

Appendix C - Priority 1 Recommendations

Report Number/Date	Title	Opinion	Details of original Recommendation	Responsible Officer	Lead Officer	Update March 2024
CEX/03/2018/AU Finalised 29.05.20	Controls to Mitigate the Risk of ICT System Failures	Limited	<i>Data Centre</i> Management should ensure that :- -The replacement of the electrical mains and generator control is completed by the TFM contractor as soon as possible - A review of the process to escalate outstanding job requests to Amey in a timely and formal manner is undertaken -The roles and responsibilities with regard to the electrical supply on the Civic Centre site and the need to mitigate the risk of system failure and loss of data is clarified.	Director of Corporate Services	Head of Information System Services  Senior Property Manager	Closed - this work was completed in February 2024.
PLA/04/2022 Finalised 05.10.2022	Housing Allocations	Limited	<i>Verification Checks</i> This recommendation linked to the review of the Housing Allocations Scheme.	Director of Housing, Planning and Regeneration	Head of Housing Allocations and Accommodation	Closed - the Housing Allocation Scheme was approved by the Executive in February 2024.
PLA/06/2022 Finalised 28.9.22	Parks Management and Grounds Maintenance	Limited	<i>Client Monitoring Function</i> The Department should formalise the LBB client monitoring role and visits, the purpose, target number and reporting. The target number of visits should be achievable, meaningful and deliver an assurance of the contractor's performance with regard to grounds maintenance and their management of the service. The purpose of the client function should be clarified and ensure all aspects of the contract are monitored whilst avoiding duplication.	Director of Environment & Public Protection	Assistant Director, Carbon Management and Greenspace	Closed - Implemented.
PEO/11/2022 Finalised 22.9.23	Domiciliary care	Limited	<i>Monitoring arrangements to ensure that clients' needs, and desired outcomes are achieved, and standards of quality are met:</i> Management should review the sources and types of evidence that they will obtain to enable them to assess whether or not outcomes from domiciliary care provision are being met. This should include what key information is required, how it will be obtained, from whom and when, and how it will be analysed and reported to ensure that the needs of clients, desired outcomes and expected quality care standards are being met.	Director of Adult Services	Head of Service, Community Living Commissioning	Partially implemented / In progress.
PLA/05/2022 Finalised 24.08.23	Highways - Management of Major Works	Limited	<i>Compliance with Financial Regulations</i> Management should ensure that:  i)the work completed are measured and details of what is being checked is sufficient to allow the Certifying Officers to satisfy themselves that the payment is accurate and due to be paid. ii)Supporting evidence for payment i.e. the Highways Inspector's emails to confirm the final site remeasurement are retained. iii)at least three designated officers were involved in the whole process (ordering / receipt of goods or services / payments approval). iv)All site visits by Highways officers, and their observations are recorded and retained.	Assistant Director, Highways	Highways and Street Lighting Manager	Closed - Implemented.
AW / 01 / 2022 Finalised 20.10.23	Domestic Abuse	Limited	<i>Domestic Abuse Strategy and Ownership</i> The Intergenerational Domestic Abuse Strategy needs to be embedded, further publicised, and communicated to all staff and agencies. This could be in part through the Domestic Abuse Employee Policy, when approved and published. This process could be assisted by the appointment of the Domestic Abuse Ambassadors. The Residents Policy should then follow subsequently.  A comprehensive process to monitor and document achievement of the priorities within the DA Strategy, should be in place and overseen by the Strategic Board.  There needs to be better engagement and acknowledgement of the shared responsibility and ownership in addressing Domestic Abuse throughout the Council, as it is everyone's and every agency's responsibility. The Council needs to embed this ownership, responsibility and awareness of Domestic Abuse, to all staff and services. This could be done through staff training. The Domestic Abuse Ambassadors could attend team meetings within services for the relevant areas, to further increase awareness, supported by the Domestic Abuse Employee Policy.  The Bromley website should be updated with an easily accessible page detailing emergency contact details, the strategy and all help and support available.	Assistant Director, Public Protection	Domestic Abuse Lead	Partially implemented / In progress.
PEO/10/22 Finalised 01.12.23	Discharge to Assess	Limited	<i>Financial Management and Budget Control</i> ASC Operations Service must nominate a budget holder responsible for D2A expenditure. This officer will then represent financial management and projected spend for D2A expenditure. However for the nominated officer to be effective in this role there should be adequate financial reporting, development and training if required. Formalise the ContrOCC reports to monitor actual spend, identify high cost cases, monitor cases approaching threshold and focus resources accordingly. Review the procedure to process D2A cases that have exceeded the 6 week threshold. This will necessitate consultation with all interested parties but predominantly the Hospital Team, ASC Operations Manager and Brokerage. Refer the request for the Financial Assessment in a timely manner to ensure we collect client contribution at the earliest opportunity for chargeable service.	Director, Adult Social Care	Assistant Director, Operations	Partially implemented / In progress.

<p>PEO/10/22 Finalised 01.12.23</p>	<p>Discharge to Assess</p>	<p>Limited</p>	<p><i>Operational Procedures</i> Standard Operating Procedures need to be reviewed, revised and reissued for the D2A process from the point that the case has been referred to ASC. The procedures need to include the roles and responsibilities of all teams involved in the D2A process, expected input and output with target times and an expected level of data entry to deliver consistency, completeness and accuracy and ensure management information reflects actual service delivery, identifies pressure points and an improved service for users. The procedures should also include communication (with colleagues in Health, Central Placement Team and Liberata), updating LAS and access to management reports generated from LAS. The procedures should also include adequate checks to manage social care fraud risks specifically overstatement of need. As a priority the service need to resolve the 6 weeks D2A service line to ensure compliance to agreed D2A funding, transfer to a chargeable service line and applying financial assessments to collect client contribution where appropriate. The service should confirm information distributed at the point of discharge, clarifying key points such as variable duration of care dependent on assessed need in the community and liability to fund. Service user expectations need to be effectively managed and these can be confirmed or reinforced by the Hospital Team Seniors during the first contact call post discharge.</p>	<p>Director, Adult Social Care</p>	<p>Assistant Director, Operations</p>	<p>Partially implemented / In progress.</p>
<p>PEO/10/22 Finalised 01.12.23</p>	<p>Discharge to Assess</p>	<p>Limited</p>	<p><i>Performance Monitoring and LAS Reporting</i> Clarify the roles and responsibilities with regard to owning the D2A weekly report, taking action, escalation and compliance to agreed procedures with regard to the 6 week threshold. Develop the LAS performance reports to include the FCAA completion date to clearly identify the end of the hospital team's responsibility and transfer to Brokerage Liaise with the ASC Performance Team to develop a suite of reports that will support the ASC representation at the Operational and Strategic SPA Interface Boards. These reports should be in a simplified format, represent the key information required and allow that data to be analysed to support decisions and allocate actions. Liaise with Finance to develop and formalise regular expenditure reports to identify high costs and long term D2A service user to focus review and resolution. Develop a methodology to reconcile all clients held in LAS and at each stage of the process to limit D2A service, minimise costs and improve service users care and support.</p>	<p>Director, Adult Social Care</p>	<p>Assistant Director, Operations</p>	<p>Partially implemented / In progress.</p>