

High Importance (HI) Recommendations at 28 February 2026

<u>Audit Title (Director)</u>	<u>Summary of HI Finding(s) and Recommendation(s)</u>	<u>Management Response</u>	<u>Action Date (by end of) & extensions</u>	<u>Confirmed Implemented/ No longer applicable</u>
Reported March 2026				
Children’s Placements and Payments Children & Family Services	<p>Service management informed us at the start of the audit about significant delays in issuing Individual Placement Agreements (IPAs) and the reasons behind them. For most cases in our audit sample, no IPA was in place. Other issues identified included: (i) IPAs issued late, (ii) IPAs not signed by all required parties, and (iii) IPAs sent to providers but not returned.</p> <p>Recommended that Individual IPAs should exist for all (non-internal) placements. Whilst the clearing of backlogs has been a priority in the past year, root cause analysis should guide the department towards longer-term solutions, e.g. process automation.</p>	<p>Agreed. Priority is to rectify backlog – proposed that work is split into two phases.</p> <p>Phase 1 – work with Business Support to address backlog and put in place measures to keep overdue IPAs to a minimal in short-term (i.e. no more than 2 weeks out of date).</p> <p>Phase 2 – to scope out a more sustainable way to keep on top of IPA issuing so that backlog greater than two weeks’ worth doesn’t recur – to consider resourcing; where responsibility sits; and review of existing process (including considering automation).</p>	May 2026 (Phase 1) and July 2026 (Phase 2)	
Safeguarding Adults & Communities Department	<p>The Business Intelligence dashboard includes KPIs showing how long adult safeguarding enquiries have been open (over or under 6 weeks). However, we found no reference to these KPIs in any local safeguarding processes or procedure notes.</p>	<p>Recommendations agreed</p> <p>In response to CQC and the Safeguarding internal audit, timescales have been factored into the guidance for each stage. The timescales are based on current Leicester, Leicestershire, and Rutland (LLR) multi-</p>	January 2026	Closed

	Recommended the internal Safeguarding Quality Practice Standards should be updated to include a clear timeframe for each step of the process and the rationale behind these timeframes. This should include clear timeframes for both the initial threshold decision and the completion of safeguarding enquiries.	agency policies and procedures and the best practice guidance shared by CQC on good and outstanding local authorities. Internal audit has reviewed the updated guidance and can confirm that appropriate time frames have been built into the guidance.		
Account Governance Review Consolidated Risk ((EMSS)	The audit found that administrators for one system required improved segregation of duties. Recommendations were made accordingly.	Controls have been put in place, verified by the auditors, to manage and mitigate this risk.		Closed
Reported November 2025				
Residential Settings Claiming for Deceased or Fictitious Residents Adults & Communities Department	Where financial support is provided by LCC, providers are contractually required to notify the Council within three days of a service user's death. While notifications were timely, only 40% of care packages were closed within three days; most were delayed by weeks and some months. The Transformation Unit is analysing overpayments to identify teams causing the majority of delays. Management should review the Transformation Unit's analysis to pinpoint areas or individuals responsible for delays and take targeted action to improve care package closure times.	Adult Social Care (ASC) has looked at the potential areas of delay and recognise that not all providers notify LCC at the point of a person's death. To address this, we have made plans to be communicating out to all providers a reminder of their duty and obligation to inform LCC asap post a person's death in their care through existing communication channels. Proposals are also being made to set up a review process to provide assurance that providers are doing this. The additional identification is that there is lack of clarity on who is responsible for the oversight and review of the deceased notifications once received in ASC. Moving forward to address this we will identify a temporary responsibility to review these	September 2025 Extend to January 2026 Extend to May 2026	

		reports on a quarterly basis to ensure performance improvement for the timeliness of processing them, pending a dedicated resource being appointed.		
Registrar's Audit Chief Executives Department	Although none of the recommendations individually scored as 'high importance,' together they reveal control design weaknesses that prevent full income reconciliation, creating sufficient risk to require prompt management action. Three recommendations were made to improve efficiency.	The integration of the payment system is being dealt with by LCC ICT – a new member of staff has been assigned to this task so that this work can be expedited. Extra cost implications for this work have been approved. We are hopeful that we can still meet the projected target of end of March. The modules which can be used without the finance integration have been installed and staff are currently being trained in how to use them.	September 2025 Extend to March 2026 Extend to April 2026	
Direct Payments Children & Family Services	Four HI recommendations were made: - 1. Robust monitoring of direct payments and associated spend should be introduced as a matter of priority. A range of minimum monitoring requirements were recommended. 2. Where it is feasible to do so, there should be a consistency of approach with regard to processes with both C&FS direct payments and A&C direct payments. Examples were given. 3. A range of exception reports should be developed by the Financial Operations Team (in dialogue with the department) that can be used to	All recommendations were agreed at the time of issuing the final report 20 March 2025 and short timeframes were set for implementing actions. Explanation for extending the implementation dates has been given in previous reports but largely surround issues with the card provider (PFS) and a temporary inability to provide the data required to the department. Now that PFS issues have (largely) been resolved, good progress is being made with each of the recommendations, as follows: - 1. Fin Ops have reintroduced the process with C&FS to monitor spend, and a range of transaction reports and high balances reports have recently been provided to the department for review	#1 Originally June 2025; Extend to May 2026 #2 Originally June 2025; Extend to May 2026 #3 Originally June 2025; Extend to May 2026 #4 Originally March 2025; Extend to May 2026	

	<p>review outliers and potential anomalies that might require priority attention. A number of examples were given.</p> <p>4. There should be a priority review of all C&FS direct payment card balances against the value of the direct payment to identify excess balances appropriate for claw-back.</p>	<p>and, where relevant, further action. A follow-up meeting has been arranged for 5th March 2026 to discuss any potential issues/misuse, e.g. surplus funds or ineligible spend requiring claw-back. This process will be implemented as BAU.</p> <p>2. The processes for A&C and C&FS will be aligned where appropriate to do so i.e. PFS reports and alerts. This is being actioned but there remain a handful of issues with the PFS reporting suite that are the subject of current and ongoing dialogue between PFS and FinOps with the intended outcome of PFS fully resolving issues regarding reporting and alerts.</p> <p>3. As 1 (above) exception reports are now provided to C&FS for review and action and these will be further supplemented with PFS alerts, once fully functional. This process will be implemented as BAU.</p> <p>4. As 1 (above), Fin Ops have reintroduced the process with C&FS to monitor potential surplus funds, and a follow-up meeting has been arranged for 5th March 2026 to discuss any potential clawbacks of high balances – this process will be implemented as BAU.</p>		
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<p>Emergency Payments (Section 17 and 24 Payments)</p> <p>Children & Family Services</p>	<p>We could not test Section 24 payments as the Tracker spreadsheet has not yet been set up. Consequently, we cannot provide assurance that these payments were eligible or supported by evidence.</p> <p>It is essential to establish a Tracker spreadsheet similar to that used for Section 17 payments without delay, to record Section 24 payments and include approval details.</p>	<p>Process replication of Section 24 payments in terms of standards that outline eligibility, approval process and guide on maximum spend has now gone live. Dashboards are also in place. Internal Audit due to review.</p> <p>Internal audit has now reviewed the standards which incorporate Section 24 payments. A sample of payments were selected for audit testing. We can confirm that payments made were eligible and approved appropriately. Furthermore, the Dashboard, provides regular information to management on Section 24 expenditure.</p>	<p>August 2025.</p> <p>Extend to December 2025</p>	<p>Closed</p>
<p>SEN Assessments</p> <p>Children & Family Services</p>	<p>Only 10% of Education, Health and Care Plans (EHCPs) were issued within the statutory guidance timescale of 20 weeks. Our testing of a small sample indicated it was taking an average of 50 weeks from initiation to issuing EHCPs.</p> <p>Recommended that new plans should be finalised and issued within 20 weeks of being approved by Panel, as per statutory guidance.</p>	<p>February update:</p> <p>Target achieved, EHCPs issued now within 20 weeks since start of the year and backlog has been cleared. Management provided performance data from dashboard to substantiate position.</p>	<p>August 2026</p>	<p>Closed</p>

<p>Business Travel Documents</p> <p>(Consolidated Risk)</p>	<p>Two HI recommendations were made:</p> <p>Comms to be issued asking staff to submit vehicle documentation and for managers to check them and input them onto Oracle per the procedures (with priority being given to those who drive the most and departmental compliance targets).</p> <p>Subject matter experts from Health and Safety, Insurance, Legal Services and People Services should decide consistent approach regarding any issues of non-compliance</p>	<p>Agreed</p> <p>Evidence received of comms regarding policy and procedure sent to staff being adequately addressed</p> <p>System enhancements have not been developed; however Internal Audit has provided a workaround solution for People Services to consider for monitoring compliance against the policy. Current management information indicates a low rate of compliance.</p>	<p>#1 July 2025 – extend to January 2026</p> <p>#2 - January 2026</p> <p>Extend to May 2026</p>	<p>Closed</p>
<p>Identification, Knowledge and Prioritisation of Business Applications</p> <p>(Consolidated risk)</p>	<p>The process for identification and prioritisation of business applications should be established and documented. Further guidance should also be provided to Service Areas where required.</p>	<p>An Application Prioritisation Policy document is now in place detailing the process for the identification and prioritisation of business applications. This will be part of an addendum within the Business Continuity Management Policy as agreed with the Business Continuity Team. The Application Prioritisation Policy was signed off by the Assistant Director – IT, Communications & Digital, Commercial and Customer Services on 11 December 2025.</p>	<p>December 2025</p>	<p>Closed</p>
<p>Business Continuity Plans</p> <p>(Consolidated risk)</p>	<p>Four HI risk recommendations were made:</p> <p>1.A review should be undertaken to assess LCC’s current insurance requirements to make sure that adequate cover in place in the event of a major incident.</p>	<p>February updates</p> <p>1.A proposal from the Council’s broker for forensic accounting support to review loss incidents at County Hall and a waste site is being assessed. A decision to proceed is expected before the Committee meets. The review will take up to 12 weeks, allowing any changes to business interruption cover to be made ahead of annual renewals.</p>	<p>March 2026</p> <p>Extend to June 2026.</p>	

	<p>2.A review should be undertaken to ensure all critical service areas have completed the revised Business Continuity Planning template to ensure that the Business Impact Assessment is completed.</p> <p>3.Departmental BCP's should be reviewed and updated and a copy securely filed off site.</p> <p>4.A process should be implemented to monitor whether BC plans have been tested or not and whether the plans are fit for purpose. Where plans have not been tested, plan owners should be encouraged and supported to undertake the tests.</p>	<p>2. Following on from the last report all of the Public Health, Law and Governance and E&T plans have now had their capability assessments completed, with very little follow up. This means the review of Corporate Resources Tier 1 Critical BC plans can be started early (originally due to be started in April). Following successful completion of CR plans the two care directorates plans will be reviewed.</p> <p>3. All plan owners are recommended to store a copy of their BC plans on Resilience Direct (RD) which is secure government data base used by all emergency services and responders. At the next review date of the BC policy the wording will be changed from recommended to store on RD to required to store on RD. Once this change has been completed an audit will be undertaken to ensure that all plans are stored on RD.</p> <p>4. There is still work to be undertaken regarding testing of plans and the BC officer responsible for project is considering how this may be achieved however, testing of plans does sit with directorates and plan owners. It is worth noting that in the IT outage of October '25 virtually all team plans were used primarily for call cascading for teams.</p>	<p>Two-year programme of work. Target completion date is July 2027. Updates will be provided at the appropriate time to Committee</p> <p>As above – updates will be provided at the appropriate time to Committee</p> <p>As above – updates will be provided at the appropriate time to Committee</p>	
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Reported March 2025				
City Council Coroner & Recharges Chief Executives Department	One HI recommendation was made to draw up and agree a service level agreement (SLA) and associated content	Still awaiting final approval and sign off from Leicester City Council.	March 2025 November 2025 Extend to April 2026	
Direct Payments Adults & Communities	Three HI recommendations were made: - An annual review of DP cards with cash withdrawals “switched on” should be undertaken to ensure there remains a good reason to continue to allow them. Annual reviews, including a review of direct payments should be undertaken on a timely basis, to ensure that the needs of service users are met and that the level of direct payment remains appropriate to meet those needs. Action taken on excess balances should be reviewed and balances clawed back as appropriate. Managerial oversight should be introduced to ensure prompt action is taken.	February update 1. In early February 2026, 127 DP recipients who use nominated bank accounts (i.e. they don’t have a DP card) were contacted, requesting 12 months of bank statements. Once received, potential surplus funds and spend will be reviewed and followed up with recipients including promoting DP cards. Bank statements are being sent to LCC for processing, and with year-end approaching, the ATM cash-withdrawal review is planned for April/May 2026. Progress and figures will be tracked for reporting 2. 31% of Direct Payment care and support plan reviews are overdue (up from 24% in March 2025). To address this,	July 2025 March 2026 Extend to April 2026	

		<p>additional staff joined the A&C Direct Payment Support Team in January 2026. Their focus is delivering a programme of DP Card Financial Reviews across all account types (PFS, nominated, third-party). Over the next two years, all DP accounts will receive at least one standalone financial review, with the aim of establishing an annual 12-month review cycle.</p> <p>3. Surplus fund reporting restarted in September 2025 after a July–August pause caused by PFS issues. Reports now separate cases with and without an allocated worker, with managers copied in and reminded by an Assistant Director to act. TU work includes designing automated reporting. Also recently recruited four staff who will focus on unallocated cases.</p>		
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