing Value for Money) and Award of Contract (Full Business Case) • Formation of Contract, Compliance with Contracting Authority's Legal Requirements, Retention and Security of Contracts 	<p>A framework for delivery and installation of community equipment for vulnerable adults was in place until 31 March 2017 with Medequip Assistive Technology Ltd. that originally started in April 2010 for which the Royal Borough of Kensington and Chelsea (RBKC) is the primary contracting authority. A new framework commenced on 1 April 2017, and this audit relates to the procurement of this new framework.</p> <p>Equipment is ordered by professionals in Adult Social Care (ASC) and Health on behalf of clients and supports enabling people to live in their own homes for longer. This framework is currently accessed by 18 London Boroughs. The London Borough of Hammersmith and Fulham has been in the process of procuring a new framework. A Cabinet report was prepared seeking authorisation to proceed to procurement and this was given in July 2016.</p> <p>An OJEU Contract Notice was published on 26 August 2016. However, at the time of publishing the Contract Notice, the tender documents were not fully uploaded onto CapitalEsourcing resulting in less than 30 days for providers to submit their bids after they could access all the tender documents. A PIN had been published for this procurement, meaning that the minimum response period for bidders could theoretically be lawfully reduced to 15 days. However, it was decided, on balance, that due to the size and complexity of the tender the bidders should be given at least 30 days. The initial Contract Notice was withdrawn and a new Invitation to Tender published after making further adjustments to the tender documents. The new Contract Notice was submitted on 26 September 2016, and a tender response deadline set for 27 October 2016.</p> <p>One high and one medium priority recommendation were raised as follows:</p> <ol style="list-style-type: none"> 1) Sufficient time should be allowed to plan and resource the procurement process to help ensure that: <ol style="list-style-type: none"> a. Tender documents are prepared to the required quality standard in good time for publication b. Approved tender documentation is uploaded onto CapitalEsourcing (but not published) prior to the OJEU notice being sent for publication. c. The time period when bidders may not be aware of the tender or have access to tender documents (between the submission of the contract notice and publication of the notice and tender documents) is taken into account when deciding the tender timescales. d. The option of allowing more than the minimum time for the receipt of tenders (based on Public Contract Regulations) is available if this would improve the quality of submissions received. 2) When planning the procurement process, the need for training (including refresher training) and support from Corporate Procurement should be considered, discussed with Corporate Procurement, and planned into the procurement process. 	<p>Limited</p>
<p>Management Comment</p>			
<p>The procurement of the new Community Equipment Service was successfully completed and the new arrangements came into effect on the 5 April. This was a pan-London procurement with LBHF holding the framework contract and 19 other boroughs calling off from that framework. 3 staff are permanently employed in the team and additional resources are drawn off as and when required. The team is funded equally by those authorities calling off the contract. As a result of the lessons learned from this procurement, we have now put in place arrangements for all staff involved in major procurements to have refresher training on CapitalEsourcing before the procurement commences.</p>			

Ref	Audit and Scope	Details	Assurance/Risk
2	<p>Elgin Close Resource Centre Contract Management</p> <p>The objectives of this review were to assess and evaluate the controls in the following areas:</p> <ul style="list-style-type: none"> • Contract Formalities • Schedule of Works • Contract Variations and Service Improvements • Contract Monitoring and Performance Management • Payments • Budget Monitoring • Value for Money • Contractor Compliance and Workforce Development 	<p>Elgin Close Resource Centre is a London Borough of Hammersmith and Fulham led contract and this has been provided by Notting Hill Housing Trust since 2005. The centre has a range of facilities available including kitchen facilities, IT equipment, assisted bathroom, hairdressing facilities, laundry facilities and treatment/healthcare room. Services to be provided by staff at the resource centre include: Personal care support; Financial advice, assistance and advocacy; Practical and social support; Catering; and Respite care.</p> <p>Services are provided to those with high care needs, vulnerable older people and older people requiring preventative support.</p> <p>Three high and three medium priority recommendation were raised as follows:</p> <ol style="list-style-type: none"> 1) Adult Social Care should ensure that the arrangements with Notting Hill Housing Trust for the Elgin Close Resource Centre are legally binding through a signed contract. For future contracts, a timetable should be put in place to provide sufficient time to instigate any reviews, procurement process or waivers before the contract expires. 2) Adult Social Care should seek legal advice in relation to the contract extension for the Elgin Close Resource Centre to confirm they have not breached the Public Contract Regulations. 3) As part of the contract management process, a periodic review of the contract should be undertaken to confirm that the way in which the contract is delivered continues to meet the Council's needs and provide value for money. 4) The quality of service provided by the Notting Hill Housing Trust with regards to the Elgin Close Resource Centre should be formally monitored, with rectification action taken where issues are found. Metrics for reviewing the quality of work undertaken by the contractor should be reviewed as part of this monitoring process as stated within the contract. 5) The finance team should ensure that payments to the contractor are made in accordance with the contract terms. 6) Adult Social Care should periodically obtain assurance that the staff of Notting Hill Housing Trust for Elgin Close Resource Centre have the required qualifications and skills to work with vulnerable clients. 	<p>Limited</p>
<p>Management Comment</p>			
<p>The Elgin Close Resource Centre is one of a number of formerly grant funded organisations for whom no formal contracts or quality measures were in place. A programme to rectify this is in place and, following a meeting on the 6 September it is anticipated a formal contract, with associated KPIs and monitoring arrangements, will be signed by the end of the month.</p>			

Ref	Audit and Scope	Details	Assurance/Risk
3	<p>Payroll</p> <p>The objective of the payroll audit was to provide a level of assurance to the Councils and Members that key payroll controls were operating effectively for the three Councils.</p> <p>The audit did not examine the payroll system controls operating within BT's operational site at South Tyneside since all transaction testing was based on data held on Agresso. It was specifically restricted to the following areas where sample testing was carried out:</p> <ul style="list-style-type: none"> • Starters • Leavers • Variations to Pay • Standing Data, and • Performance and Management Reporting 	<p>As part of the Managed Services agreement, BT are contracted to deliver a payroll service to all three Councils through the Agresso Business World application which went live in April 2015. The payroll service is delivered through the BT Shared Service Centre supported by the Intelligent Client Function (ICF) and the retained HR teams within each Council.</p> <p>Retained HR teams are available to provide managers with support on certain HR and payroll related matters across each Council although the bulk of these issues should be directed in the first instance to BT Shared Service through the Service Now portal by users with any payroll related queries.</p> <p>As at the time of this audit review, there were ongoing issues over the delivery of the payroll service by BT. Whilst it is acknowledged that the service has not been operating as it should since go live in April 2015, the ICF and retained HR have been working closely with BT to correct and resolve these issues.</p> <p>Four high and one Medium priority recommendations were raised including:</p> <ol style="list-style-type: none"> 1) The ICF should ensure that the payroll related performance monitoring and reporting arrangements are resolved with BT such that the arrangements are transparent and robust. 2) The ICF should ensure that BT maintain a full audit trail for all starter and leaver transactions on Agresso. The ICF should liaise with Retained HR to ensure appropriate communications are sent to all business managers reminding them of the importance of completing the new starter and leaver forms disclosing all relevant details and submitting this to BT through the Service Now portal on a timely basis. 3) The Intelligent Client Function should ensure that BT maintain a full audit trail of supporting documentation and authorisation for all variation and changes to pay for employees on Agresso. 4) The Intelligent Client Function should ensure that the errors, anomalies and discrepancies identified by Audit with payroll standing data and starts and leavers are referred to BT for resolution and corrective action where appropriate. 	<p>Limited</p>
<p>Management Comment</p>			
<p>The areas identified within the audit relating to payroll have been recognised as part of the contract management with BT through the joint Intelligent Client Function (ICF). Specific plans have been put in place that address both the stability and accuracy of the service - including the controls, and the recovery of historical errors.</p> <p>The areas highlighted within the Audit report have improved through greater scrutiny and testing through ICF with monthly oversight by the Director of HR & OD. Greater and more regular sampling of areas of control and compliance are now also undertaken by the ICF with fortnightly reporting to the Director of HR & OD.</p> <p>Our intention is to ensure we improve on the limited assurance and focus on addressing other weaknesses with controls within the system as we prepare to look at alternative providers in the future.</p> <p>The management actions identified within the Audit report are all accepted and being addressed the HR Improvement Programme within LBHF.</p>			

Ref	Audit and Scope	Details	Assurance/Risk
4	<p>Pensions Administration</p> <p>The objectives of this review were to assess and evaluate the controls in the following areas:</p> <ul style="list-style-type: none"> • Policies, Procedures and Plans • Starters, Leavers and Amendments • Transfers • Payment of Pensions • Access Controls and Data Transfer 	<p>Surrey County Council (SCC) was awarded the contract under an s101 Agreement to manage the Pension Administration arrangements for Kensington & Chelsea and Hammersmith & Fulham Councils in April 2015 for a period of four years. SCC already had an s101 Agreement to provide Pension Administration arrangements for Westminster City Council (WCC) since September 2014.</p> <p>Following the implementation of a new financial management system in April 2015 (Agresso), there have been some delays and inaccuracies with the transfer of LGPS information between the new Managed Services Provider (BT) and the Pensions Administration Service (SCC).</p> <p>Two high priority recommendations were raised as follows:</p> <ol style="list-style-type: none"> 1) HR Management should ensure that SCC can provide the number of transfer (in and out) requests received and should include performance monitoring on the processing of these as part of the monthly monitoring of the SCC service. Transfer requests should be processed in a timely and accurate manner and where there are delays, clear information should be provided to the individual concerned and copies retained on the SCC system. HR Management should ensure that SCC have appropriate systems & records in place to demonstrate that they informed scheme members of the status of any changes requested. 2) It was recommended that: <ol style="list-style-type: none"> a. Full documentation is retained by the Councils' HR teams to support the actions taken to correct the incorrect pension records; b. Any changes which will impact on the 2016/17 year-end pensions data are verified with BT with due dates agreed; c. The accuracy of the year-end pensions file for 2016/17 is reviewed in good time prior to the deadline for submission to enable corrections to be processed without delay; d. If the monthly file of starters and leavers file cannot be provided by BT to SCC when agreed, the Councils should identify what actions are required to address this; e. Any changes to process, responsibilities or methodology as a result of the correction of the 2015/16 year-end data and the lessons learned must be documented in a timely manner and agreed by the Councils and their service providers (BT and SCC). 	<p>Limited</p>
<p>Management Comment</p>			
<p>Since the report was originally written significant progress has been made in implementing the audit recommendations, as follows:</p> <p><u>Recommendation 1 – Policies, Procedures and Legislation procedure notes:</u> The Pensions SOPs and swim lanes have been produced following numerous discussions between Tri-Borough and BT and are now awaiting sign-off by all parties through the formal change control process, which is due in September 2017. The Pensions Administration Strategy has now been approved by the RBKC Pensions Board and the RBKC Investment Committee.</p> <p><u>Recommendation 2 – Transfers In and Out:</u> Surrey now includes transfers in/out in its quarterly performance monitoring stats. We accept that further work is required to bring transfers in/out to an acceptable level of performance and have agreed a revised target date of 31 March 2018 with Surrey to achieve this.</p> <p><u>Recommendation 3 – Starters, Transfers and Leavers:</u> All of these actions are now completed.</p>			

APPENDIX E

Summary of Outstanding Recommendations

This is a schedule of all recommendations where the target date for implementation has passed and either the recommendation has not been fully implemented, or the auditee has failed to provide information on whether it has been implemented.

Ref	Recommendation	Priority (1/2/3)	Agreed Target Date	Sponsor (Name/Title)	Status
Adult Social Care: ASC Contract Management - Elgin Close Resource Centre (2016/17 review) - Limited Assurance					
1	Adult Social Care should ensure that the arrangements with Notting Hill Housing Trust for the Elgin Close Resource Centre are legally binding through a signed contract. For future contracts, a timetable should be put in place to provide sufficient time to instigate any reviews, procurement process or waivers before the contract expires. Extensions should be formally agreed prior to contracts expiring.	1	30/06/2017	Mike Boyle: Director for Strategic Commissioning and Enterprise	In process of getting contracts signed. Contracts will be in place by the end of August 2017. A service review and commissioning timetable has been developed and is being delivered against to ensure that should any modifications to contracts required that this will be requested well in advance to the cessation to the current arrangements. Current services have agreement for a one (1) year contract which is a direct award.
Housing & Regeneration: Housing Health and Safety of Service Users (2014/15 review) – Satisfactory Assurance					
2	A policy should be created for the management of contractor health and safety. As a result of this policy, there should be some form of inspections/audits carried out in order to gain assurance that contractors are working in line with Council and regulatory health and safety requirements.	2	30/04/2017	Jane Martin: Interim Director of Property Services	There is a corporate policy which Housing currently adhere to. Housing will develop a local policy by October 2017 and will take into account the requirements for auditing H&S of contractors. A list of all contractors working has been collated and due diligence is taking place on the H&S safety requirements in conjunction with what is held corporately and what needs to be held locally.
3	The Health and Safety Manager should review and update policies and include process maps so that staff are aware of their duties. These process maps should be communicated to staff to help ensure they are aware of their roles.	2	30/04/2017	Jane Martin: Interim Director of Property Services	All compliance and H&S policies and procedures are under review with an end date of October 2017. When a policy is signed off it is uploaded to the intranet. Throughout October, awareness sessions and communication will take place with all housing staff to make them aware of the new policies and procedures and where to find them
Ref	Recommendation	Priority (1/2/3)	Agreed Target Date	Sponsor (Name/Title)	Status

Ref	Recommendation	Priority (1/2/3)	Agreed Target Date	Sponsor (Name/Title)	Status
Housing & Regeneration: Emergency Planning (out of hours) (2016/17 review) – Satisfactory Assurance					
4	The Housing & Property Services Emergency Response Plan should be tested on a periodic basis to provide assurance on its effectiveness when activated and identify areas for improvement.	2	30/05/2017	Jane Martin: Interim Director of Property Services	The new ERO policy states that scenario testing should take place at least annually. Property Services are ensuring that their scenario testing will be in place as part of the new training regime and reflects the way corporate services carry out their scenario testing. Scenario testing and its results, along with lessons learned, will be fed back to corporate emergency services and any new actions needed to improve the service will be implemented and monitored at the monthly ERO meeting. This will start in October 2017 when the new Emergency Response Officers are in place and trained.
Housing & Regeneration: Mitie Contract Quality Assurance (2016/17 review) - Limited Assurance					
5	<p>The results of post-inspections should be periodically reviewed to identify common trends. Where common themes are identified, the root cause should be identified and an action plan agreed with Mitie to help prevent reoccurrence.</p> <p>Where this data can be gathered in a quantitative manner rather than general observations from reports, this will provide a reliable evidence base for subsequent actions, and a means of assessing positive or negative trends in performance.</p> <p>This analysis should be periodically reported to senior management.</p>	2	30/06/2017	Jane Martin: Interim Director of Property Services	Part of the new performance management regime is gathering useful data which will be reported through the new core group structure. Information about voids, post inspections, and other repairs data is fed through the repairs Core which is attended by both LBHF and MITIE. Trend data is currently being worked up as part of the new information and will be fed through to repairs Core and any operational groups from September onwards.
6	The Council should periodically compare jobs which have failed post-inspections to the Recalls Post-Inspections tracker to ensure that all failed inspections are being logged appropriately by Mitie.	2	30/04/2017	Jane Martin: Interim Director of Property Services	There is a repairs tracker in place which is tracked by the Quality Surveyors. Where a job fails, it is logged with MITIE and then followed up with them to further post inspect. A checking process is being developed and will be ready in September to check that MITIE are appropriately recording the jobs on their system compared to the records against failed post inspections.
Public Health: GP and Pharmacy Services Contract Management (2016/17 review) – Satisfactory Assurance					
7	Feedback should be obtained from users of the Health Check service. Where possible, this feedback would be obtained directly from services users. Feedback forms could be provided to residents after attending NHS Health Checks to be returned to the Public Health department.	2	30/06/2017	Gaynor Driscoll: Head of Commissioning	Feedback/Survey design completed – delays in issuing to service users incurred planned for release September.