

PROTOCOL FOR THE COORDINATION OF EXTERNAL AUDIT AND INSPECTION REPORTS

Body/Person with authority to
change the document

Director of Resources ¹

¹ The Corporate Governance and Audit Committee retain the authority to direct that the delegated authority should not be exercised and that an amendment be referred to them for consideration.

THE PROTOCOL FOR THE COORDINATION OF EXTERNAL AUDIT AND INSPECTION REPORTS

Part A. Inspection Reports

Part A of the Protocol covers Inspection reports. The main bodies currently inspecting local government are¹:

- The Audit Commission Inspection Service;
- The Care Quality Commission (CQC); and
- OFSTED.

This protocol differentiates between two types of inspection:

- Service inspection – an inspection of a whole service or group of services. For example, APA letters for adults' and children's social care; unannounced children's services inspections and children's safeguarding inspections..
- Regulatory inspections – OFSTED and CQC both routinely conduct a range of regulatory inspections . These include premises inspections covering early years settings; schools; colleges; and children's homes, and inspections of elements of whole services such as inspections of fostering services and adoption services.

This list is not exhaustive and the Authority may receive inspection reports from other bodies from time to time. These reports will be considered individually by the relevant Director² and be subject to the same processes as outlined below if appropriate.

Part A(i). Service inspections

1. As soon as the relevant Director is aware that a service inspection is due they will inform the Chief Executive, the Deputy Chief Executive , the Monitoring Officer and the Head of Scrutiny and Member Development that an inspection is to take place and the relevant timescales.
2. The relevant Director will ensure that the Deputy Chief Executive is kept informed of the progress of the inspection, including:
 - Preparation arrangements;
 - Requirements for any corporate involvement in either the preparation or actual inspection;
 - Any significant emerging issues.
3. Where a **self assessment** identifies significant weaknesses the Director must inform the Deputy Chief Executive , so that additional support can be given to the Director if required.
4. Upon receipt of the **draft** inspection report, the relevant Director and the Deputy Chief Executive will jointly consider how to respond to the draft report. Where appropriate the report may be referred to the Corporate Leadership Team.

¹ See Dept for Communities and Local Govt website, www.communities.gov.uk

² Throughout this protocol, "Director" also includes any Chief Officer with concurrent delegations

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5. Each Director will establish internal processes to ensure that the draft results of all service inspections are reported to the relevant Executive Board Member and to the Directorate Management Team.
6. Where appropriate the Director may choose (in consultation with the Deputy Chief Executive) to share the draft report with relevant partner organisations.
7. The relevant Director will liaise with the relevant body in respect of external Inspection and agree a final report and any action plan that may be necessary.
8. Upon receipt of the **final** report the relevant Director will provide a copy to:
 - each of the Leaders of the five main party groups;
 - the relevant Executive Board Member;
 - the Deputy Chief Executive ;
 - the Head of Governance Services; and
 - the Head of Scrutiny and Member Development.
9. Where appropriate the relevant Director may decide (in consultation with the Deputy Chief Executive) to hold confidential briefings on the contents of the final report for any of the people listed in paragraph 8 above.
10. All Inspection reports are **confidential** prior to the official publication date. They will be issued on the understanding that the reports' contents will not be communicated by any person listed in paragraph 8 above prior to the publication date. The Deputy Chief Executive will clearly mark the report as to when it can be made public³.
11. The Head of Scrutiny and Member Development will ensure that the relevant Scrutiny Board Chair is made aware of the expected publication date of the report³.
12. On the due date for publication the Head of Governance Services will check with the Deputy Chief Executive that the publication date is as previously notified (see footnote 3). The Head of Governance Services will then arrange for the report to be published on the Council's internet site and will notify all Members, by e-mail, to that effect.
13. Once published, the relevant Director will report the final results of all external service inspections to Corporate Leadership Team (CLT).
14. Scrutiny Boards may elect to review any Inspection report which falls within their terms of reference.
15. Corporate Governance and Audit Committee may decide to consider the governance and audit aspects of any inspection report, in line with their terms of reference.

³ The publication date of Inspection reports will be as stipulated by the issuing body or, where no date is stipulated, **within six weeks** of the receipt of the **final report**. If, for whatever reason, the report cannot be published within six weeks, a report must be made to Executive Board by the relevant Director(s) explaining the delay and giving a date for publication.

³ The need to know rights of the Scrutiny Board Chair and members of the Scrutiny Board do not extend to those members having access to the report prior to publication.

Part A(ii). Regulatory inspections

1. Each Directorate should establish internal processes to ensure that the draft results of all regulatory inspections are reported routinely to the Directorate Management Team.
2. Upon receipt of a draft regulatory inspection report which judges the council to be “poor” or “inadequate”, the relevant Director will inform the Deputy Chief Executive and provide them with a copy of the draft report. The relevant Director and the Deputy Chief Executive will jointly consider how to respond to the draft report, including whether consideration of the report by CLT is necessary.

Part B. External Audit Reports

Part B of this Protocol covers external audit reports received from the Council’s appointed auditors.

1. At the commencement of external audit work the External Auditor will advise, via e-mail, the Deputy Chief Executive, the Monitoring Officer, and the Head of Scrutiny and Member Development of the agreed brief for the audit work and the likely timescales for completion.
2. The relevant Director will liaise with the external auditors in respect of external audit and agree a final report and any action plan that may be necessary. If there is any doubt about the responsibility for certain issues, such as cross cutting issues, the Deputy Chief Executive will liaise with the relevant Directors and agree a responsible Lead Director.
3. The External Auditor will provide the final report and agreed action plan to the Deputy Chief Executive, and the relevant Director.
4. Upon receipt of the final report and agreed action plan the relevant Director will provide a copy to:
 - the Leaders of the five main party groups;
 - the relevant Executive Board Member(s);
 - the Head of Governance Services; and
 - the Head of Scrutiny and Member Development.
5. Upon receipt of the final report and agreed action plan the Deputy Chief Executive will arrange for the report to be presented at the next appropriate meeting of the Corporate Governance and Audit Committee, to consider the governance implications of the report. The Committee may choose to refer particular issues to other appropriate committees for further detailed consideration.
6. The Head of Governance Services will arrange for the report to be published on the Council’s website. All Members will be notified by e-mail when the report is published.

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7. The relevant allocated Director will be responsible for drafting covering reports to the Corporate Governance and Audit Committee and other appropriate Committees that the report is referred to. The Head of Governance Services will advise the Director of the need for these reports, the date the report is due, and provide support to the Director in the drafting of the report.
8. The Head of Scrutiny and Member Development will also be advised by the Head of Governance Services of the date that the Corporate Governance and Audit Committee will consider the report.
9. The Corporate Governance and Audit Committee will consider the final report and may refer matters to the relevant Scrutiny Board for further consideration. Scrutiny Boards may also elect to review any external audit report which falls within their terms of reference.

Part C. Monitoring

1. All external audit and inspection reports contain an agreed action plan, which also details which Director is responsible for each action.
2. The implementation of action plans arising from service inspections and/or external audits will be monitored by the relevant Director. The relevant Scrutiny Board may elect to monitor progress against the action plan, in line with its terms of reference.
3. On a six-monthly basis⁴ each Director will provide the Deputy Chief Executive with a summary of the results of all service and regulatory inspections and external audit reports relating to their responsibilities. This should include details of:
 - the inspection/external audit;
 - the date inspected/externally audited;
 - the previous inspection score;
 - the most recent inspection score; and
 - whether any identified actions have been completed.

This information will then form part of the contextual information prepared as part of the six-monthly performance management reports and will also feed into Directors' appraisals.

⁴ Normally each April and September