

OUTSTANDING PRIORITY 1 RECOMMENDATIONS -

Internal Audit follow up all Priority 1 recommendations and report progress to this committee.

* See November 2020 and January 2021 A,G&S Committee reports for earlier updates on actions taken

Recommendation	Last Management Response to March 2020 *	Actions completed/ Outstanding actions to be undertaken	Officer initials	Target Dates for completion
Housing Repairs Follow up				
<p>The Housing Team should thoroughly explore the options available to deliver the new Housing model ensuring that the system requirements and future service needs are taken into consideration and documented.</p>	<p>The procurement of a new housing system has been delayed.</p> <p>The Housing Transformation project has restarted with a first of a number of pre-discovery workshops taking place at the end of November 2020. Further workshops are planned with the intention of developing a detailed project plan which will include a clear list of requirements for a future housing system, the procurement process and timescale for implementation of the system.</p> <p>The implementation date is however not going to be March 2021 as previously stated and will be determined when the project plan is finalised in February / March 2021.</p>	<p>Project implementation plan to be developed.</p>	<p>WA</p>	<p>Tbc</p>

	<p>March 2021 Update Following completion of pre discovery workshops, the work to develop a detailed project plan has now commenced.</p>			
Health and Safety				
<p>Training - Mandatory Health and Safety Training</p> <p>Training which is deemed compulsory should be completed by all staff so that they are aware of their responsibilities and can act accordingly should health and safety issues occur. Completion should be monitored, and senior managers should review how they will enforce full completion.</p>	<p>A Mandatory Training Review has been undertaken, which concluded in March 2021.</p> <p>Completion rates have increased by up to 20% in some areas. However, it was recognised that more needs to be done to ensure compliance.</p>	<p><u>Ongoing: H&S Training During Probationary Period</u> - SLT have agreed that completion of the mandatory training suite is required to successfully pass the probationary period.</p> <p><u>Ongoing: H&S Training Monitoring Cycle</u> - Completion Monitoring Reports will be produced monthly for ADs/Managers and Quarterly for SLT.</p> <p><u>Ongoing: H&S Training Communications:</u> CLG have been updated on the review and mandatory training requirements. Wider staff communications will go out in April.</p>	<p>SF</p> <p>SF</p> <p>SF</p>	<p>April 2021</p> <p>April 2021</p> <p>April 2021</p>
Responsibility and Accountability - Property Listing				

<p>The central list of properties for which the Royal Borough of Kingston has health and safety responsibility must be kept up to date on a regular basis. When properties are vacated, or new occupants move in the listing should be updated immediately to include contact details. Where occupants have been identified as holding responsibility for Health and Safety at a property this should be explained and agreed, with appropriate instruction and training provided.</p> <p>The property list should be linked to a programme of regular health and safety checks to ensure that the Council meets its statutory duties. Responsibility for independent monitoring of the delivery of this programme by Engie must be determined by SLT (See Recommendation 4 below) to ensure oversight of all reports and of the completion of any remedial works. Access to the reports must be made available to the responsible officers on site and they, together with the Health and Safety team and Health and Safety Board, must ensure that they are</p>	<p>The development of the TF system is progressing at pace. It is on target to be completed by the end of Qtr 1 as forecast.</p>	<p>See comments</p>		<p>June 2021</p>
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<p>satisfied that any issues are addressed in a timely manner to secure the safety of the site. Formal procedures must be established to ensure that there is an appropriate escalation process for serious health and safety defects or failures to undertake remedial work within agreed timeframes.</p>				
<p>Responsibility and Accountability - Responsibility for ensuring Health and Safety checks and remedial works are undertaken</p> <p>The Health and Safety Board must determine where responsibilities for Health and Safety (in relation to non HRA buildings), sits. Clear direction needs to be given to ensure that Engie is clear on what tasks sit with them and to establish sufficient central oversight. Governance arrangements must ensure clear lines of responsibility and reporting to include:</p> <ul style="list-style-type: none"> • Responsibility for maintaining the list of council owned buildings (non HRA) where the council has H&S responsibility • A programme of H&S 	<p>ENGIE Contract Management perspective.</p> <p>RBK has a Hard Services Manager who oversees and ensures that ENGIE are undertaking the statutory compliance, reactive /corrective works when required. All planned preventative maintenance (PPMs) are scheduled and recorded on MAXIMO the CAFM system ENGIE uses. A weekly operations meeting is held between RBK and ENGIE to ensure all works are undertaken in a timely manner and is chaired and managed by the Hard Services Manager. As well as a weekly meeting, there is a monthly Ops Board meeting held between RBK and ENGIE and H&S is a standing items agenda. A</p>	<p>Completion of compliance improvement programme.</p> <p>Fire safety action plan developed.</p> <p>Fire safety action plan completed</p>	<p>CR</p> <p>CR</p> <p>CR</p>	<p>Sept 21</p> <p>June 21</p> <p>Dec 21</p>

<p>checks delivered by Engie and monitored centrally including independent review of statutory H&S checks and reports provided by Engie</p> <ul style="list-style-type: none"> • Mechanism for reporting significant H&S issues and monitoring remedial works through to completion • Escalation procedures where H&S issues are not dealt with in a timely manner • Written procedures which formalise roles, responsibilities and processes. 	<p>representative from the RBK H&S team is invited and attends this meeting.</p> <p>In regards to reviewing ENGIEs compliance reports, At the start of 2020, RBK could not evidence that all of its 63 properties managed under the Engie TFPM contract were compliant in terms of legal obligations for Asbestos, Electrical, Fire, Gas and Water. Poor record keeping since 2015 had meant that ENGIE could not evidence their completion of compliance inspections and remedial actions within the Council's TFPM Portfolio. RBK had not reviewed the reports and actions that were delivered by ENGIE comprehensively since 2015.</p> <p>A Compliance Improvement Programme started in May 2020, Initiated under Phase 1 of the programme, ENGIE unpacked over 200 reports onto the CAFM system, Maximo. This resulted in 2,324 individual work orders being generated.</p> <p>Update March 2021</p>			
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	<p>Phase 1 completed Phase 2 mostly complete subject to review of evidence and formal sign off by RBK Phase 3 & 4 This was amalgamated to cover the C3 Electrical work pending decisions regarding the appropriate route to manage fire safety actions and is underway.</p> <p>Fire safety continues to be a priority. Instructions will be provided to ENGIE to resolve fire safety matters and RBK will focus on management issues.</p>			
Housing Income				
<p>Testing was undertaken to review data quality within the Universal Housing system. It was noted from discussions with key members of staff, that there is no process in place for ensuring data quality on Housing systems. Training documents were requested from the relevant departments to establish what guidance is available to new starters detailing data input requirements. No training</p>	<p>See Housing Repairs recommendation above.</p>	<p>See Housing Repairs recommendation above</p>		

<p>documents covering data input were made available to the auditor. Multiple duplicate records were identified in Universal Housing. Inconsistencies were identified between the full tenancy list and arrears tracking list. Of the 16,363 records on file 2,626 had one or more duplicate entries, making up 16% of the total records in place. It is understood that a data cleansing exercise is underway to try and resolve some of these issues.</p>				
<p>GDPR</p>				
<p>Data retention - A Records Management project is being implemented to put in place a consistent and coordinated approach to Council records. This project will implement a Records and Information Management Framework which will include establishing clear retention periods, documentation (Retention schedule and accompanying policies) and clear roles and responsibilities. This project will also oversee the management of paper records and digitisation.</p>	<p><u>Update April 2021</u> The project team is in the process of being created</p>	<p>The retention schedule will be updated and signed off by each service and Information Asset Owner. Each service will be required to work alongside the Records Management project team.</p> <p>The project team will work closely with IT who are looking at implementing the appropriate tools to enable electronic documents to be easily searched and retention to be applied</p>	<p>RA</p>	<p>Project team to be up and running by May 2021</p>

<p>Mandatory training - RBK and LBS management to more actively and effectively chase staff who do not complete promptly the required mandatory data protection awareness training</p>	<p><u>Update April 2021</u> A new training module will be rolled out in May and a comms campaign will target managers. Full compliance is expected with regular service and directorate reports shared with the appropriate managers and directors.</p>	<p>A new module of Data protection and Cyber Security training will be rolled out in May 2021. All staff, including agency staff, are required to complete the training.</p>		<p>May 2021 Rec to be closed when new training is rolled out</p>
<p>Mental Health Vol Provider</p>				
<p>Roles and Responsibilities – Service Level Agreement A service level agreement must be drafted as a matter of priority between the Mental Health Vol Provider and RBK. It should be clear what policies and procedures the Trust must adhere to as part of the agreement and the consequences of non-compliance. The service level agreement should be reviewed on an annual basis.</p>	<p><u>Update March 2021</u> A day opportunities service specification has been drafted and agreed with the Fircroft Trust for the provision of day opportunities. This has been attached to a formal contract which specifies the duration of contract, its value, the providers obligations and the policies and procedures which must be in place including safeguarding. The contract has been drafted and shared with the Trust and awaiting completion. The premises from which the service has previously been delivered, 96 Ditton Road, are not available for use at the current time following the outcome of structural surveys on the</p>	<p>Contract and service specification to be signed and returned to the council</p>	<p>MS</p>	<p>May 2021</p>

	<p>building. The Council has been liaising with and supporting Fircroft Trust to find suitable alternative premises.</p> <p>Other Supported Living existing provision is arranged through spot purchased and individual care packages and monitored through care reviews.</p>			
<p>Service User Accounts- Financial Records and Service Charges Financial Records.</p> <p>Full and complete records of all financial transactions and social activities must be retained for each service user. This should include evidence that service charges have been authorised by all interested parties, RBK, The Mental Health Trust, the service user and their family, as appropriate. As detailed more detailed financial procedures should be drafted. Once in place periodic spot checks should be undertaken by RBK staff to ensure that these procedures are being adhered to and documentation to support expenditure for RBK service users is retained at the Mental Health Trust.</p>	<p>Update March 2021 - A follow up review has been undertaken by Internal Audit. This has identified some concerns around the way in which the establishment manages service user accounts. There is also a role for the Council as part of regular service reviews in seeking appropriate assurances.</p>	<p>The follow up audit is due to be completed and will make a number of recommendations around how the finances of service users are managed and properly documented.</p> <p>Regular service reviews will need to be undertaken by the Adult Social Care team to ensure that improved processes are operating consistently and effectively.</p>	JB	May 2021

<p>Service User Accounts- Tenancy Agreements Tenancy agreements should be completed annually and itemise clearly what the services and charges relate to along with the amounts. These should be signed off and copies held by all parties</p>	<p>Update March 2021 - The annual cycle of reviews will start summer 2021, the reviewer will be asked to check that there is an up to date tenancy agreement for those in supported living with correct rent amount.</p>	<p>Annual cycle of reviews to be undertaken</p>	<p>GB</p>	<p>October 2021</p>
<p>Service User Accounts - Corporate Appointeeships RBK Adult Social Care needs to obtain confirmation of the appointeeship status or otherwise for all service users at Mental Health Trust. Once clarified this must be communicated to relevant Mental Health Trust staff immediately, as should be the case where RBK is the appointee. RBK should check that details are recorded on service users' files to ensure clarity and that only those authorised Trust staff are involved in the financial affairs of these service users. If it is confirmed that the Trust has a corporate appointeeship, the suitability of the Trust to continue in this role must be considered by RBK.</p>	<p>Update March 2021 - A follow up review has been undertaken by Internal Audit. This has identified some concerns around the way in which the establishment manages service user accounts. There is also a role for the Council as part of regular service reviews in seeking appropriate assurances.</p>	<p>The follow up audit is due to be completed and will make a number of recommendations around how the finances of service users are managed and properly documented.</p> <p>Regular service reviews will need to be undertaken by the Adult Social Care team to ensure that improved processes are operating consistently and effectively.</p>	<p>JB</p>	<p>May 2021</p>
<p>Roles & Responsibilities -Lease payments RBK must investigate whether there is a lease agreement in place</p>	<p>March 2021 The lease arrangement between the Council and the Vol Provider</p>	<p>New arrangements to be agreed if required for a new location .</p>	<p>JS</p>	<p>May 2021</p>

<p>between the Mental health vol provider and RBK as a priority. If there is not this must be put in place. RBK must be involved in any discussions about the future occupancy of the mezzanine floor at the Trust's centre. A legal agreement should be drawn up to record the terms and conditions, including insurance arrangements and signed by the interested parties. This should include an agreed schedule of monthly payments with details of the recipient along with an annual review date for further increases.</p>	<p>has expired for occupation of the Ditton Road site. ASC Commissioning is working with Property Services to establish the exact nature of historical arrangements. If required following re location a new lease will be put in place between RBK and the provider</p>			
<p>Annual Reviews RBK Adult Social Care must be involved in future discussions about the provision of services to RBK service users and any proposed changes to care plans. Annual reviews of the RBK service users at the Trust should be undertaken as a priority to ensure that residents and their funds are safeguarded.</p>	<p>The internal audit follow up review identified that service reviews are still not fully up to date. This will need addressed to provide continued assurances that systems and procedures are adequate and are being operated consistently.</p>	<p>Service reviews to be brought up to date and undertaken at least annually going forward</p>	<p>JB</p>	<p>July 2021</p>

Resource Implications

There are no resource implications arising directly from this report's recommendations.

Background papers – held by the author of the report:

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