

To all Members of the

AUDIT COMMITTEE

AGENDA

Notice is given that a Meeting of the above Committee is to be held as follows:

VENUE Council Chamber - Civic Office
DATE: Thursday, 26th October, 2017
TIME: 10.00 am

Items for Discussion:

	PageNo.
1. Apologies for Absence	
2. To consider the extent, if any, to which the Public and Press are to be excluded from the meeting.	
3. Declarations of Interest, if any	
4. Minutes of the meeting held on 27th July, 2017	1 - 10
A. Reports where the public and press may not be excluded.	
5. Audit Committee Action Log	11 - 20
6. Breaches and Waivers to the Financial and Contract Procedure Rules.	21 - 40
7. Adult Social Care Commissioning Review Programme 2017-2021.	41 - 68

Jo Miller
Chief Executive

Issued on: Wednesday, 18 October 2017

Governance Officer
for this meeting:

Sarah Maxfield
01302 736723

8.	Safeguarding Adults Personal Assets Team - Responsive Review.	69 - 86
9.	External Auditor (KPMG) Annual Audit Letter 2016/17.	87 - 98
10.	Internal Audit Progress Report for period: July to October 2017.	99 - 124
11.	Preventing and detecting fraud and error - April 2016 to September 2017.	125 - 140
12.	Income Management Progress Report.	141 - 152
13.	Quarter 1 2017/18 Strategic Risk Update.	153 - 166

Members of the Audit Committee

Chair – Councillor Austen White
Vice-Chair – Councillor Richard A Jones

Councillor Iris Beech, Susan Durant and David Nevett

Co-opted Member: Kathryn Smart

Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

AUDIT COMMITTEE

THURSDAY, 27TH JULY, 2017

A MEETING of the AUDIT COMMITTEE was held at the COUNCIL CHAMBER - CIVIC OFFICE on THURSDAY, 27TH JULY, 2017, at 2.00 pm.

PRESENT:

Chair - Councillor Austen White

Councillors Iris Beech, Susan Durant and David Nevett

Co-opted Member

Kathryn Smart

APOLOGIES:

An apology for absence was received from the Vice-Chair, Councillor Richard A Jones

76 DECLARATIONS OF INTEREST, IF ANY

Kathryn Smart declared a non-pecuniary interest in Agenda Items 7, 8, 9 and 10 by virtue of being an employee of RDASH.

77 MINUTES OF THE MEETING HELD ON 21 JUNE, 2017

RESOLVED that the minutes of the meeting held on 21st June, 2017 be approved as a correct record and signed by the Chair.

78 AUDIT COMMITTEE ACTION LOG

The Committee considered the Audit Committee Actions Log which updated members on actions agreed during Committee meetings. The action log showed details relating to 16 actions requested in previous meetings of these:

- 4 have been completed and will be removed from the next action log
- 8 have yet to reach the agreed action date and were on track
- 3 are partially completed relating to the provision and take-up of training in relation to covert surveillance and the Regulation of Investigatory Powers Act
- The final action stays on the log as incomplete. This is in relation to the Solar Centre Contract Breach – as previously discussed, further progress to address this issue.

In relation to the RIPA training identified on page 17 of the report, the Chair, Councillor Austen White asked how many managers were still to complete the training. It was reported that 7 manager out of the 24 listed were still to complete the on-line training. It was envisaged that these would be picked up within the next month and a reminder had been forwarded to them. If for any reason these were not completed an update

would be submitted to the next Committee meeting. It was also requested that Members be asked to complete the on-line training.

Councillor White also stated that since the inspection last year where the Council were asked to focus on training, he asked whether the efforts made would satisfy the comments made by the inspector. It was reported that through discussions with Helen Potts and the introduction of the annual refresher training, it was felt that the Council had gone over and above what was required particularly with offering the on-line training to members as well as officers.

RESOLVED that the progress being made against the actions agreed at the previous committee meetings be noted

79 DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) INTERIM AUDIT REPORT.

The Committee were presented with an interim report highlighting significant weaknesses identified by Internal Audit in the Council's processes for managing and monitoring the carrying out of Deprivation of Liberty Safeguards (DoLS) assessments. It was noted that the report was presented at this stage in view of the reference to the matter in the Council's Annual Governance Statement 2016/17, which the Audit Committee was responsible for approving. Members also noted that there were no safeguarding issues found as part of the review; the clients in question were receiving the care that they needed. The review, however, identified that the operational management of the DoLS process was poor and it was supported by systems that were heavily manual and not fit for purpose.

The following headline key issues were identified:-

- The return of assessments distributed to assessors was not routinely monitored or outstanding assessments actively chased up when overdue;
- No performance information was available routinely to monitor the service, with significant amounts of manual input required to determine the level of outstanding cases at any one point in time;
- The inappropriate payment of employees undertaking best interest assessments through the Accounts Payable (creditors) system rather than via payroll;
- Little or no consideration of the working time directive when allocating best interest assessments to employees to do in their own time on top of their existing day job;
- In one case particular the allocation of a volume of assessments that was significantly in excess of what could reasonably be achieved within the set deadlines;
- In some cases, payments were made in advance of the work (assessments) being completed, in contravention of the Council's Financial Procedure Rules, this also leading to overpayments being made for assessments that were never completed;
- In many other cases payments were made at the point of receiving assessments but before the assessments had been quality checked, i.e. essentially before it was checked that the assessments were satisfactory, because of a significant backlog that existed;
- There was heavy and inappropriate reliance on spread sheets to record the Teams activity and assessments;

- Linked to the above point, there was poor data quality, with numerous examples of missing information and erroneous data including missing assessments dates, missing and incorrect information on who the assessment was completed by/allocated to and even in some case client names.

Following the presentation of the report, members were given the opportunity to make comments and ask questions.

In relation to paragraph 2 of the report, Councillor Iris Beech asked what would happen to a person who had a lack of mental capacity and had no immediate family to assist, would the Council endeavour to obtain a person who would have power of attorney. She also commented that in relation to 511 cases where the assessments were obsolete, this be avoided from liaising with electoral services for instance when they are notified of a death, this would ensure that unnecessary work was carried out.

In response, it was reported that DOLS assessments were only undertaken within Residential Care Homes and hospitals so the information required would already be supplied. It was advised an independent advocate could be used to assist the person. In relation to notification of a death, the Council would be advised of these through the manager of the home or the hospital and it was envisaged that when the electronic system was in operation this would alleviate the backlog problems being incurred in respect of these.

Kathryn Smart asked whether there had been any suspicions raised around allegations of fraud with regard to staff payments. It was reported that through investigations, there had been nothing to suggest that any fraudulent activities had taken place. However, members were advised that there had been one individual who had claimed for assessments without carrying them out and this had been dealt with.

Kathryn made comment in relation to the backlog and whether this would leave the authority at risk of challenge. It was reported that although the authority was technically in breach, Doncaster was no different to other local authorities. It was advised that the vast majority of people were quite happy to be where they were but where there was a chance this might not be the case, these were being prioritised for assessment, to minimise any risk. Kathryn asked for Members to be advised whether the Council had a responsibility to notify clients that the assessments needed to be completed and it was agreed to provide the Committee with a response.

Kathryn asked whether there were any internal controls that could be used to alleviate the problems being incurred in a number of areas within Adults Services. It was reported that as we saw with Childrens Services following Damian Allen's appointment, he had put processes in place to ensure the services improvement and we were starting to see the same improvements in Adults. It was stated that extra budget provision had been put in place and regular monthly meetings were being held to ensure the service was working as it should.

In response to a question regarding the how long a DOLS assessment takes, it was reported that although this would depend of the individual concerned the maximum length of time for an assessment would be 12 months by law. However,

majority should be completed within 21 days or shorter and urgent cases within 7 days. It was reported that at the moment very few meet the 21 days.

With regard to the 1637 outstanding assessments, the Chair, Councillor Austen White asked whether any progress was being made into clearing the backlog. A breakdown was presented to Members and it was stated that the numbers were likely to change on a regular basis in line with the validated information. It was noted that with the introduction of care first, numbers were decreasing although there was no definitive number identified until all the data cleansing had been carried out. It was envisaged that a clearer picture would be provided at the next meeting of the Committee. It was also noted that 250 cases had been outsourced to an outside company and were expected to be completed by the end of October 2017. Members were advised that weekly spread sheets were provided by the company on the progress being made.

Councillor David Nevett commented that whilst work had been outsourced there was still a significant amount of backlog. He asked how this was going to be managed. Committee were advised that every Social Worker should be undertaking training to enable them to carry out a Best Interest Assessment (BIA) and whilst some of the work had been outsourced it was envisaged that social workers would be carrying out assessments in for the future. Members were also advised that at one time the authority had around 70 external assessors that could be called upon but a hold had been placed on this resource. It was hoped that once the Care First System was available, external assessors could be brought back in to assist. It was envisaged that it would take 9-12 months to clear the backlog.

In response to a question raised in relation to early payments, it was reported that early payments no longer exist. It was also stated that work was continuing with the team and the transfer of data and the work would take 2-3 months to be completed.

The Chair, Councillor Austen White made reference to the Officer Decision Record (ODR) that had not provided the capability to deliver and asked whether any lessons had been learnt from this. It was stated that there was always an opportunity to learn lessons for future service delivery. In this particular circumstance an increase in the number of cases had been tenfold which was very rare but it was important that the authority looks into why the ODR wasn't followed through. It was suggested that a further updates be provided within the Audit Committee action log at the next meeting relating to progress in clearing the backlog of assessments, and a fuller update provided in February 2018.

RESOLVED that:-

- (1) the audit review and the actions taken to date to address the issue by the Adults, Health and Well-being Directorate be noted;
- (2) an update on progress in clearing the backlog be provided within the Audit Action Log at the next Committee meeting; and
- (3) a full update be provided in February 2018.

80 2016-17 ANNUAL GOVERNANCE STATEMENT

The Committee received the Annual Governance Statement for 2016/17. The Council's governance arrangements in place during 2016/17 had been reviewed and an annual governance statement had been produced which was attached at Appendix A to the report.

Members noted that there had been 2 significant weaknesses reported in 2016-17, which were, Adults, Health and Well-being – Contract and Commissioning Arrangements and DOLS (Deprivation of Liberty Safeguards) – Best Interest Assessments as detailed at page 6 of Appendix A of the report.

The Annual Governance Statement highlighted the following:-

- Key areas of improvement from 2015-16 that have been completed and have been effectively managed to the extent that they were no longer significant in 2016-17;
- Identifies new significant issues arising from the 2016-17 review of effectiveness of the corporate governance arrangements; and
- Provides an update on the key areas identified during previous years that remain an issue in 2016-17

RESOLVED that:-

- (1) the Annual Governance Statement be approved; and
- (2) noted that the Mayor and Chief Executive be asked to sign the final statement as soon as possible after the Audit Committee on 27th July and prior to its publication along with the Statement of Accounts.

81 STATEMENT OF ACCOUNTS 2016/17 - ISA REPORT TO THOSE CHARGED WITH GOVERNANCE.

The Committee received a report stating that in accordance with International Standard on Auditing (ISA) 260, the Council's external auditor was required to issue a report detailing the findings from the 2016/17 audit and the key issues that the Committee should consider before the external auditor issues their opinion on the financial statements. It was advised that the ISA 260 report attached at Appendix A of the report had to be considered by 'those charged with governance before the external auditor can sign the accounts which legally has to be done by 30th September, 2017.

It was reported that the external auditor expects to issue an unqualified audit opinion on the Council's financial statements for 2016/17; subject to all outstanding queries being resolved to their satisfaction. Members were advised that overall the ISA 260 report was a positive one, with the majority of the adjustments being largely presentational with no impact upon the primary statement and reserve balances. It was noted that following discussions on the accounting for the pension liability held by St Leger Homes, the Council has produced a consolidated set of group accounts to prevent their being a material misstatement in the accounts.

Since the production of the report, Matthew Ackroyd, KPMG highlighted that an additional recommendation had been identified and the opinion for the statement of accounts would not be signed off until Friday 4th August, 2017. In light of this, it was stated that the amended version of the report would be made available on the Councils website once completed.

Following the introduction of the report, members made a number of comments as follows:-

Kathryn Smart stated that given KPMG's 2 audit recommendations not being fully implemented, she asked what the Audit Committee could do in order to follow these issues up. It was reported that these were minor issues and would be monitored and picked up within recommendations report presented at Committee.

In relation to the completion deadline of the 31st January, 2018 for IT User Documentation and Processing, Councillor Iris Beech asked that when employees leave the Council and hand their badges in, why it didn't trigger the removal of their details on other systems within the Council. It was reported that most of the systems were internal and there was no absolute way of taking somebody off every system as there was no automated mechanism to do so. It was suggested that a central register kept within IT would be beneficial.

In conclusion, the Chair and Members of the Committee thanked KPMG and Steve Mawson and his team for the work done and the positive results that had been maintained this year.

RESOLVED that:-

- (1) the contents of the external audit ISA report be noted;
- (2) the letter of representation be endorsed; and
- (3) the Statement of Accounts 2016/17 be approved subject to amendments being made and final sign off on Friday 4th August, 2017.

82 INTERNAL AUDIT REPORT FOR THE PERIOD: APRIL 2017 TO 4 JULY 2017

The Committee received a report which updated members on the work done by Internal Audit for the period April 2017 to 4 July 2017 and showed it in the context of the audit plan for the year. The report included details on the implementation of internal audit recommendations. Performance information was also detailed which incorporated an update on the section's Quality Assurance Improvement Plan which ensures compliance with the Public Sector Internal Audit Standards.

A summary of the main points for each of the four sections of the audit were highlighted at paragraphs 4 to 14 of the report. It was also reported that in relation to paragraph 5 of the report, it should be noted that there were currently 8 on-going investigations which had been omitted from the report.

Following the brief introduction of the report, members made a number of comments which were as follows:-

Kathryn Smart asked whether there was any root cause as to the unprecedented negative impact on the planned work. It was advised that the size of the business and the complexity of some transactions meant that overall this was a relatively low level concern albeit more than the service was used to. It was reported that there tended to be an peak within April/May which could be a direct impact of the close of accounts and budget work but it wasn't felt that there wasn't anything underlying emerging at this point.

Members were presented with other reasons as to why there had been a negative impact on planned work, such as more in-depth work being carried out with Partnerships, more operational risks emerging rather than strategic as in the past and Audit being called in regularly to act as a friendly policeman.

Kathryn Smart requested clarification as to why actions had not been fulfilled in relation to unbilled income for Business Waste and Recycling follow up. It was reported that there had been a lack in the reconciliation process and inadequacies in the IT system. It was noted that these problems had now been dealt and a much improved fit for purpose system was now in place. It was suggested that a report be brought back to the October meeting detailing any progress made and the Assistant Director be asked to attend to explain any inconsistencies, if that is deemed necessary at the time. It was noted that this would also tie in with the Income Management report which was due to be considered in October.

The Chair, Councillor Austen White asked if there were any cause for concerns in relation to the variance percentages highlighted on page 227 of the report. It was advised at this stage there were no concern albeit it wasn't where the service wanted to be. However, it was expected that with the increase of resources, improvements would be made. The Chair also sought clarity with regard to Car Park income identified on page 229. Members were advised that in the past where there were discrepancies between actual and expected cash received of £20 or more, these had been investigated but were no longer in operation, however, these had now been reinstated. Members were also advised that the Councils Policy and Procedures needed to be reviewed and updated.

Councillor Iris Beech asked whether all Car Parking machines were to become card only and expressed some concern for those people who didn't have a card. It was reported that there needed to be an alternative in place for the use of cash as it was the most expensive to process. It was noted that some car parks were completely cashless.

RESOLVED that:-

- (1) the changes to the original audit plan, be noted;
- (2) the internal audit work completed in the period, be noted;
- (3) the progress made by officers in implementing previous audit recommendations, be noted; and
- (4) Information relating to Internal Audit's performance in the period, the arrangements made to manage the demand for responsive work and progress in implementing actions set out in the Quality Assurance Improvement Plan; be noted

83 INTERNAL AUDIT STRATEGY AND INTERNAL AUDIT CHARTER

The Committee received a report which referred to the Internal Audit Strategy and the terms of reference for Internal Audit, which were set out in the Internal Audit Charter. The Audit Committee has responsibility for considering the Internal Audit terms of reference.

Members were advised that the Strategy and Charter were last produced in April 2015 and set the strategy for the period 2015-2018. The documents had been reviewed and updated annually to take into account and changes required. Following significant changes to Internal Audit Standards and recommendations made in the peer review carried out by Kirklees Council earlier in 2017, the Charter and Strategy had now been re-written to adopt the new requirements. The update version is application for the three years.

The Key changes made to the Strategy and Charter in order to comply with the 2017 Standard changes were identified at paragraphs 10 and 13 of the report.

RESOLVED that:-

- (1) the Internal Audit Strategy for the period 2017-2020 be approved; and
- (2) revisions to the Internal Audit Charter be approved.

84 PARTNERSHIPS GOVERNANCE ARRANGEMENTS.

The Committee considered a report updating members on the Councils arrangements for improving the oversight of partnerships activities and, by doing so, strengthen the governance arrangements relating to its partnerships working.

It was reported that the Council formally makes appointments to a wide range of partnerships including the Combined City Region Authority, various joint committees, various commercial arrangements and even a number of small, local charities.

Key points arising from the report for the Committee in view of its role in relation to the Council's governance arrangements were highlighted at paragraphs 6a-h of the report.

The Chair, Councillor Austen White asked when the 27 partnerships highlighted within the report would be removed and how this would be carried out. It was reported that Scott Fawcus, Assistant Director of Legal and Democratic Services had been assigned to lead on this issue and he had tasked each of his managers with reviewing the partnerships. It was noted that this review had taken place and a report had been presented to the Mayor's office.

Members were advised that as part of the quarterly review process the list of partnership would be looked at to identify whether a review was required and also whether there were any new partnerships to be added. The Chair asked whether a report on how the new arrangements were working could be submitted to Committee in February 2018. It was reported that the lead officer identified would provide support to the appointed persons and give assurances to the Council that no concerns were identified. Members were also advised that this would also feed into the Annual

Governance Statement so any activity would be encompassed within that report to Committee.

RESOLVED:-

- (1) the Council report and the actions approved by the Council at its meeting on 19th May, 2017, be noted;
- (2) noted the provisions relating to partnerships; and
- (3) the actions in progress following approval of the recommendations in the Council be noted.

85 IMPROVING GOVERNANCE AT DONCASTERS' INTERNAL DRAINAGE BOARDS

The Committee received an update report on improving governance at Doncaster's Internal Drainage Boards as follows:-

Danum Drainage Board

It was reported that following original concerns in 2014 and the follow-up review in 2015, it was pleasing to note that considerable progress had been made in implementing the actions agreed by the Board and that no further action has been undertaken by Internal Audit as it was considered that the Board was now sufficiently well placed to operate in accordance with good governance.

Black Drain

Members were advised that although problems in good governance were around appointing appropriate persons to the Board and poor attendance records, these had been dealt with on an on-going, predominantly through the Council's Democratic Services Team and ultimately through the Elected Mayor of Doncaster using her powers of appointment.

Doncaster East Drainage Board

It was reported that following Internal Audits review, initial governance arrangements over a major project were inadequate. Concerns centred around potential/perceived conflicts of interest, project award, access payments and the justification for project management fee increases. It was noted that whilst arrangements were improved following a Board audit, they still did not provided an appropriate level of governance. A series of recommendations were presented to the Board which were unanimously agreed. The two fundamental actions were agreed as follows:-

- To engage consultants to provide an independent technical assessment of the work undertaken and of the management of the project; and
- To look further at the access payments made by the Board.

Kathryn Smart expressed her thanks to the team for carrying out this work and asked whether the time and effort put into the review can be recharged to the Drainage Board. It was reported that investigations had taken place in pursuing recharging the drainage board for the work audit had carried out which have been discussed with the Chair of the Board.

In response, to questions raised by Councillor David Nevett, it was reported that the external Independent Technical Consultant appointed to carry out the review had not been involved prior to their appointment. In respect of accountability and on-going work, it was advised that from a national perspective there seemed to be very little accountability. The issues have been subject to conversations with the National Audit Office (NAO) and these consultations would continue. It was advised that locally it falls to the Council to hold boards to account. In respect of the conflict of interest identified, it was noted that it couldn't be certain that work had been of best value to the Board and this was why the Independent Technical expert had been brought in.

The Chair, Councillor Austen White asked whether there were any risks to the authority and any issues the Committee needed to be aware of. Members were advised that risks would mainly rest with the Drainage Board and not fall with the authority.

RESOLVED that:-

- (1) the progress made to date and the further actions proposed to improve governance at Doncaster's Internal Drainage Boards be noted; and
- (2) Internal Audit's influential involvement in the National Audit Office's work and NAO's report on drainage boards governance; be noted.

CHAIR: _____

DATE: _____

To the Chair and Members of the AUDIT COMMITTEE

AUDIT COMMITTEE ACTIONS LOG

EXECUTIVE SUMMARY

1. The Committee is asked to consider the attached Audit Committee Actions Log which updates Members on actions agreed during Audit Committee meetings. It allows Members to monitor progress against these actions, ensuring satisfactory progress is being made.
2. Most actions requested are progressing well (see paragraph 7 below) and the Committee is asked to note that following its suggestion that Adults Health and Well-Being Commissioning should be considered as an item to be included in the corporate risk register, this has now been agreed by management and Cabinet (reference 58 in the Action Log). This shows a positive intervention by the Committee that will now facilitate closer review of progress in addressing this matter.

EXEMPT REPORT

3. The report does not contain exempt information.

RECOMMENDATIONS

4. The Committee is asked to;
 - Note the progress being made against the actions agreed at the previous committee meetings and
 - Advise if any further information / updates are required.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. Regular review of the actions agreed from the Audit Committee meetings enables the Committee to ensure it delivers against its terms of reference and is responding to important issues for citizens and the borough. The action plan update helps support openness, transparency and accountability as it summarises agreed actions from reports and issues considered by the Audit Committee.

BACKGROUND

6. The Audit Committee Issues Log, which is updated for each Audit Committee meeting, records all actions agreed during previous meetings. Items that have been fully completed since the previous Audit Committee meeting are recorded once as

complete on the report and then removed for the following meeting log. Outstanding actions remain on the log until completed.

7. The action log shows details relating to 17 actions requested in previous meetings. Of these:
 - 8 have been completed and will be removed from the next action log
 - 4 have yet to reach the agreed action date and are on track
 - 5 are partially completed. Of these, 3 relate to the Contract Procedure Rules breach relating to services procured from Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust through the Solar Centre. A key report is scheduled to be presented to Cabinet in November on the strategic commissioning considerations relating to this breach and a report to the Audit Committee can be provided following the Cabinet's consideration / decision on the matter. The final 2 actions in progress relate to the provision and take-up of training in relation to covert surveillance and the Regulation of Investigatory Powers Act. Further reminders are being sent to those who have not yet completed the training.

OPTIONS CONSIDERED AND RECOMMENDED OPTION

8. There are no specific options to consider within this report as it provides an opportunity for the Committee to review and consider progress made against ongoing actions raised during previous Audit Committee meetings.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

9.

Outcomes	Implications
All people in Doncaster benefit from a thriving and resilient economy. <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
People live safe, healthy, active and independent lives. <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
People in Doncaster benefit from a high quality built and natural environment. <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our</i> 	

<p><i>Communities</i></p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
<p>Council services are modern and value for money.</p>	<p>Effective oversight through the Audit Committee adds value to the Council operations in managing its risks and achieving its key priorities of improving services provided to the citizens of the borough</p>
<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The work undertaken by the Audit Committee improves and strengthens governance arrangements within the Council and its partners.</p>

RISKS AND ASSUMPTIONS

10. The Audit Committee contributes to the effective management of risks in relation to audit activity, accounts / financial management risk management and other governance / regulatory matters.

LEGAL IMPLICATIONS

11. There are no specific legal implications associated with this report

FINANCIAL IMPLICATIONS

12. There are no specific financial implications associated with this report.

HUMAN RESOURCES IMPLICATIONS

13. There are no specific human resources issues associated with this report.

TECHNOLOGY IMPLICATIONS

14. There are no specific technological implications resources issues associated with this report.

EQUALITY IMPLICATIONS

15. We are aware of the Council's obligations under the Public Sector Equalities Duties and there are no identified equal opportunity issues within this report.

CONSULTATION

16. The Audit Committee Action Log has been produced following consultation with members of the Audit Committee to address the risk of agreed actions not being implemented.

BACKGROUND PAPERS

17. None

REPORT AUTHOR & CONTRIBUTORS

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**Steve Mawson
Chief Financial Officer &
Assistant Director of Finance**

AUDIT COMMITTEE ACTION LOG – OCTOBER 2017

Follow-up actions from previous meetings:-

Ref:	Minute/ Action	Progress update	Responsible Officer	Completed (Y/N)
Meeting June 2017				
Deprivation of Liberties Safeguards (DoLS) Update Report				
6a	Members to be provided with a note to clarify whether the Council has a responsibility to notify clients that the assessments needed to be completed.	A note clarifying the Council's responsibilities was provided to members on 15th August 2017.	Colin Earl	Yes - Completed
6b	Members to be provided with an update on progress in clearing the assessment backlog at the next Committee meeting within the Audit Committee Action Log	A note clarifying progress on the assessment backlog will be provided to members in advance of the October Committee meeting	Colin Earl	Yes – Provided for October's Audit Committee
	A full update on the DoLS investigation be provided in February 2018.	Report to be provided to February 2018 Audit Committee.	Colin Earl	Scheduled - Not yet due

Ref:	Minute/ Action	Progress update	Responsible Officer	Completed (Y/N)
Annual Accounts				
9	Committee to be updated on the implementation of the agreed recommendations raised by KPMG	Progress has been made, 4 of the 6 recommendations have been put in place with 1 due to be implemented by the end of October. A review of the IT User documentation and processing is currently being undertaken as part of the internal Services Project, which is looking at the whole process for starters, movers and leavers. Following the review, which is expected to be complete by January 2018, actions will be implemented.	Steve Mawson	In Progress and on schedule

Ref:	Minute/ Action	Progress update	Responsible Officer	Completed (Y/N)
Internal Audit Progress Report July 2017				
6a	Business Waste and Recycling follow up. It was suggested that ajn update be brought back to the October meeting detailing any progress made and the Assistant Director be asked to attend to explain any inconsistencies, if that is deemed necessary at the time.	A new set of actions and implementation dates were agreed (latest 30 th September 2017) with the Head of Service, however these implementation dates have not been achieved. Internal Audit has since been working closely with the Waste and Recycling Manager and actions have now been broken down into definable achievable tasks with a revised Implementation date of 31 st December 2017.	Colin Earl	Yes – an update is provided in the Internal Audit Progress Report
Meeting April 2017				
Strategic Risk Management in Learning and Opportunities				
52	Committee to receive further evidence on the risk management of the Doncaster Childrens' Services Trust.	Report to be provided to February 2018 Audit Committee following the OFSTED inspection as inspection will not be finalised for October Committee.	Damian Allen	Scheduled - Not yet due
Safeguarding Adults Personal Assets Team - Responsive Review.				
53	Committee to receive a further update report at its October meeting.	Report to be provided for October 2017 Audit Committee	Colin Earl	Yes – Report provided for October's Audit Committee Meeting

Ref:	Minute/ Action	Progress update	Responsible Officer	Completed (Y/N)
Adult Social Care Commissioning Review Programme 2017-2021				
55	Committee to receive a further update report at its October meeting.	Report to be provided for October 2017 Audit Committee	Damian Allen	Yes – Report provided for October's Audit Committee Meeting
Solar Centre Update				
57a	Committee to receive a further update report on the conclusion of the contractual position at its October meeting.	Work completed – report to be presented to the Audit Committee pending a decision by Cabinet in November 2017	Damian Allen	Partial – Report will be presented in February 2018.
57b	Committee to receive a backward looking report from Internal Audit surrounding the chronology and reporting of the Solar Centre at its October meeting.	Work completed – report to be presented to the Audit Committee pending a decision by Cabinet in November 2017	Colin Earl	Partial – Report will be presented in February 2018.
49 b	From Meeting April 2016 report - Financial and Purchasing and Contract Procedure Rules Solar Centre – Individual reviews taking place.	An independent project manager has recently been contracted by Doncaster Council to co-ordinate and lead on resolving this issue.	Patrick Birch	Partial – Report will be presented in February 2018.

Ref:	Minute/ Action	Progress update	Responsible Officer	Completed (Y/N)
Quarter 3 - Strategic Risk Update				
58	The Assistant Director Finance and Chief Finance Officer to ensure 'Adults, Health and Well-Being commissioning and procurement arrangements' is considered for inclusion in the strategic risk register	To be considered as part of the Quarter 1 challenge process.	Steve Mawson	Yes – a new strategic risk “As a result of insufficient capacity and skills in Adult Health and Wellbeing, commissioning and contract management and monitoring is not effective leading to non compliance with legislation”, has been agreed as part of the Q1 Finance and Performance challenge process and this has been approved by Cabinet
61b	Committee requested a report providing information on the existence and current effectiveness of the Council’s ethical arrangements	A report has been scheduled in the Committee’s work programme for the 2017/18 year	Scott Fawcus	Scheduled on the Audit Committee work programme for February 2018 - not yet due
Meeting January 2017				
Internal Audit Progress Report				
42b	Internal Audit to provide numbers of outstanding lower level recommendations in future progress reports	Report to be provided to October 2017 Audit Committee	Colin Earl	High level numbers included in the October report. Full numbers to be reported in February.

Ref:	Minute/ Action	Progress update	Responsible Officer	Completed (Y/N)
Income Management Progress Report				
46	Follow-up report on income management to be received in Autumn 2017	Report to be provided for October 2017 Audit Committee	Steve Mawson	Yes - Report provided for the October Audit Committee
Meeting November 2016				
Covert Surveillance - Regulation Of Investigatory Powers Act 2000 (RIPA) - Update				
30 a	Assess with HR whether RIPA training could be made mandatory for relevant Line Managers.	HR has confirmed this can be classified as mandatory training for relevant officers. Details of all officers who need to complete the training has been provided to HR who will ensure the training is completed.	Helen Potts	Incomplete – Not all officers have completed the training. Reminders are being sent to staff who have not completed the training
30 b	Assess with HR if Audit Committee Members could undertake RIPA training on-line.	HR has confirmed that members can complete the RIPA training on-line as long as they are set up on the system. Instructions have been provided to members on how to do this.	Helen Potts	Incomplete – Not all Members of the Audit Committee have completed the training. Reminders will be sent to anyone who has not yet completed the training.

26 October 2017

**To the Chair and Members of the
AUDIT COMMITTEE**

**BREACHES AND WAIVERS TO THE COUNCIL FINANCIAL AND CONTRACT
PROCEDURE RULES**

EXECUTIVE SUMMARY

1. This Report provides Members with details of waivers and breaches to Financial Procure Rules (F.P.R.'s) and Contract Procedure Rules (C.P.R's) for the period 18th March 2017 to the 30th September 2017.
2. The table below identifies the number of new waivers and breaches recorded by each Directorate since the last audit report presented in April 2017. The details of each waiver and breach are summarised in the appendices of this report.

Period 18th March 2017 to the 25th August 2017	Breaches	Waivers
Adults, Health & Wellbeing	6	12
Learning & Opportunities: Children & Young People	0	4
Finance & Corporate Services	0	6
Regeneration & Environment	1	5
GRAND TOTAL	7	27

RECOMMENDATION

3. To note the information and actions contained in this report, regarding waivers and breaches of FPR's and C.P.R's

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. There are no specific implications within this report, with regards to waivers or breaches.

BACKGROUND

5. The Chief Financial Officer monitors compliance with C.P.R's and F.P.R.'s via an update from the Finance and Strategic Procurement teams, detailing any reported waivers of C.P.R.s and F.P.R.'s and instances of breach

Contract Procedure Rules (C.P.R's)

6. The Council's C.P.R.s detail the following thresholds where commensurate competition should be undertaken by officers to ensure that value for money is being achieved:-
 - Up to £5,000 - use of an in-house supplier, Council wide contract, framework Agreement or direct award where possible to a Doncaster based organisation.
 - Between £5,000 and £25,000 – use of an in-house supplier, Council wide contract, framework Agreement or obtain three verbal quotes one of which must be from a Doncaster based organisation (a record of quotes is to be maintained);
 - Between £25,000 and £164,176 use of an in house supplier, Council wide contract, framework agreement or obtain three written quotes one of which must be from a Doncaster based organisation where the above is not available;
 - Over £164,176 use of an In-house supplier, Council wide contract, framework Agreement or carry out a formal tender process.
7. Whilst the EU thresholds are set within the legislation and, therefore, cannot be waived, it is recognised that from time to time discretionary thresholds within C.P.R's may be a barrier to the delivery of the service and, therefore, Council officers can request that the C.P.R's are waived in specific instances via a C.P.R waiver report, which is approved by the Chief Financial Officer in accordance with the following permissible exemptions.
 - a. the goods, services or works are proprietary in nature (i.e. where only one supplier can supply the product or services);
 - b. the contract is for goods, services or works that are required in circumstances of extreme urgency;
 - c. the circumstances of the proposed procurement are covered by legislative exemptions (whether under EU or UK. law);
 - d. there are other circumstances that are genuinely exceptional.

Breaches to CPR's

8. Breaches arise from either the aggregation of spend with one supplier going over pre-prescribed limits, a complete absence of any identifiable contract, a failure to comply with requirements to obtain adequate competition or an extension of contract beyond its agreed term or lifetime.
9. It is therefore important that steps are taken to ensure breaches are identified, investigated and plans quickly put in place to rectify the position. A summary report is produced for each breach and detail actions required to be taken, including where necessary the decommissioning of contracts.
10. There has been seven breaches to CPR's reported this period as detailed in Appendix 1.

Update to Breaches previously reported

11. In April 2017, there were nine new breaches of CPR's reported to Audit Committee as well as updates on eight existing unresolved breaches. From this total of seventeen breaches, six have been resolved, as follows:-
 - PD Resources – The interim appointment has been secured through Reeds which is the Councils contracted provider of agency staff
 - Odgers Interim Management - Interim appointment has ended
 - Autism Plus – Previously identified as off contract spend. This has now been rectified and clients will be using Direct Payments to purchase this service.
 - Appointment of markets management and development – one off funding for six months which ends in October 17
 - AQUA MI System – A procurement exercise is due to be concluded.
 - Nuway - Chamber voting and PA system and audio visual recording system
12. Six breaches are not due to be resolved until the end of 31st March 2019 as agreed at the 17th April 2017 Audit Committee. These are:-
 - YMCA Goodall House – This work is planned for year 2 of the Commissioning and Procurement Plan (2018/19).
 - Doncaster Mind – A service review will be undertaken during year 2 of the Commissioning and Procurement Plan (2018/19)
 - SPLS IT System provided by Trojan – The system is to be reviewed and ultimately decommissioned. A period of 18 months was agreed to review and transfer to an appropriate system.

- Accommodation and Floating Support for Offenders (Target Housing). To be re-tendered during 2018/19 as per the current Commissioning Plan
- YWCA – Yorkshire Green Gables (Sheffield YWCA). To be re-tendered during 2018/19
- Carers Emergency Card Scheme. The service will be re-tendered for a new contract to commence prior to the 31st March 2018. A waiver has been agreed up to March 18.

13. There remain five outstanding unresolved breaches. These are detailed as follows:-

- Solar Centre – A consultant has been employed, working to the current Assistant Director Adult Social Care and a Milestone Plan is now in place, ending in the procurement of new services (appropriate) by June 2018. A separate report regarding the Solar Centre is to be presented to Audit Committee.
- Doncaster Mind & Changing Lives – A Mental Health Service Review has been completed and work is underway with the Clinical Commissioning Group (CCG) regarding future options in line with the Mental Health Plan. This work is planned to be delivered in year 1 of the Commissioning and Procurement Plan (2017/18). BCF funding has been applied for to fund this contract.
- Managed Accounts – A new money management service is to be retendered. However, the new contract will not be in place for the 1st November 2017 as previously reported to Audit Committee. This has been delayed to allow for Children’s Services to be incorporated into the scope of the contract as agreed by DLT. It is planned that a new contract will be in place by July 2018.
- Shop 4 Support - An Agreement was to be put in place to support the current arrangements by May 2017. This software supports the ‘Your Life Doncaster’ tool that has been revised and rolled out. A waiver is currently being sought to cover this Agreement. This should be completed by December 2017.
- Sony Music Downloads – Library Ideas which can only be purchased from Sony Music therefore a Purchase Order needs to be raised with Sony Music. This waiver has been established and is currently going through the CPR waiver process. This should be resolved in October 2017.

Waivers to CPR’s

14. Twenty-seven waivers to CPR’s have been approved this period (see Appendix 2 for the detail of each waiver).

15. The waivers detailed in this report have been reviewed and agreed either by the Chief Financial Officer & Assistant Director of Finance, the Director of Finance and Corporate Services or the Chief Executive (for Finance and Corporate Services Directorate).

REVIEW OF PROCUREMENT ARRANGEMENTS ABOVE £5,000

16. The Corporate Procurement Team continues to work closely with all Directorates to improve procurement generally, but to also provide assurance that arrangements are robust and compliant with CPR’s. Where waivers and breaches are identified, they are recorded and appropriate procurement plans are agreed and developed if/where appropriate.

BREACHES OF FINANCIAL PROCEDURE RULES

17. Financial Procedure Rules (FPR) B.22 requires that any changes in fees and charges not covered by paragraphs B.19 to B.21 are approved by the CFO and reported to Cabinet in the quarterly monitoring report. The following fees and charges were implemented on 1st May, 2017 with subsequent approval by the CFO and reported at Cabinet on 5th September, 2017, via the Finance & Performance Improvement 2017/18: Quarter 1 report: -

	Friday	Saturday am
Marriage / Civil Partnership Premium Package (at Priory Place in Priory Suite)	£200.00	£200.00
Marriage / Civil Partnership Premium Package (at Priory Place in Great Kitchen)	£250.00	£250.00

OPTIONS CONSIDERED

18. Each waiver is examined and where appropriate challenged for alternative options prior to approval.

REASONS FOR RECOMMENDED OPTION

19. It is clearly important that the Council’s Contract Procedure Rules (CPR’s) and Financial Procedure Rules (FPR’s) are adhered to and that from a governance and procurement perspective, where breaches are identified a robust corrective plan is put in place to protect the council’s commercial interests through contracts.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

20.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p><i>Please see Appendix 1 for an explanation of each breach and appendix 2 for details of each waiver to CPR's.</i></p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

RISKS AND ASSUMPTIONS

21. With regards to the on-going review of commercial arrangements with suppliers the risks of breaches to CPR'S potentially exposes the Council to reputational, legal and commercial risk. The review and plans arising from its aim to remedy these mitigate any remaining open risk

LEGAL IMPLICATIONS

22. There are no specific legal implications arising from this report. However, Legal Services provide advice and assistance on the specific context of CPR breaches and waivers and reviewing existing commercial arrangements.

FINANCIAL IMPLICATIONS

23. There are no specific implications within this report, as each waiver or breach is considered on its own merits. Where financial implications arise from the wider review of commercial arrangements with suppliers these will be reviewed on a case by case basis.

HUMAN RESOURCE IMPLICATIONS

24. There are no specific human resource implications within this report, as each waiver or breach is considered on its own merits.

TECHNOLOGY IMPLICATIONS

25. There are no specific technology implications within this report, as each waiver or breach is considered on its own merits.

EQUALITY IMPLICATIONS

26. The author of each waiver would need to consider all equality implications.

CONSULTATION

27. This report has significant implications in terms of the following:

Procurement	✓	Crime & Disorder	
Human Resources		Human Rights & Equalities	
Buildings, Land and Occupiers		Environment & Sustainability	
ICT		Capital Programme	

BACKGROUND PAPERS

28. None

REPORT AUTHOR & CONTRIBUTORS

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Head of Procurement

Steve Mawson
Chief Financial Officer
& Assistant Director Finance

APPENDIX 1

BREACHES

This appendix details the C.P.R. breaches that have been identified to the end of September 2017, together with a brief explanation of the reasons for the breach and their current status

Directorate & Responsible Officer	Contract Description	Annual Value	Contract End Date	Reason for breach	Proposed action to be taken in relation to the breach	Timescale for resolution
Adults Health and Wellbeing	Sleep in rooms with 8 separate providers	£279,636	No contracts in place	The Council pays for the provision of staff sleep in rooms in supported living accommodation. No contract coverage arranged when the supported living contracts were let.	Agreements to be put in place with the current providers.	31 st December 2017
Adults Health and Wellbeing	Delayed Discharges	£301,000	No contract in place	No contractual coverage. Provision of funding to the Clinical Commissioning Group (CCG) to joint fund RDASH for Community Intermediate Care Team (CICT)	To establish an Agreement and Service Specification via a Section 76 with the CCG	31 st October 2017
Adults Health and Wellbeing	Access and Systems	£354,000	No contract in place	No contractual coverage. Provision of funding to the Clinical Commissioning Group (CCG) to joint fund RDASH for Community Intermediate Care Team (CICT)	To establish an Agreement and Service Specification via a Section 76 with the CCG	31 st October 2017
Adults Health and Wellbeing	Mental Health Assessments with 38 separate providers.	£270,220	No contract in place	Individual commissioning of small work packages to providers. Holistic spend analysis established aggregated spend and need for corporate contract.	Work has commenced with the Safeguarding Team.	31 st March 2018
Adults Health and Wellbeing	Provision of book stock for library services customers	£33,333	31/03/20	Waiver not progressed in time to cover this provision.	Direct contract awards - sole suppliers who have deals with authors and publishers. A CPR waiver raised for 3 years.	31 st October 2018
Adults Health and Wellbeing	Forest Fuels	£23,973	No contract in place	No contract coverage, a historical arrangement that has been identified through spend analysis.	To seek a minimum 3 verbal quotations	28 th February 2018
Regeneration & Environment	Digital Energy software for energy management functions.	£18,000	No Current contract in place.	Provision of software for energy management functions including consumption data on gas, electricity, water and other fuels. Reporting features enables the Council and schools to meet statutory functions.	Open Tender for a 7 year contract, with a value of c. £126,000.	8-12 weeks. Although this service is likely to be required for the longer term, it is proposed for a 7 year contract.

WAIVERS

This appendix details the C.P.R. waivers that have been agreed since the last report covering the period 18th March 2017 to the end of 30th September 2017, together with a brief explanation of the reasons for the waiver. The proposed action will need to be concluded in advance of the expiry of the waiver end date to prevent the occurrence of a breach (i.e. unless it is proposed that the arrangements will end).

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
Adults Health and Wellbeing	Riverside Care and Support	£550,800	03/02/18	<p>The Council currently commissions a borough-wide floating tenancy support service for people with mental health problems, which has the capacity to support 250 individuals. The short-term support service works with people with mental health problems to develop skills and confidence in all aspects of independent living.</p> <p>The 4-year contract (2 year contract term and 2 x 12 month extension periods) commenced on 4 Feb 13 following an open tender exercise. The tendered annual contract value of £612,000 reduced by 10% (£61,200) in Apr 16 linked to the £1.6m commissioning savings project. The final extension period expired on 3 Feb 17.</p>	If the contract ceased, there is a high risk that individuals would not be in a position to sustain their tenancies due to lack of support which may increase homelessness.	It is intended that the contract be tendered 'as is' immediately with a new contract being put in place Feb 2018. This is currently being procured.
Adults Health and Wellbeing	Managed Account Service Rowan	£19,000	08/02/18	<p>The initial agreement for the managed account service was established through an Invitation to Quote as a short term arrangement pending a wider procurement exercise. Rowan successfully bid for this contract on a short term arrangement of 6-12 months with the option to extend for 6-12 months. During this time there was a short period (Jan – Mar 2015) when the contract went into breach, a further waiver agreed in Feb 2016. The current waiver was due to expire on 8th Feb 2017.</p>	The purpose of the waiver was to 1) ensure that there is no gap between the expiry of the contract and the go live date for the new Care and Support at Home Service 2) Ensure continuity of service for individuals 3) support current targets to increase the number of Direct Payments (DPs).	A tender will be advertised in April – May 2017 with the service starting in July 2017.

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
Adults Health and Wellbeing	Social Fund Managed Service also known as Local Welfare Provision	£ 99,711	31/03/18	<p>From Apr 13 responsibility for providing local welfare support passed from DWP to local authorities. The Council established a Local Assistance Scheme to provide flexible help to those most in need. The contract was awarded to Northgate Public Services to:</p> <ul style="list-style-type: none"> • establish an end-to-end assessment system that would determine eligibility to awards • link with and signpost to other support organisations as appropriate, and, • provide small cash sums, white goods and furniture to successful applicants. <p>The Scheme has continued since 2013 and has supported local people who are in crisis/emergency situations.</p>	During 2016/17 work has been undertaken to explore alternative options for delivery. This work is progressing but is not at the stage where a different delivery model can be implemented before 1st April 2017. If the contract with Northgate is not renewed there is a high risk that individuals in a crisis/emergency situation would not be supported appropriately to enable them to remain settled in the community. A commitment has been made internally to ensure the review is completed and a new contract and/or process is put in place by the 1 Apr 18 and to ensure no further waiver would be required	Contract to be put in place by April 18 (in the event that an alternative delivery model cannot be identified).
Adults Health and Wellbeing	Inclusion North	£24,548	31/03/19	For the past 11 years Inclusion North has maintained local and regional engagement with people with Learning Disabilities, Carers and Professionals collectively around legislation, policies and guidance as well as assisting and facilitating consultations around specific projects or changes locally. The Council pays a subscription to Inclusion North for the provision of this service.	Proprietary item	The current subscription was due to expire on 31st March 2017, however, due to the on-going work around the 5 year Transformation Plan it was agreed that the subscription would continue.

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
Adults Health and Wellbeing	Transforming Commissioning (AHWB Transformation Programme, Portfolio of Work) - Commissioning Function Review	£87,600	30/04/17	A waiver was requested to support the Council's commissioning function, in readiness to commence the overall AHWB Transformation Programme and to deliver the planned service benefits and financial savings. The council originally developed the AHWB Transformation Programme in partnership with Ernst Young (EY). Therefore, EY have detailed knowledge of the programme business case, aims, outcomes, assumptions and risks and an in-depth understanding of the transformational changes that are needed. For this reason, EY were seen as the only provider able to meet service requirements within proposed timescales.	The waiver was granted as EY already have detailed knowledge of the council's AHWB Transformation Programme and the commissioning function. Undertaking a full procurement exercise and then bringing an alternative provider up to speed would take too long and likely to be more costly.	One off funding. Any additional requirements to be subject to market testing.
Adults Health and Wellbeing	Social Prescribing Service	£180,000	1/04/18	The Council and Doncaster's Clinical Commissioning Group (CCG) jointly commissioned a Social Prescribing service with South Yorkshire Housing for the five GP Locality Areas in the Borough including the 8-8 centre (Flying Scotsman), for one year with the option to extend for a further year. During this time a comprehensive and in-depth independent evaluation will be carried out of the outcomes and impact. The findings will inform recommendations in relation to a procurement exercise.	The 8 month waiver to extend the current contract was approved to: <ul style="list-style-type: none"> • agree funding from the Better Care Fund. Business Case submission on 16th March 2017 • o agree scope and set boundaries for the service with key stakeholders. Work to be undertaken by end of April 2017 • evelop a fit for purpose Service Specification – May 2017 • ey decision report to cabinet June/July 2017 	Retender the service and put a contract be in place by 1 April 2018
Adults Health and Wellbeing	Doncaster Foyer – Salvation Army Housing Association (SAHA)	£392,492	31/03/19	The Council currently commissions supported accommodation services within 'Doncaster Foyer' for 40 young people (16-25 years old) who are experiencing homelessness. The short-term service provides integrated supported accommodation and learning where young	This waiver was granted for 24mths to allow time for the protocol to be implemented and to develop a robust commissioning approach to young people's accommodation and support services. If the contract ceased there is a high risk that individuals	The re-tender of the service is scheduled to take place during 2018/19 in line with the current commissioning and procurement plan.

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
				people are enabled to develop the necessary skills and confidence in all aspects of independent living. The 5-year contract with SAHA commenced on 1 Apr 11 following an open tender exercise. The contract has been extended for a further 12 month period from to Mar 17 following approval of a waiver which was granted to allow time for the protocol covering placements for 16/17 year olds to be embedded. Discussions are underway between Commissioners, the Children's Trust and St Leger Homes regarding all young people's accommodation and support services to develop a robust commissioning approach for the complexity of needs, which will be informed by the intelligence gathered.	would not be in a position to sustain their tenancies.	
Adults Health and Wellbeing	Development and implementation of an Access Guide for Doncaster	£50,000	31/03/20	The Disabled Go Service is the UK's leading provider of accessibility and equality services. A business case was presented to the BCF Board and funding was agreed for the development of an Access Guide for Doncaster.	There is no other similar provider in the UK	To establish a 3 year contract on the basis that Year 1 is for development of the Access Guide. Year 2 and 3 will cover updating of information.
Adults Health and Wellbeing	Care Home Education and Training Evaluation	£52,000	25/04/18	The Care Home Education and Training Evaluation (CHETE) contract was awarded to Community Practitioner Alliance on 25th Jan 16 for 12 months to Jan 17 with provision for a 3 month extension to Apr 17 and was funded through BCF. The aim of the contract was to: <ul style="list-style-type: none"> • provide a comprehensive understanding of current Doncaster Care Home education, training practice and provision to DMBC and CCG • gain an understanding of how best future requirements of the Care Home workforce in Doncaster can be met • engage and consult with each of the Care Homes in Doncaster • provide an evaluation and analysis of the 	This waiver was approved to enable the supplier to continue with this work and start to embed recommendations of the report to support of the Transformation and Place plans.	One off funding as there will be a progressive handover to the Workforce Development Team over the 12 months to embed the changes required across the sector and make changes to how DMBC and CCG with the providers as the localities develop.

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
				<p>research findings</p> <ul style="list-style-type: none"> produce a report detailing the piece of research including recommendations on the most appropriate methods of delivering education and training to the Care Home workforce in Doncaster <p>The contract outcomes were completed on time and in budget. The recommendations made in the evaluation report have been published and utilising the 3 month extension available on the contract, action plans developed for each of the recommendations and progress made on developing the localities.</p>		
Adults Health and Wellbeing	Offender Accommodation and Support Service – Target Housing	£561,451	31/03/19	<p>The Council currently commissions a support service for offenders/ex-offenders/those at risk of offending comprising of support within a number of properties (39 individuals) and a wider floating support service (75 individuals). Target Housing delivers the support service in partnership with M25 Housing. Individuals supported are 16 years plus and require support to live independently. The previous 5-year contract with Target Housing commenced on 3 Jan 11 following a previous open tender exercise. The contract was extended for a further 12 months to Jan 17 following a waiver. The contract then went into breach (previously reported to audit committee) and the waiver request is made to directly award a contract to the current supplier to Mar 19 to allow time for a re-procurement, be in line with the commissioning plan and reflect the developing work around the Complex Lives Alliance of which a key component is the Doncaster Housing Plus Pathway partially comprising of supported accommodation.</p>	<p>This CPR Waiver Direct Awarded to Target Housing from 3 January 2017 for the delivery of an accommodation and support service for offenders. This would ensure continuity of service / if the service ceased then there is a high risk that individuals would not be in a position to sustain their tenancies due to lack of support from the current provider therefore a high risk of homelessness.</p>	<p>It is proposed that the commissioning of this contract will begin in the financial period of 18/19.</p>
Adults Health and Wellbeing – Public	Denaby Main Volunteer	£12,427	30/06/18	<p>Well Doncaster is a community-based project seeking to improve health and</p>	<p>This CPR waiver requests permission to directly award a contract to Reread</p>	<p>To enter into a Service Level Agreement with</p>

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
Health	Library			wellbeing and is initially focused in Denaby Main. In Dec 15 the Council tendered for a provider to work with the library service and local people; to re-open the library and to develop a sustainable volunteer model. Reread was successful in the tender process and they trialed the new provision for 6 months from Jan-Jun16 and this was very successful (footfall, active users, computer use) so two 6 month extensions have been activated and the final extension will end Jun17	to continue delivery and to train new volunteers that joined in recent months but these will not be a self-sufficient by Jun17, as it requires a further 12 months to develop the volunteers.	Reread for them to manage a group of volunteers in return for day-to-day use of the library space.
Adults Health and Wellbeing –public health	Denaby Bumping Space	£8,000	30/06/18	Well Doncaster is a community-based project seeking to improve health and wellbeing and is initially focused in Denaby Main. In Dec 15 we conducted a tender exercise to source a provider to develop peer support. The People Focused Group (PFG, the successful provider) trialed the support for 6 months from Jan to Jun 16 and this was successful (numbers accessing and repeatedly attending groups and social impacts e.g. reduced isolation and increased self-management). Two 6 month extensions have been activated and the final extension will end in Jun 17.	This CPR waiver requests permission to waive procurement rules and award funding to PFG to continue part of the delivery for another 6 months (and an optional extension for another 6 months).	Contract to end with the aim of phasing delivery of the group to local people, which is supported by a comprehensive plan.
Learning and Opportunities: CYPS	Transfer of family support services to Doncaster children's services trust	£4,939,290	30/09/24	Doncaster Children's Services Trust (DCST) was established in 2014. The then Secretary of State directed the Council to transfer the majority of its Children's Safeguarding Services to DCST. Under a Contract signed on 30th September 2014, the Council agreed that DCST would provide the majority of, children's services in Doncaster, certain services were excluded. A Cabinet Report on 13 Dec 16 approved the transfer Family Support Services to the Trust. A formal submission was made to the Secretary of State to issue a Statutory Direction to address issues relating to	A waiver was applied for to directly award the contract to DCST to ensure continuity of provision and also not to undermine the successful partnership work achieved. To also allow closer alignment and integration of case holding family support work across DCST and DMBC.	Transfer Service delivery to DCST, no further action to be taken prior to 2024.

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
				procurement and VAT regulations, and thereby retain a consistency of approach across all services transferred to the Trust. The request for a Statutory Direction was detailed within the Annual Report submitted to the Secretary of State on 20 December 2016. The Council and DCST were informed in late Mar 17 by the Children's Minister that a Statutory Direction is not necessary due to the successful performance of the partnership.		
Learning and Opportunities: CYPS	XP East Sports Hall	£209,000	31/03/23	To provide one off funding towards the construction of a 5 court sports hall at XP East school in return for community use, which will assist community sports provision in the borough. The arrangement is underpinned by a legally enforceable Agreement based on the model prescribed by Sport England.	To enable the construction of a 5 court sports hall at XP East school in return for community use agreement to increase community participation in sports.	One off funding
Learning and Opportunities: CYPS	Young Carers Service	£16,975	30/09/17	A tender exercise to establish a new provider from 1st Jul 17, failed to attract any bidders. The reason for lack of bids was stated as insufficient funds to run the service. A further tender was let; however, the service is to be brought in house. To facilitate a smooth transition the current provider has agreed to continue to provide the service for a further 3 months period at the current value.	A short term waiver to enable a further tender of the current service to be undertaken.	Service to be brought in-house.
Learning and Opportunities: CYPS	SLA Online – Traded Services Software	£33,265	31/07/19	The Council currently delivers a range of traded services under the "Buy Doncaster" brand with Schools and Academies. The "Buy Doncaster" traded service needs to embrace digital technology and as such investigations to establish a suitable solution, have led to the identification of the SLA online system as the system that will enable delivery of the identified benefits.	Recommended solution based on market research, utilisation across 50 authorities, and the associated benefits delivered.	The System requirements will be incorporated into the new adults and peoples ICT solution
Finance and Corporate Services	Instruction of Queens Counsel to represent the	£ 35,000	31/04/17	To appoint queens counsel to provide legal advice on a case relating to a long standing planning enforcement dispute regarding the	Provision of expert legal advice from Queens Council	One off funding

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
	Council at a Planning Inquiry			storage of Sterefibre (material derived from black bin waste).		
Finance and Corporate Services	To establish a crowd funding platform entitled 'Spacehive'	£ 20,000	31/07/17	The concept of crowd funding connects great project ideas to people, councils, the private sector, and grant makers providing a single portal where people with project ideas can build support from their community, ensure their plans are viable, pitch for funding from the crowd and share the impact created. Spacehive is seen by National Government and a number of Local Authorities as the industry leader in the development and management of crowd funding platforms	A waiver was requested to enable the Council to trial Spacehive for 12 months as an innovative approach to supporting the communities of Doncaster	Upon conclusion of the trial a formal tender process will be required should the crowd funding concept be adopted.
Finance and Corporate Services	Election Stationery Printing	£30,000	31/08/17	The provision of Election Stationery has traditionally been provided by Adare by way of access through a NEPO framework agreement. However since the frameworks re-procurement access rights were restricted to LAs within the North East, thus precluding DMBC. The snap election and local Mayoral elections required the Council an immediate solution which resulted in the aforementioned request for waiver	This waiver is being requested to cover the costs of producing ballot papers for the General Election plus any further (as yet unplanned) elections which may occur prior to a new provider being appointed	A full procurement exercise is to be carried out with a view of contract award by early 2018
Finance and Corporate Services	A Policy and Strategy Partnership with Innovation Unit Extension	£12,000	31/10/17	The Innovation Unit (IU) has worked closely with senior members of the Council to develop a bespoke package of work that is tailor made to the needs of Doncaster. This waiver is to provide additional consultancy services. Predominantly focusing on shaping and refining key messages and developing the scoping paper for the next phase of the transformation	Extend the current contract for a further 6 months so that IU can continue to support Team Doncaster to lay the foundations for the next 2 years of transformation. Due to IU's knowledge and understanding, no other firm could continue the work already commissioned. It is therefore in the interests to direct award from a cost perspective and to meet the projects goals.	One off funding
Finance and Corporate Services	Variation to existing Victoria Forms Contract	£21,100	31/03/18	The use of third party software to deliver transformation within Housing Benefits has been proven by the implementation of an online Claim Form in 2013 which is now achieving a 48% Channel shift uptake. To follow on from that success further	To vary the existing contract to enhance the online offering for Housing Benefit customers at an additional cost of £21k	To re-tender prior to the end of the contract period so that a new contract is in place for 1 st April 2018

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
				improvements are required and as the Council already has a 1 year contract with the supplier of the online claim forms (which does not expire until 31st March 2018), it is proposed to vary the existing contract to purchase the additional functionality required to enhance the online offering for Housing Benefit customers		
Finance and Corporate Services	Automated HEF (Household Enquiry Form) Service (Elections registration automated response - online, tel and SMS)	£21,708	31/07/21	The Electoral Registration Officer has a statutory duty to write to every property within the borough each year / take necessary steps to obtain a response from each property to ensure that the information which the Council holds on its electoral register is accurate. This is carried out by issuing a Household Enquiry Form. Last year Electoral Services wrote to 135,678 properties of which 35,518 properties responded by online, telephone or SMS. As the Council moves forwards in ensuring services are obtainable digitally, Electoral Services want to ensure that residents are given multiple choices in the way in which to provide a response to their Household Enquiry Form.	Waiver to allow a direct award of the contract to Electoral Reform Services as the sole provider for this service.	Proprietary item – no alternative provider is able to currently meet this service requirement.
Regeneration & Environment	Framework for the Provision of Transport Related Services	£32,309	31/12/17	Pennine View School currently undertake home to school transport for approximately 26 students on two minibuses. This is carried out under a Service Level Agreement (SLA). On 1st April 2017 Pennine View became an Academy and the existing SLA will cease. A new contract is currently being developed and this will go out to the market later this year, for a new contract to be in place for December 2017.	Direct award a Contract to Pennine View School to provide continuity of service pending the implementation of the new contract.	A tender process is currently underway with an anticipated contract award for early 2018
Regeneration & Environment	Business Doncaster Tractivity inward investment and	£8,000	31/03/18	The current contract for the provision and maintenance of an inward investment and business support CRM system was initially procured in 2012 on a 3 year contract with	Waiver requested to extend the existing contract with Re:Systems for a further 12 months In order to ensure that Business Doncaster is	New system to be procured through the Sheffield City Region

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
	business support CRM system,			Re:Systems and was extended by a further year to 31st March 2016. An extension of the Contract was approved by the Councils IGB Board to April 2017. However, during that time it transpired that the Sheffield City Region Team had been working up a proposal that would see all of the investment/business support teams from across the SCR using the same shared system to facilitate greater consistency and collaboration across the sub-region. The SCR intend the new City Region-wide contract to commence 1st April 2018 with as many of the partners as possible involved at the start date.	not encumbered with a lengthy contract and allow us to transition to the proposed SCR solution on day one.	
Regeneration & Environment	Bowling Green Maintenance.	£126,000	31/03/20	A review of bowling provision with the Doncaster and District Bowling Association (DDBA) across the borough looking at current service delivery was undertaken in Oct 16. The driver for the review was to explore an alternative way to sustain or improve standards and support bowls throughout the borough. The initial review identified that services could be delivered differently by the Community. The review indicated there was sufficient capacity within the private and voluntary sector to accommodate additional support for bowling within Doncaster. An Agreement to underpin the transfer of the management and maintenance of the Bowling Greens from Doncaster Council to DDBA from 1 Apr 17 to Mar 20 has been put in place.	Waiver requested to entering to partnership to transfer the management and maintenance of Bowling Green's from the Council to Doncaster & District Bowling Association (DDBA) from 1 April 2017 for a period of 3 years to improve standards and support bowls throughout the borough.	Prior to the end of the waiver period there is a need to review delivery of the services by DDBA and establish either to run an open competition (tender), bring back in house (Street Scene) or seek an alternative continuation with DDBA in line with PCRs / CPRs
Regeneration & Environment	Supply, Install and Commission Gas Fire Suppression to Doncaster Civic Office Registrars Store Room	£20,000	31/05/17	The Council has relocated part of the Registrars Service to the Civic Offices – including the construction of a new archive store room for storage of registrar's records. Amongst other requirements, the PD5454 standard requires the store room to have a gas fire suppression system. As the Civic Office already has a gas fire	Waiver requested to direct award a contract to the same supplier of the current system, for the following reasons; - The Civic Office Fire Alarm is a closed protocol (software interface) system – thereby limiting the number of gas suppression systems that	One Off Requirement

Directorate & waiver no	Contract Description	Waiver Value	Waiver End Date	Background	Reason for waiver	Proposed action
				suppression installation as part of the main ICT server room, it was recommended that the Council use the same supplier for the new installation.	could be connected. The current system is compatible with the Civic Office Fire Alarm - Using the same fire suppression system would allow the system to be maintained by the same maintenance contractor. This would allow aggregation on maintenance of both systems into a single contract and is likely to deliver financial savings.	
Regeneration & Environment	Service, maintenance & breakdown call out cover for the auto landfill gas monitoring system & associated telemetry at the Council's closed landfills at Springwell Lane, Balby & Pastures Road, Mexborough.	£13,440	31/03/20	The automatic landfill gas monitoring system is an integral part of the Council's legal obligation with respect to the safety of the closed landfill sites. It is a bespoke system built and installed by the Environmental Scientifics Group Limited (previously known as TES Bretby) and has been maintained by them from original installation. As well as the safety aspect it is a requirement of the Environment Agency's permit for Pastures Road that they must be provided with gas figures on a weekly basis.	Waiver requested to direct award the contract to Environmental Scientifics Group Limited as the system is propriety to them	Proprietary item – no alternative provider is able to currently meet this service requirement however, prior to the expiry of the waiver period the service area will need to assess the market for alternative providers.

26 October, 2017

To the Audit Committee

ADULT SOCIAL CARE COMMISSIONING REVIEW PROGRAMME 2017-2021

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake	All	No

1 EXECUTIVE SUMMARY

- 1.1 Delivering effective commissioning and contract management is right at the heart of our transformational ambitions. The inputs of the AHWb Commissioning and Contracts team are critical to the success of the vast bulk of transformation / improvement projects that are either already underway or planned. The size and scale of this challenge should not be underestimated and there is a clear and obvious need to ensure that the commissioning function is stable and robust in order to maximise its effectiveness moving forward.
- 1.2 The move towards the development of a strategic commissioning approach with external partners is a key element of the Doncaster Place Plan. This will include opportunities for the implementation of joint commissioning arrangements where appropriate / achievable. The Commissioning and Contracts team will play a key role in this work.
- 1.3 In the shorter term, there is a need to ensure that all activities delivered by the team are geared towards addressing a number of key issues including playing their part in the achievement of committed budget savings and implementing a more robust and proactive process for managing contract breaches and waivers. All of these activities will help the Directorate to deliver against its short term improvement priorities and provide the basis for the longer term, more substantial transformation.
- 1.4 Audit committee members have previously been informed of the proposed approach to the development of a robust and comprehensive Commissioning Plan in April 2017. This Commissioning Plan has been completed this month with support and expert inputs from Ernst & Young (EY).

- 1.5 This report includes:
- The Executive Summary & Summary Delivery Plan that are both component parts of the whole Commissioning Plan; and
 - Details of the achievements and activity undertaken by the Commissioning and Contracts Team since April 2017, which demonstrates how the reduced capacity of the team is being effectively deployed despite multiple workload demands.
- 1.6 The Commissioning Plan represents a strategic approach to programme areas considering contracts holistically rather than triggered by individual contract expiry dates. It is based upon local strategic priorities and capacity of the Directorate and provides clarity both internally and to the market as to our strategic direction incorporating:
- Prioritised activities for the team in support of the Directorate's short term improvement priorities;
 - Additional / longer term activities including a programme of reviews of existing commissioned services, some of which will lead onto procurement activity and will require the plan to be continually refreshed;
 - A range of procurement activities for both new and existing services; and
 - The phasing of the above activities based on immediate priorities, workload demands and resource availability.
- 1.7 The Commissioning Plan reviews current capacity issues within the Commissioning and Contracts team and identifies where the team is currently under-resourced to satisfy workload demands. Audit Committee members are asked to note that efforts are currently underway to bring additional resources into the Commissioning and Contracts team. A variety of recruitment options are currently being considered.
- 1.8 The Executive Summary and Summary Delivery Plan can be found in Appendix 1.
- 1.9 Appendix 2 provides a high-level summary of both recent achievements and ongoing work of the team. It should be acknowledged that, at a time of reduced capacity particularly at senior levels, the team has worked hard and made progress in a number of key areas despite, as yet, there being no clear plan or clarification regarding priorities for the team. The team have continued to work within this challenging situation and both individuals and the team have displayed resilience. This reinforces the importance of the Commissioning Plan in providing the basis for future workload planning and prioritisation.

2 EXEMPT REPORT

2.1 Not Applicable

3 RECOMMENDATIONS

3.1 That Audit Committee note the achievements made and current workload of the team.

3.2 That Audit Committee note the content and ambition of the Commissioning Plan and note the resourcing requirements / implications associated with its successful implementation.

3.3 That the Director of People, or nominated deputies, is delegated the authority to agree and sign off the commissioning recommendations as the work plan is delivered and progressed.

4 WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4.1 The Commissioning Plan will support the delivery of the Adult's Transformation Programme to ensure future commissioning activity is evidence based, reflective of needs, outcome focussed, cost effective and provides value for money.

5 BACKGROUND

5.1 The Commissioning Plan will support:

- Delivery of the Adult's Transformation Programme;
- Required improvements in commissioning arrangements and approaches;
- Future commissioning activity to be compliant with both financial and procurement regulations;
- Commissioned services to be evidence based, reflective of needs, outcome focussed, cost effective and provide value for money;
- Commissioned services to be affordable within the context of significantly reduced budgets, savings targets and a continued increase in demand;
- Decommissioning / remodelling as appropriate;
- Alignment / integration with partners consistent with the Doncaster Place Plan and Doncaster Growing Together; and
- Market management and sustainability responsibilities.

5.2 The Commissioning Plan is a working document which will change and evolve driven by review outcomes that have leadership and / or political sign off. The content of the plan also includes business as usual activity. Regular reporting and updates will be tabled at Directorate Leadership Team for consideration, approval and sign-off.

6 OPTIONS CONSIDERED

- 6.1 **Option 1- Do nothing:** There would be an inability to effectively support the delivery of the Adult's Transformation Programme and there would be a continual and potential increase in the number of contracts in breach with no clear plans for rectification in the absence of a structured plan. This would result in ineffective market management with services being at risk and the inability to meet the needs of individuals. The team would continue to work in a reactive manner rather than with a planned proactive approach.
- 6.2 **Option 2 - Agree the recommended approach outlined in the report and the detail of the commissioning plan.**

7 REASONS FOR RECOMMENDED OPTION

- 7.1 Option 2 is the recommended option as a clear strategic plan will support the delivery of the Adult's Transformation Programme to drive the necessary changes in culture, practice and delivery to enable and support modern, efficient and effective interventions.

8 IMPACT ON THE COUNCIL'S KEY PRIORITIES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The plan will benefit the local economy by increasing the opportunities for local service providers and developing local markets.</p> <p>The plan will also help to protect vital services by ensuring that resources are focussed on those most in need.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Commissioning activity is geared towards maximising the individual's independence and ensuring they remain safe</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding</i> 	<p>Community development is a key element of the related Adult's Transformation Programme.</p> <p>Capacity will be increased in local communities to support vulnerable people, which in turn will strengthen those communities.</p>

	Outcomes	Implications
	<p><i>our Communities</i></p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>Council services are modern and value for money.</p>	<p>The Adult's Transformation Programme and work plan will help to mitigate the unprecedented cost pressures faced. Increased value for money and efficiency will be fundamental to the achievement of savings.</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The plan will promote and support more effective partnership working within and across agencies.</p>

9 RISKS AND ASSUMPTIONS

9.1 The principal risk is that future and unspecified reductions in the resources available for the Council to fund social care services are likely and will inevitably impact on the Council's actual commissioning activity and levels going forward.

9.2 Additional risks are:

- Recommendations are not approved;
- Lack of permanent senior management and inability to recruit to senior positions;
- Lack of corporate buy in in order to deliver on the plan;
- Barriers to integration are not addressed in a timely manner;
- Capacity within the Commissioning and Contracts Team to deliver the plan; and
- The market doesn't respond to change and are unable to deliver the required services

10 LEGAL IMPLICATIONS

10.1 The Council must operate within the parameters set by its own contract procedure rules and European Procurement Regulations. The services identified within the Commissioning Plan will inevitably require formal procurement exercises and further legal advice will be required as the Plan

progresses, including Employment Law advice to ensure that the Council complies with TUPE regulations.

11 FINANCIAL IMPLICATIONS

11.1 The total budget for bought in services in Adults, Health and Wellbeing in 2017/18 is nearly £90m before client contributions. The gap between the total spend and the value of the plan is due to two factors.

- Excluded from the figures quoted are other large scale contracts like the Residential and Nursing Care Home contracts.
- The values quoted in the plan are the original contract values and as some of the contracts are demand driven the current values are different.

Work is underway to get the current values on those contracts. Although there are savings in the 2017/18 budget relating to many of the areas contained in here those will be primarily delivered through the actions of Care Management. The longer term reshaping of services is a key part of the AHWb transformation plan and will provide vital support to achieving the savings contained in the MTF for 2018/19 and onwards.

12 HUMAN RESOURCES IMPLICATIONS

12.1 It is noted that there is potential for increased capacity and workload in the Commissioning and Contracts team. Discussions have already taken place with Human resources regarding the business case for additional resources and the recruitment approach to be followed (if appropriate). Further discussions will be required as this work progresses.

13 TECHNOLOGY IMPLICATIONS

13.1 In achieving the required level of transformation detailed in this reports, the requirement for technology and digital transformation must continually considered throughout the approach.

13.2 Customer, Digital & ICT have been working with Adults, Health & Wellbeing to deliver a range of transformation to support the Directorate including the delivery of immediate business improvements in respect of Deprivation of Liberties and Non-Residential processes contained with the Adult Management Information System (CareFirst) in addition to providing the required technology to support the Community Led Support model and the introduction of mobile/remote working devices to social care staff.

13.3 As the themes contained within this report evolve, it is important that a continued dialogue occurs across ICT & Digital Council Programme to ensure the proposals are aligned with the current AH&WB transformation work within Digital & ICT and the wider Doncaster Integrated People Solution (DIPS) Programme. This engagement will ensure that any technical developments or procurements required will consider the required integrations with corporate systems as well as ensuring that the future operating model is established in

compliance with security and stability standards of Doncaster Council and its PSN Compliance.

14 EQUALITY IMPLICATIONS

We are aware of the Council's obligations under the Public Sector Equalities Duty and will ensure that due regard is embedded within each of the individual work areas identified within the Commissioning Plan.

15 CONSULTATION

- 15.1 Developments flowing from the plan will be informed by any consultation undertaken through the related transformation programme activities.
- 15.2 The Commissioning Plan has been developed jointly by the Commissioning and Contracts Team and Strategic Procurement in liaison with EY and the AHWb PMO team. Further consultation will be undertaken in relation to the resultant procurement programme to ensure the capacity of Legal and Procurement staff is reflected.

16 BACKGROUND PAPERS

- 16.1 Adults, Health and Wellbeing Transformation Programme Cabinet report, 29 November 2016.
- 16.2 Adults Commissioning Review Report, Audit Committee, 6 April 2017

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Appendix 1 - Commissioning Plan

- Executive Summary
- Summary Delivery Plan

Both documents are provided as separate attachments.

Doncaster Metropolitan Borough Council

Commissioning Plan

Executive Summary

Version 7

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1. Background

Commissioning is at the heart of delivering the transformation of Adults Health and Wellbeing (“AHWb”) for citizens of Doncaster. Alongside our community led support model, new technology and improved social care practice, commissioning will significantly reshape the services our residents’ experience. Commissioning new services, decommissioning services which are no longer required and managing our markets well is critical to delivering improved services, independence and value for money. The reality of new commercial models and contracting arrangements is that there needs to be trust with our suppliers. As times get harder, the changing and maturing relationships with suppliers will be essential in achieving good outcomes for the Authority, our suppliers and, most importantly, the people of Doncaster.

The Commissioning Plan is a working document to support us to deliver on this transformation. Importantly, better commissioning is central to achieving the targeted budget savings for AHWb.

The Adults Transformation Programme report in November 2016 set out the requirements for a new commissioning model and we have subsequently built on this. Our vision for our Commissioning and Contracts function is that is intelligence led, supported by improved market engagement, proactively shapes the kind of care market we want to see, operates at a range of levels – personalised, locality and strategic – and ultimately moves towards a model which is integrated with our partners as part of the Place Plan.

To deliver on this objective, our Commissioning Plan covers a four-year period – initially focusing on the critical priorities facing us, but progressively becoming more transformational.

There is a need to work with our users in a different way, such as co-design and testing. Technological advancements are creating the ability to fundamentally shift how we deliver care and work with providers; something that needs to be built in partnership with the market and families. There is also a need to reflect the challenges experienced by the Service in recruiting suitably qualified and experienced staff to the currently vacant posts.

This plan builds on a range of successes over the past 12 months – during which the Council has, for example, reprocured its home care arrangements, negotiated with suppliers on key pricing issues and managed the decommissioning of some services. We have also focused on improving our audit tools to support quality services.

2. Scope of the Commissioning Plan

The Commissioning Plan covers 3 key issues: the activities we need to deliver, the shape of the team we need to deliver them, and what this means for the various contracts currently in place with providers.

In terms of the activities we deliver, a ‘long list’ was created that covers 4 key areas; Improvement Projects, Other Commissioning Priorities, General Business as Usual and Longer Term Transformation.

Improvement Projects

To ensure available resources are allocated to top priority projects, the Directorate has recently reviewed all of its improvement activities and created a revised improvement programme. The result is the allocation of all Improvement Projects into 1 of 4 categories, with Category 1 consisting of the business critical projects that must be resourced by the Directorate, the Commissioning and Contracts team and Procurement team. The 4 categories are as follows:

- Category 1 – Mission Critical - These projects have been identified as top priority in terms of committed financial savings, essential service change needed to enable wider transformation, reputational risk, etc.
- Category 2 – Significant Business Commitments - Items in this category represent significant areas of committed / must do activity. Many of these are already underway. If any of these projects are deemed a priority (i.e. for inclusion in Category 1 above), then this will require appropriate resourcing and action
- Category 3 – Enablers - Items in this category represent activities that are needed to improve the core business operations of the Directorate (such as Workforce Development, Internal Audit quality improvements and this Commissioning Plan)
- Category 4 – Longer Term Work – This list includes areas of work that have been identified as potential projects but which, for the time being, are not seen as immediate priorities but which will need to be delivered in due course (such as a strategic way forward for Dementia and Day Services)

Other Commissioning Priorities

In order to ensure the 'long list' included all key contracts and activity (irrespective of whether the activity was included within one of the Improvement Projects referred to above), a schedule of key contracts and activity was collated with the team. This included the 4 high value contracts associated with Supported Living, Complex Lives, RDaSH negotiations and CCASH.

General Business as Usual (BAU)

In addition to the Other Commissioning Priorities, there are various other activities that have significant resource implications for the Commissioning and Contracts team. These include the core activity of the function (general procurement advice, provider action plans, managing off contract spend, contract monitoring / auditing, provider meetings, FOIs, annual fee uplifts, general brokerage work and attendance – and prep for – various panels and steering groups), as well as operational support and general line management. This also includes a new initiative called Revised Ways of Working, which will look to address issues with workload, governance and senior management of the team.

Longer Term Transformation

There was also a need to consider the longer term aspirations of the Directorate (maximising the benefits of co-commissioning with partners such as Health and realising the benefits of fully integrated, place based working). Whilst further work is needed to define the exact details of this future transformation (and delivery options available), 6 areas of opportunity have been identified:

1. Working Age Adults - provision only for those with most complex needs, day care being outcome and employability focused, integrated working with partners supported through innovative use of technology and analytics
2. Older People - provision only for those with most complex needs, constant assessment through innovative technology to support care at home, revised day care offer making best

use of partners and third sectors, all supported through clear commissioning intentions with modelled supply and demand

3. Home Care - sector effectively engaged with the CLS model to reduce formal care demand and provide a holistic response, reduced dependency and bureaucracy and SLPs awarded Trusted Assessor status; all enabled through a more stable market
4. Assistive Technology - innovative use of technology that is continually refreshed through active engagement with local and national market to identify new technology offers
5. Supporting People - Holistic approach, linked with Complex Lives work, supplemented with alternative contracting models
6. Mental Health - holistic offer that takes into account both clinical and social needs of service users and supports them to lead an independent life

Contracts

With respect to the various contracts with providers, we currently manage 211 contracts (inclusive of Care Home agreements), which range in value from £100k to £19.5m. All these contracts have – where appropriate – been allocated (by the Commissioning and Contracts team) against the scope items referred to above.

Estimating resource requirements

For each activity on the 'long list', the amount of input required from the various Commissioning and Contracts team members was estimated. This was based on a high level assessment of the percentage of an FTE required, i.e. 50% equates to 2.5 days a week. The results of this high level assessment are summarised later in this report. These estimated figures are subject to further validation as the requirements of the Improvement Projects are clarified by the Directorate and in line with the results of the Revised Ways of Working initiative.

3. Setting our priorities

Given the pressures on resources and finances, there is clear need for further prioritisation across the full suite of required activity. In addition to the prioritisation already completed by the Directorate across the various Improvement Projects, further work was required to ensure that the most important contracts and initiatives receive the appropriate level of input and monitoring, with smaller contracts being managed appropriately. Other Commissioning functions (such as Buckinghamshire) have also developed a contract management stratification approach to reflect the need to tailor the input based on resources available.

The 'long list' created from the above scope items was then assessed in terms of priority using a MoSCoW Analysis (i.e. defining those activities the commissioning function Must do, Should do, Could do and, finally, if relevant, Won't do). This was based on an assessment of the following:

- Current understanding on the requirements of the Improvements Programme
- Whether there are significant short term issues which need to be addressed
- Addressing commercial risks around breaches and waivers
- Whether they support delivery of savings plans
- Whether early transformation of services is required

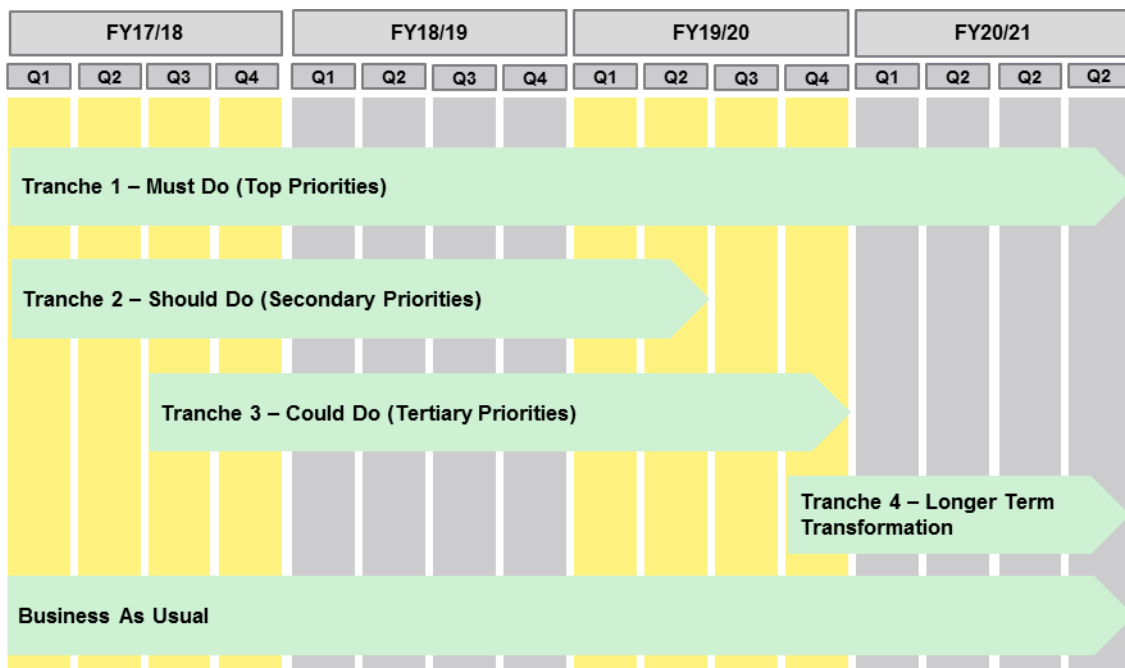
This led to the creation of 5 Tranches of activity as follows:

1. Must Do – projects and Other Commissioning Priorities where Commissioning and Contracts resources must be allocated to support their successful completion
2. Should Do – projects and Other Commissioning Priorities where Commissioning and Contracts resources should be allocated if available
3. Could Do – longer term Improvement Projects and remaining Other Commissioning Priorities
4. Longer Term Transformation – yet to be scoped activity to achieve the target state across the 6 areas outlined above
5. Business As Usual

In order to support the wider Improvement programme agenda, Tranche 1 of the plan includes all the Category 1 Improvement projects and a number of projects from other categories. This includes defining, agreeing and rolling out a clear Breaches and Waivers process and addressing a number of contracts that are due to expire before March 2018. Further detail on the approach to Breaches and Waivers is provided later in this Executive summary.

During this period, there is a need for stability and clear direction for the Commissioning and Contracts team; both in terms of the priorities they are tasked with and the support from senior leadership. Whilst Tranche 1 includes significant project and BAU work, there is a need for a tactical approach review (through Revised Ways of Working, i.e. ensuring suitable resources across the levels of seniority, potential support to stop doing certain, non-core commissioning activity such as chasing bad debt or carrying out all preparation for various panel meetings).

The results of this activity are summarised in the Summary Delivery Plan (which is itself built upon more granular information); a copy of which is included alongside this Executive Summary. The Summary Delivery Plan is also reflected in the below Plan on a Page:



4. Resourcing our priorities

Our Commissioning and Contracts team has an estimated establishment of 36.6 FTE (including the Head of Service); currently with 5 vacancies. This is as per information provided by the Head of Service for Contracts and Commissioning.

The current team is split between Commissioning and Contracts – both reporting into the Head of Service).

Commissioning - there are 2 Commissioning Managers, managing 4.8 FTE Commissioning Officers, a Commissioning Support Officer and a Business Support Assistant. Another Commissioning Manager and the Lead Commissioning Officer post are currently vacant.

Contracts – the balance of the Establishment (24.7 FTE, including vacancies, excluding the Head of Service) are part of Contracts. There is 1 Contracts Manager with 10 reports (12 including vacancies), with one of those reports (Deputy Contract Manager) having 9 reports (10 including vacancies) covering Contract Monitoring. The remaining posts are Brokerage, the Lead for which is one of the reports into the Contracts Manager.

Whilst the above indicates a clear majority of team members sitting within Contracts (as opposed to Commissioning), the Service has confirmed that 3.8 FTE (plus one vacancy) of the Contracts team are performing Commissioning roles.

The current structure and FTE allocation are therefore subject to verification and validation by the function as part of a wider piece of work, but a working copy is included in Appendix A.

This team has had a range of continuity issues, with resources in key positions leaving and a lack of stable senior leadership over a period of time. Options are currently being considered to increase capacity within the team and this plan focuses on assessing the capacity and capability required to deliver our plan and transformation objectives. Part of the work to consider these options will include a review on the type of work being delivered by the two teams (Commissioning and Contracts) and provide clarity on how best to utilise capacity, taking account of the skills and experience of the individuals within the team.

Estimated resources required

Based on the plan above, this work has estimated the skills and capabilities required to deliver against the priorities identified earlier. The figures provided below have been calculated based on the team's current and anticipated commitment levels against each element on the 'long list' and demonstrate the impact of the aforementioned lack of prioritisation and senior level direction. The results of this assessment are shown below:

Commissioning and Contracts team area	Current Headcount (excluding vacancies)	Estimated Year 1 (FY17/18)	Estimated Year 2 (FY18/19)	Estimated Year 3* (FY19/20)	Estimated Year 4* (FY20/21)
Head of Service	1 FTE	2 FTE	1.5	1 FTE	1 FTE
Commissioning	8.8 FTE	24.2 FTE	18.7 FTE	12.7 FTE	8.2 FTE
Contracts	21.8 FTE	21.8 FTE	21.8 FTE	21.8 FTE	21.8 FTE
Tranche 4 Transformation*				TBC *	TBC *
Totals	31.6 FTE	47 FTE	42.5 FTE	TBC	TBC

* The estimated figures do not include any required input for the Longer Term Transformation as the activity associated with Tranche 4 cannot be scoped at this stage. As per the above plan, it is anticipated that this activity will commence in Year 3, but again this is subject to further direction and clarity from the Directorate, future discussions with Health et al regarding co-commissioning and final scoping of the various Improvement Projects.

The above assessment is also based on the following:

- Input required for all Improvement projects is based on the Commissioning and Contracts team's current understanding of the requirements and timescales of those projects at this stage (as the scoping of these projects is still work in progress outside of the Commissioning and Contracts team)
- Very high level assessments made on improvement project durations where these have not been provided or are not available (generally set as 12 months, although it is acknowledged that some projects will be longer in duration, e.g. where financial savings targets are in place over a 4 year period)
- The current understanding of commitment required in later years is understandably less formed at this stage. There is therefore a risk that the projected resource requirements above will increase for later years as the scoping of all Improvement projects and longer term transformation is progressed
- All input requirements for improvement projects are estimates until projects are formally scoped through Directorate PMO. Assessments of input are therefore very likely to change and therefore this plan will need to be subject to ongoing review and updates
- All additional input required resulting from the above assessment has been allocated against Commissioning

5. What needs to change

The key issue identified is one of capacity, not capability. As can be seen, the projected input required is in excess of the available resource. The two options available are therefore to either increase the resources available, or reprofile the priorities and input required to match the available resource (albeit the priorities are, as outlined earlier, driven by the target savings and commercial risk). Clearly, the estimated input required across the various Improvement projects needs to be validated as part of the scoping of these projects, as the result could have a significant impact on the overall projections.

The delta between the current FTE headcount and the estimated resource required is significant. Given the difficulties experienced by the team in filling the existing vacancies (due to the lack of suitably qualified and experienced candidates in the local market), there is a need to look at all options available to bridge the gap.

In addition, the volume of activity summarised above, coupled with a current lack of clear prioritisation, has led to the team working in a consistently reactive way. This also does not allow the managers to be as strategic / forward looking as they will need to be moving forward. In line with the Doncaster Place Plan and the transformation aims outlined earlier, the function needs to have both the capacity and capability to build the foundations to support future joint commissioning

and working with partners; all based on a clear, coordinated strategic approach and direction. This will be addressed through the 'Revised Ways of Working' initiative included in Tranche 1.

There is therefore a clear need for additional, senior support (in addition to the core support to satisfy the plan outlined earlier) to drive progress towards the aspirational modern function and provide the protection and guidance.

- Provide oversight, control and support to ensure process is delivered effectively
- Set clear expectations of every role. All should understand their responsibility in engaging with customers and assessing impact to drive customer centric services
- Enable collaboration to be at the forefront of ways of working to build a high performing workforce, learning from one another and placing value on clear, honest, transparent communication across teams
- Allow capacity will be released from managing day to day business operations to allow focus on commissioning activity meaning a rebalance of capacity across the department

The key changes required are therefore:

1. The provision of key additional delivery resources (noting that the gap between current resources and projected resource requirements will change as the estimated resource requirements are firmed up)
2. The provision of senior, experienced resources to provide the leadership, drive and energy that the team will need to succeed
3. A review of the options available to bridge the resource gap (i.e. leveraging capacity from other areas of the Directorate / Council and reviewing the workload allocation, potentially leading to changes in the allocation of team members between Commissioning and Contracts where appropriate)

Changes 1 and 2 are in accordance with the Additional Capacity Business Case that was approved by the Adults Improvement Board on the 26th September 2017 and options for bringing in this required additional capacity are currently being developed. An early action has already been taken to address the lack of senior leadership by bringing in the current Head of Procurement, Denise Bann, as Strategic Lead, Adults Commissioning on an initial, 3 month temporary basis. ; a role that will lead the Revised Ways of Working initiative that will include the review on options available to bridge the resource gap.

6. Approach to breaches and waivers

As a result of the lack of clear direction and prioritisation, there have been a number of contract breaches and CPR waivers required. In order to address this issue, and as a result of Denise Bann joining the team on a temporary basis in the role of Strategic Lead, Adults Commissioning, it is proposed that suitable support from Corporate Procurement is arranged to mitigate the risk of further breaches, whilst the Commissioning and Contracts function review and establish the Revised Ways of Working and focus on the various other priorities as outlined above.

The overall position on breaches and waivers is as per the Audit Committee Report entitled 'Breaches and Waivers to the Council Financial and Contract Procedure Rules'; part of the Agenda for the Audit Committee meeting on the 26th October 2017.

7. Key Areas of Risk

The key areas of risk facing the Council as a result of this plan are:

Risk	Proposed Mitigation
The priorities change; either to the stratification of the Improvement Projects or more strategically	The Delivery Plan is a live document and is based on the current understanding on strategic and tactical priorities. Any changes to this understanding need to be reflected in the Delivery Plan and the resultant implications
The scoping of the Improvement Projects result in significant changes to the input required from the Commissioning and Contracts team	The scoping activity for all Tranche 1 and Tranche 2 Improvement Projects is carried out as soon as possible by the Directorate (with input from the Commissioning and Contract team), with any resultant changes to the input required being captured in the Delivery Plan and implications assessed
The Revised Ways of Working initiative does not yield the required results in terms of workload, governance and senior management of the team	Initiative to commence as soon as possible with the scoping of this activity to include relevant members of the Directorate. Commitment required from all parties that the new ways of working will be complied with. Risk partly mitigated through Denise Bann taking up roll of Strategic Lead. Directorate support also required in relation to the reallocation of non core Commissioning and Contract team work (such as preparation for various panels and chasing bad debt)
Sufficient support from Corporate Procurement cannot be released to address breaches and waivers	Discussions to commence as soon as possible to agree feasibility of this approach and confirm the arrangements. Risk partly mitigated through Denise Bann taking up roll of Strategic Lead
The required additional support to bridge the resource gap cannot be secured	Look at all options available, including support from other areas within the Council. Ensure ongoing recruitment activity as detailed in the Additional Capacity Business Case that was approved by the Adults Improvement Board on the 26 th September 2017 reflects the results of investigations into other support options

8. Next Steps

Following the completion of the Commissioning Plan, the next steps for the Commissioning and Contracts team are as follows:

1. Commence the Revised Ways of Working initiative (including reviewing all options on how to bridge the resource gap identified)
2. Review and agree how to implement the Delivery Plan, how to communicate this to the team, how to manage updates in line with further clarity on input requirements and how to measure achievement of and compliance with the Delivery Plan
3. Continue to progress with the securing of additional resources identified within the Business Case that was approved by the Adults Improvement Board on the 26th September 2017

Head of Service
37 Hours

Vacant
Lead Commissioning Officer
37 Hours – Grade 10

Vacant
Commissioning Manager
37 Hours – Grade 11

Interim
Contracts Manager
37 Hours – Grade 11

Interim
Commissioning Manager
37 Hours – Grade 11

Commissioning Manager
37 Hours – Grade 11

Deputy
Contracts Manager
37 Hours – Grade 9

Commissioning Officer
37 Hours – Grade 9

Commissioning Officer
37 Hours – Grade 9

Commissioning Officer
30 Hours – Grade 9

Commissioning Officer
37 Hours – Grade 9

(Secondment)
Commissioning Officer
37 Hours – Grade 9

Contract
Monitoring Officer
37 Hours – Grade 8

Commissioning
Support Officer
37 Hours – Grade 6

Vacant
Contracts Officer
37 Hours – Grade 9

Contracts Officer
37 Hours – Grade 9

Contracts Officer
37 Hours – Grade 9

Contracts Officer
37 Hours – Grade 9

Contracts Officer
30 Hours – Grade 9

Contract
Monitoring Officer
22.5 Hours – Grade 8

Business
Support Assistant
37 Hours – Grade 5

Senior Brokerage
Co-ordinator
37 Hours – Grade 7

Vacant
Contracts Support Officer
37 Hours – Grade 7

Contracts
Compliance Officer
37 Hours – Grade 7

Contracts Support Officer
37 Hours – Grade 7

Contracts Support Officer
30 Hours – Grade 7

Contract
Monitoring Officer
37 Hours – Grade 8

Contract
Monitoring Officer
37 Hours – Grade 8

Brokerage
Co-ordinator
37 Hours – Grade 5

Vacant
Contracts Support Officer
37 Hours – Grade 7

Contracts
Compliance Officer
37 Hours – Grade 7

Contracts Support Officer
37 Hours – Grade 7

Contracts Support Officer
30 Hours – Grade 7

Contract
Monitoring Officer
35 Hours – Grade 8

Apprentice
37 Hours – Apprentice
Grade

Business
Support Assistant
22.5 Hours – Grade 5

Contracts Quality and
Monitoring Assistant
37 Hours – Grade 5

Contract
Monitoring Officer
37 Hours – Grade 8

Vacant
Contract
Monitoring Officer
37 Hours – Grade 8

Contract
Monitoring Officer
37 Hours – Grade 8

Contract
Monitoring Officer
37 Hours – Grade 8

Contract
Monitoring Officer
37 Hours – Grade 8

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Summary Delivery Plan - 11/10/17

Introduction

1	This Summary Delivery Plan is to be read in conjunction with the Doncaster Metropolitan Borough Council Commissioning Plan Executive Summary, as included within the Report for Audit Committee meeting on the 26th October 2017 entitled 'ADULT SOCIAL CARE COMMISSIONING REVIEW PROGRAMME 2017-2021'
2	As detailed in the aforementioned Executive Summary, this Summary Delivery Plan has been created based on the estimated amount of input required for each of the items on the Long List of activities for the AHWb Commissioning and Contracts team
3	This input required is based on a high level assessment of the percentage of an FTE required, i.e. 50% equates to 2.5 days a week
4	The estimated figures are subject to further validation as the requirements of the Improvement Projects are clarified by the Directorate and in line with the results of the Revised Ways of Working initiative
5	The estimated figures do not include any required input for the Longer Term Transformation as the activity associated with Tranche 4 cannot be scoped at this stage. As per the above plan, it is anticipated that this activity will commence in Year 3, but again this is subject to further direction and clarity from the Directorate, future discussions with Health et al regarding co-commissioning and final scoping of the various Improvement Projects
6	Input required for all Improvement projects is based on the Commissioning and Contracts team's current understanding of the requirements and timescales of those projects at this stage (as the scoping of these projects is still work in progress outside of the Commissioning and Contracts team)
7	Very high level assessments made on improvement project durations where these have not been provided or are not available (generally set as 12 months, although it is acknowledged that some projects will be longer in duration, e.g. where financial savings targets are in place over a 4 year period)
8	The current understanding of commitment required in later years is understandably less formed at this stage. There is therefore a risk that the projected resource requirements above will increase for later years as the scoping of all Improvement projects and longer term transformation is progressed
9	All input requirements for improvement projects are estimates until projects are formally scoped through Directorate PMO. Assessments of input are therefore very likely to change and therefore this plan will need to be subject to ongoing review and updates

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Appendix 2 – Summary of Workload and Key Achievements

Activity	Outcome	Date
<p>Completed Procurement activity</p> <ul style="list-style-type: none"> Healthwatch service tendered and contract awarded / Statutory Advocacy services tendered and contract awarded Joint commissioning arrangement with NHS England - tendering and award of contract for health and social care provision in Doncaster Prison Cluster Dementia Family Support Service tender and contracts awarded Disabled Go - direct award of contract and mobilisation 	<p>Council meeting statutory duty for the provision of Healthwatch and statutory advocacy</p> <p>Council meeting statutory duty in respect of social care provision within a prison setting</p> <p>Increased support for people with a diagnosis of dementia, their families and carers</p> <p>Access guide for disabled people</p>	<p>1 August 2017</p> <p>1 September 2017</p> <p>1 July 2017</p> <p>1 July 2017</p>
<p>Off contract spend Monthly meeting established with procurement and legal to reduce spend including:</p> <ul style="list-style-type: none"> Implementing agreements with landlords for sleep-in arrangements within supported living services; Direct payment implementation in relation to Adsetts Partnership expenditure; and Development of Section 76 agreements with CCG to incorporate relevant spend associated with some intermediate care provision delivered by RDaSH 	<p>Transparency and corporate engagement, which will ensure compliance going forward</p>	<p>On-going</p> <p>Work is progressing well - anticipated completion date is 31 October 2017</p>
<p>CCASH</p> <ul style="list-style-type: none"> Mobilised strategic lead providers Stabilised the home care market Developed evaluation report on the implementation of the CCaSH arrangements Successfully managed a number of contract novations and one domiciliary care organisation exiting the market 	<p>New arrangements in place with minimal disruption. Working to stabilise the market within the context of national recruitment and retention issues across the sector.</p>	<p>Arrangements implemented from 1st November 2016. First anniversary review to be undertaken</p>
<p>RDaSH</p> <ul style="list-style-type: none"> RDaSH Residential and Solar Centre project group established and supported by commissioning 	<p>Approved action plan to take work forward supported by commissioning</p>	<p>Work is ongoing</p>
<p>Care Homes</p> <ul style="list-style-type: none"> Managed one care home closures New audit tool developed and implemented Negotiation and implementation of the care 	<p>Successfully managed closure</p> <p>Robust audit tool</p> <p>Ongoing</p>	<p>July 2017</p> <p>April 2017</p> <p>January 2018</p>

Activity	Outcome	Date
<p>home fee</p> <ul style="list-style-type: none"> Oversight of Runwood Care Homes in Doncaster Development and implementation of protocols and guidance regarding self-funder support 	<p>Liaising as appropriate regarding proposed staffing changes</p> <p>Project group set up and work is progressing</p>	<p>July – September 2017</p> <p>December 2017</p>
<p>National Living Wage and Uplifts</p> <ul style="list-style-type: none"> Negotiation and implementation of national living wage compliant sleep in arrangements in relation to supported living services Negotiation and implementation of inflationary uplifts for specialist provision, extra care and supported living 	<p>Managing the sustainability of providers who are impacted.</p>	<p>June 2017</p>
<p>Pre-Procurement Pipeline Activity</p> <ul style="list-style-type: none"> Money Management Specialist framework for community services Supported Living project group established Mental health floating support service Sub-regional perpetrator programme Domiciliary care hard to reach 	<p>Work is progressing in all areas</p>	
<p>Extra Care Housing</p> <ul style="list-style-type: none"> Thorne Extra Care - options paper in development for consideration at DLT in October Commencement of panel process review 	<p>Work is progressing</p> <p>In progress</p>	<p>September 2018 scheme completion</p>
<p>Internal Audit</p> <ul style="list-style-type: none"> Input and response to supported living service audit reports Input and response to Solar Centre audit report 	<p>Ensuring robust processes are in place and achieving outcomes</p>	<p>August – September 2017</p>
<p>Complex Lives/ Housing-related Support</p> <ul style="list-style-type: none"> Input into strategic options to inform future intentions and impact on existing contracts Completed variation to homelessness contract to deliver additional outreach support Active collaboration with homeless provider to increase flow of service users through the service 	<p>Work in progress</p> <p>Additional outreach support in town centre Increased throughput within services</p>	<p>Ongoing</p> <p>April 2017</p> <p>Ongoing</p>
<p>Contract Monitoring Arrangements</p> <ul style="list-style-type: none"> Development and implementation of revised contract monitoring processes 184 contract monitoring visits undertaken to date 	<p>In progress across all areas</p> <p>Clear understanding of the quality of services</p>	<p>March 2018</p>

Activity	Outcome	Date
<p>Development of data and intelligence</p> <ul style="list-style-type: none"> • Scoping and identifying relevant brokerage data to inform Delayed Transfers of Care • On-going data analysis of spend and activity of home care provision • Specifying system requirements for Doncaster Integrated peoples solution (DIPS) • Analysis of residential and supported living data to identify potential savings 	<p>Ensure that the necessary data and intelligence informs and underpins the strategic developments</p>	<p>April – September 2017</p>

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26 October 2017

TO THE CHAIR AND MEMBERS OF THE AUDIT COMMITTEE SAFEGUARDING ADULTS PERSONAL ASSETS TEAM – RESPONSIVE REVIEW

EXECUTIVE SUMMARY

1. The Safeguarding Adults Personal Assets Team (SAPAT) is a relatively small service within the Directorate of Adults, Health and Wellbeing that aims to look after the financial, property and personal affairs of vulnerable adults in the community and in residential care who lack the capacity or family support to look after their own financial arrangements. The Team currently looks after 510 clients with 331 Appointeeship Cases and 147 Deputyship cases with 32 other cases such as power of attorney cases or those at application or relinquishment stages. In addition to these, there are 23 deceased individuals' estates that are being actively worked on. Total monies held by SAPAT on behalf of these clients has reduced to £6.8m as at 10th October, 2017 (down significantly from the £9.6m originally reported when this work began and the £7.2m reported in at the last update report).
2. This report summarises the issues uncovered and progress made to date to resolve these issues after a review of the SAPAT. This report is a final update report on the progress of this substantial project and follows the original report made to the August 2016 Audit Committee and the update report given to Audit Committee in April 2017. As such, it gives a brief overview of the original reported issues and a detailed progress statement on each item.
3. Overall SAPAT is in a substantially better position to that previously reported and a significant amount of work has gone into improving systems, processes and training to enable SAPAT to fulfil the team's aims and objectives. Testing that is currently ongoing by Internal Audit Services, shows a significantly improved service. Whilst there are still some risks remaining and there is ongoing work for the team, it is felt that sufficient improvement has been made to remove this area from the "critical list".
4. The current audit (already underway) will create a formal action plan for continued development within SAPAT. Progress against these actions will be monitored under the normal audit actions monitoring process.
5. Further work is still required in some areas. These include:
 - Continuing the reduction in the number of clients managed by SAPAT and re-balancing workloads to reduce the number of clients managed by each

caseworker to ensure sufficient time is available to deal with each client on a needs basis.

- There is a need to work closely with social workers as much of the development will require social workers to complete assessments. A role has been created within SAPAT to take this forward and provide training to social workers so that the SAPAT role is more easily understood and inappropriate referrals to the team avoided.
- Temporary social workers, in the process of being recruited to SAPAT, need to be utilised to complete the various transport reviews that need to be undertaken and cannot be accommodated in normal social work arrangements.
- Problems with the care provider in providing accurate and timely bills for clients' lease vehicles need to be resolved. Legal advice needs to be sought if this situation continues. (It should be noted that whilst this has an effect on SAPAT, it is in no way caused by them. This is purely a supplier issue).
- CASPAR (the SAPAT system) upgrades need to be rolled out and appropriate usage procedures documented. This will include the revised deputyship charging module to automate deputyship charges.
- Document storage has been transferred to the Council's EDM (Electronic Document Management system), removing much of the documentation that was previously stored on network drives. Documents and letters sent out by the team however, are (based on the current audit testing that is underway), not always being recorded properly within EDM and this needs to be addressed going forwards.
- Pre-paid credit card alternatives need to be investigated and, if necessary, procured to replace the outgoing pre-paid card contract which ends in August 2018. (The current supplier APS is pulling out of the pre-paid card market).

EXEMPT REPORT

6. This is not an exempt report.

RECOMMENDATIONS

7. The Audit Committee is asked to note the progress of the audit review, summary issues within SAPAT and the progress made.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

8. Adult safeguarding is a fundamental part of the Council's remit. Whilst the Council does not need to provide a personal financial and personal affairs management service for vulnerable clients, it has chosen to do so to support its role in adult safeguarding.. Ensuring that the service is fit for purpose and operating effectively is critical to supporting adult safeguarding and ensuring that in providing this

service, the Council complies with the Care Act and safeguards its most vulnerable citizens.

BACKGROUND

9. This report provides the Audit Committee with information on the outcomes from and progress of the joint Internal Audit and Adults work in SAPAT and allows the Committee to discharge its responsibility for monitoring the Council's exposure to risks.

OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

10. Not applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	None
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>SAPAT is part of the Adults, Health and Wellbeing Directorate who lead on Adult Safeguarding. The purpose of the SAPAT service is to contribute to financially safeguarding vulnerable individuals.</p> <p>Ensuring that the service is fit for purpose and operating effectively is key to ensuring that the Council complies with the Care Act and safeguards its most vulnerable citizens.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	None
	All families thrive.	None

	<ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	Council services are modern and value for money.	Initial analysis of the SAPAT service is that it is neither modern nor value for money. Work is underway to ensure the service is modern and fit for purpose.
	Working with our partners we will provide strong leadership and governance.	None

RISKS & ASSUMPTIONS

11. Failure to address governance and operational weaknesses within the SAPAT service exposes the Council to the following risks:-

- Potential reputational damage to the Council as a result of a failure to properly manage the affairs of vulnerable adult clients,
- Potential legal litigation as a result of any failure to properly manage the affairs of vulnerable clients,
- Potential financial loss as a result of the write off or non-collection of charges such as care fees (or other fees) and
- Potential financial loss as a result of reimbursing clients who suffer a financial detriment as a result of a failure to properly manage their finances.

LEGAL IMPLICATIONS

12. Failure to implement a re-engineered process within SAPAT potentially causes a detrimental impact upon the reputation and business affairs of the Council and could possible result in litigation should any vulnerable client be financially disadvantaged by any failure to properly carry out Appointeeship or Deputyship duties.

FINANCIAL IMPLICATIONS

13. Failure to implement a re-engineered process within the SAPAT service potentially causes a detrimental impact upon the reputation and business affairs of the Council and could result in a loss of income from clients or a cost to the Council to correct any detrimental financial impact caused as a result of failings in the SAPAT process.

HUMAN RESOURCE IMPLICATIONS

14. None

TECHNOLOGY IMPLICATIONS

15. A root cause analysis of the issues within SAPAT identified that a failure to properly implement a technological solution and a heavy reliance on alternative and manual

systems to store data have been a significant contributor to the problems of the team.

EQUALITY IMPLICATIONS

16. The SAPAT service serves vulnerable adults with primarily protected characteristics, specifically older people, people with physical and mental health issues and those with learning disabilities. Due to the nature of the clients that the SAPAT service supports, these groups are likely to be disproportionately affected by the issues identified in this report.

CONSULTATION

17. There has been consultation with managers at the outset, throughout and at the conclusion of this review in order to ensure that the work undertaken and findings are relevant to the risks identified and are accurate.

BACKGROUND PAPERS

18. Safeguarding Adults Personal Asset Team – Full Report
19. Safeguarding Adults Personal Asset Team – Update Report (April 2017)
20. Care Act 2014
21. Office of the Public Guardian / Deputyship Guidance

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APPENDICES

Appendix 1 – SAPAT (Safeguarding Adults Personal Asset Team) Full Report

**Steve Mawson
Chief Financial Officer &
Assistant Director of Finance**

Internal Audit – Progress Report (Report 3)

**SAFEGUARDING ADULTS
PERSONAL ASSETS TEAM
(SAPAT)**

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1. Introduction

- 1.1. The Safeguarding Adults Personal Asset Team (SAPAT) is a relatively small team in Adults Health and Wellbeing that handles a variety of things on behalf of vulnerable adults (clients). These services include:
- The management of client monies and benefits, usually as a Deputy¹ or as an Appointee².
 - Distribution of cash to clients for personal allowances
 - Payment of bills and care fees on behalf of clients
 - The arrangement of client funerals (where no next of kin is available or the next of kin declines to arrange the funeral)
 - Management of properties (land and buildings) belonging to clients and securing their properties and pets
 - Management / safeguarding of personal valuable possessions
- 1.2. SAPAT currently comprises 16 full time staff (an increase on the previous update where there were 10.5 staff (FTEs)) and has an overall gross budget of £402k. The increases in staff numbers are due to 2 temporary funded additional posts and 2 Apprentices. A further 2 social work posts within the team are currently being recruited to.
- 1.3. SAPAT manages the finances of 510 vulnerable clients (as at the date of this report) with 23 deceased client cases also still in progress. This compares to 543 clients and 40 deceased client cases as at the end of March 2017. Monies administered by the team on behalf of clients now totals £6.8m.(reduced from £7.2m as at March 2017).

2. Background

- 2.1. A full review of SAPAT and all its functions was launched in 2015/16 by the directorate with support from Internal Audit Services with a full case review of all managed cases to ensure that the correct benefits and care charges were in place. This work continued into 2016/17 with extensive support from project managers and Internal Audit to address issues raised as part of the original review.
- 2.2. This report is the second update report to be presented to Audit Committee and builds on the previous report from August, 2016 and the update given in April 2017. A re-review audit is currently underway and is performing testing on the system and re-reviewing a sample of clients. Whilst this work is ongoing at the date of this report, sufficient work has

¹ Deputyships are orders granted by the Court of Protection that allow individuals, or in this case the Council, to administer the financial affairs, benefits, wellbeing decisions and property of vulnerable adults with no or little capacity to undertake this role themselves. When acting as a Deputy, the Council must act in the best interests of the individual and must make an annual report to the Office of the Public Guardian about the administration of the client affairs. The Council is entitled to, and does, charge for these services and fees are set by the Court on application.

² Appointeeships are granted by the Department for Work and Pensions. The Council applies, on behalf of a vulnerable adult in receipt of benefits that lacks sufficient capacity to administer their own benefits, to the DWP to apply for, administer and receive benefits on behalf of the vulnerable client in order to pay for the care fees. There are no current charges for this service to clients although such a proposal is in progress.

been completed to be able to give an accurate progress report on these issues.

3. Original Issues and Current Assessments

The purpose of this report is to give an update on progress to date and highlight any further work and issues and the plans for addressing these. For ease, issues have been brought forward from the original report and an up to date assessment of progress and current risks has been given. Items in *italics* are a direct lift from the previous update report. Where new issues have been uncovered as part of the work undertaken, these have also been listed.

3.1. Inaccurate claims for benefits on behalf of vulnerable clients

The Originally Reported Issue

732 cases were reviewed, after removing funeral only cases, approximately 600 client financial reviews were required. In total, errors were found on 127 cases (21% of the cases managed). For all of the cases, the root cause was identified as a failure on the SAPAT services part to notify Housing Benefits and Financial Assessments of changes in income and savings levels and a poor understanding by SAPAT of benefit entitlements. This was further hampered by an inappropriately configured system with a lack of designed exception reporting.

Current Position (March, 2017)

All housing benefit related and care fee errors have now been corrected and whilst there remain some overpayments that are still under recovery, agreements are in place to deal with all identified errors.

SAPAT are regularly working with the Financial Assessments team on the recovery of outstanding care debt (both historic and as a result of the errors above). This also assists in the sharing of benefit related knowledge and skills.

Exception reporting arrangements have been designed and are in place. Exception reports are now generated monthly and are worked through by case workers. This identifies:

- Benefit clashes (2 benefits in claim that cannot be claimed together);
- Benefits in claim over maximum and under minimum benefits thresholds in order to identify changes in eligibility;
- Benefits that need suspending (due to hospital stays); and (amongst others)
- Clients who have not had a full benefits review in the last 6 months.

Benefit training has been delivered to the team and further refresher training is scheduled. Benefit guidebooks are also distributed to all staff to help ensure that they are fully aware of all benefits and relevant entitlement levels.

The CASPAR system is being (will have been by the date of the Audit Committee) upgraded to bring in new functionality that will assist in the management of benefits. New

reports are available in the new system to identify users who's capital and savings levels move under defined capital stages in order to identify changes in benefit eligibility and benefit tariff levels.

Case file auditing is being introduced and an associated procedure drafted. These are in the early stages but will review data quality, benefit claims etc and will feed into staff training and development through an appropriate feedback loop.

Early testing on this area shows a significant improvement in the management of benefits in claim although a larger sample is currently being worked through.

Additional work is being undertaken to ensure that all of the work and checks undertaken are properly recorded as there are still some issues with regards to keeping copies of documents (specifically around changes in income and savings / capital levels) that are sent to the DWP.

Lack of training for SAPAT Staff

The Originally Reported Issue

Training for SAPAT staff has been sporadic with no clear focus on the managing client financial affairs. No training had ever been given on benefits claims or the benefits available. The Team had essentially been focussing on processing payments and personal allowances on behalf of client to the dereliction of other duties such as reviewing benefit entitlements or forward financial planning for the clients. It is clear from the review that caseloads managed by individuals were excessive and unmanageable and there has been a clear lack of management action to ensure caseloads and procedures were managed properly and at a safe level for the staff and clients involved.

Current Position

Training is fully in place and refresher training is now arranged on an ongoing continual development basis. Case file auditing is being introduced and an associated procedure drafted. These are in the early stages but will review data quality; benefit claims etc and will feed into staff training and development through an appropriate feedback loop.

Testing on a small number of benefit claims so far has shown that the situation has greatly improved.

3.2. Lack of a suitable system to manage case work

The Originally Reported Issue

In April 2015, a new system CASPAR was installed and brought on line to replace a series of spreadsheets maintained for each client being managed. The system was purchased following a procurement exercise.

The system CASPAR was installed by ICT, however, the configuration of the system was left to the SAPAT service. Training provided by the software house was poor and it is clear from our examination of the system and its setup that it was improperly configured with insufficient consideration given to most elements of the team's role (beyond basic transaction processing on behalf of the vulnerable clients).

Current Position

The previous update reported that CASPAR had been completely overhauled and these changes have been largely successful with some minor teething issues.

Spreadsheet usage has significantly reduced with many of these spreadsheets now being archived into the Council's document management system for future reference if ever needed. Some spreadsheets remain in use, primarily with regards to the charging of deputyship fees (as the module is not yet implanted within CASPAR). An additional spreadsheet for cash handing is also still in use (Cash payments are fully recorded in the CASPAR cash module, however, as staff from the One Stop Shop are involved in the process and do not have access to the system a spreadsheet remains in use to record what cash envelopes have (and have not) been collected. This minimises this risk significantly.

CASPAR upgrades bring with it additional functionality and bug fixes that will benefit the team and a period of 2-3 months will be required to make the necessary changes to the data and working practices to make full use of these. A demo day was held with TROJAN (the CASPAR software house) to demo the new functionality on the 9th of October, 2017. This opportunity was also used to identify further developments / issue resolutions that would be useful for SAPAT.

3.3. Data quality issues

The Originally Reported Issue

In addition to the above configuration problems, data quality problems also hamper the performance of the CASPAR system and the SAPAT service. Data was migrated from spreadsheets to the CASPAR system manually with some additional information being transferred into the system by data upload from CAREFIRST. Data within the system is incomplete and in some instances out of date.

Current Position

Data quality work is largely complete now with exception reports identifying missing or damaged data.

Case file auditing is being introduced and will identify data quality issues on a rolling basis with training then arranged or procedures amended as a result.

Changes to the CASPAR system as a result of the upgrade have identified some other data quality issues that now need to be addressed in order to use the amended charging module. (This module currently exists but was not yet implemented due to some bugs within it. This has now been fixed. This module allows for the automatic calculation and charging of deputyship fees which are currently calculated by hand). The new module requires the date of the deputyship court order to match the category start date (i.e the date that the Council became the deputy for the client). These do not match in most cases and will need to be corrected before the module can be implemented.

3.4. Failure to follow the Financial Procedure Rules / inappropriate charging mechanisms

The Originally Reported Issue

There were no procedures held by the team for their different functions. The only procedures available to follow were the CASPAR user manual (which details how to use

CASPAR only). This, coupled with the poor set up of the CASPAR system had led to a situation where charges payable by clients were billed using manually typed invoices that could not be traced or reconciled to actual payments received due to the fact that record keeping within the team on this issue was poor. It is not clear whether all debts were billed or whether all debts billed were actually received / collected. This process was in use for both funeral bill payments and for charges for deputyship management fees.

The CASPAR system is capable of automatically generating and billing charges to clients, however, this part of the system was never configured.

Current Position

Charges for funerals are now handled by Bereavement Services and no manual bills are now in use.

As at the time of the last update, it was hopeful that the CASPAR charging module would have been implemented by the time of this report. However, issues were identified with the module (several bugs) and various changes in team management occurred that meant that the implementation of this element was put on hold. Charges have continued but remain manually calculated and billed. These are billed manually through CASAPR and an associated bank transfer initiated through the CCM (Lloyds banking software). No manual invoices are now in use.

3.5. Poor reporting and performance management

The Originally Reported Issue

Whilst the CASPAR system has a report generator, capable of writing custom reports using a report writer, no reports had been set up with which to monitor or control operations. No exception reports were considered or set up within the system and inbuilt reports such as the OPG Report (designed to send to the OPG annually to record spending made on behalf of Deputyship cases) were ineffective due to poorly configured expense reporting options.

There was no single management view of the number of cases being managed or the case loads of individual case workers. Case workers were holding up to 80 complex cases each (those with simple cases their caseload exceeded 150 cases per case worker). This was due primarily to a failure on management's part to control in the influx of cases to manage. Whilst case numbers are reducing, the SAPAT service caseload remains exceptionally high.

Current Position

Performance management within the team is achieved with the use of performance dashboards with information taken directly from the back of the CASPAR database. Case file management (which is in its infancy) now adds a qualitative dimension to performance management that should (with regular training) ensure performance is driven throughout the team.

Attempts have been made to re-balance the workload of all individuals. Whilst the team still bears more case work than other similar authorities, the risk in this area has been greatly reduced. Caseloads however are still in excess of 40 cases per FTE (some are still managing caseloads of up to 60 cases) and work needs to continue to relinquish cases and reduce this overall number. Temporary additional resources have been put into the team to relieve some of the pressure. Details on client numbers are given in section 3.6

below. Whilst there is still some way to go to reach the suggested manageable target, this represents a significant improvement from the original position.

New cases are still coming through to the team but numbers are again greatly reduced after controls were added to the pathway for accepting new clients. (see the next section for further information).

3.6. Inappropriate referral mechanisms and a lack of a joined up approach with social workers (case load management)

The Originally Reported Issue

Referral systems to refer vulnerable adults in need of support to the SAPAT service represented an “open door” with little recorded challenge to the appropriateness of the referrals being made. This has meant that most referrals made were taken on without question and has resulted in an unmanageable case load for the SAPAT service that is significantly higher than any other local authority in the area. This has meant that most clients are simply “transactionally” managed (paying bills and receiving income) rather than being financially managed in terms of financial planning and benefit assessments and has manifested in a failure in some cases to manage the clients affairs in the clients best interests.

Arrangements within the team to record the progress of any referrals were poor and this has resulted in complaints being received from the public and solicitors acting on their behalf. .

Current Position

The criteria for accepting new cases has now been in place for approximately 1 year and is reducing the rate at which new cases for the team are accepted.

Work with social work teams continues. Guidance documents have been created and are being disseminated to try to increase social worker awareness of the role of SAPAT and in their roles in determining family and other available options for managing client finances before referring any cases to SAPAT. This is a slow process.

A new manager (on a secondment basis) has been recruited to SAPAT and will handle the overall management of the team and caseload. The existing supervisors post is being re-aligned to take on team development and to develop further the relationship with social worker teams (including the delivery of training to social workers in this respect). Whilst this is a relatively new development, this should significantly help with future referrals.

Current caseloads have reduced and are stabilising at around 510 current cases. Current case breakdowns are as follows:

Current cases (10th October, 2017)

<u>Live Cases</u>	<u>510</u>	
Appointee cases		331
Appointee (in the process of applying)		8
Appointee (converting to deputyship)		2
Appointee (in the process of relinquishing)		2
Deputyship		147
Deputy (in the process of relinquishing)		3
Deputy (moving to solicitors)		3
Deputyship (in the process of applying for)		2
Power of attorney		4
Protection of property		8
<u>Assistance only cases</u>	<u>19</u>	
<u>Deceased cases</u>	<u>23</u>	

3.7. Poor personal and valuable asset storage

The Originally Reported Issue

Personal and valuable items are sometimes collected from properties when a vulnerable adult is admitted to care. These are currently stored at Copley House. All items are stored in sealed and numbered bags and these bags are cross referenced against a client record in CASPAR. However, only the bag number is recorded on CASPAR and not the contents. When bags are opened for any purpose, they are sealed inside a new bag and the bag number updated on CASPAR. As CASPAR has no record of the contents of the bag, it is therefore, unclear whether any items are missing or lost after the bag swap.

Current Position

Revised procedures are now in operation within SAPAT to ensure that only valuable items are collected and stored. Storage of personal assets is at an all-time low with just 2 storage cupboards in use (compared to the entire room that was previously filled at Copley House). SAPAT have maintained this low level of personal assets for over 6 months and all property items are registered now on the CASPAR system.

Processes are in place to discharge / distribute personal items in the event of death and associated paperwork now ensures that all personal possessions are passed on to the next of kin with any remaining cash. Indemnity forms are in use to record these transactions.

Audit testing as part of the ongoing audit review, is scheduled as a final check on personal property.

3.8. Complications caused by the banking transfer.

The Originally Reported Issue

In February, 2016 the Council changed banking provider from the Co-Op to Lloyds. The transfer had consequences for the SAPAT service. Whilst these could not be avoided, these have had an impact on the speed of progress for this project.

The transfer moved SAPAT clients from a “hard” account (an bank account with normal bank statements), to a “virtual” account (where all monies held by the Council on behalf of SAPAT clients are held in a single hard account with a virtual sub accounts and virtual electronic bank statements). It has now come to light that the extracts agreed by the bank and the CASPAR software house Trojan, are flawed in that transactions received (for example) in April but not identified and allocated to the correct client until June, are backdated on the banking extract and therefore show in CASPAR as an April transaction. However, they actually appear on the June client bank statement. This is resulting in difficulties in reconciling the CASPAR system to the bank statements for each client. Both the bank and Trojan are aware of these issues and discussions are underway to implement a workable solution.

Current Position

The remaining banking issues have now been resolved and the processes for reviewing and reconciling monthly bank statements now runs smoothly with reconciliations being undertaken on all accounts monthly. Initiating bank transactions continues to be a large proportion of the SAPAT working week, however, this is necessary and cannot be avoided.

Testing results on bank account management and bank account monitoring show that transactions are being recorded properly and that reconciliations are being regularly cleared. The total amount of cash currently being administered by the team has fallen to £6.8m as at October 2017.

SAPAT are now however, experiencing issues with their pre-paid credit cards. The current provider, APS, is withdrawing from the market with effect from August 2018. The cards are used by the team as a cash equivalent mechanism (these cards are also used within the Direct Payments system). Cards are currently issued to care workers and the clients individually so as to clearly identify who initiated a specific transaction. Further pre-paid cards are also in use for group home household accounts. (These are cards onto which multiple clients pay a contribution to shopping and other household bills. These cards are used by care workers at the group homes to purchase shopping / food on behalf of the home’s residents. This avoids the time consuming splitting of invoices / receipts and reduces the amount of cash needing to be held in advance by the homes).

The Council has recently completed a procurement exercise and has identified a new provider for the Direct Payments cards but the cards are not suitable for use within SAPAT as the cards are charged on a variety of different transaction types (including fees for loading the cards with money). Use of these cards would be too costly a system to implement within SAPAT (the Office of the Public Guardian query all card charges and fees and these must be proved to be in the best interests of the client before these will be accepted).

A visit to another local authority using these cards shows that multiple cards per client are also in use (one for the client to use to access personal monies/ cash and the other as the main account card, thereby incurring double charges). The cards at this other authority are used INSTEAD of a bank account with all direct debits, standing orders etc being charged

against the client's main "card". This other council is in effect holding ALL client monies against the pre-paid accounts main header or parent account and not in a bank account. This negates the "loading" charges for them and cash is simply moved within the system from one "wallet" to another.

If this kind of system were to be implemented in Doncaster, it would require the removal of the bank account system CCM and the transfer of £6.8m onto a prepaid credit card account. It would mean that all bank account (in this case card account) reconciliations would revert to fully manual reconciliations which would in turn place too much pressure on the systems / staff within SAPAT. Chargeable development work would then be required by both Trojan and the card issuers to develop a new way of automating the data import and reconciliations. In addition, charges for the cards would be higher than the current bank account charges with Lloyds. Alternatives are now being considered and will be implemented in due course. Internal Audit Services remain involved in this element of the process to ensure that the new solutions are workable and are financially robust.

3.9. Transport Payments

The Originally Reported Issue

In addition to the above issues, problems have surfaced regarding personal transport payments for approximately 90 vulnerable clients. These issues however are NOT caused by the SAPAT service. These are the result of poor management of the clients lease contracts by a third party provider (Care UK through their Living Ambitions arm). A historic problem relating to the billing of clients for transport charges by Living Ambitions resulted in the accumulation of transport debt for 90 clients. The team has worked with Living Ambitions to resolve these issues and bill individual clients for their own transport. This has caused delays in dealing with client financial reviews that are not the fault of the SAPAT service. Whilst the billing issues are now solved however, it has been identified that there are some clients that can no longer afford to lease a vehicle for their own use. The team is working with social work colleagues to commence reviews of the needs of any service user so affected to ensure that the arrangements put in place meet the needs of the client and are within the client's financial means going forward.

Current Position

Billing issues from the care provider continue to be an ongoing problem with billing delays continuing into the 2017/18 financial year. No bills have been received from the provider for transport since April 2017, this is despite assistance on the calculation of the bills from the Council for more than 1 year. Monies based on estimated costs (from our own calculations) have been moved from all of the affected client's accounts into a central holding pot. This has been done to ensure that when the bills do arrive, the effects on the clients' financial affairs are minimal. Leaving these monies within the clients' accounts shows a capital / savings level which is artificial and this in turn can affect client benefit entitlements, care fee levels and annual deputyship fees.

Complaints in this respect are now being escalated with the care provider.

The transport needs of some of the service users continue to be an issue with almost all lease vehicles in place now out of their lease agreements. Some clients have been moved to Motability vehicles and underused vehicles have been re-located to ease the current pressures but individual social worker based reviews of the transport needs of the clients

involved have still not taken place. 2 social worker roles are being recruited to (these are temporary and are within SAPAT) that will assist in clearing these reviews.

4. Other Issues Arising (Items previously completed have been removed from this section)

4.1. Staffing Issues

Issue recorded as at the date of the last update report

Senior Management has attempted to permanently recruit to the SAPAT Manager post. This unfortunately was unsuccessful. Project management support continues till at least June 2017 but the team requires a manager to take forward the embedding of new arrangements and ensure that going forward, SAPAT meets its aims and objectives. Options are being considered to fill the post moving forwards. The full team structure will then be reviewed to ensure it is fit for purpose.

Current Position

The Team Manager post has now been filled on a secondment basis. The duties of this post and the original supervisor post are being worked out and new job descriptions agreed going forwards to ensure that there is clarity of responsibility between the 2 roles. The full team restructure cannot be progressed until these roles have been considered and assessed.

Temporary resources have been brought into the team in terms of 2 additional temporarily funded posts, 2 social workers (currently in the process of recruitment) and 2 apprentices to assist the team.

4.2. Lasting Power of Attorney (LPA) Clients

Issue recorded as at the date of the last update report

In the past, several clients have, whilst they have capacity, opted using a Lasting Power of Attorney to nominate the Council to look after their finances after they lose capacity. There are currently 6 such clients with the Council. However, the "power" rests with the persons nominated on the LPA forms. In all cases, these are former employees of the Council, some having left several years ago. Work was required to locate all of these former employees and get them to relinquish their roles and powers so that the individuals could be transferred to appointeeships or deputyships. Legally, the power to deal with the finances of these clients, rested with the individual attorneys and not the Council. No further clients of this category will now be accepted to avoid any such issues in future.

Current Position

All LPA clients have now relinquished their roles and arrangements are being made to re-assess the individuals and move these clients to a more appropriate arrangement. 4 such clients remain in this category.

4.3. Cash Handling

Cash handling in terms of the weekly amounts of cash paid to clients remains high

(approximately £15-18k per week). Alternative solutions are being sought but are being held up by a lack of available social worker hours to review the needs of the clients, and the withdrawal of the current pre-paid cards provider (APS) from the market.

Temporary social work resources being recruited directly to the team should enable some of these reviews to be undertaken but alternatives to the pre-paid cards on offer need to be considered before this level of cash can be reduced.

Cash handling by the team is now minimal with the majority of the work (and therefore the risk) being transferred to the security firm delivering the cash. Cash requested is delivered in individual marked envelopes for each client and each payout day (this is because some clients collect cash on a daily basis as this was their determined need at their last review). Cash is stored in the safe and is paid out by staff in the One Stop Shop with a log of collections kept. Uncollected cash is reviewed weekly to ensure that excess cash does not build up. Until the reviews have been completed and alternative pre-paid card solutions are in place, it is likely that cash will remain around the £15k per week level. Ultimately however, this needs to reduce although this is a more long term goal for the team.

5. Future Audits

- 5.1. Audit assistance within SAPAT is now coming to an end (except on the pre-paid credit cards issue which remains a significant risk for the service). The audit (ongoing at the time of this report) is in the early stages and is concentrating on testing and financial checking on the clients managed by SAPAT. Whilst testing is incomplete, early indications show that SAPAT handling of client affairs is substantially improved. Work continues within the team to embed new practices and further develop their processes but sufficient progress has been made to reduce this from the critical watch list.
- 5.2. A formal action plan will be developed at the end of the current audit and progress will be monitored against this by Internal Audit as part of their normal audit action monitoring.

**To the Chair and Members of the
AUDIT COMMITTEE**

EXTERNAL AUDITOR (KPMG) ANNUAL AUDIT LETTER 2016/17

EXECUTIVE SUMMARY

1. The External Auditor Annual Audit Letter for 2016/17 has been issued by KPMG and is attached at Appendix A. The Annual Audit Letter signifies the formal sign off of the audit to the Audit Committee. In signing-off the audit, the letter confirms the external auditor: -
 - a. issued an unqualified opinion on the Council's core financial statements and associated disclosure notes included in the Council's 2016/17 Statement of Accounts;
 - b. concluded that the Council made appropriate arrangements to secure financial resilience and economy, efficiency and effectiveness in the use of its resources; and
 - c. issued an audit certificate to demonstrate that the full requirements of both the Audit Commission's Code of Audit Practice and the Audit Commission Act 1998 have been discharged for the year.

EXEMPT REPORT

2. Not applicable.

RECOMMENDATIONS

3. It is recommended that the Audit Committee: -
 - a. Note the contents of the Annual Audit Letter.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. An unqualified audit opinion on the Council's financial statements and a good Value for Money (VfM) conclusion resulting from the annual audit process indicates that there is excellent internal control in place safeguarding Council resources.

BACKGROUND

5. The Council's 2016/17 accounts have been prepared in accordance with International Financial Reporting Standards (IFRS) and the appropriate accounting codes of practice. They were approved by the Council's responsible financial officer on the 1st June 2017 and published on the Council's website on 2nd June 2017. The draft accounts were presented to this Committee for information on 21st June 2017 with the audited accounts being presented to this Committee on 27th July 2017.
6. The 2016/17 Statement of Accounts received an unqualified audit opinion on 7th August 2017 with the audit certificate being issued on 28th September 2017. This means that KPMG have concluded that the financial statements give a true and fair view of the financial position of the Council and of its expenditure and income for the year.
7. There was an adjusted audit difference regarding Consolidated Accounts. The Council has not consolidated the subsidiary company of St Leger Homes of Doncaster (SLHD) since 2014/15 on the grounds of materiality. The SLHD pension liability increased significantly from £19.1m in the 2015/16 accounts to £41.7m in 2016/17. This information is not available until mid-April and therefore we were unable to initially discuss with KPMG and agree whether or not consolidated accounts were required. Following ongoing consultation with KPMG it was confirmed that a consolidated set of accounts would need to be prepared to include the results of SLHD. KPMG have noted that the Council were proactive in raising this issue with them as early as possible and were able to produce a set of consolidated accounts in a relatively short timescale ensuring minimal delays to the audit process. The audit also identified a number of presentational audit adjustments, all of which were amended in the financial statements.
8. KPMG issued the Council with an unqualified VfM conclusion stating that the Council has proper arrangements to secure economy, efficiency and effectiveness in the use of its resources.
9. There are no high priority recommendations resulting from the 2016/17 audit work and only two medium priority recommendations regarding IT User Documentation and Processing around the e5 financial ledger, Universal Housing and Northgate and the standardisation of valuation certificates used when valuing Council assets. These will be implemented during 2017/18.

OPTIONS CONSIDERED

10. Not applicable.

REASONS FOR RECOMMENDED OPTION

11. The Council is subject to statutory external audit and performance evaluation by KPMG and must prepare annual accounts.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

12. These are detailed in the table below: -

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The audited Statement of Accounts provides information on all Council priorities incorporating income and expenditure for all Council services.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>An unqualified audit opinion from KPMG on the financial statements and supporting disclosure notes, together with an unqualified VfM conclusion assists with the positive reputation of the Council and ensures that strong governance is in place.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

RISKS AND ASSUMPTIONS

13. The Annual Audit Letter is reporting on the management of risks by the Council. It is important that effective action is taken in response to any matters raised by KPMG following their audit so as to assure the Committee about effective risk management across the Council. Consideration of this letter from KPMG is a risk management activity.

LEGAL IMPLICATIONS

14. The Council is subject to statutory external audit and performance evaluation by KPMG who have issued an audit certificate to demonstrate that the full requirements of both the Audit Commission's Code of Audit Practice and the Audit Commission Act 1998 have been discharged for the year.

FINANCIAL IMPLICATIONS

15. The final fee for the 2016/17 audit was £164,844; for grant certification was £34,035; and for other work £3,200. This was in accordance with the planned fee.

HUMAN RESOURCES IMPLICATIONS

16. There are no specific Human Resources implications related to the contents of this report.

TECHNOLOGY IMPLICATIONS

17. There are no specific Technology implications related to the contents of this report.

EQUALITY IMPLICATIONS

18. This report has no specific equality implications.

CONSULTATION

19. This report has no significant consultation implications.

BACKGROUND PAPERS

20. Statement of Accounts 2016/17
Annual Governance Statement 2016/17
ISA 260 Report 2016/17

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Annual Audit Letter 2016/17

Doncaster Metropolitan Borough Council

kpmg.com/uk

October 2017

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This report is addressed to the Authority and has been prepared for the sole use of the Authority. We take no responsibility to any member of staff acting in their individual capacities, or to third parties. Public Sector Audit Appointments issued a document entitled Statement of Responsibilities of Auditors and Audited Bodies summarising where the responsibilities of auditors begin and end and what is expected from audited bodies. We draw your attention to this document which is available on Public Sector Audit Appointment's website (www.psaa.co.uk).

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact [Engagement Lead name], the engagement lead to the Authority, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner for all of KPMG's work under our contract with Public Sector Audit Appointments Limited, Andrew Sayers (andrew.sayers@kpmg.co.uk). After this, if you are still dissatisfied with how your complaint has been handled you can access PSAA's complaints procedure by emailing generalenquiries@psaa.co.uk, by telephoning 020 7072 7445 or by writing to Public Sector Audit Appointments Limited, 3rd Floor, Local Government House, Smith Square, London, SW1P 3HZ.

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Section one

Summary

This Annual Audit Letter summarises the outcome from our audit work at Doncaster MBC in relation to the 2016/17 audit year. Although it is addressed to Members of the Authority, it is also intended to communicate these key messages to key external stakeholders, including members of the public, and will be placed on the Authority's website.

VFM conclusion

We issued an unqualified conclusion on the Authority's arrangements to secure value for money (VFM conclusion) for 2016/17 on 07 August 2017. This means we are satisfied that during the year the Authority had appropriate arrangements for securing economy, efficiency and effectiveness in the use of its resources

To arrive at our conclusion we looked at the Authority's arrangements to make informed decision making, sustainable resource deployment and working with partners and third parties.

VFM risk areas

We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks.

Our work identified the following significant matters:

- We noted that the Finance & Performance Improvement Report for Q2 showed an overspend of circa £4m, of which £3.2m related to the Children's Services Trust. There is a risk that there is insufficient governance of the contract with the independent provider (Children's Services Trust) to verify that the payments deliver value for money; and
- There are a number of ongoing contract breaches and waivers occurring within the Adults, Health and Wellbeing Directorate. As noted within the internal audit annual report it has not always been clear as to the reasons for these breaches although it is clear that many are linked to a need for a revised strategy for the future provision of services. There is a risk that contract breaches and commissioning arrangements do not offer value for money to the Council and are not part of a wider more informed strategy.

Audit opinion

We issued an unqualified opinion on the Authority's financial statements on 07 August 2017. This means that we believe the financial statements give a true and fair view of the financial position of the Authority and of its expenditure and income for the year.



Section one

Financial statements audit

We identified a number of audit adjustments, notably the need to prepare consolidated accounts. We note that this area was identified as a potential change by the Council ahead of accounts production and was discussed in detail with ourselves. The remainder of the adjustments were largely presentational with no impact upon the primary statements and reserve balances.

Based on our work, we raised 4 recommendations. None of these were classed as high priority.

The 2 medium rated recommendations raised related to the following areas:

We recommended that the Council put into place additional processes with regards to the review and standardisation of valuation certificates when valuing assets held by the Council.

We recommended the Council reviewed the processes and procedures in place with regards to the processing of changes to data on key IT systems. This included a review of access rights and key control parameters such as passwords. Our audit work did not identify any abuse of any weaknesses identified.

Management accepted all recommendations and outlined an appropriate action plan.

Other information accompanying the financial statements

Whilst not explicitly covered by our audit opinion, we review other information that accompanies the financial statements to consider its material consistency with the audited accounts. This year we reviewed the Annual Governance Statement and Narrative Report. We concluded that they were consistent with our understanding and did not identify any issues.

Whole of Government Accounts

We reviewed the consolidation pack which the Authority prepared to support the production of Whole of Government Accounts by HM Treasury. We reported that the Authority's pack was consistent with the audited financial statements.

High priority recommendations

We raised no high priority recommendations as a result of our 2016/17 audit work.

Certificate

We issued our certificate on 28 September 2017. The certificate confirms that we have concluded the audit for 2016/17 in accordance with the requirements of the Local Audit & Accountability Act 2014 and the Code of Audit Practice.

Audit fee

Our fee for 2016/17 was £164,844.00, excluding VAT. Further detail is contained in Appendix 2.

Appendix 1

Summary of reports issued

This appendix summarises the reports we issued since our last Annual Audit Letter.

These reports can be accessed via the Audit Committee pages on the Authority's website at www.doncaster.gov.uk.



**External Audit Report
2016/17**

Auditor's Report

The Auditor's Report included our audit opinion on the financial statements along with our VFM conclusion and our certificate.

Annual Audit Letter

This Annual Audit Letter provides a summary of the results of our audit for 2016/17.

May

Jun

Jul

Aug

Sep

Oct

Nov

**Report(s) to Those Charged with
Governance**

The Report to Those Charged with Governance summarised the results of our audit work for 2016/17 including key issues and recommendations raised as a result of our observations.

We also provided the mandatory declarations required under auditing standards as part of this report.

Appendix 2

Audit fees

This appendix provides information on our final fees for the 2016/17 audit.

To ensure transparency about the extent of our fee relationship with the Authority we have summarised below the outturn against the 2016/17 planned audit fee.

External audit

Our final fee for the 2016/17 audit of Doncaster Metropolitan Borough Council was £164,844.00, which is in line with the planned fee.

Certification of grants and returns

Under our terms of engagement with Public Sector Audit Appointments we undertake prescribed work in order to certify the Authority's housing benefit grant claim. This certification work is still ongoing. The planned fee for this work is £25,035. The final fee will be confirmed through our reporting on the outcome of that work in January 2018.

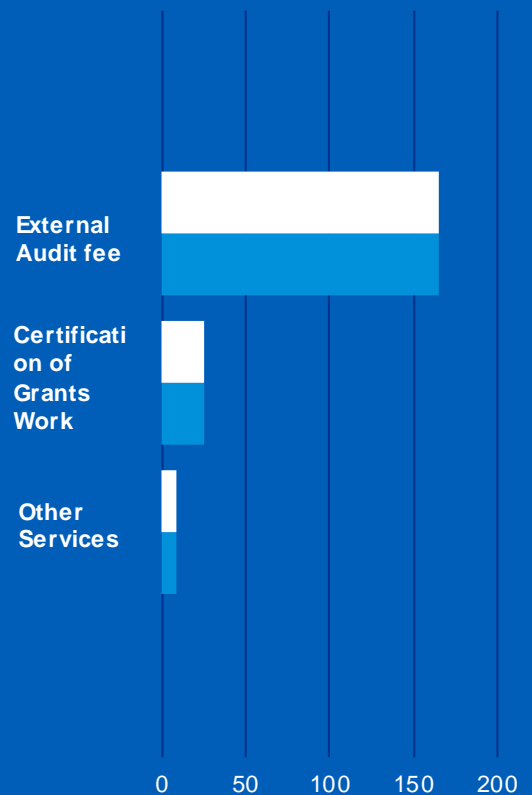
Other services

We charged the following additional fees for other services not related to our responsibilities under the *Code of Audit Practice*:

- £3,000 for work to provide assurance on the Authority's 2015/16 Teacher Training return as required by the National College for Teaching and Leadership; and
- £3,250 for work to provide assurance on the Authority's Teachers' Pensions return for the year ended 31 March 2017 as required by the Teachers' Pensions Authority.
- £2,750 for work to provide assurance on the Authority's 2015/16 Pooling Capital Receipts return.

These grants / returns are outside of the Public Sector Audit Appointment's certification regime.

External audit fees 2016/17
(£'000)



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Designed by CREATE | CRT086038

To the Chair and Members of the AUDIT COMMITTEE

INTERNAL AUDIT REPORT FOR THE PERIOD: JULY 2017 TO OCTOBER 2017

EXECUTIVE SUMMARY

1. The report attached at **Appendix 1** updates the Audit Committee on the work done by Internal Audit for the period July 2017 to October 2017, and shows this in the context of the audit plan for the year. The report includes details on the implementation of internal audit recommendations. It also provides details on performance information, incorporating an update on the section's Quality Assurance Improvement Plan (QAIP) which ensures compliance with the Public Sector Internal Audit Standards.
2. The attached report is in four sections:
 - Section 1. The Audit Plan / Revisions to the Plan
 - Section 2. Audit Work Undertaken During the Period
 - Section 3. Implementation of Audit Recommendations
 - Section 4. Internal Audit Performance
3. A summary of the main points from each of the sections is provided in the following paragraphs:

Section 1: The Audit Plan / Revisions to the Plan

4. Four new jobs have been added to the plan and two jobs have been removed as they are no longer required. The changes are in response to emerging risks and concerns. Current progress in delivering the audit plan is commented in more detail within Section 2 of this report.

Section 2: Audit Work Undertaken During the Period

5. Internal Audit has experienced a very high level of responsive work during the first half of this year, in response to requests from management. This work is important as it helps to address weaknesses and potential errors and/or irregularities, and Internal Audit's support is generally highly regarded in these circumstances.
6. There are currently 6 ongoing investigations. Details of the work being carried out are included in the report.

7. The planned audit work done continues to confirm the Council generally has appropriate controls in place and that the controls are operating effectively. More details are provided in paragraph 2.3 and Appendix A of the attached report.

Section 3: Progress on the implementation of audit recommendations

8. There are 4 overdue major recommendations across the Council. The number outstanding has oscillated around this level for over a year, with older recommendations being cleared and new ones being added to the outstanding list. However, at the current time progress is being made on all 4 recommendations and the oldest original implementation date is October 2016. We are satisfied appropriate attention is given by senior management to outstanding major recommendations and their implementation
9. The current number of lower level audit recommendations late and still to be implemented by services is 85. In recent months we have been working with services to prioritise their clearance of these audit recommendations. We have received positive commitment from directorate management teams to doing so, and the number outstanding has reduced from 94 in April. We are pressing for progress to accelerate in the next few months and will report a full up-to-date position to the Audit Committee in February 2018.

Section 4: Performance Information

10. Performance on four out of the service's six key performance indicators is close to or above target and is currently slightly below target on the other two.
11. Results relating to major recommendations and customer satisfaction remain very positive, with 100% of critical or major recommendations agreed and 100% of Customer Satisfaction Surveys rated Satisfactory or above. Final reports issued within 5 days of client feedback on the draft report is 100%. The percentage of jobs completed within 110% of budget is close to the target of 90%, with actual performance running at 88%.
12. Performance on issuing draft reports within 15 days of fieldwork completion is slightly below target mainly due to the development needs of a junior member of staff.
13. Despite the high level of responsive work being experienced by the Service (referred to in Section 2), with the help of additional resources provided by the Assistant Director of Finance and Chief Financial Officer, the service's delivery against the planned audit work is now at 38%, a significant increase on the figure of 15% reported in July 2017. Although the current performance remains slightly behind target at this stage, the improved rate of delivery is expected to continue to the point where sufficient planned work will be achieved to provide an audit opinion at the end of the year on the Council's control, risk and governance arrangements, as required by the Auditing

standards. As Head of Internal Audit I am satisfied with the current position and that appropriate action is being taken to address the progress on planned work.

14. Progress in implementing the actions included in the Service's Quality Assurance Improvement Plan, including recommendations arising from the Peer Review, is very good. Seven out of 11 actions are fully complete and the four remaining actions do not fall due until 31st December 2017. The full current Quality Assurance Improvement Plan is included at Appendix C in the attached report.

RECOMMENDATIONS

15. The Audit Committee is asked:
 - To note the changes to the original audit plan
 - To note the internal audit work completed in the period
 - To note progress made by officers in implementing previous audit recommendations
 - To note information relating to Internal Audit's performance in the period, the arrangements made to manage the demand for responsive work and progress in implementing actions set out in the Quality Assurance Improvement Plan.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

16. Effective Internal Audit arrangements add value to the Council in managing its risks and achieving its key priorities of improving services provided to the citizens of the borough.

BACKGROUND

17. This report provides the Audit Committee with information on the outcomes from internal audit work and allows the Committee to discharge its responsibility for monitoring Internal Audit activity.

OPTIONS CONSIDERED AND RECOMMENDED OPTION

18. Not applicable - for information only

IMPACT ON THE COUNCIL'S KEY OUTCOMES

19. Internal Audit assesses how effectively the Council is managing risks that threaten the achievement of the Council's objectives. Any improvement in the management of the risks will have a positive impact thereby increasing the likelihood of the Council achieving its objectives. Internal Audit's work is, therefore, relevant to all priorities but in particular the following:

Outcomes	Implications
<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
<p>Council services are modern and value for money.</p>	<p>The work undertaken by Internal Audit improves and strengthens governance arrangements within the Council.</p>
<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The work undertaken by Internal Audit improves and strengthens governance arrangements within the Council and its partners.</p>

RISKS AND ASSUMPTIONS

20. The implementation of internal audit recommendations is a response to identified risks and hence is an effective risk management action.

LEGAL IMPLICATIONS

21. There is a statutory obligation on the council to provide an adequate and effective internal audit of its accounts and supporting systems of internal control.

FINANCIAL IMPLICATIONS

22. There are no specific financial implications associated with this report.

HUMAN RESOURCE IMPLICATIONS

23. There are no specific human resource implications associated with this report.

TECHNOLOGY IMPLICATIONS

24. There are no specific technology implications associated with this report.

EQUALITY IMPLICATIONS

25. We are aware of the Council's obligations under the Public Sector Equalities Duties and whilst there are no identified equal opportunity issues within this report; all of the reports covered by the document will have taken into account any relevant equality implications.

CONSULTATION

26. There is consultation with managers at the outset, throughout and at the conclusion of individual audits in order to ensure that the work undertaken and findings are relevant to the risks identified and are accurate. Regular meetings are held with Senior Management to ensure there is effective and relevant Internal Audit coverage provided.

BACKGROUND PAPERS

27. United Kingdom Public Sector Internal Audit Standards, audit working files and management information, customer satisfaction responses

REPORT AUTHOR & CONTRIBUTORS

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Colin Earl
Head of Internal Audit

Appendices Attached

Appendix 1 - Internal Audit Progress Report to October 2017

Doncaster Council

Internal Audit Progress Report

July to 26 October 2017

Section 1: Revisions to the Audit Plan

- 1.1. The 2017/18 Audit Plan was approved by the Audit Committee on 6th April 2017. As the audit year progresses, the plan is reviewed to take into account new and emerging risks and any responsive work arising. So far in 2017/18 the service has received and responded to a high number of responsive work requests (see section 2), which have required a review of the plan alongside a review of available resources. Amendments to the plan are set out below.
- 1.2. It is proposed to add the following jobs to the plan:
 - Deprivation of Liberties – Financial Process Review – The original investigation is complete. This has been added to give advice on the development of proper financial processes for the new care first pathway.
 - Occupational Therapy – This is a responsive review into concerns over previously poor management of the service. This review will cover financial, governance and asset management arrangements.
 - Homes and Communities Agency Grant – Grant added to work plan but was not originally anticipated to be required.
 - Residential and Respite Care Placement Arrangements - This was originally 2 jobs which have been combined. This will be a decision making and financial review.
- 1.3. The following jobs have been removed from the plan:
 - Schools Pre Academisation Deficits – Based on Internal Audit Risk Assessment Planning process this work is no longer required and frees up Internal Audit time to undertake areas added to the Internal Audit Plan.
 - Schools Financial Value Standard Challenge – Based on Internal Audit Risk Assessment Planning process this work is no longer required and frees up Internal Audit time to undertake areas added to the Internal Audit Plan.

Section 2: Audit Work Undertaken During the Period

Internal Audit Opinion

- 2.1 Internal Audit provides an opinion on the control environment for all systems, services or functions which are subject to planned audit review. The opinions given are taken into account when forming our overall annual opinion on the adequacy and satisfactory operation of the Council's governance, risk management and internal control arrangements at the end of the year. A '*limited*' opinion is given in any area under examination where

one or more concerns of a 'fundamental' nature are identified. A '*no assurance*' opinion is given where the area under review is considered to be fundamentally exposed to critical risks, although '*no assurance*' opinions are rare.

Summary of Findings from Audit Reviews

2.2 Summary conclusions on all significant audit work to 26 October 2017 are set out in **Appendix A**.

Direct Payments

2.3 In 2016, a Direct Payments Audit resulted in a limited assurance opinion being given due to a large number of high level audit recommendations (14 major, 8 significant, and 3 significant outstanding recommendations from 2014). Following earlier full reports to the Audit Committee on this matter, it was agreed a follow-up audit would be carried out to assess progress being made to improve the arrangements in place and respond to former audit recommendations.

2.4 Follow-up audit work is currently underway and will be completed in time to provide a full report to the Audit Committee in February 2018. Early findings from the review show that while the majority of recommendations have been implemented, some of the agreed improved processes are not continually being carried out and, as a result, the risks have not yet been fully mitigated. In particular, issues that need to be addressed include:

- There is no main lead officer in place responsible for improving the whole direct payments process from care assessment through to validation of payments made. Due to this, improvements made at the start of the process are not effective later in the process and vice versa. Numerous staff changes have meant that there is no clarity regarding the overall direction of the service.
- Debt management processes have been improved, however, input from social care staff is sporadic resulting in an unnecessary level of debt accruing in some cases. Early involvement by social care workers in helping gather information about and assess clients' ability to meet their contributions would help to manage this situation.

Audits providing 'limited' assurance opinions

2.5 Our work concluded that the control environment was inadequate in 2 audits completed during the period, leading to the issuing of a limited assurance opinion in these areas, as detailed below:

Supported Living – Contract Monitoring Review

2.6 A Limited opinion was given due to control weaknesses identified in respect of the Care Management Function. The main issues arising were:

- Analysis of the CareFirst System identified that around two-thirds of clients recorded on the system had either no review date or their review

was overdue. In the absence of any review date or an overdue review date, it cannot be confirmed that Clients' care is up to date in accordance with their needs.

- In addition, failure to undertake reviews adversely impacts upon the financial assessment process and the accuracy / timeliness of the identification and collection of any payments due from the Client and / or the Clinical Commissioning Group (CCG).
- Payments to Service Providers are processed upon receipt of a payment schedule. Whilst this accords with the terms of the contract, it was noted that the CareFirst System does not currently have the functionality to record payments made to Service Providers, which makes the gathering and reconciliation of payments to services provided inefficient.
- The lack of up to date reviews may also give rise to data quality issues in respect of the accuracy, completeness and integrity of the data recorded on the CareFirst System.
- Data recorded on the CareFirst System is not shared with the CCG which hinders the reclaiming of Continuing Health Care (CHC) payments from the CCG.

2.7 Management is aware of these issues and these will be addressed in future versions of the Care Management System.

Continuing Health Care – Debt Management

2.8 This audit found a lack of accountability, involvement and oversight within Adults, Health and Wellbeing in respect of the CHC recharge process. A number of practice and process weaknesses were found, which contributed to a significant level of outstanding debt. This has an adverse impact on the Council's financial position.

Responsive Audit Work and Investigations

2.9 In addition to our planned assurance work, we also investigate allegations of fraud, corruption or other irregularity and/or error, and respond to requests for assistance from the various services and functions in the Council. A summary of the significant pieces of work that have been completed or are ongoing is provided below:

Audit Area	Update
Primary School - Loss of Monies	<p>A detailed forensic investigation is taking place around the loss of cash collected for dinner monies and school trips.</p> <p>Internal Audit has issued its report and is working with the school in preparation for disciplinary proceedings.</p>

Adult Care Home Financial Review	Investigations are being carried out into potential losses at a care home and the use of residents' monies. The work is nearing completion and will be reported upon more fully when complete.
Street Lighting	Internal Audit is investigating stock management issues relating to street lamps used in the SALIX Street Light Project. The audit found substantial weaknesses in the project and stock management. A report has been issued and a closing meeting has been arranged to discuss many findings arising from the audit.
ICT Equipment Losses	Internal Audit is assisting management to put in place stronger controls relating to ICT inventory, following an inability to locate small amounts of ICT equipment.
Server Charge	Concern has been raised by a school re invoice raised by a supplier for work done to server. DMBC IT reviewed this work and concluded little work had been done. Internal Audit are working with the school to agree a strategy for dealing with the supplier.
Markets Contracts	A concern was raised by the External Auditor regarding Market rents charged and on the stall leases on the Goose Hill Market. Audit work is complete. A recommended action has been made. After a decision has been confirmed Internal Audit will write to the complainant and advise KPMG of the outcome as they originally raised the concerns.

2.10 This responsive work has accounted for a significant proportion of the work carried out by the section in this period. Whilst some of these pieces of work are nearing conclusion, others will require ongoing resourcing for a while longer. The resourcing and impact of this work is commented on further in section 4 of this report.

Section 3: Implementation of Audit Recommendations

3.1 Following the completion of audit work, improvement plans are produced in consultation with service management containing details of agreed actions and dates for their implementation. Final reports, incorporating agreed improvement plans, are then formally issued to the appropriate Director, Assistant Director and Head of Service.

- 3.2 Internal Audit subsequently seeks assurance that agreed actions arising from audit work have actually been implemented. This involves contacting the officer allocated to complete the action to obtain evidence that agreed actions have been implemented or, where they have not, that appropriate progress is being made. Where fundamental weaknesses in internal control arrangements have been identified, more detailed follow up work is undertaken.
- 3.3 Any major recommendations that are not implemented in line with agreed timescales are reported as part of the Council's quarterly finance and performance challenge process and consequently monitored through that process. Major recommendations outstanding are also reported routinely by Internal Audit to the Audit Committee.
- 3.4 A summary of all outstanding major recommendations is provided in **Appendix B**. Key issues to note are:
- a) The number of major recommendations that are currently overdue for completion is 4. These are distributed as follows:

Directorate	Overdue major recommendations 26 October 2017
Adults, Health and Well-Being	2
Regeneration & Environment	1
Finance & Corporate Services	0
Learning & Opportunities (Children & Young People)	1
TOTAL	4

(note: schools are excluded from this analysis)

- 3.5 The number of major recommendations outstanding has oscillated around this level for over a year, with older recommendations being cleared and new ones being added to the outstanding list.
- 3.6 The current number of lower level audit recommendations late and still to be implemented by services is 85. In recent months we have been working with services to prioritise their clearance of these audit recommendations. We have received positive commitment from directorate management teams to doing so, and the number outstanding has reduced from 94 in April. We are pressing for progress to accelerate in the next few months and will report a full up-to-date position to the Audit Committee in February 2018.

Section 4: Internal Audit Performance

Performance Indicators

4.1 The Audit Committee has previously agreed the key performance indicators that should be reported to it relating to the performance of the Internal Audit service. The indicators are shown below along with current performance for the period July 2017 to 26 October 2017.

Performance Indicator	Target	July to 26 October 2017	Variance (positive is good)
Percentage of planned audit work completed	50%	38%	- 12%
Draft reports issued within 15 days of field work being completed	90%	83%	- 7%
Final reports issued within 5 days of customer response	90%	100%	10%
% of critical or major recommendations agreed	100%	100%	0%
Percentage of Customer Satisfaction Surveys rated Satisfactory or above	90%	100%	10%
Percentage of jobs completed within 110% of budget	90%	88%	- 2%

4.2 The service's delivery against the planned audit work is now at 38%, a significant increase on the figure of 15% reported in July 2017. Although the current performance remains behind target at this stage, the improved rate of delivery is expected to continue to the point where sufficient planned work will be achieved to provide an audit opinion at the end of the year on the Council's control, risk and governance arrangements, as required by the Auditing standards.

4.3 The proportion of draft reports issued within 15 days of fieldwork is below target mainly due to the development needs of a junior member of staff.

4.4 Results relating to major recommendations and customer satisfaction remain extremely positive with 100% of critical or major recommendations agreed and 100% of Customer Satisfaction Surveys rated Satisfactory or above. Final reports issued within 5 days of the clients' response to the draft report is achieved in 100% of cases so far this year and the % of jobs delivered within 110% of audit budget is acceptably close to target at 88% (note this excludes jobs completed by the audit junior)

Quality Assurance Improvement plan

4.5 In February 2017, Internal Audit was reviewed by the Head of Internal Audit and the Audit Manager from Kirklees Council and this was reported to the Audit Committee at its meeting on 6 April 2017. The assessment confirmed

that Doncaster's Internal Audit Service meets the highest of the three possible ratings within the standards, i.e. that the service "Generally Conforms" with the standards.

- 4.6 The peer review report identifies seven observations noted either by the reviewers themselves, or by Members and officers interviewed by the reviewers. The observations, and actions emanating from them, have been incorporated into the Service's Quality Assurance Improvement Plan (QAIP). The QAIP is attached at **Appendix C**.
- 4.7 Progress in implementing the actions included in the Service's Quality Assurance Improvement Plan, including recommendations arising from the Peer Review, is very good. Seven out of 11 actions are fully complete and the four remaining actions do not fall due until 31st December 2017.
- 4.8 Key actions delivered include refining reporting to the audit committee around audit planning and reporting, identifying and developing staff, and updating the Internal Audit Strategy and Charter. The four remaining actions do not fall due until 31st December 2017 and relate to the completion of a service needs assessment to inform Internal Audit service provision in 2018/19 and to further develop the Council's assurance mapping methodology and arrangements. These will be completed by the due date.

APPENDIX A

Summary of Planned Audit Work Completed

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
FINANCE AND CORPORATE SERVICES				
Declaration of Interest – Counter Fraud Management	The audit examined the extent to which the Declaration of Interest and Gifts and Hospitality policies and procedures are complied with.	11/08/2017	<i>Partial Assurance</i>	Improvements are required both with the guidance and processes currently in place.
REGENERATION AND ENVIRONMENT				
Highways Grants – Specific Grant 31/2784	Confirm expenditure and that it is in keeping with the conditions of the grant. Sign off the grant statement as true and fair as stipulated by the grant.	09/08/2017	n/a – grant claim	Grant signed, no issues raised.
ADULTS, HEALTH & WELLBEING				
Disabled Facilities Grant –	Confirm expenditure and that it is in keeping with the	15/08/2017	n/a – grant claim	Grant signed, no issues raised.

31/2244	<p>conditions of the grant.</p> <p>Sign off the grant statement as true and fair as stipulated by the grant.</p>			
Contract Monitoring Review – Supported Living	<p>The objective of the Audit has been to provide an opinion on the adequacy of the contract management arrangements for the provision of Supported Living Contracts.</p> <p>The contract relating to Care UK Learning Disabilities Services Limited, now known as Living Ambitions, was selected for review. An assessment and critique of the contract has been undertaken.</p>	08/09/2017	<i>Limited Assurance</i>	<p>The current contract and specification does not adequately provide clarity regarding roles and responsibilities of key contract personnel which may adversely impact upon the accountability of the those involved in the administrating the contract. In addition, the contract does not appear to include qualitative performance measures in order to adequately measure the quality of service provided by Service Providers.</p>
Continuing Health Care Debt Management	<p>The objective of the Internal Audit review is to provide an opinion as to whether there are adequate mechanisms and governance arrangements to ensure that CHC monies are dealt with in</p>	12/09/17	<i>Limited Assurance</i>	<p>There appears to be a lack of accountability, involvement and oversight within Adults, Health and Wellbeing in respect of the CHC recharge process.</p> <p>The relatively high number of underlying practice and process issues appear to have contributed to the significant level of outstanding debt.</p>

	a fair and equitable manner between both Doncaster CCG and Doncaster Council and that any outstanding monies due from the CCG are effectively validated, managed and recovered.			This has an adverse impact on the Council's financial position.
CORPORATE				
Troubled Families Grant (April to July)	The grant requires that the arrangements to verify the grant are confirmed by Internal Audit. 6 Criteria are assessed to ensure that Sustained & Significant improvement is made or in the case of an adult which was out of work is now in employment. This is Based on the Governments Troubled Families programme.	25/08/17	n/a – grant claim	None
Partnerships	The Council's arrangements for working in partnerships were reviewed and recommendations made to improve reporting. The review also led to the consideration of the Council's continuing involvement in a number of	July 2017	n/a – advisory	The risks are now being better managed. Regular reports will be presented across the Council on partnerships' activities to ensure there is much better awareness and consideration of the activities. Proposals have been put in place to withdraw from 2 partnerships and the Council's involvement in several others has been reviewed.

	partnerships.			Refreshed training has been rolled out to Council appointees, to assist them in carrying out their duties on behalf of the Council.
Officer Decision Records	A significant review of the current arrangements for officer decision making has been completed, leading to several recommendations to update and improve current practice, policies and procedures.	October 2017	n/a – advisory	Changes are being implemented to better comply with regulations, improve the quality of Officer Decision Records (ODRs), improve understanding amongst officers and improve publication of ODRs

APPENDIX B

Outstanding Major Recommendations

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
Adults and Communities						
Over-payment Review of Direct Payments	<p>Money management companies are used to make payment for direct payments, to ensure service users have access to their personal budget but in a controlled manner, ideally in cases where service users are not good at managing their own money or have had previous problems managing money.</p> <p>There is currently no contract in place for a company that is managing multiple service users' personal budgets.</p>	<p>Companies become financially reliant upon DMBC money. Reputational risk of mismanagement</p>	<p>Contracts will be considered and put into place for all companies that are managing service users' personal budgets on their behalf.</p>	31/10/16	31/12/17	<p>An agreed CPR Waiver to continue with the current supplier to allow a commissioning exercise to be undertaken in line with CPR's ends February 2018. A firm decision has not yet been made as to the scope of what needs to be commissioned. Hence it is unlikely that that a new contract will be in place for 1st March 2018.</p> <p>A new agreement is being formulated with the current provider to extend the contract until Aug 2018. Unless a further waiver is agreed any extension will be in breach of CPRs.</p>

Solar Centre	A review of the Solar Centre CPR breach situation raised questions as to whether there are sufficient resources to manage current procurement plans and contractual agreement effectively.	Further breaches may occur.	Review of the resourcing of the Adults Plan for dealing with contracts in breach / coming to an end to ensure further breaches are minimised - allocate responsibility; identify clear reporting lines and frequencies.	30/09/17	30/11/17	A separate report has been produced for Audit Committee.
Learning and Opportunities: CYP						
Aiming High Care Package efficiencies	<p>The Aiming High budget has been overspent for a number of years. It is for Aiming High to prioritise where they incur expenditure and identify efficiency savings to offset expected overspends.</p> <p>However, there is an ongoing trend of an increase in cases within the service, with the net number of children at 31st March 2016 being 23 more than that 1st April 2015</p>	Budget overspending may increase.	A working group should be formed to identify and assess possible ways of reducing the budget pressure e.g. review of all care packages above £X, cost / benefit analysis of services provided etc.	09/11/2016	31/12/2017	<p>The Working Group was formed in 2016 and produced a comprehensive action plan to reduce the budget overspend (£321K 16/17). Budgets have been increased to allow for an increasing service usage.</p> <p>A reduction in budget overspend has been achieved along with the strengthening of budget monitoring controls.</p> <p>Planned actions to</p>

	and there is currently an average of 4 new cases a month in 16/17.					identify further efficiencies have been identified and budget breakeven is predicted end 18/19. However, there is still a £150k projected overspend for 17/18 resulting in this action being continually monitored.
Regeneration & Environment						
Waste & Recycling	A reconciliation of service contracts from the Mayrise system to the debt raised on the E5 Account Receivable system will be carried out to ensure that all customers who receive a collection service have been charged and charged correctly.	Income may not be invoiced or may be invoiced incorrectly as there is no ongoing transactional check or overall reconciliation in order to identify such omissions or errors.	A reconciliation of service contracts / charges from the Mayrise system to the debt raised on the E5 Account Receivable system will be carried out to ensure that all customers who receive a collection service have been charged and charged correctly.	30/09/17	30/12/17	The finance module within Mayrise is now operational and staff have been trained in its use. This action cannot be implemented until trade waste customers are given unique numbers/accounts. Work is underway to create the unique numbers/accounts.

APPENDIX C

Internal Audit – Quality Assurance Improvement Plan

Ref	Issue	Agreed Action	Lead Officer	Deadline	Position at October 2017
Actions Emanating from the UKPSIAS Self-Assessment 2016 and Customer Survey 2016					
1	Skill mix to be completed and production of a team development plan. Summarise development needs for the team overall, taking into account current and ongoing requirements (examples; job briefing, communication and reporting – see below, excel, word, risk based auditing, adding value), and potential future developments (CAATs, contract audit, partnerships etc).	<p>Map and compare current team skills, qualifications, experience, with work included in the audit plan for 2016/17.</p> <p>For any gaps, include development requirements in the team development plan.</p> <p>Highlight any work in the plan that is outside of current skills available.</p>	Colin Earl	<p>28 February 2017</p> <p>31 July 2017</p>	<p>Completed: Immediate team development priorities identified and scheduled.</p> <p>Completed: A full skills audit has been completed and used to inform completion of 2017 PDRs</p>
2	Appraise opportunities for improving the efficiency and effectiveness of the whole end-to-end audit process	Complete a refresh of the end-to-end audit process, to cover planning, job briefs, undertaking audit work, reviews, reporting and communication	Colin Earl	30 June 2017	Completed. Refresh completed by 30 April 2017, with staff training refresh sessions and subsequent roll-out of refreshed procedures. New procedures are now being implemented.

3	An update of audit procedures is outstanding, pending upgrade of the internal audit electronic management system.	Update the audit procedures (manual) following implementation of the new electronic audit system – cross reference to Standards to demonstrate compliance	Nici Frost-Wilson	30 June 2017	Completed; All material is available to staff and training has been provided as required.
4	Develop assurance mapping to strengthen the Council's internal control arrangements	Work with the Strategic Performance Unit to develop Assurance Mapping	Colin Earl	31 December 2017	Ongoing; Preliminary work completed. A process has been drafted and piloted in one service area. Consultation is being held with officers to assess options for rolling-out the process.
Actions Emanating from the External Peer Review 2017					
5	At present the Audit Committee does not receive oversight of the full audit universe to be able to consider and challenge audit coverage in all aspects of Council activity as part of the approval of the Audit Plan.	The audit planning process should be widened to include reporting of the audit universe to the Audit Committee. This change may dovetail with the assurance mapping exercise being co-ordinated by the HoIA – see action point 4 above	Colin Earl	6 April 2017	Completed: The audit universe and current assurance mapping was presented to management and the Audit Committee alongside the draft Audit Plan 2017/18.
6	Delivery of planned work is reported as a % figure to the Audit Committee in the Progress Reports of the HoIA. The calculation methodology includes account for	The HoIA to add explanation to reporting arrangements of plan completion in the performance information section in Progress Reports. This would help	Colin Earl	From 6 April 2017	Completed; Information in the audit progress reports and annual report has been extended to include details of the calculation

	work in progress.	management and Members monitor plan completion progress and to understand the implications of undertaking unplanned commissions and to consider the need to revise the annual plan.			methodology, including where relevant, the implications of prior year and unplanned work.
7	The need and scope for collaboration including any joint working arrangements should be reviewed on an ongoing basis This view was partly reinforced through discussions with SLH regarding opportunities for more horizon scanning and wider dissemination of best practice generally in areas under audit review, that may be gleaned from other authorities with landlord responsibilities, which they identified would be particularly welcome	<p>Opportunities for collaboration, information sharing and service development are kept under review on an ongoing basis. A formal assessment of service needs will be completed during 2017/18, to inform the internal audit service provision from 2018/19.</p> <p>A review step will be built into audit work to explicitly consider alternatives to assist services in their development, to add better value to the audits completed.</p>	Colin Earl	31 December 2017	This work is substantially complete and will be finished by November.
			Colin Earl	30 April 2017	Completed ; This step is specifically included in the audit end-to-end process.
8	Consider the team resilience, continuity, and development issues on an ongoing basis and in particular how capacity could be addressed if any of the three managers were to leave in the short to medium term.	Options would include developing and providing more opportunities and exposure to other staff within the team, mainly principal auditors The HoIA to monitor the position and tailor the team development	Colin Earl	31 July 2017	Completed ; The completion of complex work and the enhanced involvement of other staff in finalising and reporting complex work was considered through the 2017/18 Personal Targets

		plan to ensure, perhaps by way of coaching and exposure of principal auditors to completing and delivering complex work, the service can continue to meet future requirements.	Colin Earl	31 December 2017	and Development Planning Processes. A formal assessment of service needs will be completed during 2017/18, to inform the internal audit service provision from 2018/19. This work is substantially complete and will be finished by November.
9	For the purpose of clarity and transparency, the details of the audit services provided to SLH and Drainage Boards should be included within the Internal Audit Charter and the Strategy should be updated in respect of the Children's Services Trust.	An updated Audit Charter and Strategy will be presented to the Audit Committee in July 2017, to incorporate comments made by the Peer Review and changes to auditing standards that are currently being consulted on.	Pete Jackson	27 July 2017	Completed ; The revised Charter and Strategy have been presented to the July Audit Committee incorporating changes to the auditing standards and the issues identified as part of the Peer Review.
10	Internal Audit job descriptions should be revised to include reference to the PSIAS	All job descriptions will be reviewed as part of the full service review to be completed by the end of December, 2017	Colin Earl	31 December 2017	This work is substantially complete and will be finished by November.
11	The PSIAS self-assessment identified a number of development issues which were incorporated into an action plan. Several of these have been completed but a number	The action plan will be merged with the Quality Assurance and Improvement Programme referred to in the recommendations made in the	Colin Earl	6 April 2017	Completed : Consolidated Action Plan produced and appended to the 2017/18 Audit Plan

	remain ongoing. The HoIA should ensure full implementation of the remaining issues in the self-assessment action plan.	peer review, and reported to the Audit Committee on a regular basis to enable monitoring of progress.			
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26 October 2017

To the Chair and Members of the Audit Committee

PREVENTING AND DETECTING FRAUD AND ERROR – APRIL 2016 to SEPTEMBER 2017

EXECUTIVE SUMMARY

1. This attached Report summarises the work done by the Council during the period April 2016 to September 2017 to prevent, detect and investigate fraud and corruption in line with the Government's *Fighting Fraud and Corruption Locally* Strategy, minimise errors whether caused by fraud or not.
2. The report shows that the overall incidence of fraud remains very low in general terms, taking into account the scale of the Council's activities. Proactive counter fraud activities to prevent and detect fraud and error early continue to be a big focus in the Council's strategy, and the results of the proactive activity now surpass the results of reactive, referral based investigative work.
3. Fraud and error highlighted in the report include:

• 782 Council Tax Single Persons Discounts cancelled	£195,500
• 3 prosecutions, 4 cautions and 3 pending cases relating to blue badge fraud.	----
• Housing Benefit – Fraud and Error Recovery Incentive Scheme (FERIS)	£15,744
4. Additionally, proactive checks by the Council have prevented duplicate payments of £2.8m being made.

EXEMPT REPORT

5. This report is not exempt.

RECOMMENDATIONS

6. The Audit Committee is asked to note the production of the Fraud Response Report and agree to appropriate publicity being produced to highlight the outcomes from the Council's anti-fraud activity and to act as a deterrent to fraud.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. Fraud and corrupt activity divert scarce resources away from Council services. The cost the tax payer money that could have been used for the benefit of local citizens. Maintaining a strong counter fraud stance helps to minimise fraud losses and deter fraudulent activity

BACKGROUND

8. The production of an annual fraud response report, which details the work done to counter fraud and corruption, is in line with good practice recommended by CIPFA. Doncaster Council aims to foster a zero tolerance approach to fraud and seeks to educate staff on identifying fraudulent behaviour, educate managers to assess the risks of fraud in their areas and to detect and investigate fraud where it is identified. The Council's commitment to combatting fraud and corruption is contained in the Anti-Fraud and Corruption Framework which is approved by the Audit Committee.

OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

9. Not applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The safeguarding of public monies and the recovery of overpayments (fraud and error), ensures that monies are available to fund essential services and reduce the pressure on the Council's finances.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The safeguarding of public monies and the recovery of overpayments (fraud and error), ensures that monies are available to fund essential services and reduce the pressure on the Council's finances.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>None</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>None</p>
	<p>Council services are modern and value for money.</p>	<p>The safeguarding of public monies and the recovery of overpayments (fraud and error), ensures that monies are available to fund essential services and reduce the pressure on the Council's finances.</p>

	Working with our partners we will provide strong leadership and governance.	Working with our partners to combat fraud and corruption is important to protect the overall public purse. The Council works with St Leger Homes to combat tenancy fraud and actively participates in the National Fraud Initiative to identify and combat fraud across the public sector.
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RISKS & ASSUMPTIONS

10. Failure to address fraud and corruption risks causes:-

- reputational damage to the Council from fraud and corrupt practices;
- diverts scarce resources away from priority services to the detriment of our citizens

LEGAL IMPLICATIONS

11. The Council is obliged to minimise the loss of resources resulting from fraud and corruption. It is also obliged to publish the data in the Annual Fraud Report under the requirements of the Transparency Agenda. This information will be published on the Council's website.

FINANCIAL IMPLICATIONS

12. Failure to minimise and effectively deter and combat fraud and corruption detracts from Council funds and therefore Council service delivery.

HUMAN RESOURCE IMPLICATIONS

13. None

TECHNOLOGY IMPLICATIONS

14. None

EQUALITY IMPLICATIONS

15. Every citizen in Doncaster is affected by fraud both as a result of fraud committed against them and fraud committed against the Council. Whilst every citizen is affected, fraudsters generally target citizens with protected characteristics such as the young, the elderly, those with mental health issues or those with learning disabilities.

CONSULTATION

16. None

BACKGROUND PAPERS

17. The Council's Anti-Fraud and Corruption Framework

REPORT AUTHOR & CONTRIBUTORS

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Tel 01302 862939 E-mail - colin.earl@doncaster.gov.uk

Appendices

Appendix 1 – Preventing and Detecting Fraud and Error – April 2016 to September 2017.

Steve Mawson
Chief Financial Officer &
Assistant Director of Finance



Doncaster Council

Preventing and Detecting Fraud and Error

April 2016 to September 2017

Introduction – The Overall Picture



Doncaster Council is committed to protecting the public purse and preventing (and detecting) fraud and corruption against public monies and errors resulting in losses.

The nature of the Council is constantly changing. This means that the Council's approach to counter fraud and error work is constantly under review. Fraud investigation and counter fraud resources for the Council have reduced over the last 2 years, primarily

because of the transfer of the responsibility (and associated resources) of the investigation of Housing Benefits Fraud to the Single Fraud Investigation Service within the Department of Work and Pensions. This was reported in the 2015/16 Annual Fraud Report.

The investigation of fraud within the Council is carried out mainly by Internal Audit, although investigation work is also undertaken within Parking Enforcement in respect of Blue Badge fraud and within Revenues and Benefits in respect of Council Tax and Business Rates.

This report documents the Council's activities in respect of fraud prevention, detection and pursuit, and reports on both proactive counter fraud work and responsive investigative work. Our strategy in this respect is documented in the Council's Anti-Fraud and Corruption Framework which is available on the Council's internet site at <http://www.doncaster.gov.uk/>. Our strategy is aligned to the Government's Fighting Fraud Locally 2016-2019 strategy (shown visually below).



Information within this report is required to be published under the Government's Transparency Agenda.

The report also includes steps taken by the Council to minimise errors, which may or may not include fraud.

The Overall Picture

The Council remains exposed to fraud risks but is consciously aware of them and their affects and takes proactive steps to prevent and detect fraud across the Council.

The overall level of fraud experienced by the Council remains very low for a council of this size and proactive detection and data matching is helping to further mitigate any such risks. Because each of our activities is different, consolidating everything into 1 set of figures is not appropriate. Instead, KEY STATISTICS boxes against all activities give information on the success (and context) of each of our activities individually.

The remainder of this report documents our counter fraud and investigative activities for the period April 2016 to September 2017.

Counter Fraud Activity – Acknowledge

The shape and activities of the Council are constantly changing to keep pace with the changes in economy, society and political environmental within the UK. These developments present new and changing fraud risks that must be taken into account to effectively tackle fraud and corruption.



Roles and Responsibilities

- *The Council has a duty to protect the public purse in all of its activities.*
- *The Council's Anti-Fraud and Corruption Framework outlines the roles and responsibilities across the Council in fraud matters.*
- *Internal Audit remains a key player in the investigation, prevention and detection of fraud.*
- *It remains the responsibility of managers throughout the Council to implement robust controls that prevent and detect fraud where it occurs.*
- *Since 2015/16, the Council no longer has responsibility for the investigation of Housing Benefits Fraud which transferred to the Department for Work and Pensions.*

Fraud Risks

- *The Council has a Fraud Risk Register that is in use that is currently maintained by Internal Audit. This is a very comprehensive list containing 30 different fraud risks. Fraud risks now need to be developed in service risk registers.*
- *Discussions are programmed for quarter 3 and 4 2017/18 to review directorate level risk registers which may then be included on the Council's Pentana Risk Management System for future monitoring.*



Training and Awareness

- *Training was delivered to 98 officers and 20 elected members in February / March 2016.*
- *A new e-learning course has now been completed and will be rolled out across the Council in Quarter 3 2017/18. This is aimed at all staff.*
- *Fraud and awareness sessions are routinely delivered to new starters and new managers at St Leger Homes.*

Counter Fraud Activity– Prevent and Detect

The Council aims to prevent fraud through robust internal controls and governance arrangements controlling how the Council is run. These arrangements are the subject of audit reviews and are reported regularly to the Audit Committee.

Detection, however, comes in the forms of many different initiatives.



The National Fraud Initiative (NFI)

The Council actively participates in the NFI annually run by the Cabinet Office. The NFI matches the data of over 1,300 public and private sector bodies in order to identify data conflicts and anomalies that could be fraud or error for investigation. This is a significant piece of work for the council.

NFI matches are released annually and data checks on any potential anomalies are carried out on a 2-yearly cycle. The Council also has its own internal arrangements to detect and address potential fraud and errors (in particular the Council has its own software that runs checks on a daily basis for potentially duplicated creditor payments).

Outcomes

The 2 identified fraud cases relate to a single person who was on the council house waiting list. This individual was an immigrant who no longer had the right to remain in the UK and had no entitlement to social housing. This individual has now been removed from the housing waiting list.

Detected errors are usually related to data quality or timing issues. These are being corrected as appropriate as the work progresses.

Key Statistics

NFI Reports Released	122
Matches Reviewed to Date	1,481
Matches Still to Review	3,795
Frauds Detected	2
Issues Still Under Investigation	64
Errors Detected	65

Counter Fraud Activity– Prevent and Detect



Blue Badge Fraud

Blue badge fraud occurs where individuals use a blue badge (issued to someone with reduced mobility) without any entitlement to. This can include the use of badges by family or friends where the disabled person is not present or the use of badges where the individual the badge-holder has deceased.

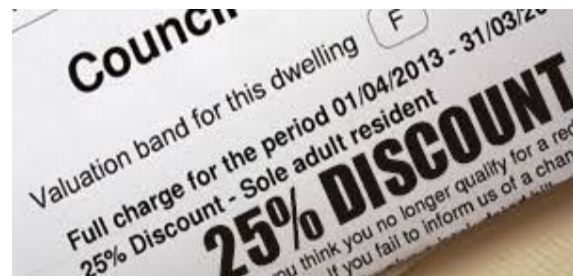
- Blue badge fraud takes up valuable spaces for less mobile and / or elderly persons and reduces Council parking revenue.
- 12 future operations are currently planned for the remainder of this year to detect further cases and act as a deterrent to anyone considering misuse of a blue badge.

Key Statistics 2017/18

Formal Cautions	4
Awaiting Court Date	3
Prosecutions	3

Single Persons Discount Reviews

Residents living alone can make a claim for a 25% reduction in their Council Tax – the Single Person’s Discount. 30,000 residents in Doncaster claim the discount of an average of around £250 per household each year. In January, 2017 the Revenues and Benefits Team commenced a review of households making claims in conjunction with a credit checking company which is able to check whether more than one person is financially active in any individual property.



Where the data matching indicates more than one person lives at any address, a letter is sent to the Council Tax-payer seeking confirmation about the current number of occupants. The responses (or failure to respond) have the dual benefit of enabling the Council to update its records and / or cancel discounts given.

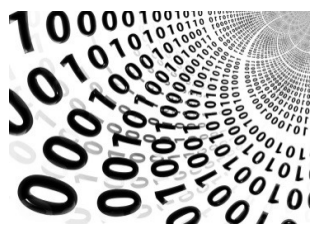
To date, 14,639 accounts / households have been reviewed. **782 discounts have been cancelled**, representing a cancellation rate of 5.3% of the accounts reviewed.

This is estimated to bring in £195,000 of additional income to the Council.

Key Statistics

Number of households claiming single persons discount	30,000
Household accounts reviewed to date	14,639
Number of discounts cancelled	782
Value of Single Persons Discount Cancelled	£195,000

Counter Fraud Activity– Prevent and Detect



Internal Data Matching Initiatives

Doncaster Council holds lots of information in lots of different information systems. This information can be analysed and cross matched in order to detect fraud and error. 3 different initiatives have been undertaken during the year. These are highlighted here.

Creditor Invoice Matching

The Council runs software on a daily basis that seeks to highlight potential duplicate payments (i.e. the same invoice submitted for payment twice). Any actual or potential duplicate payments identified by the data matching exercise are reviewed by the Council's Accounts Payable team and payments cancelled or recovered as appropriate. This data matching is also run for St Leger Homes and the Doncaster Children's Services Trust. **Over £2.8m of potential duplicate payments has been prevented since April 2016.**

Key Statistics

<u>Year</u>	<u>Number of Invoices</u>	<u>Value Prevented</u>
2016/17	115	£2.5 million
2017/18 to date	45	£0.3 million

Payroll to Creditors Matching

Internal Audit runs data comparisons on a monthly basis between Payroll and Creditors data in order (1) to detect employees who are incorrectly remunerated through the creditors payments system or (2) to identify any potential conflicts of interest between Council employment and other external business interests that are improperly managed and could expose the Council to fraud.

Key Statistics

Number of matches reviewed	1,353
No substantive issues found	1,343
Conflict of Interest Found and Resolved	1
Employees Incorrectly Paid Via Creditors	*9

* These records relate specifically to Best Interest Assessments carried out by staff and paid incorrectly through the Creditor Payments System.

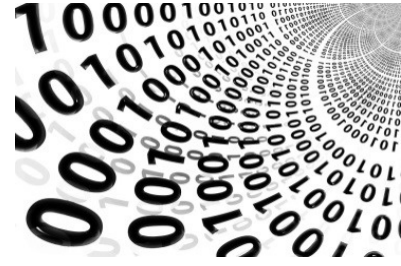
Conflicts of interest occur when the private activities of employees conflict with the activities of the Council. Not all matches will reveal an actual conflict of interest, but where they exist, there is potential for these to be exploited to the detriment of the Council. Resulting matches are investigated and acted on as appropriate.

The results have provided generally good assurance over payments made, with only 1 Conflict of Interest found and 9 employees receiving payments incorrectly through the Creditors Payments system.

Housing Tenancy to Council Tax Matching

An exercise was undertaken by Internal Audit in July 2017 to match information on housing tenancies to council tax data.

This data matching attempted to identify discrepancies between the systems worthy of further investigation such as where the Council Tax payer is not listed as a housing tenant (or other person listed as at the address as per St Leger Homes) or where there is a joint tenancy in place where there is a single persons discount in place.



Key Statistics

Total Number of Properties Matched **20,073**

Number of Matches to be reviewed **2,325**

Investigations are underway. There are no current results to report at this time.

Matches identified do not necessarily mean fraud or data error has occurred. Where single persons discount is in place for example, one of the joint tenants could be in the armed forces meaning that whilst there is a mismatch, both record sets are correct.

These matches have been issued to St Leger Homes for review and action will be taken where appropriate. Where, after review and verification, a discrepancy still exists with Council Tax Single Persons Discount, these matches will be looked at by the Council and investigated as appropriate.

Counter Fraud Activity– Pursue

The Council aims take action against any fraud that it detects during any of its activities.

The pursuit of individuals responsible for fraud is on 3 main levels.

- 1) Internal pursuit through the disciplinary policy
- 2) Civil recovery of any losses
- 3) Criminal action where possible through the Police and Courts.



The cases listed here give as much detail as possible under the Data Protection Act. Where a case is ongoing, any information that could prejudice the case has been withheld.

Internal Audit Services has worked on the following cases in the 18 months to the end of September 2018. Values have been quoted where it is appropriate to do so.

School Repairs

Work is ongoing regarding a suspected fraud with a school contractor for work invoiced that was not completed. Details of this case cannot be released as this case is still under review. Work is underway to investigate the issue and progress it with the Police as appropriate.

Market Rents

A concern was raised by a member of the public (a market trader) regarding what they believed to be an inappropriate charging of rents between different stalls within Doncaster Markets.

These issues were looked into. The concerns were unfounded and charges were properly made in line with lease agreements.

ICT Equipment

The loss of ICT equipment (new equipment) was detected within the year by the ICT Team. Newly delivered equipment had been removed from storage areas and could not be located. The position was exacerbated by weak inventory controls in place at the time, which meant the precise scale of the losses could not be identified.

Appropriate action has now been taken by the ICT Team to rectify the position.

New and better controls have been put in place and a review of these controls is scheduled to take place imminently to ensure that the arrangements are as robust as possible.

School Monies

Concerns were identified within a Doncaster school after several recurring discrepancies were noted within the cash being banked by the school totalling approximately £1,000.

Internal Audit worked with the school initially to improve cash handling controls to prevent further cash losses but as work progressed it was identified that school dinner monies, paid through an electronic school meals payment system (Parent Pay), were also similarly affected. A full investigation was launched and findings are now being considered to determine what / whether further action is now warranted.

Care Home Client Fund Administration

Concerns were raised with the management of client funds within a care home for vulnerable adults with learning difficulties. The concerns were that clients' personal monies and the home's shopping budgets were being misused by staff.

Client and home funds were reviewed in detail. Whilst there were some unexplained transactions, these were very minor in nature. The vast majority of the transactions were supported and were in keeping with the needs of the client. Issues were found with missing cash equivalent vouchers totalling £175 (35 x £5 vouchers were unaccounted for).

No responsible individual could be identified from the work undertaken but improvements in controls, the recording and checking of purchases and cash management were made to help prevent further losses and further allegations and ensure all staff were fully aware of their obligations in this respect.

Fraud and Error Reduction Incentive Scheme

FERIS is a Government incentive for local councils to reduce the amount of fraud and error within in Housing Benefit cases.

The incentive ran till March 2017.



Key Statistics

2 incentive payments generated totalling £15,774

Each local authority was given a target rate (baseline) of savings to achieve and financial incentives were available for those authorities that exceeded their baseline figures.

The Revenues and Benefits team was successful in exceeding targets and generated 2 incentive payments totalling £15,774 for 2016/17.

Right Benefit Initiative (RBI)

The Right Benefit Initiative replaced FERIS with effect from April 2017. The RBI provides financial support to help councils reduce benefits fraud and error by targeting high risk benefit cases such as those that are calculated based on the earnings of the claimant (as these can fluctuate over time and councils are not always notified of the change in earnings). The monies granted are spent on staff costs to ensure these referrals can be targeted.



Data is provided to the Department for Work and Pensions (DWP) on a monthly basis and is matched to HM Revenue & Customs PAYE (Pay as You Earn) information to identify

mismatches. To date the volume received has far exceeded expectation ranging from **508 to 914** cases referred to Revenues and Benefits per month.

Key Statistics

Referral case load per month	508 to 914
% dealt with within the 4 week target	97%

Cases referred to the Council are expected to be dealt with within 4 weeks. At a recent RBI workshop represented by 13 local councils, Doncaster topped the table of those represented, with 97% of the referrals completed within the required timescales.

Raising Concerns

Concerns about fraud and corruption against the Council are always accepted. This section gives details on how these concerns can be referred in for investigation.



If you have any concerns, please report your suspicions as quickly as possible together with all relevant details. Council would prefer you not to provide information anonymously as any subsequent investigation could be compromised if we cannot contact you to help gain a full understanding of the issues. However, we will still consider anonymous information that is received. All reported suspicions will be dealt with sensitively and confidentially.

Blue Badge Fraud Concerns



Blue Badge misuse can be reported on line on the Doncaster Council website at

<http://www.doncaster.gov.uk/report-it>

Benefits Fraud Concerns



Suspected benefits fraud can be reported on line on the Doncaster Council website at

<http://www.doncaster.gov.uk/report-it>



OR

By telephoning the National Benefits Fraud Hotline on 0800 854 440

Other Fraud Concerns

Other concerns can be reported to using any of the methods outlined in the Whistleblowing Policy or by:



Writing to :-

The Head of Internal Audit, Internal Audit Services,
Civic Office, Waterdale, Doncaster, DN1 3BU

Please mark the envelope "CONFIDENTIAL — TO BE OPENED BY THE ADDRESSEE ONLY".



By telephoning the Council's Fraud Hotline on 01302 862931

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To the Chair and Members of the Audit Committee
AUDIT COMMITTEE

INCOME MANAGEMENT PROGRESS REPORT

EXECUTIVE SUMMARY

- 1 Income Management reviews has been undertaken in key risk areas. These reviews commenced in December 2015 and since that date have resulted in:
 - Reviews having been completed in 16 key areas;
 - Corporate and service specific recommendations have been identified;
 - the identification of £296k of additional income;
 - Systems and processes have been improved to ensure that billing takes place for all goods and services
- 2 A progress report was made to Audit Committee in February 2017 and this report is being presented to the Audit Committee in October 2017.
- 3 This report has a number of improvements to income management across the council which have begun implementation. It is proposed to review Income Management improvements again by September 2018.

RECOMMENDATIONS

- 4 Audit Committee is asked to note the progress in this report and agree to the actions taken to improve income collection.

BACKGROUND

- 5 It was previously identified following the 2015 Value for Money Review, that there were potential savings within the Council in the area of Income Management and that income was not being maximised within some sections of the Council. To maximise income potential throughout the Council, it was decided that an Income Management project be established with the target of achieving £100k in additional income.
- 6 In order to achieve this target, an Income Management project plan was developed to review all major areas of the Council with the aim of identifying unbilled income. This has been resourced through the utilisation of vacancies to recruit a temporary Senior Income Management Officer within the Business Support function for Finance & Corporate Service.

WORKSTREAMS

- 7 Below is a summary of the work streams of the Income Management Project with the associated tasks for each work stream:

Work stream 1 - Income Charges (what to charge for)

- Identify current income streams.
- Identify new Income Streams.
- Assess practicality of introducing new income stream taking into account legal and policy framework.
- Develop Business case for new income streams where appropriate

Work stream 2 - How to Charge (the most effective way to charge)

- For each income stream identify current method of payment
- For each income stream assess the most efficient method of collection.
- Make recommendations to Budget Officer on most effective way of charging.

Work stream 3 - Collection and Recovery

- Compare amount collected against the total amount due.
- Analyse the methods of payment available.
- Identify where large debts remain (overdue) outstanding.
- Benchmark outstanding debt, collection days, write offs against other authorities.
- Examine remedies available for recovery of amounts outstanding.
- Provide a policy for to include when we should stop recovery process and write off debt.

Work stream 4 - Miscellaneous Income

- Introduce late payment charges

Work stream 5 - Accounting and Reconciliation

- Establish methods of recording income in each area.
- Identify any reconciliation process
- Compare actual income against budgets.
- Assess accuracy of budgets and recommend changes

8 The initial focus for the Income Management project was to review the £47.9m income from fees and charges, it does not include government grants, council tax and business rates.

INCOME MANAGEMENT PROJECT PROGRESS AND ACHIEVEMENTS

9. Having identified the major income areas, reviews commenced focussing on areas where there may be weaknesses in income management arrangements.
10. Since previous progress report additional Income Management reviews have been completed within Local Land Charges, Schools Catering, Bereavement, Car Parking/Fines, Tourism, Museums and Libraries (Appendix B). To date the project has identified over £296k of previously unbilled income and been instrumental in the collection of £146k of potential bad debts.

Actual additional income identified to date is:

UNBILLED INCOME IDENTIFIED	
Waste Management	£63,876
Licencing	£18,690
Markets Lettings	£10,568
Markets Utilities	£27,386
Schools Catering	£ 16,815
Assets & Property	£159,124
Total	£296,459

11. It should be noted that this is maximum additional achievable and is currently being compared to budget to ascertain what additional income can be budgeted for. This is mainly due to there is already a shortfall on income when compared to the budget.

FINDINGS

12. From each review a number of findings and recommendations have been identified both corporate and service specific, a summary of which are provided below. A number of reviews identified similar issues which have been classed as corporate findings:-

- No regular reconciliation – in over 50% of the reviews undertaken it was identified that there was no regular reconciliation being made between goods and services which were being provided and income which was being raised and collected;
- Unbilled Income – due to the fact that no regular reconciliations were being undertaken unbilled income to the sum of £296k was identified and invoices raised over 22 cost centres. There is potential further unbilled income in areas which have been reviewed e.g. Assets Team as only a sample of transactions have been analysed;
- Discrepancies in Income Budgets – the review of miscellaneous areas highlighted the fact that income budgets are actively being monitored as a result 31 costs centres had their income budget increased to reflect the income being received;
- Poor data quality – in over 50% of the reviews it was extremely difficult to reconcile goods and services provided to income raised and collected due to poor data quality in back office systems. Exercises have now commenced to improve the data quality;
- Payment Method of Improvement – in over 50% of the reviews it was identified that direct debit wasn't the default method of payment for recurring invoices leading to delays in receiving payment and arrears accruing. There were also a couple of areas identified which would be suitable for acceptance of payment by credit card;
- Business Process Changes – the reviews to date have identified a number business processes which need to change e.g. raising invoices promptly;
- System Integration/Development – the reviews to date have identified duplication of data entry between back office systems and E5 Accounts Receivable where there may be scope for integration between the two systems;
- Training – the reviews to date have identified the need for further training to be provided either as part of budget holder training or bespoke e.g. directorate input of direct debit mandates producing arrears reports;
- Income Management Policy – the reviews to date have highlighted the need for a Income Management Policy to raise the profile of income management as there is currently no overarching policy or guidance covering effective income management;
- E-Billing – the reviews to date have identified that the standard method of invoicing is still by post, savings could be delivered through active measures being made to introduce E-Billing across the council;
- Income Opportunity – the review of Late Payment Charges has identified that there is scope of achieve additional income (£10k) should the authority have the desire to

implement late payment charges on overdue debt

13. A number of reviews identified some service specific findings most of which involved the improvement of documentation e.g. amending the Heads of Terms documentation to include the full financial billing information, Invoicing showing individual quantity and Legal Completion Documents.

CONCLUSIONS

14. The following actions have been taken to improve income collation:-

- Regular reconciliations are being undertaken in all sections;
- A more detailed review is to be conducted in Assets and Property to identify any further missing income;;
- Direct debit is to become the default method of payment for recurring (contract) invoices;
- Business processes are due to change to ensure that invoices are raised promptly;
- Further investigations are taking place to establish if it's feasible to integrate more data between back office system and ERP Accounts Receivable;
- Debt management training is going to be provided to budget holders;
- An Income Management Policy is being developed and adopted;
- E-Billing will be considered as the default method for issuing recurring (contract) invoices;
- Late payment charges be considered for overdue debt

OPTIONS CONSIDERED

14 Not applicable – for information only

RISKS AND ASSUMPTIONS

15 At present there is a risk that all income is not being generated. With reviews taking place in individual sections, missing income is being identified and reconciliation processes are put in place. It is assumed that reconciliations will continue to be made on a regular and timely basis.

LEGAL IMPLICATIONS

16 There are no legal implications associated with this report.

FINANCIAL IMPLICATIONS

17 The financial implications are included in the main body of this report.

HUMAN RESOURCES IMPLICATIONS

18 There are no specific human resource implications associated with this report.

TECHNOLOGY IMPLICATIONS

19 There are no specific technology implications associated with this report.

EQUALITY IMPLICATIONS

20 There are no specific equality implications associated with this report.

CONSULTATION

21 There is consultation with managers at the outset, throughout and at the conclusion of individual reviews in order to ensure that the work undertaken and findings are relevant to the risks identified and are accurate.

BACKGROUND PAPERS

Not applicable

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Assistant Director of Finance

Completed and Ongoing Income Management Reviews

APPENDIX A

Work Stream	Outcome	Expected Completion
<p>Parking Permits Reviewed and found to be very tight with controls in monitoring income to actual invoices raised. Permits are account based payable in advance and scratch cards payment is made up front either by Debit Card or Cash.</p>	<p>Implemented a new field on the Car Parking Database to incorporate Accounts Receivable customer numbers to enable quicker reconciliations.</p> <p>This has led to improved income performance</p>	<p>Complete</p>
<p>Liquor Licence/Premises Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • all income was being captured; • Appropriate processes were in place to ensure that there were no delays in the collection of income. 	<p>Reconciliation has taken place between Licensing database and general ledger which identified unbilled income of £44k which has now been billed for.</p> <p>All missing invoices have now been input into the financial system so that all future income is captured.</p> <p>Accounts Receivable produce a monthly report on outstanding debtors and send to Licensing to aid debt recovery.</p>	<p>Complete</p>
<p>Metro Clean Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • all income was being captured; • Appropriate processes were in place to ensure that there were no delays in the collection of income. 	<p>Review identified that reconciliation processes were already in place and all income is being collected;</p> <p>Further work to be conducted to increase electronic payments i.e. via direct debit. This will increase the speed of collection and reduce the amount of outstanding debt.</p>	<p>Complete</p>
<p>Doncaster Markets Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • all income was being captured; • Appropriate processes were in place to ensure that there were no delays in the collection of income. 	<p>Full Data Cleanse on customer information is now complete.</p> <p>Processes have improved and now invoices are being produced within 5 working days having previously taken 90 working days.</p> <p>Unbilled Letting income of £20k was identified and invoices have now been raised.</p> <p>Unbilled Utility income of £90k was identified and invoices have now been raised.</p> <p>Processes have been improved and all new customers will be set up to pay by direct debit in advance. This will increase the speed of collection and reduce the amount of outstanding debt.</p>	<p>Complete</p>

	New computer system is being implemented by Digital Council, should be operational by the start of the new financial year. Once the new system is in place it will reduce manual intervention further making the markets operation more efficient.	
Registrars Cash handling process reviewed Reconciliation to be made between Registrars records and finance records to ensure: <ul style="list-style-type: none"> all income was being captured; appropriate processes are in place to ensure that there were no delays in the collection of income 	Cash handling process to continue until re-housed with Civic Building 2017 Online appointment booking system to be implemented and all payments to be taken either online or at Kiosk. This will eradicate all cash handling and increase efficiency in registrars being able to take more appointments instead of carrying out administration tasks. Digital Council are leading on this improvement.	Complete
Waste Management Internal Audit in Dec 2014 identified poor data quality and that there were no controls within the waste section to monitor income Reviewed and reconciled data to ensure: <ul style="list-style-type: none"> all income was being captured; appropriate processes were in place to ensure that there were no delays in the collection of income. 	Waste data is in the process of being cleansed which, when completed, may result in further income being generated. Unbilled income of £36k has so far been identified which has now been billed for	Complete
Bad Debt Provisions Reviewed bad debt provisions for 2016/17.	Quarterly monitoring of bad debt provision making sure maximising collection of outstanding debt. £98k bad debt has been collected for financial year end 2016/17	Complete
Town Centre-Alfresco License Reviewed data supplied to make sure capturing all income. <ul style="list-style-type: none"> All income has been identified. Correct process in place to ensure no delays in the collection of income All customer details are accurate to enable billing 	Review identified that reconciliation processes were already in place and all data is now being cleansed with correct customer details. All customers that have not paid are now set up on ERP system to enable Accounts Receivable to actively chase. Section has actioned invoices being raised and pro-actively seeking correct billing information. Section to develop process on what action to take on removal of table and chairs if customer does not pay license fee.	Complete

<p>Asset and Property</p> <p>Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • all income was being captured; • Correct process in place to ensure no delays in the collection of income • All customer details are accurate to enable billing • All documentation is completed with the correct information. 	<p>There has been no Internal Audit done on Income generated from Commercial Tenancies.</p> <p>Poor Data Quality from Assets which could not be reconciled to E5 system. Assets are now cleansing all data to show correct information.</p> <p>Manual reconciliation on a sample of 1100 customers line by line identified potential discrepancies in income and charges.</p> <p>Unbilled income of £31k has so far been identified which has now been billed.</p> <p>Head of Terms Document to instruct Legal section to commence with contract shown limited information. This has now been adapted to show full Billing Details.</p> <p>Completion Document from Legal shown very little billing information, this has now been adapted to show correct information for setting up E5 Customer Accounts.</p> <p>Identified that there was no payment clause shown specific within the Contract. Clause has now been drafted and is awaiting approval to implement in all contracts.</p> <p>There is no reconciliation process within Assets & Property and at present cannot be completely accurate until the Data Cleanse is completed.</p>	<p>Complete</p>
<p>Local Land Charges</p> <p>Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • All income has been identified. • Correct process in place to ensure no delays in the collection of income • All customer details are accurate to enable billing 	<p>There has been no Internal Audit done on Income generated from Local Land Charges.</p> <p>Poor Data Quality from this area could not be reconciled to E5 system. This is due to be completed by 01/04/2018.</p> <p>Identified that there is no reconciliation process within Enforcement at present to make sure all income is being generated. With the data being unreliable cannot be completely accurate until the Data Cleanse is completed.</p> <p>Identified no process in place notifying Accounts Receivable of Land Charge invoices and no process in place notifying Land Registry of a charge being removed. This is now being developed to enable clear accurate information is up to date on the Land Registry.</p> <p>Processes are being developed to enable</p>	<p>Complete</p> <p>Page 148</p>

	<p>Enforcement to potentially collect payment on the pending Land Charge before legal proceedings.</p> <p>No annual review on Land Registry for charges imposed calculating interest. Recommended that Interest be added annually and recorded to reduce loss of income.</p>	
<p>Schools Catering Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • All income has been identified. • Correct process in place to ensure no delays in the collection of income • All customer details are accurate to enable billing • Savings • Potential increase in income 	<p>Review identified that reconciliation processes were already in place and all income is being generated;</p> <p>However the data that is held within Schools Catering is accurate and controlled on a weekly basis manually. There is potential to develop this into a more automated service by introducing e-billing with all forms being received by email and indexed to EDM.</p> <p>It has been identified that this section could become “Cash Less” with potential savings of £26k.</p> <p>Further work to be conducted to increase electronic payments i.e. via direct debit. This will increase the speed of collection and reduce the amount of outstanding debt.</p> <p>It was confirmed that there is potential to increase income of which a Staff Menu has now gone into all schools to encourage teachers to use Schools Catering’s Facilities.</p>	<p>Complete</p>
<p>Bereavement Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • All income has been identified. • Correct process in place to ensure no delays in the collection of income • All customer details are accurate to enable billing 	<p>Bereavement data is unreliable and cannot be reconciled. It has been confirmed that no reconciliation has taken place.</p> <p>The data supplied by Bereavement was unreliable and proved problematic when trying to identify sample Customers.</p> <p>Out of 25 Customers only 9 could be confirmed as correct with all income being generated.</p> <p>There is no process in place to make sure there is no delays in collection of income, some of the E5 Account Customers the details were incomplete</p> <p>It was identified through the 9 identified accounts that Direct Debits were not in place, it has been recommended that Bereavement and Accounts Receivable pro-actively try to convert existing customers, with new customers automatically set up for Direct Debit.</p>	<p>Complete</p>

	<p>It was identified that there was delays in invoices being raised, but have had assurances that this will be rectified by 30/08/2017.</p>	
<p>Car Parking/Fines Internal Audit completed on 22nd June 2017. Identified that there was discrepancies within the Cash Collection to banking.</p> <p>Reviewed and found that a Project is now being actioned to become “Cashless”</p> <p>This area links into Staff Car Parking recommendations from March 2016</p> <p>Taking all recommendations forward from March 2016 review within this project to become totally “Cashless”</p>	<p>Confirmed that discrepancies are not investigated.</p> <p>Identified that supplier contracts are due to expire in line with the “Cashless” project completing by 01/04/2018. This is allowing the section to receive tenders etc</p> <p>Trial taking place at present on two car parks using the Ringo App facilities. This reduces all manual intervention. This mini project will be evaluated to see if this will work and completed by 31/03/2018.</p> <p>Implementation for becoming “Cashless” within this whole area is set to complete by 01/07/2018.</p> <p>This will lead to improved time efficiencies and increase Customer Service performance. It will also reduce the Council’s Carbon Footprint.</p>	<p>Complete</p>
<p>Tourist Information-Cash Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • Identify potential income stream • All Cash income has been collected through the till. • Correct reconciliation process in place to ensure all income collected is accurate to the Cash Book. • All daily banking of monies is reconciled. • Safe Activity Log is kept up to date and accurate 	<p>Internal Audit was completed in Dec 2015 showing several recommendations. Recommendation that more online facilities be developed to increase income. Stage 1 is under way by increasing online promotions.</p> <p>Confirmed that all cash/debit card payments through the till are now reconciled on a daily basis with two signatures required on the Declaration/Cash Sheet/Till Reading etc.</p> <p>Processes are in place with further weekly reconciliations and spot checked by Senior Management to make sure no discrepancies.</p> <p>Identified that the till takings held in the safe can be there for two weeks as Security Plus collect the cash takings on a fortnightly basis. Possible authorised personnel could bank weekly reducing the cost incurred from Security Plus. Will speed up the process of receiving income quicker into Bank Account.</p> <p>Identified that the Safe needs further security by introducing a further Activity Log Book for Markets Section who also have access to the safe.</p>	<p>Complete</p>
<p>Museums-Cash Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • All Cash income has 	<p>There has been no Internal Audit in this Area at present. Not a priority as procedures and controls in place.</p>	<p>Complete</p>

<p>been collected through the till.</p> <ul style="list-style-type: none"> • Correct reconciliation process in place to ensure all income collected is accurate to the Cash Book. • All daily banking of monies is reconciled. • Safe Activity Log is kept up to date and accurate 	<p>Confirmed that all income is being collection and registered through the tills.</p> <p>Confirmed that there are daily and weekly reconciliations with all documents being signed by two members of staff</p> <p>Identified that there is no Activity Log for the safe. It has been recommended to introduce and Activity Log and will be implemented.</p>	
<p>Libraries-Cash Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • All Cash income has been collected through the till. • Correct reconciliation process in place to ensure all income collected is accurate to the Cash Book. • All daily banking of monies is reconciled. • Safe Activity Log is kept up to date and accurate 	<p>There has been no Internal Audit in this Area at present. Not a priority as procedures and controls in place.</p> <p>Recommended Income Budgets require re-alignment to actual income.</p> <p>Confirmed that all income is being collected and registered through the tills.</p> <p>Confirmed that there are daily and weekly reconciliations with all documents being signed by two members of staff</p> <p>Identified that there is no Activity Log for the safe. It has been recommended to introduce and Activity Log and will be implemented.</p>	<p>Complete</p>
<p>Highways-Development Reviewed and reconciled data to ensure:</p> <ul style="list-style-type: none"> • all income was being captured; • Correct process in place to ensure no delays in the collection of income • All customer details are accurate to enable billing • All documentation is completed with the correct information. • 	<p>There has been no internal Audit in this Area at present.</p>	

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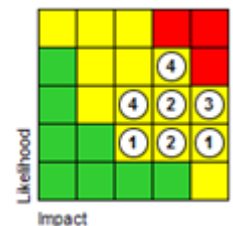
**To the Chair and Members of the
AUDIT COMMITTEE**

Q1 2017/18 STRATEGIC RISK UPDATE

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Mayor Ros Jones		N/a	N/a

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an overview of the Strategic Risks profiles in Quarter 1 2017/18.
2. There are 17 Strategic Risks and all have been updated as part of the Quarter 1 reporting process. The Heat Map shows a summary of the scores. The complete strategic risk register is attached at Appendix A.
3. No current strategic risks have been identified for demotion.
4. The following 3 risks have been proposed for inclusion in the strategic risk register and will be profiled for Q2:
 - As a result of insufficient capacity and skills in AH&WB commissioning, contract management and monitoring is not effective, leading to non-compliance with legislation and internal governance and delaying plans for joint health and social care commissioning.
 - Workforce issues in AH&WB and support services, including vacancies, recruitment, staff development and sickness, reduce the ability to transform at the pace required in current plans, leading to an inability to modernise services sufficiently to achieve the requirements of the Place Plan and Medium Term Financial Forecast.
 - An underdeveloped local market and ineffective market management affects the ability to change services, leading to market instability and difficulty in meeting the needs of vulnerable people.
5. 14 risk profiles have remained the same during the quarter.
6. Effective mitigating actions have reduced 2 profiles:
 - The potential personal financial position facing individual citizens across Doncaster Borough may result in an increase of poverty and deprivation;
 - Failure to identify and manage Health & Safety Risks



7. 1 profile has increased during the quarter:
- Failure to achieve the budget targets for 16/17 and 17/18.

RECOMMENDATIONS

8. The Audit Committee members are asked to:
- a) Note and comment on the report
 - b) Note the proposed creation of 3 new Strategic (paragraph 4)

EXEMPT REPORT

9. Not Applicable

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

10. The embedding of robust risk management arrangements within the Council incorporating the management of strategic risks creates an environment in which we can successfully meet our objectives to deliver Doncaster’s priorities and the Mayoral Priorities Outcome Framework.

OPTIONS CONSIDERED

11. Not Applicable

REASONS FOR RECOMMENDED OPTION

12. Not Applicable

IMPACT ON THE COUNCIL’S KEY PRIORITIES

- 12.

Priority	Implications
All people in Doncaster benefit from a thriving and resilient economy.	The embedding of robust risk management arrangements within the Council will contribute to the effective delivery of all the Council’s key priorities
People live safe, healthy, active and independent lives.	
People in Doncaster benefit from a high quality built and natural environment.	
All families thrive.	
Council services are modern and value for money.	
Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

13. The Risk Management Policy includes a requirement to review strategic risks on a quarterly basis and this is a matter of good management and good governance.

LEGAL IMPLICATIONS

14. Any specific implications will be reported separately and in the context of any initiative proposed to be taken in relation to the management of strategic risk.

FINANCIAL IMPLICATIONS

15. Should any specific initiatives be required, in response to the management of strategic risks, any cost implications will be reported and addressed as and when they arise.

HUMAN RESOURCES IMPLICATIONS

16. There are no direct human resources implications resulting from this report

TECHNOLOGY IMPLICATIONS

17. There are no direct technology implications resulting from this report.

EQUALITY IMPLICATIONS

18. There are no specific equality implications arising from this report. However, any activities arising from the management of strategic risks will need to be the subject of separate 'due regard' assessments.

CONSULTATION

19. Consultation has taken place with strategic risk owners and Directorate Management Teams as part of the quarterly performance challenge process.

BACKGROUND PAPERS

20. Reports generated via Covalent for Directorate Q1 challenge meetings.

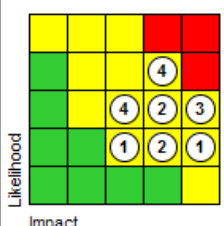
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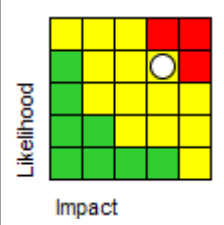
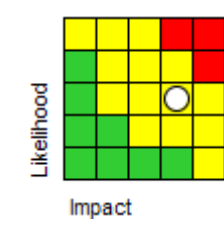
Strategic Risk Register

APPENDIX A

Current Risk	<p>There are currently 17 Strategic Risks and all have been updated as part of the Q1 reporting process. The heat map shows a summary of the scores and a more detailed update is included in Appendix A.</p>  <p>No current strategic risks have been proposed for demotion.</p> <p>The following new strategic risks have been proposed:</p> <ul style="list-style-type: none"> As a result of insufficient capacity and skills in AHWb commissioning, contract management and monitoring is not effective, leading to non-compliance with legislation and internal governance and delaying plans for joint health and social care commissioning. Workforce issues in AHWb and support services, including vacancies, recruitment, staff development and sickness, reduce the ability to transform at the pace required in current plans, leading to an inability to modernise services sufficiently to achieve the requirements of the Place Plan and Medium Term Financial Forecast. An underdeveloped local market and ineffective market management affects the ability to change services, leading to market instability and difficulty in meeting the needs of vulnerable people.
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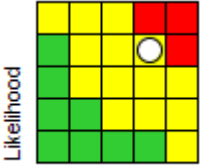
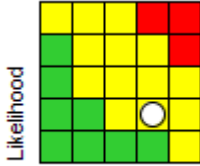
Children and Young People do not achieve in line with national expectation

Damian Allen

Current Risk	Current Position: The rapid improvement strategy is continuing and in addition to this a new reading strategy is now in place as an additional focus in this area. Indications from schools are positive and training attendance has been good. Feedback from STEPs report is positive and we are anticipating an uplift in outcomes in this area. To date the reading strategy has targeted 55 schools with results of less than 60% (which is 6% below the national average). Of the 55 schools, 43 have demonstrated improved outcomes and 8% are at either the same level or have had a slight drop. Reading strategy schools have improved performance by an average of 12% which is much higher than the national average. The new Raising Achievement Strategy is in place and work is continuing on drafting a Raising Achievement Plan to deliver the strategy. A 3rd meeting is due to be held on 13th July 2017 for the new Ofsted Leadership Network, the aim of which is to facilitate schools having an increased understanding of the Ofsted framework. Plans are continuing for a Secondary Teaching School Alliance (part of PiL), with the focus on transition, reciprocal reading and subject leader networks.	Target Risk
<p>16</p> 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> Continue to deliver the School Improvement 3 year Post Ofsted Action Plan Challenge Schools Commissioner and Sponsors of Academies on underperformance A revised School Improvement Strategy is being delivered Deliver aspects of the One Doncaster Education and Skills Commission report - including KS2 and KS4 initiatives Academy exploration and growth strategy for schools at risk of decline and those wishing to join Multi Academy Trusts Revision support in the community for students and parents - MOMU programme is now in its 2nd year and has been expanded to include KS2 and to improve reading outcomes. Early indications are that attendance is similar to last year Leadership succession and recruitment support initiatives in partnership with the Teaching School Alliance 	<p>12</p> 

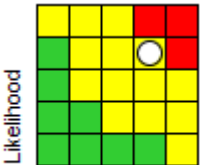
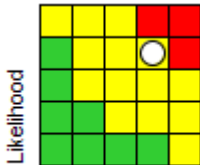
Failure to improve Data Quality will prevent us from ensuring that data relating to key Council and Borough priorities is robust and valid.

Simon Wiles

Current Risk		Target Risk
<p>16</p> 	<p>Current Situation: Following the formal agreement of the Data Quality Strategy 2016/17 – 2020/21, a working group is meeting regularly to drive forward the activity in the 2017/18 plan. Self assessments across the council for statutory returns have been completed, policy management and sign off to acknowledge the strategy and e-learning training completion have been a focus for this quarter. A huge task to ensure we can respond effectively to the GDPR by May 2018 is required and training for information asset owners has taken place to establish responsibilities and raise awareness</p> <p>Mitigating Actions: Adopt data quality standards across our key systems, enhance the self assessment process to all Information Asset Owners on the data they are responsible for, joined up working for the General Data Protection Regulation (GDPR) changes, explore the idea of data quality champions.</p>	<p>8</p> 

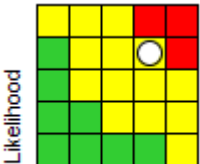
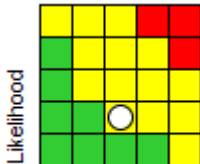
Without effective influence and engagement with the Sheffield City Region, there is a threat that Doncaster does not achieve economic potential benefit from the devolution deal

Peter Dale

Current Risk		Target Risk
<p>16</p> 	<p>Current Position: There are a number of deliberations both nationally and regionally that include the emergence of the concept of a metro Mayor at a spacial level that includes the whole of Yorkshire the importance of shaping devolution has never been more important for Doncaster. Officers and Members collectively are at the forefront of discussions ensuring any devolution deals represent the best interests of Doncaster.</p> <p>Mitigating Actions: Officers, the Executive and Members from Doncaster Council are at the forefront of deliberations both at a national and regional level on issues relating to devolution, assurances are provided through our strategic and operational role with the SY Combined Authority, in addition to representations on the numerous executive boards supporting the City Region.</p>	<p>16</p> 

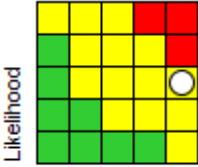
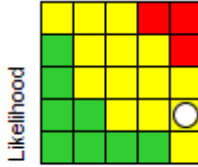
As a result of the decision for the UK to leave the European Union there is increased uncertainty across a number of policy and funding areas that could lead to disruptions in funding and/or projects locally in Doncaster.

Simon Wiles

Current Risk		Target Risk
<p>16</p> 	<p>Current Position: During June 2017 the queens speech alluded to key pieces of legislation which will enable the UK to exit the European Union and there are around 8 pieces of legislation which are likely to go through parliament. The uncertainty still remains, however the government have provided more of a road map in which to exit the European Union .</p> <p>Mitigating Actions: Review key pieces of legislation and work with regional and national government to ensure impacts of exiting the European Union are minimised as much as possible.</p>	<p>6</p> 

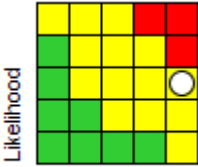
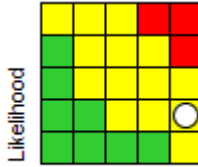
Failure by the Council and the Trust to agree and set a realistic annual budget target

Damian Allen

Current Risk		Target Risk
<p>15</p> 	<p>Current position: The Q4 Finance report, set out the provisional outturn for the financial year, subject to external audit, a surplus of (£23k). Under the 75/25 risk share mechanism in the contract for 2016/17, DMBC was entitled to (£17K) of the surplus but has agreed to waive claiming this back from the Trust. The provisional outturn figure included in the year contract variations providing DCST with additional funding of £3.5m, mainly in relation to children placed in care costs. The main pressure on budgets is placements, transport and legal costs for children and young people. The repatriation of children placed out of area policy should help wherever this is achievable, given the need to balance financial considerations with the health, education and social care needs of children. The other presenting issue is the level of demand from the community at the 'front door' for possible early help / social care provision. It is pleasing to note that there has been underspend on pay costs due to reduced engagement of Agency workers.</p> <p>Mitigating actions: Regular (monthly) performance and financial monitoring meetings take place between DCST and the Council to keep the forecast under review. Additional information, mainly with regard to volume and prices of the care ladder, were requested to inform the Annual Review process and achieve a realistic budget target for 2017/18.</p>	<p>10</p> 

Failure to obtain assurance as to the safeguarding of children in the borough Failure to meet children's safeguarding performance requirements which could lead to an 'inadequate' inspection judgement by Ofsted

Damian Allen

Current Risk		Target Risk
<p>15</p> 	<p>Current Position: The formal arrangements to monitor and review the effectiveness and input of services to children provided by the Trust are believed to provide assurance to this risk and go beyond contractual requirements. Overall the safeguarding indicators specific to children are now performing better than last year. Ofsted did not -raise any concerns as to the safety of children in the borough, but did recommend improvements to social work practice which are being addressed through the Ofsted Improvement Plan. This is regularly challenged with the Trust and at individual Head of Service level. The first Ofsted Monitoring visit took place in August 2016 and concentrated on management of demand at the front door and quality of practice and found that significant progress is being made to improved services for children and that no children were deemed to be at risk of significant harm. The quality of provision was found to be better and that prompt and appropriate action is taken to address safeguarding concerns this is evident in the quality of assessments and ensuring children are seen alone and their views heard. However, there remain inconsistent quality of assessments and timeliness is deemed variable. In addition, more work is needed to ensure that thresholds for social care intervention are understood across the partnership. The second monitoring visit took place in October 2016 with a focus on quality of practice in particular the quality and effectiveness of plans for CIN of help and protection reviews and work to reduce risk to this cohort; the quality of pre – proceedings work. The conclusion of the visit was that the Trust had made 'significant progress' in improving the quality of work since the inspection in November 2015. Inspectors highlighted the continued pace of improvement and reaffirmed the conclusion of the previous visit that no children were found to be in situations of unassessed, unmanaged or unacceptable risk. The third monitoring visit took place in March 2017 and identified significant progress in the quality of services provided for look after children since the full 2015 inspection; that both the Council and the Trust have responded thoroughly to the actions required and that children and young people are placed at the heart of strategic planning and operational work, with welcome recognition of</p>	<p>10</p> 

the ambition of both parties for this vulnerable cohort. Ofsted is visiting the Trust for a final stock-take meeting in July 2017, pending the likely re-inspection of social care and safe-guarding which is expected to take place in September 2017.

Safeguarding in schools and DMBC interdependent services

Audit / Inspection Outcomes:

- Ofsted - 94% of Doncaster schools / academies inspected during the period June 2016 to June 2017 were judged effective for safeguarding
- S175/157 annual safeguarding reports show year on year improvements to safeguarding in Doncaster schools
- S11-19 Heads of Service and Managers have completed a full S11 audit and action plans shared with DSCB. This demonstrates how safeguarding is strengthening across all service areas
- S11 - Dip sampling of schools and academies has taken place (July 2017) this demonstrates how schools are meeting S11 statutory duties (in addition to S175)

Mitigating actions: Social work practice is challenged with the Trust at each meeting and at individual HoS level. The Joint strategic Inspection Group regularly reviews the Improvement Plan as to actions required to improve quality of practice and attendant progress. The High level challenge meetings review specific audits and all challenge meetings review the basket of contractual PIs, which include bellwether PIs in respect of CIN plans; the care pathway – especially front door management; assessment completion and quality of audits. In addition, reference is made to volumetric measures and the wider context in order to provide reassurance as to caseload management; geographical / team pressures; deployment of staffing resources etc.

The DSCB receives a regular report of the audited cases from the DCST and regularly reviews the quality of Multi-Agency thematic audits at its Quality and Performance Sub Group.

DMBC is clear that the three most pressing impediments to this risk remain demand management, placement policy and quality of practice and is pleased that Ofsted in its second monitoring visit found that 'significant progress had been made in the quality of work since the 2015 inspection and that , overall the quality of provision was better and prompt and that appropriate actions was .taken to address safeguarding concerns with improvements evident in the quality of assessments and enquiry; that children are seen alone and their views are heard and Ofsted noted the pace of improvement. DMBC focus continues to be to ensure that quality of practice and assessment completion is more consistent and embedded and that a sustainable financial and operating model is in place.

Safeguarding in Schools and DMBC Interdependent Services:

- Annual safeguarding report to be submitted to the DSCB
- New Ofsted complaints linked to safeguarding handling, monitoring in place, analysis is provided and lessons learned implemented
- New part-time safeguarding officer post to commence August 2017 to support the LA Safeguarding Manager and develop effective anti-bullying strategies.

Failure to successfully prevent a major cyber attack

Simon Wiles

Current Risk	Current Position:	Target Risk
<p>15</p>	<p>The score remains the same however we are in a good place to respond to a cyber-attack. Our system patching process and regime remains strong and we now have a completed Cyber Incident process document. The threat remains real but we are in a stronger position than most of our counterparts.</p> <p>Mitigating Actions: We are constantly evaluating the strength of our perimeter security and internal processes and procedures to ensure we are adequately protected. Due to the nature of virus outbreaks and the constant variation of these we will still carry a risk.</p>	<p>6</p>

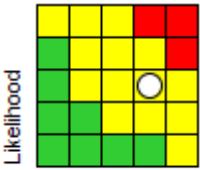
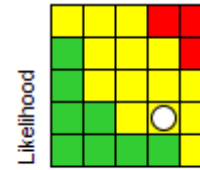
Failure to adequately implement effective joint working arrangements which could lead to ineffective delivery of children’s services across the wider partnership system

Damian Allen

Current Risk	Current Position:	Target Risk
<p>12</p>	<p>The Children and Families Partnership Executive Group is the forum for the arrangements to discharge the S10 statutory responsibility which is a new core group of leading partner members.</p> <p>Mitigating actions: Arrangements are now in place following the governance review which see a new Executive Board to formalise the former interim Executive Group and which will meet monthly and which will provide overarching governance and delivery oversight across the partnership of the CYPP along with a new fit for purpose sub structure and a new strategic forum which will meet quarterly to comment plan and shape the CYPP championing the voice of CYP,.</p> <p>The new JSNA is a more dynamic document as is the consequential Children’s plan for 2017-2020 which has now been formally launched and disseminated extensively through partnerships. The Participation and Engagement strategy is pending formal sign-off and dissemination.</p> <p>Mitigating Actions: The publication of the three key documents JSNA; CYPP and P&E strategy will considerably mitigate this risk as well as the implementation of a fit for purpose governance structure both underpinning the board and laterally in relationship to other strategic boards ,which will enhance the functionality of the Children and Families Partnership Strategic Forum as the keystone in the oversight and management of the children’s strategic partnership across the entire ‘estate’</p> <p>The Governance sub structure is aligned with and reflects the CYPP. A new Participation & engagement sub group has been in place since Dec 2016 and has been active developing the Participation & Engagement strategy and the co-production of the CYPP and the PES with children and young people and a child-friendly version of the PES will be produced in September 2017 to mirror the child-friendly version of the CYPP.</p>	<p>8</p>

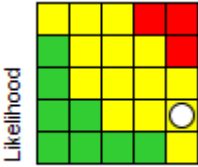
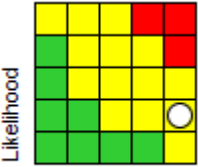
Failure to respond adequately to borough emergencies or mitigate effectively against the effects of extreme weather conditions e.g. flooding

Peter Dale

Current Risk	Current Position: Failure to respond adequately to borough emergencies is a possibility in the event of a major incident which requires mutual aid activation from partners in the emergency services and other local authorities. This due to the current national responses and recovery arrangements which are ongoing and the mutual aid arrangements which are currently active to support the terrorist attacks in Manchester and London.	Target Risk
<p style="text-align: center;">12</p>  <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>	<p>Resilience and Emergency Planning have supported the response to 20 incidents since April 2017.</p> <p>Preparedness arrangements</p> <ul style="list-style-type: none"> • Following the Manchester and London attacks the UK Threat Level for International Terrorism remains at Severe. There is no specific intelligence of threats to South Yorkshire. • Resilience and Emergency Planning are continuing to liaise closely with SY Police on planned events in Doncaster to ensure that they can consider the details and attendance profile of each individual event. • Resilience and Emergency Planning supported the delivery of a strategic terrorist fire arms incident exercise in June 2017. The exercise received full support of DMBC on-call Gold Officers and Local Resilience Forum Partners. The exercise provided the ability to rehearse the South Yorkshire strategic arrangements for command, control, coordination, consequence and impact management, public reassurance, recovery and organisational resilience. • Locally an exercise to rehearse the response to incident at the Scottish Power Control of Major Accident Hazards (COMAH) site at Hatfield Woodhouse was also held in June 2017 with partners from the emergency services. The exercise aimed to ensure that the consequences of a major accident at the COMAH were responded to both onsite and off-site. • Resilience and Emergency Planning have been providing updates to local communities as part of the • Tenth anniversary of the floods in Doncaster in June and July. The aim is to give people in the borough a chance to reflect on the floods of 2007 and find out about the range of improvement works that have taken place, as well as helping them guard against future flooding. <p>Response arrangements</p> <p>Doncaster Council has activated its Corporate Emergency Response arrangements to respond to the attacks in Manchester at Strategic and Tactical level and has worked closely with partners and emergency services in South Yorkshire to put arrangements in place to reflect the threat level increase and provide information and support to staff, members, event venues, schools and those affected by the attacks.</p> <p>Doncaster Council has been providing support to the Local Authorities and partners working within the Grenfell Response and Recovery Group.</p>	<p style="text-align: center;">8</p>  <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>

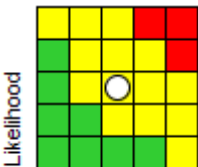
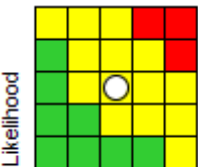
The agreed standards and policies are not adequately understood and implemented by practitioners who work with vulnerable adults increasing the risk of vulnerable people experiencing harm or abuse

Damian Allen

Current Risk		Target Risk
<p style="text-align: center;">10</p>  <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>	<p>Following on from a Peer review (November 2015) and subsequent follow up review undertaken by Dr Adi Cooper (September 2016) the Safeguarding Adults Hub was formed to manage all Adult Safeguarding and MCA DoLS for Doncaster.</p> <p>This brought together what were previously separate teams, workers from Area Teams and also a Health Worker. All based within the same building as the District Nurses Single point of Contact for Health, the Police Public Protection Unit, Child Sexual Exploitation Service and the Domestic Violence Team, facilitating easy access to a variety of key teams and personnel to facilitate information sharing to inform robust decision making.</p> <p>The Safeguarding Adults Hub was formed in April 2016 and has been in operation for 14 months. During this time the system and process has changed to ensure that we are Care Act compliant and applying the principles of Making Safeguarding Personal. All Safeguarding is now Managed within the Team enabling better management and monitoring of cases and ensuring a greater level of consistency. The Teams staffing resource has increased in order to facilitate these changes and has resulted in cases being responded to in a more timely manner at the front door.</p> <p>In response to the Peer Review a comprehensive multi-agency action plan was produced with clear actions and timescales and this has been reviewed on a regular basis, The action plan was updated following the review undertaken by Adi Cooper which resulted in positive feedback. As at 5th July 55 out of 64 actions were complete with 6 actions still in progress. These are discussed and reviewed at the Performance and Quality sub group of the Safeguarding Adults Board (DSAB). Regular performance reports are completed and reported on to the DSAB for governance purposes.</p> <p>The Board continues to provide a multi-agency training programme to support staff across the multi-agency partnership to deliver safeguarding in line with South Yorkshire Procedures and the Care Act 2014.</p> <p>Mitigating Actions</p> <p>The Board has revised its Performance and Assurance framework which is providing assurance to the Board that safeguarding practice is now outcome focused and in line with the 6 principles of safeguarding adults.</p> <p>The Council has now developed a draft Safeguarding Adults Policy and is currently working to develop internal safeguarding procedures all of which are aligned to South Yorkshire procedures and will be accompanied by mandatory training for key staff.</p>	<p style="text-align: center;">10</p>  <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>

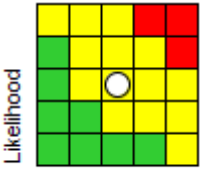
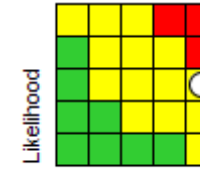
Failure to achieve the budget targets for 2016/17 and 17/18.

Simon Wiles

Current Risk		Target Risk
<p style="text-align: center;">9</p>  <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>	<p>The outturn position for 2016/17 was an overspend of £2.3m. Any changes required to the targets have been incorporated into the 2017/18 budget proposals.</p> <p>The budget targets for 2017/18 have been approved by Council on 2nd March and allocated to individual budgets; these will be monitored and the position reported during the year.</p> <p>2017/18 Q1 forecast is currently being produced and will be updated. The target title will be amended for Q2.</p>	<p style="text-align: center;">9</p>  <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>

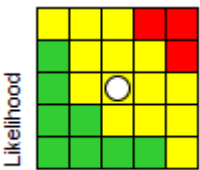
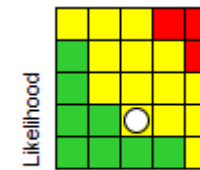
The potential personal financial position facing individual citizens across Doncaster Borough may result in an increase of poverty and deprivation

Simon Wiles

Current Risk	Current Position:	Target Risk
<p style="text-align: center;">9</p> 	<p>is that we lack an up to date assessment of child poverty, or a co-ordinated local response, underpinned by any strategy / plan. As a result, we are failing to reduce levels of child poverty in the borough, or mitigate its impact.</p> <p>Mitigating Actions: is the commissioning of an independent child poverty commission. This will put the voice of children and young people at the heart of the local debate around child poverty. It will gather evidence from a range of sources through interviews and committee style inquiry, and produce an up to date assessment of child poverty in Doncaster, along with a final report which provides specific and realistic local recommendations for change which can seek to alleviate the impact of poverty.</p> <p>The result of this will mean that we are able to effectively co-ordinate activity across the partnership and better understand the local picture for child poverty.</p>	<p style="text-align: center;">15</p> 

Failure of partnership to engage in effective early intervention leading to inappropriate referrals to statutory services and unnecessary escalation of need and risk

Damian Allen

Current Risk	Current Position:	Target Risk
<p style="text-align: center;">9</p> 	<p>Although contacts into DCST had been reducing these are again showing an increase and remain high due to high demand in the community. Very few contacts are inappropriate and require Early Help services. The vast majority are for Information, Advice and Guidance. The risk is that high demand pressures clog up the machinery and professional officer resource. The LGA peer review recognised that this was a ‘whole system’ issue which extends across the partnership and is not wholly within the gift of the Trust. A high figure is not necessarily indicative of poor performance and if children need to be referred to social care then that is ‘good’ performance – ‘appropriateness’ is the key, high numbers of children on a CP plan in Doncaster, would tend to support this hypothesis, but the conversion rate to referral remains low at 21% in May 2017. The problem here is that there are a number of the referrals which are known to be ‘inappropriate’ and this refers in large part to the continued and thorny issue of referrals from one of the partners which continues to apply its protocol, this means that less than 10% of contacts are genuine cases for attention by social care. High demand pressures are unhealthy for the work of social work teams in ‘clogging up’ the machinery. Contacts below threshold which could have gone to the Early Help Hub are deemed ‘inappropriate’. Inappropriate referrals which should have gone to Early help remain at, or around 18%.</p> <p>Mitigating actions: Cross reference to the volume of early help contacts shows a welcome improvement in contacts to the Hub which supports the impact of improved awareness and application of thresholds among Agency partners. Early help volumes are increasing but this is not having an obvious, corresponding impact, however, despite this pattern overall contacts may not necessarily reduce, because causal links are more complex than a straightforward binary effect and the hypothesis is that increased use of the Early Help Hub is capturing a significant number of cases which may have gone nowhere, or which were not being reported within any one single system.</p> <p>The Trust is confident that the new Triage and MASH initiatives will demonstrate a positive impact. As the foregoing identifies, the demand on social care is key and the Trust is confident that this will improve. Further analysis of NFAs would enhance understanding.</p>	<p style="text-align: center;">6</p> 

Failure to adequately address a sufficient number of Children’s Trust PIs (as defined in the service delivery contract)

Damian Allen

Current Risk		Target Risk
<p>9</p>	<p>Current Position: The DCST is challenged by a series of regular performance monitoring fora, on a monthly and quarterly basis at all levels of senior management across both organisations and at public facing meetings with elected members in the scrutiny fora and at Corporate Parenting Board, such arrangements are in the words of Ofsted ‘in excess’ of contractual requirements and have been further emboldened by the new spilt screen accountability which the Children’s scrutiny panel now provides and which challenges both the Council in its holding to account of the Trust and the Trust itself. A commentary provided by the DCST and PIs and quality assurance is challenged.</p> <p>Areas of concern are escalated or reported on an exception basis to higher level Boards. Current areas of risk are:-</p> <ul style="list-style-type: none"> • Social Care demand management • Placement policy – care management and costs, in particular increased levels of SGO’s, there is a need to review the SGO process. • Care Leavers in Employment, Education and Training • Re – referrals (new and emerging) • High numbers of CIN & CPP – in themselves may not be a risk and may mitigate / address risk, but could burden the system and capacity, with consequential risks arising; <p>Mitigating actions: The current arrangements and the number and scope of performance indicators have been amended following the Annual Review process which was completed and submitted on time to the Secretary of State and a new basket of PIs which is more reflective of the child’s journey and the development stage in the maturity of the Trust implemented from Q1 2017/2018.</p> <p>The Trust is challenged against each PI of concern at every meeting as to progress and actions planned or taken and the effectiveness thereof. A more rationalised challenge process is now in place with more emphasis on exception reporting. The split screen report to the Children’s scrutiny panel provides robust and forensic analysis of performance against exception and good performing PIs and challenges the Director of People as to his oversight and accountability of the Trust performance as well as the specific performance behind the PI themselves.</p>	<p>6</p>

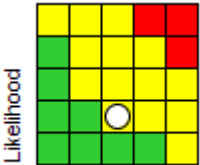
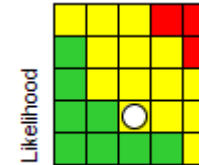
Failure to deliver the actions identified in the Equality and Inclusion action plan may impact our ability to effectively embed and delivery the equality agenda which could result in the council being exposed to public 'due regard' challenge

Simon Wiles

Current Risk		Target Risk
<p>8</p>	<p>Current Position: The review of the Council's approach to Equality, Diversity and inclusion is embedded within the current Corporate Plan and will highlight how equality, diversity and inclusion underpins the corporate priorities and drives improvement across the borough. EDI objectives have been developed and Member and senior manager EDI champions have been identified. Work to ensure the EDI board is established is underway.</p> <p>Mitigating Actions: The review of our approach to EDI; the development of EDI champions; Continuing to work with the LGA; main streaming EDI within service areas; Establishment of EDI board.</p>	<p>8</p>

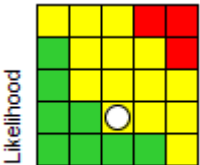
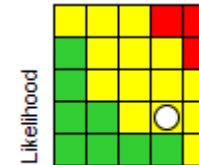
Failure to implement the Council's key borough objectives in partnership

Simon Wiles

Current Risk		Target Risk
<p style="text-align: center;">6</p>  <p style="text-align: center;">Impact</p>	<p>Work to develop a new four year partnership plan that sets out the key outcomes we need to achieve together for Doncaster. These are set against four policy themes, Living, Caring, Working and Learning and will frame what we do in this period. Team Doncaster have been regularly consulted and have shaped this plan along with political engagement. This will be launched at Full council along with the four year budget proposals in September 2017.</p> <p>Mitigating actions;</p> <p>Regular sessions to shape the plan with partners and Cabinet; robust governance arrangements to ensure we deliver against the plan and ensure the plan is embedded in the policy and strategy framework of the council and partners.</p>	<p style="text-align: center;">6</p>  <p style="text-align: center;">Impact</p>

Failure to identify and manage Health and Safety risks

Peter Dale

Current Risk		Target Risk
<p style="text-align: center;">6</p>  <p style="text-align: center;">Impact</p>	<p>Current Position: Corporate Health and Safety continue to monitor the effectiveness of all council health and safety arrangements through both active and reactive monitoring. In light of the Grenfell Disaster Doncaster Council's Fire Safety Advisor is currently working closely with St Leger Homes (SLH) assisting with Fire Risk Assessments for all High Rise Flats. SYF have confirmed that they will be conducting full fire safety audits of high rise flats in the very near future, dates have yet to be confirmed. Corporate Health and Safety will continue to work closely with SLH & SYF to assist and advise throughout this process and to ensure the Council's interests are met.</p> <p>Mitigating Actions: Doncaster Council Assets & Properties Service have collated a priority based list of Council walls that may fall within the scope of the Boundary Wall incident in Essex (in Basildon 2016), when a 6 year old girl was seriously injured. All of the 34 priority one walls have now been inspected, recommendations have been made by a competent person and Assets have arranged for remedial work/s to be undertaken by responsible persons for the assets in question. Assets and Properties have also put together a programme of inspections to ensure that any gaps are identified and actions implemented. The basis of this programme will form a strategic planned approach to implement a proactive inspection system to identify any potential dangerous wall conditions and take action accordingly. St Leger Homes have also developed a Boundary Wall inspection programme, corporate Health & Safety will be requesting monthly updates on this inspection progress, and will update accordingly. Both shafts at the Hatfield Colliery site have now been topped up with spoil by the Coal Authority; removing the previous 17 to 19 metre drop in the shafts. This also prevents the possibility of any unauthorised access to a previously high risk area at the Colliery. Discussions between the Council and an agent acting on behalf of the bank that holds the debt on the land have recently progressed. These discussions take a positive shift towards working together, looking at future development of the area and a potential review of site and risk management. In the meantime, Doncaster Council continues to have plans in place to prevent unauthorised access and to manage the on-site hazards. This will reduce the risks to as low as reasonably practicable. Further site visits continue to be undertaken.</p>	<p style="text-align: center;">8</p>  <p style="text-align: center;">Impact</p>

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