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MEETING:	Audit Committee
DATE:	Friday, 22 September 2017
TIME:	2.00 pm
VENUE:	Reception Room, Barnsley Town Hall

BARNSLEY Metropolitan Borough Council

AGENDA

Procedural/Administrative Items

1. Declarations of Pecuniary and Non-Pecuniary Interest

2. Minutes *(Pages 5 - 18)*

   To receive the minutes of the meeting held on the 19th July, 2017.

3. Actions Arising From the Previous Meetings *(Pages 19 - 20)*

   The Committee will receive a report detailing action taken and arising from previous meetings of the Committee.

Items for Discussion/Decision

4. Report to those charged with Governance (ISA 260) 2016/17 *(To Follow)*

   The Council's External Auditor will submit a report summarising the key issues identified during the audit of the Financial Statements for the year ended 31st March, 2017 for the Authority and on the assessment of the Authority's arrangements to secure Value for Money.

5. Annual Governance Report 2016/17 *(Pages 21 - 50)*

   The Chief Executive and Executive Director Core Services will submit a joint report on the final Annual Governance Statement for 2016/17 and seeking approval to refer it to Council for consideration.

6. Appointment of External Auditor *(To Follow)*

   The Service Director Finance will submit a report on the current position with regard to the appointment of an External Auditor.

7. Internal Audit Annual Report

   The Head of Internal Audit and Corporate Anti-Fraud will present an oral report on his final opinion on the adequacy and effectiveness of the Authority's internal control arrangements which are based on the work of Internal Audit during 2016/17.

Items for Information

8. Health, Safety and Emergency Resilience Report 2016/2017 (Cab.6.9.2017/12) *(Pages 51 - 108)*

   The Executive Director Core Services will submit a report which was submitted to

Cabinet on the 6th September, 2017 presenting issues raised in the 2016/17 Health, Safety and Emergency Resilience Report and providing a comprehensive overview of health, safety and emergency resilience activities and performance within the Authority.

9.   Information Governance Performance - Quarter 1 2017/18 *(Pages 109 - 116)*

The Executive Director Communities and Head of IT (Service Management) will submit a joint report advising the Committee of the position in relation to the number of information security breaches and cyber incidents which have been reported and investigated during Quarter 1 for the financial year 2017/18.

10.   Sickness Absence - 2016/17 *(Pages 117 - 122)*

The Service Director Human Resources and Business Support will submit a report on the current position with regard to sickness absence for the financial year 2016/17 and providing a comparison and summary for the whole of the financial year 2016/17 and the previous financial year 2015/16.

11.   Workshop Meeting - Arrangements

To consider:

(a) a request from a member to change the date of the Workshop meeting due to it being scheduled to be held during the half term holidays; and

(b) the arrangements and topics for discussion at the Workshop meeting scheduled to be held on Wednesday 1st November, 2017.

12.   Audit Committee Work Plan 2017/18 *(Pages 123 - 126)*

The Committee will receive the indicative Audit Committee Work Plan for 2017/18.

To: Chair and Members of Audit Committee:-

Councillors Clements (Chair), Barnard, Lofts and Richardson; together with Independent members Ms K Armitage, Ms D Brown, Mr S Gill, Mr P Johnson and Mr M Marks

Diana Terris, Chief Executive
All Executive Directors
Andrew Frosdick, Executive Director Core Services
Rob Winter, Head of Internal Audit
Neil Copley, Service Director Finance
Ian Rooth, Head of Technical Services
Adrian Hunt, Risk Management Manager
Michael Potter, Service Director Business Improvement and Communications
Louise Booth, Audit Manager

Council Governance Unit – 3 copies

Please contact William Ward on 01226 773451 or email governance@barnsley.gov.uk

Thursday, 14 September 2017

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Item 2

MEETING:	Audit Committee
DATE:	Wednesday, 19 July 2017
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

Present   Councillors Clements (Chair), Barnard, Lofts and Richardson together with Independent Members - Ms K Armitage, Ms D Brown, Mr S Gill, Mr P Johnson and Mr M Marks

12. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

Councillors Clements, Lofts and Richardson declared a non-pecuniary interest in Minute in Minute 22 'Draft 2016/17 Statement of Accounts' insofar as the discussion related to the South Yorkshire Pensions Scheme being members of that scheme.

13. MINUTES

The minutes of the meeting held on the 14th June, 2017 were taken as read and signed by the Chair as a correct record.

Arising out of the discussion, reference was made to Minute 10 'External Audit – Technical Update Incorporating External Audit Progress Report'. It was noted that Ms Warner representing KPMG had been asked to report further on issues in relating to data sharing rather than revenue streams. The Chair stated that this matter would be picked up and a report submitted to a future meeting.

14. ACTIONS ARISING FROM THE PREVIOUS MEETINGS

The Committee received a report detailing actions taken and arising from previous meetings of the Committee.

RESOLVED that the report be noted and amended to take account of the request for the External Auditor to submit a report on data sharing to a future meeting.

15. DRAFT ANNUAL GOVERNANCE STATEMENT 2016/17

The Chief Executive and Director of Core Services submitted a joint report on the Draft Annual Governance Statement 2016/17.

The Statement gave details of:

- The purpose of the Governance Framework
- The Governance and Internal Control Framework
- The process of annually reviewing the effectiveness of the Governance and Internal Control Framework
- The development and improvement opportunities arising from the Annual Governance Review to be addressed during 2017/18

The Draft Annual Governance Statement and Action Plan 2017/18 were appended to the report.

The Committee noted that the Statement was slightly different to previous years having been prepared in accordance with processes and guidance approved by the

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Committee on the 22nd March, 2017 and that members had been given the opportunity to comment on these arrangements prior to the AGR commencing with officers.

The Committee was given a brief resume of the key issues highlighted together with an overview of the various elements of the Action Plan.

The annual review of the Council's governance, risk and internal control arrangements 2016/17 had not identified any fundamental issues and had confirmed that the general level of compliance within the Council's governance and internal control framework remained robust and effective.

The review process had taken into account the action taken against the control issues raised on the previous Annual Governance Statements. The Action Plan was to be monitored during 2017/18 and would comprise issues that had been carried forward from previous years, along with issues that arose from the current review.

The final Statement would be prepared for consideration by this Committee in September prior to the submission to the Council on the 28th September, 2017.

In the ensuing discussion, and in response to detailed questioning, the following matters were highlighted:

- It was noted that 11 out of 17 consultation responses had so far been received all of which had been positive. All other responses were anticipated within the week which was within the agreed tolerances
- Each internal control area allocated a lead officer who was involved with the AGS process. It was noted that most lead officers were within the Core Services Directorate. All Executive Directors deployed resources where necessary to ensure that issues identified as part of the AGS process were addressed
- Questions were asked about and there was a discussion of the ability of Internal Audit and Finance to perform the functions required within reducing resources. In response the Service Director of Finance and Head of Internal Audit and Corporate Anti-Fraud gave an assurance that resources were adequate to deliver what was currently required of the service. In relation to comments about Internal Audit in particular, the Executive Director Core Services stated that the Service Director Finance and the Senior Management Team had to be mindful not to impose a disproportionate reduction of resources when looking at future savings proposals. The Executive Director welcomed the challenge and commented on the need to ensure that resources were appropriately targeted
- No significant issues had been identified as a result of external audit assessment and inspections by service inspectorates/regulators such as OFSTED and the Care Quality Commission
- Whilst there had been no meetings of the Corporate Assurance Group, there had , nevertheless, been feedback where appropriate from individuals and via

electronic means which, in many ways, had been less resource intensive and at the same time, more productive

- In relation to those issues that had been 'closed' as detailed within the Action Plan, questions were asked as to whether or not procedures and processes had been tested prior to closure. The Executive Director Core Services noted these comments and stated that proposals were in hand to undertake a simulated exercise at some time in the near future. Such exercises were to be mandatory and all those involved in the processes would be required to make themselves available. In relation to the recording of officer delegated decisions, the Head of Internal Audit and Corporate Anti-Fraud had been asked to include this as part of the Work Programme. Guidance had been issued to ensure that the appropriate level of recording, dependent upon the circumstances, was taking place
- The Risk and Governance Manager stated that following this committee and the receipt of any additional comments or amendments, a further draft of the document would be emailed to all Members in August prior to the submission of the final document in September, 2017
- Given the importance of this document, various members expressed disappointment that certain Senior Officers/Members were not in attendance. These comments were noted and would be passed on as appropriate
- There was a discussion about the evaluation currently being undertaken into the social value (social return on investment) in a number of Area Council led activities. Work was ongoing in this respect
- The Council had established a Member Panel to consider allegations of misconduct where the Monitoring Officer determined there was a need to undertake formal investigations. No issues had resulted in any investigations being undertaken by the Panel although one matter was currently under investigation
- The Statement referred to the emerging governance arrangement for the Sheffield City Region and to the fact that the Council was in a strong position to influence these via the support provided by various Directorates and Sections. It was stressed however that the Statement related to the position in 2016/17. The Executive Director Core Services commented that in this context and in relation to the AGS the Authority was able to demonstrate that it was engaging with its stakeholders and was making use of resource opportunities. The future direction of the City Region, however, was to be subject of ongoing debate

RESOLVED that the Draft Annual Governance Statement 2016/17 be noted.

16. **RISK MANAGEMENT ANNUAL REPORT 2016/17**

The Committee received a report summarising the risk management activity in 2016/17 towards the achievement of the goals and objectives set out in the Council's Risk Management Policy and to signpost further work to be undertaken in 2017/18.

The report, which was presented by the Risk and Governance Manager indicated that the Framework had been reviewed in 2017 and presented to this Committee on

the 19th April, 2017. He continued to lead on the provision of Risk Management, Insurance and Corporate Governance activities within the Council and had some considerable success during the year.

All risks were logged on the Council's Strategic Risk Register and had been updated during 2016/17. In addition, the Council's Risk Profile had slightly decreased in a positive way.

The Risk Management database, Morgan Kai Insight was no longer in use for the recording of risks and had been replaced by a series of spreadsheets and it was likely that the Operational Risk Registers would be published within the Council's document management system 'SharePoint' and it was hoped that this would assist in the dissemination of information.

The Annual Governance Review for 2016/17 had been completed and the subsequent Annual Governance statement had been signed by the Leader and Chief Executive in 2016.

The annual independent review of Risk Management arrangements in 2016/17 by Internal Audit had been undertaken in September 2015 and resulted an 'adequate ' assurance opinion for the year. Revised Indicators had been developed for 2017/18 to ensure that the Council's decision not to participate in the Association of Local Authority Risk Managers and CIPFA Benchmarking Club for Risk Management did not affect the ability to measure performance.

RESOLVED:

(i)   That the Risk Management Annual Report, and the assurances provided, as part of the overall consideration of the Council's control framework for the purposes of the Annual Governance Statement, be noted;

(ii)   That the Committee receive further periodic reports during the year to monitor the progress in achieving the actions identified for 2017/18.

17. **INTERNAL AUDIT QUARTERLY REPORT 2017/18 - QUARTER ENDED 30TH JUNE, 2017**

The Head of Internal Audit and Corporate Anti-Fraud submitted a report providing a comprehensive overview of the key activities and findings of Internal Audit based on the Division's work covering the whole of the final quarter and to the end of June 2017 being the first quarter of the 2017/18 audit year.

The report covered:

- The issues arising from completed Internal Audit work in the period
- Matters that had required investigation

- An opinion on the ongoing overall assurance Internal Audit was able to provide based on the work undertaken regarding the adequacy and effectiveness of the Authority's internal control environment
- Progress on the delivery of the Internal Audit Plan for the period up to the end of the first quarter of 2017/18
- Details of Internal Audit's performance for the quarter utilising performance indicators

Internal Audit work undertaken during the period did not identify any fundamental recommendations.

Internal control assurance opinion overall remained adequate based on the results of the work undertaken during the quarter.

Of the 10 recommendations followed up, 30% had been implemented by the original target date, 30% had been implemented after the original target date and 40% had not been implemented, with revised implementation dates being agreed by management.

The Audit Manager reported that a number of audits were currently being undertaken, five were being finalised and work was commencing on a further six.

In relation to the Audit Plan, actual days delivered were 33 (8%) below that planned at the end of the quarter.

Quarterly performance of the function was generally satisfactory but the Performance Indicators relating to chargeable time was slightly below profile. This was mainly due to the bedding in of newly appointed staff, parameter issues with the audit system MKI and additional training not previously programmed into the plan.

In the ensuing discussion, and in response to detailed questioning, the following matters were highlighted:

- Reference was made to feedback questionnaire. Whilst these were not obligatory, feedback on the service was welcomed and encouraged. Most comments received were constructive. Work was being undertaken on developing the feedback system by either email or an online system. Feedback was also to be sought from audit sponsors
- There was a discussion of the implications on audit days of External Clients and particular reference was made to the recent addition of the Northern College as a client
- Arising out of the above, reference was made to the work undertaken in relation to Subsidiary Companies. The Head of Internal Audit and Corporate Anti-Fraud reported that no other work was planned. The Service Director Finance stated that the Authority had not been undertaking group accounts; however, this was now a requirement of the External Auditors so would be undertaken in the future.

RESOLVED

(i)   that the issues arising from the completed internal audit work for the period along with the responses received from management be noted;

(ii)   that the assurance opinion on the adequacy and effectiveness of the Authority's Internal Control Framework based on the work of Internal Audit in the period to the end of June 2017 be noted;

(iii)   that the progress against the Internal Audit Plan for 2016/17 for the period to the end of June, 2017 be noted; and

(iv)   that the performance of the Internal Audit Division for the first quarter be noted.

18.   **REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT**

The Head of Internal Audit and Corporate Anti-Fraud submitted a report presenting information and evidence in support of the review of the effectiveness of the Audit Function as required by the Accounts and Audit Regulations 2015.

The Quality Assurance and Improvement Programme (QAIP) which was required to be developed in accordance with the Public Sector Internal Audit Standards (PSIAS) had been used as the basis of the annual review.

The report outlined the elements of the QAIP process, which required both external and internal monitoring and assessment, and then described the ways in which these had been undertaken together with the findings.

Overall, the evidence from the various aspects of feedback and evaluation showed that auditees at all levels regarded the Internal Audit function as effective.

Appendices to the report provided:

- A summary of the feedback from auditees following specific audit work/reports
- The internal Audit Performance Indicators for 2016/17
- The PSIAS External Compliance Assessment Report

In the ensuing discussion, the following matters were raised:

- The Head of Internal Audit and Corporate Anti-Fraud indicated that the Service was required to develop a quality assurance programme. The Service had put together a detailed development plan part of which was refreshing the QAIP and which would form part of the progress report submitted to the December meeting as part of the Internal Audit Progress Report. This would give assurances as to how improvements to service provision were going to be made and how this would manifest itself to clients

- It was pleasing to note that a fundamental review was being undertaken of how recommendations were classified and categorised. In response to questioning the Head of Internal Audit and Corporate Anti-Fraud stated that it was hoped that the new arrangements would focus more on giving management ownership of any issues identified via an audit. A further report on the outcome of the proposals would be submitted in due course
- There was a discussion of the 'critical' level of staff required to be maintained by Internal Audit in order to remain effective. It was noted that Barnsley was broadly in line with other Authorities in terms of staffing ratios. The Service Director Finance stressed that the review of the audit function raised no issues that required to be brought to the attention of Senior Management or this Committee. Arising out of the discussion, Members took comfort from the fact that Internal Audit was still being seen as a Service of choice for external clients

RESOLVED that the information in support of the review of the effectiveness of the audit function and the effectiveness of the Service be noted.

19. BUSINESS IMPROVEMENT AND COMMUNICATIONS - PROGRESS REPORT

The Service Director Business Improvement and Communications submitted a report giving an overview of the functions of the Business Improvement and Communications Business Unit and related elements of the Annual Governance Statement process in accordance with the recently revised Audit Committee Terms of Reference and Work Programme.

The report gave details of the five broad functions namely, Business Improvement and Intelligence (including the Overview and Scrutiny Function); Communications, Marketing and Campaign Management; Corporate Programme and Project Management; Equality and Inclusion; and Organisation and Workforce Improvement (including the Member Development Function).

The core purpose of the unit was to provide high quality, value for money, customer focussed, professional and strategic core services. The Unit was responsible for driving and delivering business improvement and communication to ensure the organisation was a customer focussed, modern, efficient and commercial minded Future Council.

The Unit had a role in ensuring assurance against each of the following elements of the Annual Governance Statement and Ms A Glew (Head of Organisation and Workforce Improvement), Mr M Rangecroft (Head of Business Improvement & Intelligence) and Mr J Horsley (Equality and Inclusion Manager) attended the meeting to present the various elements pertinent to their work area and to answer Members questions:

- Management Arrangements
- Performance Management
- Equality and Inclusion

In the ensuing discussion, the following matters were raised:

- In relation to Management arrangements
  - There was a discussion of and an explanation of why there was only a 51% completion of Performance and Development Reviews. This could be for a multitude of reasons and did not mean that performance appraisals were not being undertaken. A review of the current arrangements was being undertaken involving employees and managers from across the organisation in focussed workshops to look at potential improvements for the scheme to be implemented from April 2018. It was stressed that quality information arising from PDR's was paramount
  - Arising out of the above discussion details were provided of the launch in September of the POD (Personal Online Development) – this was a new learning management system to enable employees to book and manage their own training and development and from April 2018 would be used for the PDR appraisal process
  - Information was provided about the aims and objectives of the Organisational Improvement Strategy which, amongst other things, looked at all areas of the organisation, dealt with workforce planning and how staff required to be developed in order to have the skills required for the next three years
  - The Director of Core Services reminded the Committee that the Authority had achieved IIP Gold. This was not something that was easily gained and should provide an assurance about workforce development and management
  - Workforce surveys provided useful information about management arrangements and, in addition, the Talk About/Drop in Sessions were useful tools to receive feedback about management and the management arrangements for the Council as a whole
- In relation to Performance Management
  - Business Plans had been developed and could be amended in year (but were also timetabled) and provided Units with the reference documents they required. This planning process involved a 'look towards' 2020. Arising out of this, it was noted that Business Unit Delivery Plans had also been developed which helped individual team members to understand how they contributed to the Business Plan and Corporate Plan. The PDR process , as well as regular team meetings, were equally important to ensure that individuals were meeting the Business Plan objectives
  - The Plans were subject to Directorate check and challenge which would be led by the Executive Director and the Business Improvement and Intelligence Team
  - There were a range of Indicators that enabled the tracking of performance. One of the revisions the Service would like to see was the interconnectivity between 'visions' and 'outcomes'

- In relation to Equality and Inclusion
  - Each Authority was required to have due regard to the impact its policies and decisions could have over diverse groups and the tool used to do this was the Equality Impact Assessment Process. The way in which this was undertaken was described
  - A random selection of reports submitted to the various 'committees' was examined to ensure compliance and feedback was provided where required. Meetings were held with each Business Unit to try to develop forward plans and identify where there was likely to be an impact. Advice was given so that any suggestions could be incorporated into reports
  - The Governance and Member Support Unit within the Core Directorate headed by Mr I Turner, Service Director Governance and Member Support, were tasked with ensuring that reports met the necessary requirements and the Executive Director Core Services had a role in ensuring that key issues were addressed.
- General issues
  - There was a discussion of the role and performance of Scrutiny, and to Member attendance. It was noted that attendance at meetings was not a measure of performance of a committee – issues relating to attendance would only be raised if there was a significant variance. It was very difficult to assess and quantify the quality of the Scrutiny process. Whilst very few items had been 'called in', issues identified had been taken into account when proposals were formulated. Scrutiny was welcomed and some areas were particularly important and this was evidenced around safeguarding issues when Ofsted Inspectors had commented on the more focussed approach now being undertaken

RESOLVED that the report be received and Ms A Glew, Mr M Rangecroft and Mr J Horsley be thanked for attending the meeting and for answering Members questions.

20. EXTERNAL AUDIT - INTERIM AUDIT REPORT 2016/17

The Council's External Auditory (KPMG) submitted their Interim Audit Report 2016/17 summarising the key findings arising from the work undertaken to date in relation to the audit of the Authority's 2016/17 Financial Statements, the 2016 Value for Money Conclusion, detailing the headline messages arising from that work and indication that the Authority had implemented all the recommendations raised through previous audit work.

The report indicated that:

- The organisational control environment was generally sound and there were no issues to report and work was still progressing in relation to the IT control environment
- The controls over the key financial systems was sound however, there was a weakness in respect of revoking staff access to the revenue systems once they had left the authority. The Service Director Finance commented that this

had not been a great concern as the individuals were unable to access the IT network once they had left the Authority. Action had, however, been put in place to address this weakness

- The Authority had a good history of quality accounts production and in 2016/17 the Authority had a good understanding of the key audit risk areas identified and was making progress in addressing them
- No specific Value for Money risks had been identified
- It was noted that in relation to the valuation of Waste Management Asset, appropriate action had been taken to address the recommendation that the latest valuation of the asset should be reflected in the 2016/17 statement of accounts and that all new assets be valued when they come into use in line with the requirements of the Code

RESOLVED that the report be received and the actions taken noted.

21. AUDIT COMMITTEE WORK PLAN 2017/18 - 2018/19

The Committee received a report providing the indicative work plan for the Committee for its proposed scheduled meetings for the remainder of the 2017/18 municipal year and for 2018/19.

It was ntoed that the Workshop session was planned for the 1st November, 2017 commncing at 2.00pm. It was proplsed that, amongst other things, the focus for the meeting be;

- a review of the operation of the new Terms of Reference
- a training review and skills assessment

If any Member had any other items they wished to include, they should contact the Council Governance Unit.

RESOLVED that the core work plan for 2017/18 and 2018/19 meetings of the Audit Committee be approved and reviewed on a regular basis.

22. DRAFT 2016/17 STATEMENT OF ACCOUNTS

The Service Director Finance submitted a report on the 2016/17 Statement of Accounts, the Council's seventh set of accounts prepared in accordance with International Financial Reporting Standards (IFRS).

The report indicated that the accounts had been submitted to the External Auditor (KPMG) on the afternoon of 30th June, 2017 in accordance with the statutory deadline. In addition, it was noted that there was no longer a requirement to submit them for approval to the Council prior to that deadline. This was primarily to enable additional time to prepare the accounts under the more complex and time consuming IFRS and to place public bodies on a similar reporting footing with the private sector.

It was noted that the Accounts and Audit Regulations 2015 determined that from the 2017/18 financial year, the statutory obligations for submitting a set of draft accounts to audit would be brought forward by one month to 31st May. Staff within the Finance Directorate had, however, been working towards this deadline by improving and automating processes.

The Council would receive the External Auditor's report on the accounts prior to the statutory deadline of 30th September, 2017.

The Summary of Accounts together with the Draft Statement of Accounts 2016/17 were appended to the Director's report. The report also outlined the main elements of the requirements of the International Financial Reporting Standards.

The significant work undertaken by the Service Director Finance's Team in relation to the preparation of the Statement of Accounts was noted and was commended.

Some Members of the Committee expressed disappointment that the report had not been received in sufficient time to enable them to comment fully. The Chair stated that any comments mate and this meeting would be accepted as would those submitted to the Service Director Finance following the meeting.

Reference was then made to the following matters:

- In response to questioning, the Service Director Finance commented on the way in which comparisons could be made with other Authorities and bodies as suggested by the IFRS
- There was a discussion of the surplus to be transferred into the next financial year. It was noted that a large proportion of the surplus did not represent spare cash as the majority of the in year surplus was as a consequence of one-off events during the year and scheme/project slippage. There were no major concerns and a significant amount was earmarked to the Town Centre redevelopment
- Information in relating to the winding up of the Independent Living at Home (Barnsley) Ltd could be provided. It was noted that the core business for Barnsley clients was being catered for by other providers or in other ways. The Council was in no worse financial position
- Reference was made to the in year schools balances surplus of £3.5m . it was noted that if schools did not have plans as to how such surpluses could be utilised, they could be clawed back
- There was a detailed discussion of the Authority's interests in a number of wholly owned subsidiaries and to the ways in which these were reflected in the Statement of Accounts and Balance Sheets. The Service Director Finance commented that the requirement of the External Auditor to produce group accounts should address any of the concerns of the Independent Members and particularly in relation to contingent liabilities. There was, of course, a significant impact on the work of the Service in producing such accounts in the future
- Details of the increase in liabilities compared to the previous year could be provided together with information about NPS given that there was some

confusion regarding the name registered at Company's House and the possibility that two similarly named companies were registered

- In relation to the 2016/17 Performance Monitoring Overview, the Service Director Finance stated that he would obtain details of the set of Performance Indicators that had been developed and aligned to priorities within the Corporate Plan. Arising out of the discussion, it was suggested that Corporate Management Performance could be a topic for discussion at the workshop meeting scheduled for the 1st November, 2017

- Reference was made to the increase in the valuation of Council Dwellings compared to 2016. It was noted that this was largely as a result of the change in the way in which the Authority was required to value social housing properties and it, therefore, showed an unrealistic gain

- An assurance was given that the Finance Directorate had sufficient staff (and the right calibre of staff) to undertake the work required to produce the Statement of Accounts

- In response to specific questioning, the Service Director Finance commented upon the reasons for the increase in retirement benefit obligations. It was noted that arrangements were in place to ensure the pensions deficit was paid within the agreed 25 year timescale. Arising out of the above, there was a discussion of the implications of the ageing workforce of the Authority on the liabilities of the Pension Scheme

RESOLVED:-

(i)   that the Service Director Finance and his Team be thanked for their hard work and dedication in producing the accounts on time and with reduced resources;

(ii)   that the work that has taken place to prepare the Authority's Draft 2016/17 Statement of Accounts on an International Financial Reporting Standards basis be noted; and

(iii)   that Members with any additional comments submit them to the Service Director Finance as a matter of urgency; and

(iv)   that the finalised Statement of Accounts 2016/17 be submitted to the next meeting of the Audit Committee to be held on 22nd September, 2017.

23.   APPOINTMENT OF EXTERNAL AUDITORS

The Service Director Finance gave a brief update on the current position with regard to the appointment of External Auditor from the 2018/19 financial year.

It was noted that the Council's current auditor (KPMG) had not been successful in being appointed and to date no information was available as to which was the successful company but this information would be provided as and when it became available.

The Council's current auditor would be required to commence the 'hand over' process from December.

RESOLVED that the update report be noted.

………………………………
Chair

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AUDIT COMMITTEE – 22nd September, 2017

ACTIONS ARISING FROM MEETINGS OF THE AUDIT COMMITTEE

Date of Meeting	Agenda Ref	Subject	Details of Actions Arising	Person Responsible	Status / Response
22nd March, 2017	4	Local Code of Corporate Governance/ Annual Governance Review Process 2016/17	To receive a report on the outputs from the Annual Governance Review Process as to whether they provide sufficient and suitable evidence and assurances in relation to the Annual Governance Statement to be submitted to Full Council in September, 2017	Director of Finance/Risk and Governance Manager	22nd September, 2017
19th July, 2017	7	Review of the Effectiveness of Internal Audit	To receive a report on the outcome of the review of how audit recommendations are classified and categorised (this may be incorporated into the regular Progress Report rather than being a separate report)	Head of Internal Audit and Corporate Anti-Fraud	6th December, 2017

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AUDIT COMMITTEE – 22nd September 2017

ANNUAL GOVERNANCE STATEMENT 2016 / 17

1. Purpose of the Report

1.1 To consider the draft Annual Governance Statement for 2016 / 17, attached as Appendix One to this report.

2. Recommendations

2.1 The Committee is asked to consider the Annual Governance Statement for 2016 / 17.

3. Background

3.1 The process and guidance that underpins the Annual Governance Review (AGR) for 2016 / 17 was considered by the Committee on 22nd March 2017, and members were given the opportunity to comment on these arrangements prior to the AGR commencing with officers.

4. The Annual Governance Statement 2016 / 17

4.1 The AGS is attached as Appendix One to this report. The statement outlines the following:

 i. The purpose of the Governance Framework;
 ii. The Governance and Internal Control Framework;
 iii. The process of annually reviewing the effectiveness of the Governance and Internal Control Framework; and,
 iv. Identifying development and improvement opportunities arising from the Annual Governance Review, to be addressed in 2017 / 18.

5. Review Process

5.1 The AGS is an important document as it is one form of providing assurances to residents and other stakeholders, including the Council's partners, that its decision making processes and procedures have integrity.

5.2 An action plan has been prepared to capture the issues raised throughout the review process. This document will form the basis for Audit Committee monitoring throughout the year. The action plan is provided to the Audit Committee as Appendix One to the AGS itself. An update of the action plan will be reported to the Audit Committee throughout the year ahead.

6. Financial Implications

6.1 There are no direct financial implications arising through the preparation and publication of the Council's Annual Governance Statement.

6.2 However, the draft statement includes an assessment as to the extent to which the Council's financial and other internal control related procedures are being complied with.

7.   **Risk Management Considerations**

7.1   The Council's Risk Management Strategy forms one of the key elements of the Council's Internal Control Framework.

8.   **Consultations**

8.1   The statement was developed through a comprehensive evaluation process which has included input from the Council's Corporate Assurance Group and the Council's Senior Management Team (SMT).

9.   **List of Appendices**

9.1   Appendix One: Annual Governance Statement 2016 / 17 plus 2017 / 18 Action Plan

10.   **Background Papers**

10.1   Previous Audit Committee reports covering the monitoring of the 2015 / 16 AGS Action Plan, the Council's Local Code of Corporate Governance and the Council's Annual Governance Review Process 2016 / 17.

        Contact Officer: Risk and Governance Manager
        Telephone: 01226 77 3119
        Date: 11th September 2017

BARNSLEY METROPOLITAN BOROUGH COUNCIL

ANNUAL GOVERNANCE STATEMENT 2016 / 2017

1. Scope of Responsibility

1.1 Barnsley Metropolitan Borough Council is responsible for ensuring that its business is conducted in accordance with the law and all relevant standards, and that public money is safeguarded and properly accounted for.

1.2 The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way its functions are exercised, having regard to a combination of economy, effectiveness and efficiency.

1.3 In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

1.4 The Council has approved and adopted a Local Code of Corporate Governance, which is consistent with the principles of the CIPFA / SOLACE framework detailed in their report 'Delivering Good Governance in Local Government (2016 Edition)', in so far as the Council will:

Principle A. Behave with integrity, demonstrating strong commitment to ethical values and respect the rule of law;

Principle B. Ensure openness and comprehensive stakeholder engagement;

Principle C. Define outcomes in terms of sustainable economic, social and environmental benefits;

Principle D. Determine the interventions necessary to optimise the achievement of intended outcomes;

Principle E. Develop the entity's capacity, including the capability of its leadership and the individual's within it;

Principle F. Manage risk and performance through robust internal controls and strong public financial management; and,

Principle G. Implementing good practices in transparency, reporting and audit to deliver effective accountability.

1.5 A copy of the Council's recently revised Local Code of Corporate Governance can be found on the Council's Document Store. This document was considered, and approved by the Council's Audit Committee on 22nd March 2017.

2. Purpose of the Governance Framework

2.1 The governance framework comprises the systems, processes, culture and values, by which the Council is directed and controlled. It also includes the activities through which it is accountable to,

engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.

2.2   The system of governance and internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurances regarding overall effectiveness. The system of governance and internal control is based on an ongoing process of risk review, designed to identify and prioritise risks to the achievement of the Council's policies, aims and objectives and to evaluate the likelihood and potential impact of those risks being realised. It is then a case of managing and mitigating them to reasonable levels in an efficient, effective and economic manner.

3.   **The Governance Framework**

3.1   The scope of the governance and internal control framework spans the whole range of the Council's activities. The following sections consider the various main components of the Council's governance framework and the activities within each of them. Within the Annual Governance Statement, job roles, titles and organisational structures reflect the Council's arrangements during 2016 / 17.

4. **Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**

4.1   Behaving with Integrity

4.1.1   Barnsley Metropolitan Borough Council (BMBC) has developed an organisational culture that is based on the principle of the 'Future Council'. The journey towards the Future Council began in 2013, and is intended to shape the organisation into a customer focused, modern, efficient and business minded Council.

4.1.2   The Council's four main values, detailed in the Council's Performance Management Arrangements are as follows:

- We are Proud;

- We are Honest;

- We will be Excellent; and,

- We are a Team.

4.1.3   The Council's Senior Management Team (SMT) and the Barnsley Leadership Team (BLT) are committed to the delivery of the above values, and acknowledge the challenges that will face the effective delivery our priorities and outcomes. This is particularly challenging, given the pressures the Council is facing. However, there is a robust commitment to continuously improve and ultimately make a difference to stakeholders lives. We will do this by:

- Making sure our plans, programmes and projects have the resources they need;

- Monitoring, managing and challenging our progress and performance;

- Publishing our performance report; and,

- Asking stakeholders to tell us how we are performing.

4.1.4   There are also a number of activities that the Council has focused on to assist in changing the way we work:

- **Clear vision and values** – we have developed these together and they define what we are trying to achieve in our communities and for our customers, as well as how we do what we do.
- **Customer focus** – we will understand all our customers and put them at the centre of everything we do.
- **Commercial and business acumen** – we will focus on outcomes and making every penny count, removing bureaucracy and running our organisation really well for our customers and residents.
- **Efficient delivery of projects and programmes** – we will strengthen and standardise our approach. Working together to ensure accountability and value for money.
- **Innovative and managed risk taking** – we will remove barriers to change, encourage, support and empower our employees to develop great new ideas and implement improvements.
- **Learning organisation** – we will invest in our employees, recognise success and achievement, and become stronger from our mistakes.

- **Leaders at every level** – we will have leaders at every level of the organisation who are highly skilled, and able to inspire and empower their teams to respond effectively to local needs.
- **Flexible workforce** – we will ensure our employees are healthy, agile, skilled, and flexible so that we can continue to meet our customers' changing needs.
- **Working with our partners, communities and residents** – we will work better together to identify and meet local needs by joining up our work, and playing to our different strengths.
- **Enabling organisation** – we will enable our partners, communities and residents to do more for themselves, rather than stepping in when we are not needed or where others can do something better than we can.

4.1.5 BMBC has a Whistleblowing Policy which is supported by two senior managers as designated contact officers. The Councils Audit Committee oversees the effectiveness of the Whistleblowing arrangements on an annual basis. The Council's Internal Audit Section, as well as having a role in investigating matters brought to its attention also takes the lead in promoting preventative measures.

4.2 Demonstrating strong commitment to Ethical Values

4.2.1 BMBC has established a Member Panel to consider any allegations of misconduct, where the Monitoring Officer determines the need to undertake formal investigation. The Monitoring Officer exercises their judgement in consultation with three designated Independent Persons who have been appointed as a requirement of the Localism Act. This panel comprises three Elected Members chosen from those members comprising the Appeals Awards and Standards Panel by the Monitoring Officer in consultation with the Chairperson of the Panel. A majority of the members are selected from a political group different to that of the member who is the subject of the complaint.

4.2.2 The Council has developed and adopted formal Codes of Conduct which define standards for both personal and professional behaviour for Elected Members and officers. Formal induction training packages have been developed for Members and officers that include mandatory training regarding information governance, financial and procurement responsibilities and anti-fraud and corruption arrangements. Both Elected Members and officers are required to register relevant interests as required by law, and by the relevant Code of Conduct. The Council maintains a register of Councillors Interests, as Councillors are obliged by law to keep their registration up to date and inform the Monitoring Officer of any changes within 28 days of the relevant event. The need for disclosure of any conflicts of interest is a standard agenda item at all Council meetings. Standing Orders have been amended to require a member to withdraw where they have a Disclosable Pecuniary Interest, as defined by law.

4.3 Respecting the Rule of Law

4.3.1 The Council has designated the Executive Director of Core Services as Monitoring Officer. It is the function of the Monitoring Officer to ensure compliance with established policies, procedures, laws and regulations and to oversee its arrangements in relation to ethical standards complaints.

4.3.2 The Executive Director of Core Services attends, or is represented by a senior lawyer at all meetings of the Cabinet and Council. A senior lawyer is always in attendance at meetings of the Planning Regulatory Board and the Licensing Regulatory Board and as clerk to any Appeals panels.

4.3.3 All decision making reports take account of a range of control factors, including risks, legal and financial implications and policy or performance implications. The Council's SMT reviews all significant reports prior to them being included on the Cabinet agenda and discusses forthcoming Cabinet agendas a week prior to the meeting to address any particular issues arising or outstanding

in respect of the specific report on the agenda. Any decisions taken by Cabinet members under their delegated powers are subject to prior scrutiny by SMT.

4.3.4   All Cabinet decisions are subject to oversight by the Overview and Scrutiny Committee.

4.3.5   All documents that require execution by the Executive Director of Core Services require evidence of Member or delegated officer approval prior to being executed.

4.3.6   Legal implications in particular with regard to consultation and statutory quality obligations are addressed specifically as part of the Council's budget setting process. The Monitoring Officer and Section 151 Officer are aware of their statutory duties to report in respect of concerns of unauthorised activity or expenditure and consult with each other periodically in relation to their ongoing and complementary statutory roles.

4.3.7   There is a periodic review of decision making and 'authority to act' through the role of Internal Audit and where appropriate by external regulators such as the Information Commissioner, the Surveillance Commissioner and the Local Government Ombudsman.

5. **Principle B: Ensuring openness and comprehensive stakeholder engagement**

5.1 **Openess**

5.1.1 The Council's Constitution sets out how the Council operates regarding how decisions are made and the procedures that are followed to ensure that these rules are efficient, transparent and accountable to local people. The constitution sets out rules governing the manner in which the Council conducts its business.

5.1.2 The Constitution includes the Scheme of Delegation whereby functions and decision making responsibilities are allocated between the full Council, the Cabinet, individual Cabinet Members, regulatory boards, committees and officers.

5.1.3 The Council's Officer Code of Conduct and Member Code of Conduct encourages the effective transaction of business by setting out the respective roles of Members and officers and provides guidelines for good working relationships between them. The Elected Members Code of Conduct was updated and approved by Cabinet in May 2015 to ensure they reflected the Future Council's vision, values and behaviours.

5.1.4 A limited number of items of business, such as approving the level of Council Tax must be considered by the Full Council. For other decisions, the Leader and Cabinet Members hold decision making powers through the Cabinet – each member of the Cabinet holds a portfolio which supports the priorities and structures of the Future Council.

5.1.5 In order to comply with the Governments Local Government Transparency Code we make sure that local people can now see and access data about:

- How we spend our money
- How we use council assets
- How we make decisions
- Issues important to local people

5.2 **Engaging comprehensively with institutional stakeholders**

5.2.1 When working in partnership with others, the existence of sound governance arrangements helps to ensure that shared goals are achieved and resources are controlled in an effective manner.

5.2.2 A review of the partnership arrangements for the Local Strategic Partnership has provided greater clarity by reducing the number of partnership bodies and sub-groups. The LSP now benefits from two key partnership bodies, the Health and Wellbeing Board (focusing on delivering health and wellbeing strategies) and the Barnsley Economic Partnership (which focuses on the delivery of economic strategies), with the One Barnsley Board providing strategic oversight. The emphasis is on each partner agency contributing towards, and being responsible for the delivery of shared outcomes for Barnsley, rather than servicing and attending partnership meetings.

5.2.3. Council officers and Councillors are nominated as Council representatives within or when dealing with significant partnering organisations. Partners are encouraged where appropriate to align their objectives with the Council's policies and deliver high quality, efficient and effective services which are in accordance with their agreements with the Council.

5.2.4 A practical Partnership Governance Framework is in development, which has been designed to assist Partnership Lead Officers provide suitable assurances that the partnership is making a

valuable contribution to the Council's objectives and priorities, and is a well governed and controlled relationship.

5.2.5   The Sheffield City Region benefits from its own emerging governance arrangements, the Council is in a strong position to influence these through the support provided to the City Region by BMBC relating to internal control support functions such as human resourcing, risk management, health and safety, information governance and internal audit that are delivered via a service level agreement.

5.3   Engaging with individual citizens and services users more effectively

5.3.1   All Councillors must account to their communities for the decisions that they have taken and the rationale behind them. Barnsley Council is subject to external review through external auditing of financial statements and performance managing outcomes against national standards and targets.

5.3.2   Councillors and officers are both subject to code of conducts. Additionally, where maladministration may have occurred, the aggrieved person may wish to appeal either through their local Councillor or directly to the Local Government Ombudsman.

5.3.3   The Council has numerous arrangements in place to communicate with its customers and wider stakeholders, including the use of social media such as 'Facebook' and 'Twitter'. The Area Council and Ward Alliance arrangements also encourage community involvement, engagement and participation.

5.3.4   Whilst the journey to becoming a customer focused, modern, efficient and business minded 'Future Council' started in 2013 there have been a number of new, improved ways of working. Some of these are detailed within the Council's Corporate Plan 2017 - 2020:

- A genuine focus on you; our customers, putting you at the heart of what we do;

- A reshaped organisation, designed to deliver what we've promised;

- New, innovative ways of delivering sustainable services; and,

- More people getting involved locally, making their communities stronger.

6.   Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

6.1   Defining outcomes

6.1.1   The Council has identified the following priorities or outcomes, which are detailed in the Corporate Plan 2017 – 2020:

- **Thriving and Vibrant Economy:**
  We're investing to build Barnsley's economy to achieve the following outcomes:
  - ✓ Create more and better jobs and good business growth;
  - ✓ Increase skills to get more people working;
  - ✓ Develop a vibrant town centre;
  - ✓ Strengthen our visitor economy; and,
  - ✓ Create more and better housing.

- **People Achieving their Potential:**
  We're creating a healthier, safer and better educated population to achieve the following outcomes:
  - ✓ Every child attends a good school and is successful in learning and work;
  - ✓ Reducing demand through access to early help;
  - ✓ Children and adults are safe from harm; and,
  - ✓ People are healthier, happier, independent and active.

- **Strong and Resilient Communities:**
  We're helping people to get the most out of where they live now and in the future to achieve the following outcomes:
  - ✓ People volunteering and contributing towards stronger communities;
  - ✓ Protecting the borough for future generations by recycling and using renewable energy; and,
  - ✓ Customers can contact us easily and use more services online.

6.1.2   The progress made towards these outcomes are detailed in the Council's Performance Management arrangements, which includes a rag rating against each outcomes, and detailed narratives for each individual area of activity.

6.1.3   The Medium Term Financial Strategy supports the delivery of the Councils key outcomes and underpins the development of individual business and service delivery plans, and is currently designed to ensure the delivery of sustainable services to 2020. The MTFS identifies a number of key assumptions and constraints which are regularly tested to ensure they are robust and accurate. Each business plan also considers issues such as finances, workforce and equality to ensure appropriate risks are identified and mitigated to acceptable levels.

6.1.4   The MTFS includes a section which considers the implications relating to relationships with key partners and the Devolution Deal for the Sheffield City region.

6.2   Sustainable Economic, Social and Environmental Benefits

6.2.1   The Council ensures that it considers the impact of its decision in terms of economic, social and environmental consequences and requires all decision making reports to include an appropriate analysis of issues such as Financial Implications, Health and Safety, Consultations undertaken, Implications for local people / service users, Risk Management, Equality, Diversity and Social

Inclusion and the impact on the Corporate Plan and the Council's Performance Management Framework.

6.2.2   The Council has an Equality and Diversity Policy which sets out the Councils commitment, together with the specific responsibilities of employees, managers and elected members in implementing the policy and in meeting our public sector equality duty.

6.2.3   Furthermore, the Councils Equality Scheme explains how the policy and public sector equality duty is put into practice.

7.   Principle D: Determining the interventions necessary to optimise the achievement of intended outcomes

7.1   Determining Interventions

7.1.1   The Council ensures its decision makers are able to make informed and defensible evidence-based decisions through the development of objective decision making reports that includes an analysis of available options (including a 'preferred option') and considers the potential financial, resources and risk implications of any decisions that are to be made.

7.1.2   In order to honour its commitment to seek feedback and opinion from its stakeholders, the Council has a dedicated 'Tell us what you think' campaign, which is designed to elicit feedback relating to a number of Council services. The Council values feedback from our stakeholders and considers all comments or suggestions that have been made.

7.2   Planning Interventions

7.2.1   The Council plans in consultation with the Local Strategic Partnership, One Barnsley. This partnership benefits from two thematic Boards, comprised of partners from across the Borough who have an interest in delivering the outcomes associated with the thematic board:

- Health and Wellbeing Board – Terms of reference include agreeing the Health and Wellbeing Strategy and working with all organisations to join up health and social care for the Borough. It is made up of Elected Members and officers of the Council, representatives of Barnsley's Clinical Commissioning Group of GPs and other health providers, and the local HealthWatch, which represents the interests of patients and service users. People from other organisations that have an impact on health and wellbeing, such as the District Police Commander, also attend the meetings; and,

- Barnsley Economic Partnership – The Barnsley Economic Partnership (BEP) brings together a group of high level influential individuals from the public and private sectors with the skills and experience to assist with the delivery of the Jobs and Business Plan for Barnsley. The BEP seeks to rebalance the economy by stimulating private sector job growth through enterprise, business growth and inward investment.

7.2.2   The effectiveness of interventions is considered and assessed as part of the Councils Performance management arrangements. Performance Reports include a brief narrative relating to the activities and outputs of the Health and Wellbeing Board and the Barnsley Economic Partnership.

7.3   Optimising the achievement of intended outcomes

7.3.1   The Councils activities are considered at a strategic level through the development of the Councils MTFS and complementary Service and Financial planning arrangements. This document sets out the context, in which the Council operates in terms of significant financial pressures arising from ongoing austerity measures and changes to local government funding arrangements. This also ensures that the activities of the Council and its key partners are aligned, and appropriate resources are in place to enable the delivery of intended outcomes.

7.3.2   The Council has developed an Efficiency Plan which seeks to outline the framework that the Council has in place to ensure that it is a self-sustainable, evolving organisation that will deliver against the four year MTFS, in spite of the reducing resources it faces. This is complemented by the Councils 'Future Council 2020' plan which set out the journey towards a more modern, efficient and business minded organisation through planned change, improvement and growth.

7.3.3   The Council procures a variety of good, services in accordance with EU, UK and local regulations which are set out within the Councils Procurement Policies.

7.3.4   In terms of Social value, the Council has begun to consider the evaluation of social value (or social return on investment) in a number of Area Council led activities including those within the South Area Council and the North Area Council.

8.   Principle E: Developing the entity's capacity, including the capability of its leadership and individuals within it

8.1   Developing organisational capacity

8.1.1   There is ongoing monitoring of the Councils staffing structures to ensure there is adequate resource and support in place to deliver the intended outcomes for stakeholders. The Councils Workforce Strategy 2014 – 2017 is designed to ensure that the transition to the new 'Future Council' business model is successful by identifying, supporting and addressing the organisations current and future learning and development requirements. This will enable the Council to have a high performing, motivated, flexible and diverse workforce in place, with leaders at every level. It will also ensure that employees and Elected Members have the right skills, knowledge and behaviours to perform effectively in their role and to deliver Council priorities and Future Council outcomes.

8.1.2   A number of service areas make use of benchmarking opportunities to measure performance and consider and compare outputs and outcomes against resource inputs such as financial resources and human resources to ensure the Council is delivering efficient and effective value for money services.

8.2   Developing the capability of the organisations leadership and other individuals

8.2.1   The Councils Committee Structures and details of the role of Leader of the Council are published on the Councils internet site, as are the roles and functions of the Councils statutory officers. Within the Councils Committee Structure, the Scheme of Delegation sets out the delegated decision making powers and functions of each Committee or officer. The Councils Constitution sets out Elected Member and Officer roles and enables a shared understanding of their respective roles.

8.2.2   Performance is measured against the key priorities and outcomes included in our Corporate Plan. To assess progress and performance against these priorities and outcomes, along with performance against individual service objectives, there is a performance management framework that consists of three elements:

- Corporate plan priorities

- Corporate health of the organisation; and,

- Directorate performance

8.2.3   It is expected that though the employee Performance and Development Reviews (P&DR) links are made between broad corporate or organisational wide objectives, Business Unit Plans, Team Plans and individual personal performance objectives. As part of the P&DR process, consideration is given to any development requirements arising from the allocation of individual objectives.

8.2.4   The Council operates an annual personal canvass of the Register of Electors, which last took place in October 2016. Electoral Services recruit a team of people to carry out the final stages of this process by obtaining Household Enquiry Forms from properties that have not registered online or returned a completed registration form.

8.2.5   A Leadership and Development Programme aimed at managers and leaders within the Council is providing over 450 managers with the opportunity to formalise their leadership and management skills into a professional, accredited Leadership and management qualification.

8.2.6   The Council successfully secured 'gold' Investors in People (IiP) which recognises the hard work, effort and commitment that has been put into transforming BMBC. Staff Surveys are used to understand employee views and feelings and the outcomes of this exercise are fed into employees briefing ('Talkabout') events, facilitated by the Councils Senior Leadership Team.

8.2.7   A Corporate Health and Safety Committee, chaired by the Head of Corporate Health, Safety and Emergency Resilience Service is in place and includes membership from a number of employee representatives. This Committee meets on a regular basis, and includes within its terms of reference the following activities:

- Consideration of accident and incident statistics;
- Consideration of occupational health statistics;
- Health and safety audit reports;
- The development, introduction and monitoring of health and safety management systems;
- The effectiveness of health and safety training; and,
- The adequacy of safety and health communication and publicity in the workplace.

9. Principle F: Managing risks and performance through robust internal control and strong public financial management

9.1 Managing Risk

9.1.1 The Councils Risk Management Framework aims to underpin one of the Councils key activities in terms of being 'innovative and taking managed risks'. The Risk Management Framework positions Risk Management as not being about eliminating risk or being risk averse, but about being aware of and managing acceptable risk in the pursuit of agreed objectives. The Risk Management Framework includes the Risk Management Policy Objective Statement and Risk Management Strategy, which sets out how the Council will seek to embed this approach to risk into its normal activities through the ongoing development of a risk management culture. The Risk Management Framework, including the Risk Management Policy Objective Statement and Risk Management Strategy are also key elements in the implementation of good governance arrangements and form key elements of the Council's Annual Governance Review process.

9.1.2 The Councils Strategic Risk Register (SRR) is intended to be a robust and dynamic document that sets the culture and tone for Risk Management across and throughout the Council. The engagement of the Senior Management Team (SMT) in the Risk Management process through their ownership and review of the SRR demonstrates a strong commitment to lead and champion Risk Management 'from the top' and to further reinforce the continuing development of a Risk Management culture. The risks in the SRR are owned by SMT, with the management of individual risks being allocated to a Risk Manager (a member of SMT) and measures to mitigate risks allocated to Risk Mitigation Action Managers (being those senior managers best placed to take responsibility to drive the implementation of those actions). The register is subject to regular six-monthly reviews, the outcomes of which are reported to the Councils Audit Committee, and subsequently, Cabinet.

9.1.3 Individual Business Units benefit from maintaining an Operational Risk Register (ORR) which relates to the key risks to the provision of Council services. These risk registers were formally reviewed on a half yearly basis, to ensure risk remained relevant and that identified risk mitigation actions were being implemented. The risks contained within the ORRs are aligned to individual Business Unit Business Plans. Following the completion of each review, there is an expectation that 'red' risks (in terms of the 'current' and 'target' risk assessments) are escalated to Business Unit Management Teams for further consideration.

9.1.4 Risk Management is an essential element of the Councils decision making report structure and every report of this nature is expected to contain a section detailing the risk management implications of any decision that is to be made.

9.2 Managing Performance

9.2.1 The Council measures its performance against the key priorities and outcomes included in the Corporate Plan. To assess progress and performance against these priorities and outcomes, along with performance against individual service objectives, a performance management framework has been developed that consists of three elements:

- Corporate plan priorities

- Corporate health of the organisation

- Directorate performance

9.2.2 Each quarter, the Council produces a [performance report](#) summarising our performance against the priorities and outcomes and how well it is performing.

9.2.3 Through effective contract management, the Council is able to identify and assess the performance of its partners and contractual relationships.

9.3   Effective overview and scrutiny

9.3.1 The Overview and Scrutiny Committee (OSC) is responsible for reviewing and challenging the decisions made by the Council's Cabinet and Executive Officers. The Committee meets once per month and consists of 26 Councillors, 4 members of the public called Co-opted Members, and a Parent Governor Representative. It monitors the work and performance of the Council as well as other organisations such as local healthcare providers to ensure the effective delivery of local services and safeguarding of adults and children in the Borough. The Committee also sets up smaller 'Task and Finish Groups' (TFGs) to support the work of the Committee by undertaking more detailed investigations on specific topics.

9.4   Robust Internal Control

9.4.1 The Councils system of internal controls are designed to support the achievement of corporate objectives and outcomes whilst ensuring there is an appropriate level of compliance against laws and regulations and internal arrangements. The internal control framework acts as a robust control measure against risks such as loss of assets, fraud, misuse of equipment, data protection and information governance.

9.4.2 The Council benefits from a suite of policies in respect of counter fraud and corruption activities, including a Whistleblowing policy, anti-Money Laundering policy and an anti-Bribery policy.

9.4.3 The Councils Audit Committee is made up of four elected councillors and five independent people, who are not councillors. It ensures that the council is complying with it rules and regulations for governance and finance, including the value for money of Council services.

9.5   Managing Data

9.5.1 The Council has information governance accountabilities that are required to be in place in accordance with legislation and accreditation standards such as the Information Governance toolkit and Public Services Network accreditation. The Information Governance Toolkit is in use by the Council and is an online self-assessment tool used for publishing the standards of practice organisations must comply with regarding information governance.

9.5.2 Information Governance arrangements within the Council are based on the [8 Data Protection Principles](#) and these are overseen by the Councils Senior Information Risk Owner (SIRO), which is a role undertaken by the Executive Director of Core Services. The SIRO also chairs the Councils Information Governance Board, who takes the lead in the development of policies, procedures, training arrangements and lessons learnt from previous information governance incidents.

9.5.3 The Council is increasingly managing, storing and maintaining personal data and information as part of the delivery of services. With data held in a vast array of places and transferring between supply chain partners, it becomes susceptible to loss, protection and privacy risks. As a result, the Council has in place information sharing protocols that partners are required to endorse prior to any information being shared with them.

9.5.4   The Council responds to a significant number of information access requests as a result of the Freedom of Information Act 2000 and the Environmental Information regulation 2004. Furthermore, a number of requests for information are received as a result of subject access requests as part of the Data Protection Act 1998.

9.6   Strong public financial management

9.6.1   The Council has a pragmatic approach to the management of finances that endeavours to ensure that value for money outcomes are obtained through the spending of public money. This approach is intended to support the achievement of short term operational performance, alongside longer term, strategic outcomes. Strategies including the Council's Value for Money and Commercial Strategy underpins both short and long term objectives.

9.6.2   The Councils Service Director (Finance) acts as the section 151 officer, and ensures that the Council benefits from robust financial advice and is compliant in terms of its accounting and fiduciary responsibilities. This includes ensuring that financial management is embedded within the Business and Service Planning processes, including the control and mitigation of financial risks.

10. Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability

10.1   Implementing Good Practice in Transparency

10.1.1   The Councils commitment to be a customer focused organisation that puts customers at the centre of everything we do is underpinned by the publishing of information to stakeholders in a manner that is accessible and transparent. Information published on the Councils website conforms with branding and accessibility guidelines.

10.1.2   The Council benefits from a Social Media Policy which aims to maximise positive engagement with stakeholders by the Council and individual officers, whilst protecting its own reputation and ensuring compliance with relevant standards and regulations.

10.2   Implementing Good Practice in Reporting

10.2.1   It is important for the Council to be able to demonstrate that it has been able to deliver on its priorities and outcomes and that it has been delivery value for money outcomes. This is achieved through the publication of Performance Reports, including a 'year-end' report at the end of each financial year.

10.2.2   Performance Reporting is complemented by the Councils Annual Statement of Accounts report, which is published and prepared in accordance with legislative requirements and the Code of Practice on Local Authority Accounting in the United Kingdom. The Annual Statement of Accounts is available for local electors. Stakeholders and other interested parties to inspect.

10.2.3   There is legal responsibility to undertake, at least annually, a full review of the Councils own internal control and corporate governance arrangements, and detail the outcomes and findings of that review in its Annual Governance Statement. This is complemented by an improvement action plan that is monitored by the Councils Audit Committee.

10.3   Assurance and Effective Accountability

10.3.1   It is important that the Council is challenged, audited and reviewed both internally and externally to ensure that Council services, priorities and outcomes are making a direct impact on the Borough. Following such reviews, the Council ensures recommendations and improvements that have been identified are translated into operational actions that are achievable, measurable and have appropriate accountability built into them.   Where appropriate, Elected Member engagement provides clear oversight on the recommended actions, and their consequential outcomes or outputs.

10.3.2   In order to deliver the Councils own vision and values, it is important that partnership working is carried out in a way that ensures robust governance arrangements are in place in terms of the management of finances, resources and risks. A practical Partnership Governance Framework is in development, which has been designed to assist Partnership Lead Officers provide suitable assurances that the partnership is making a valuable contribution to the Council's objectives and priorities, and is a well governed and controlled relationship.

11. Review of Effectiveness

Barnsley Metropolitan Borough Council has responsibility for conducting (at least annually), a review of the effectiveness of its governance framework, including systems of internal control and risk management arrangements. The review of effectiveness is informed by the work of senior managers within the Council who have responsibility for the development and maintenance of the governance environment, the HoIA's annual report and also by comments made by external auditors and other regulators or inspectorates.

11.1 Senior Management Team (SMT) – Annual Assurance Statements

11.1.1 The Council's SMT is responsible for ensuring compliance with, as well as improvement against the governance, risk and internal control framework. As part of this function, each member of SMT is provided with details of their services assurance information for the year. This assurance information contains:

- Significant and Fundamental Internal Audit recommendations that have been made to individual business units;
- Significant and Fundamental themed Internal Audit recommendations that are relevant to specific business units; and,
- Other Sources of Assurance information sourced from Internal Control and Governance lead officers.

11.1.2 Following receipt of the above information by each individual Service Director, each SMT member is then asked to provide assurances regarding the overall governance arrangements for their Directorate.

11.1.3 This information has then been evaluated, and where appropriate, included in the Annual Governance Statement Action Plan.

11.2 Annual Review Statements and the developing Corporate Assurance Framework

11.2.1 The Council has adopted a comprehensive set of internal policies and procedures that govern key aspects of its operations as part of the drive to develop high quality local public services. Collectively, these are referred to as the Internal Control Framework.

11.2.2 Each of these key policies, plans and procedures has a senior lead officer with overall responsibility for their maintenance and review. The previous Annual Governance Review process provided an opportunity for each designated lead officer to prepare an annual review statement on their respective areas of responsibility.

11.2.3 The developing Corporate Assurance Framework (CAF) aims to collate these discrete elements of the Council's Internal Control Framework into an overarching assurance document, which will allow for the mapping of risks, systems, processes and assurances against the controls in place. This will also include an evaluation of the adequacy, in terms of the breadth and depth of assurance coverage provided to ensure there is sufficient evidence available to ascertain whether the controls are effective, efficient and comprehensive. This is combined with an assessment of current assurances on the effectiveness of current controls in the mitigation of risk to ensure they are also adequate, efficient and comprehensive. This work is due for completion in 2017, and it is envisaged the outcomes of the CAF will be used to inform and influence the development of future Internal Audit Plans.

11.2.4 Policies included within the Council's Internal Control Framework are also subject to cyclical, risk based review by the Council's Internal Audit division.

11.3 Internal Audit

11.3.1 The HoIA is responsible for providing assurances on the robustness of the Council's internal control arrangements to the Audit Committee. An annual report on audit activity and the performance of the Internal Audit division is also presented to the Audit Committee. In terms of the 2016 / 17 report, which the Committee considered at its meeting on 14th June 2017, the HoIA gave a controls assurance opinion which reflected that systems concerning internal controls were **adequate** and that no fundamental breakdown of any such systems had occurred. Whilst the overall opinion is positive, there are some key issues arising from the work of Internal Audit that senior management should consider. In general terms these relate to the continued impact of Future Council and the implications of changed structures, new and changed systems and an increase in workloads for many managers, which has impacted upon their ability to maintain reasonable and effective controls in some areas of activity.

11.3.2 The results of Internal Audit's work during 2016 / 17 has recognised that the Future Council approach requires a change in risk appetite and that there is a natural period during which new operational arrangements will embed. However, with regard to the progress of audit report recommendations, at the point of follow up and throughout the year only 45% of recommendations had been implemented by the agreed date by management (which represents an increase of 10% from the previous year's analysis). The monitoring of report recommendations will no doubt continue to be a priority for the Audit Committee, and the Internal Audit Service itself.

11.3.3 The role of Internal Audit within the governance, risk and internal control framework is to operate both independently and objectively in reviewing and reporting on the effectiveness of the Annual Governance Review process and the corporate Risk Management framework. This work has been undertaken by a Principal Auditor reporting directly to Executive Director of Core Services in order to preserve that independence.

11.4 Strategic Risk Management

11.4.1 Work undertaken by the Risk Management Section during 2016 / 17 included support and challenge in the management and development of the Council's SRR and the preparation of reports to SMT, Cabinet and the Audit Committee. Work has also included promoting and embedding good risk management practices throughout the Council, and its partners, as well as preparing both annual and periodic update reports to the Audit Committee.

11.5 External Audit, Assessment and Inspection

11.5.1 Barnsley Metropolitan Borough Council is subject to external assessment and regulation by auditors and service inspectorates such as OFSTED and the Care Quality Commission (CQC). Services, in conjunction with the Corporate Assurance Group are responsible for ensuring that the relevant findings from external audit or other assessment activity informs the annual evaluation process, which underpins the production of the Annual Governance Statement.

11.5.2 In summary, the following principal sources of evidence were considered when carrying out this evaluation:

- Assurances provided by Service Directors and Executive Directors regarding the overall governance arrangements for Business Units, and Directorates;
- Internal Audit Annual Report;

- Risk Management Annual Report;
- The Annual Audit letter;
- Key issues arising from the Annual Corporate Health and Safety Annual Report;
- The Local Government Ombudsman's Annual Monitoring Report on BMBC's complaints;
- The independent Internal Audit Annual Review of the Annual Governance Review and Statement process and Corporate Risk Management arrangements; and,
- A review of the action taken and progress made in relation to the issues raised in the 2016 / 17 Annual Governance Statement and associated Action Plan;

11.6   Corporate Assurance Group (CAG)

11.6.1 Although no formal meetings of the CAG have taken place in 2017, the Risk and Governance Manager has met individual internal control lead officers on a regular basis to further develop the CAG, and the AGR itself. Further meetings will be programmed in 2017 / 18 to further develop these arrangements.

11.6.2 The development of the revised Annual Governance Review process was presented to the Barnsley Leadership Team (BLT) and SMT in 2015. This process has been somewhat refined, following a greater level of involvement with the internal control and governance lead officers, via the CAG. Furthermore, the Audit Committee were updated regarding the revised Annual Governance Review process at their meeting on 22nd March 2017.

12.   Significant Governance Issues

12.1   The annual review of the Council's governance, risk and internal control arrangements in 2016 / 17 has not identified any fundamental issues and has confirmed that the general level of compliance with the Council's governance and internal control framework remains robust and effective.

12.2   The review process has taken into account the action taken against the control issues raised on previous Annual Governance Statements.

12.3   The Action Plan to be monitored during 2017 / 18 is comprised of the issues that have been carried forward from previous years, along with issues that arose from the 2016 / 17 review.

13.   Statement by the Leader of the Council and the Chief Executive

13.1   We are satisfied that the comprehensive review process undertaken has identified the relevant areas for attention over the forthcoming year. The Action Plan put in place will be monitored by the Council's Audit Committee will (when implemented) further enhance the Council's governance, risk and internal control framework.

……………………………………………………...   ……………………………………………………….
Councillor Sir Stephen Houghton CBE   Diana Terris
Leader of Barnsley MBC   Chief Executive of Barnsley MBC

Date: Date:

Ref	Annual Governance Statement Action	Responsible Executive Director	Timescales	Current Position – Action Taken / Planned
1	To further develop and embed a practical framework to assist on the effective governance and control of the Council's partnerships, contracts and general relationships with external organisations. This has increased significance in the context of the Future Council programme. *(Carried forward from 2016 / 17)*	Executive Director, Core Services	31/12/2017	July 2016: A presentation to BLT was delivered by the Executive Director of Core Services on 31/05/2016, seeking endorsement of the developing Partnership Governance Framework, which entails: ▪ Developing a Register of significant partnerships; ▪ Logging Partnership risks in the appropriate Risk Register; and, ▪ Ensuring suitable assurances (including the consideration of exit strategies) are included when logging Partnership risks in the appropriate Risk Register. The Executive Director of Core Services and the Risk and Governance Manager met in July 2016 to develop arrangements to roll this framework out to all Directorates in 2016 / 17 via the Operational Risk Register review process. July 2017: Having allowed Business Units the opportunity to reflect Partnership arrangements in Operational Risk Registers during 2016 and early 2017, an update is to be provided to BLT later in 2017 which will include providing a position statement in terms of the use of the Framework by Directorates and Business Units. Further anecdotal evidence of robust partnership governance activities includes the Council's interface with BBIC, and a recent request for financial support that has driven a strategic review of business accommodation within the Borough and the consideration of potential changes to the Councils relationship with Oakwell Community Assets as part of increased investment and development of Barnsley Football Club. A refresh of the Partnership Governance Framework has been undertaken, and targeted correspondence has been prepared for individual Executive Directors to remind them of their responsibilities in this regard.

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2	Improving the quality of performance reviews undertaken across the Council in 2016/17. Particular areas of non-compliance or concern will be considered as part of Internal Audit's Themed Assurance Audit on the Performance and Development Framework, the recommendations of which will be used to identify areas of development and support for managers and to inform changes required to the process for the future. *(Carried forward from 2016 / 17)*	Executive Director, Core Services	CLOSED	July 2016: Terms of reference for Internal Audit's Themed Assurance Audit on the Performance and Development Framework have now been agreed between the Organisation Development Manager and Internal Audit Manager December 2016: The P&DR audit has taken place and Internal Audit will be providing a written report of findings in November 2016. July 2017: Through a process of selected interviews, feedback received was analysed and conclusions drawn in respect of the current corporate personal development and review process. The work contributes to assurance in respect of human resource management. CLOSED.
3	The development of a Commercial Toolkit that covers all aspects of business and financial acumen is currently in the process of being developed and prepared. This Toolkit will be rolled out via a series of modules across the entire organisation and it is envisaged this will assist in fundamentally changing the culture of the Council to a more commercial and business like organisation, with the right commercial and financial capabilities to deliver the Council's 2020 Outcomes The first module is expected to have been prepared by December 2016.	Executive Director, Core Services	31/12/2017	July 2016: Action agreed by Service Director Finance. December 2016: The initial framework for the commercial toolkit has been established and the approach has been agreed with SMT. The toolkit will be developed and implemented across the organisation as a modular approach and will be released on a phased basis as the modules are developed. The first 3 modules will be rolled out in the new year comprising of Commercial Awareness, Charging v Trading and the CIPFA Financial Management model. Associated training will also be developed and rolled out alongside the modules in conjunction with Workforce Development. July 2017: Since work begun on the Commercial Toolkit a wider Commercial Strategy has developed and launched in July, an element of which includes developing a toolkit that will provide people with the tools / training to support their commercial

Ref	Annual Governance Statement Action	Responsible Executive Director	Timescales	Current Position – Action Taken / Planned
				responsibilities. Elements of the toolkit have already been rolled out e.g. finance budget training. Further modules of the toolkit will be rolled out over the late summer / autumn on the back of the wider Commercial Strategy launch.
4	Improve the implementation by Business Units of the Council's Business Continuity Planning (BCP) arrangements. There remain gaps in the necessary BCPs in services which now form one of the appendices of Business Unit Business Plans. The Corporate BCP will be revised in 2016 and any outstanding plans highlighted to the relevant Executive Director and Service Director. This remains an implementation issue rather than a lack of suitable and sufficient process. *(Carried forward from 2016 / 17)*	Executive Director, Core Services	CLOSED	July 2016: Action agreed by Head of Corporate Health, Safety and Emergency Resilience. July 2017: The corporate business continuity priorities were reissued in April 2017. All Business Units submitted returns for inclusion – this represents the first 'complete picture' for a number of years. Feedback was provided to Heads of Service as necessary. In the event of an emergency event, the Council is now able to consider all services when considering how to prioritise the recovery of the Council should the need arise. CLOSED.
5	Review the recording of officer delegated decisions to ensure this is in line with legislation. *(Carried forward from 2016 / 17)*	Executive Director, Core Services	CLOSED	July 2016: Draft guidance prepared by the Service Director (Council Governance) and passed to the Executive Director of Core Services Following receipt of feedback, it is envisaged this guidance will be considered by SMT, and finally, circulated to BLT in late July 2016. December 2016: Updated guidance on recording of officer decisions was finalised in June 2016. A presentation given to BLT on 26th July 2016 on the rationale for the new guidance, with the offer of further sessions to discuss this in detail with DMTs / Service meetings. The guidance has now been published in the Modern.gov document library, accessible via the Intranet Homepage.

Ref	Annual Governance Statement Action	Responsible Executive Director	Timescales	Current Position – Action Taken / Planned
				Microsoft Word versions of the record pro forma will be made available through SharePoint in due course, subject to further developments of that system. CLOSED.
6	Internal Audit Annual Report: A corporate issue relating to non-compliance with Contract Procedure Rules and the overall adequacy of Contract Management Arrangements	Executive Director, Core Services	31/12/2017	July 2016: Identified via Internal Audit's Annual Report – Significant Governance Issues. Agreed by SMT this action is to be included on the 2015/16 AGS Actions Plan. Action agreed by Head of Strategic Procurement. December 2016: • Non-compliance with CPR – Strategic Procurement Team now centrally recording and tracking waivers for the current financial year. There has been 69 waivers this year with an annual contract value of £2.84m which equates to circa £45k per waiver. The Strategic Procurement Team continues to challenge any waiver that does not appear to be robust in its rationale. In terms of our procurement plan the Strategic Procurement Team are looking at future contract expiry dates in the 16/17 programme with a view to proactively putting in place any tactical waivers which would be actioned as part of a longer term sourcing strategy. In addition the 'Document review' is about 60% done and once completed will generate a new set of processes, documents and guidance for people to utilise when procuring at the various levels of expenditure. • Contract Management – it is recognised that within BMBC's approach to both contract and supplier management arrangement there is scope for improvement. To tackle this the Strategic Procurement Team are specifically progressing three things as follows: o Toolkit Review –conducting a review of the systems, processes, data and reporting that we

Ref	Annual Governance Statement Action	Responsible Executive Director	Timescales	Current Position – Action Taken / Planned
				use/need in order to do effective Strategic Procurement (which includes Contract Management), this will serve to help inform how the Council develops contract management over the next 3 to 6 months and beyond ○ Leadership programme – as part of the leadership programme there is an option for participants to get involved in a procurement project and having met with some of those individuals we have decided that contract and supplier management is an area where they could help develop our future approach. This kills two birds with one stone in that it supports the individuals in the programme whilst getting something done that is really relevant to the council and its performance and not just a tick box exercise ○ Category Plans – each Category manager is tasked with developing a category strategy for their areas of expenditure for 17/18. This should include sections on how specific contract and supplier management issues will be tackled going forward. July 2017: • Non Compliance with CPR – the Strategic Procurement Team continue to record and track waivers on an ongoing basis. The 16/17 year-end position was 141 waivers with an annual contract value of £5.4m which equates to £38.5k per waiver. The end Q1 figures for 17/18 are 59 waivers with an annual contract value of £1.8m which equates to £30.5k per waiver. The Strategic Procurement Team continues to challenge any waiver that does not appear to be robust in its rationale. Whilst the longer term plan is to decrease the numbers of waivers via improved strategy and planning it is recognised that in the short term the number of waivers will probably increase as we drive compliance and due process. In addition the 'Document review' is about 90%

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				done and once completed will generate a new set of processes, documents and guidance for people to utilise when procuring at the various levels of expenditure. These documents are available to users now via the Procurement intranet/SharePoint pages. It is also our intention to initiate a review of the current CPR as part of our wider 17/18 annual delivery plan • Contract Management – it is recognised that within BMBC's approach to both contract and supplier management arrangement there is scope for improvement. To tackle this the Strategic Procurement Team are specifically progressing three things as follows: ○ Toolkit Review –conducting a review of the systems, processes, data and reporting that we use/need in order to do effective Strategic Procurement (which includes Contract Management), this is ongoing and has already delivered some efficiencies. Going forward this will be linked to a wider review of the Commercial Toolkit which is an action linked to the development of a council wide commercial strategy (see point below). ○ Commercial Strategy – a cross functional group have been working on developing a central commercial strategy for roll out across the council during Q2. In respect of supplier and contract management the main aims within the strategy are as follows: ▪ Work more closely with suppliers ▪ Shape future markets and drive innovation ▪ Adopt Category Management and develop an 'intelligent buyer' view of the market ▪ Ensure contracts deliver the expected value and service via regular check and challenge ▪ Develop an approved vendor list and

Ref	Annual Governance Statement Action	Responsible Executive Director	Timescales	Current Position – Action Taken / Planned
				continued support of local businesses o Category Strategy Plans – Category Strategy Plans for 17/18 were distributed to most business units in mid-June for review and comment. It is anticipated that these initial plans will be finalised and signed off in July and thereafter will be a live document subject to constant update and review. The document effectively summarises the commercial support each business unit can expect from the Strategic Procurement team during 17/18 working on a collaborative basis.

BARNSLEY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan

Report of the Executive Director of Core Services

Health, Safety and Emergency Resilience Report 2016/2017

1. **Purpose of Report**

   This report seeks to present issues raised in the 2016/2017 Health, Safety and Emergency Resilience Report. The 2016/2017 report provides a comprehensive overview of health, safety and emergency resilience activities and performance within the Authority.

2. **Recommendations**

2.1 That the Authority's Health, Safety and Emergency Resilience performance for 2016/2017 is noted and continuous efforts made to improve upon performance in this area.

3. **Introduction**

3.1 **Health, Safety and Emergency Resilience Report 2015/2016: Executive Summary**

   3.1.1 The year April 2016 to March 2017 has seen further improvements in the Council's health, safety and emergency resilience performance and also the implications of challenges faced in delivery of these services and maintenance of this performance. Positive indicators seen in 2016/2017 are shown below (with comparative data for 2015/2016 shown in parentheses):

   - A decrease in accidents reported to 151 (159) accidents (accompanied by an increase in the reporting rate to around 100%).
   - A decrease in specified [major] injuries to 0 (2).
   - The majority (96%) of audits show a satisfactory level of compliance with the Council's governance arrangements for health and safety
   - A decrease in days lost due to accidents to 323 (721) days
   - An decrease in RIDDOR recordable accidents to 14 (27) with 14 (25) over three day injuries; 7 (20) over seven day injuries and 0 (2) major injuries with the Council's performance when compared to national statistics remaining favourable
   - An improvement in compliance with requirements to develop risk assessments to 74% (66%) – (77% corporately and 69% in schools)
   - A decrease in the number of employer's liability claims to 23 (33) with 11 (14) related to accidents and 12 (19) to work related ill health

   3.1.2 However, some negative indicators are also seen:

   - An increase in reports of violence and aggression reported to 205 (200) incidents
   - An under-reporting of near miss accidents

   Overall a number of opportunities for improvements exist with these outlined below along with proposals to address them:

Opportunity for improvement 2016/2017	Proposed action in 2017/2018
1. Reporting of near misses is far lower than reasonably expected	As detailed in the body of this report it is by the reporting and investigation of these incidents that accidents may be prevented. As outlined above, managers are requested to reiterate the need for near miss reporting and treat these as any other reported incident with a proportionate investigation and actions to prevent recurrence.
2. Despite improvement made percentage completion of risk assessments remains lower than optimal – this is the corner-stone of sound health and safety management	These subjects indicate the need for basic health and safety management by the identification of hazards and risks and implementation, maintenance and monitoring of reasonable and proportionate risk controls.
3. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management	Managers are requested to ensure that risk assessments and safe systems of work are completed for employees/activities and implemented as necessary and these communicated to employees.
4. Reports of violence and aggression account for the majority of incidents reported	These reports reflect the often challenging nature of the provision of public services. The provision of essential public services is not an acceptance that employees should be exposed to violence and aggression. To reinforce this the Council has adopted a 'zero tolerance' policy with the Council to always seeking, as appropriate, apposite sanctions being brought on those carrying out occurrences of violence and aggression.
5. Up take of BOLD training is less than the uptake of the face-to-face training previously provided by the Health, Safety and Emergency Resilience Service	Managers are requested to ensure that all identified health and safety training needs are actioned and ensure that as necessary employees access the relevant BOLD course. The uptake of BOLD training has increased during the year but the number of delegates remains below that would be expected given the number of Council employees. In 2017/2018 the possibility of making minimum health and safety training mandatory as with other courses will be explored.
6. The resilience of Business Units to support the Council's response to an emergency	A separate action plan has been agreed by the Senior Management Team to revitalise the resilience of

	Business Units with each Business Unit charged with the development of their own resilience plan to detail how they would support the implementation of the Council's resilience plan. Some progress towards this has been made in 2016/2017 and a commitment has been made for this to be completed in 2017.
7. Need for increased volunteer numbers to support the Council's response to an emergency	Whilst there has been good support from Council staff to act as volunteers, the voluntary nature of volunteering means that a response is not guaranteed and therefore a much larger pool of volunteers is required than needed to allow for volunteers to not be available when required, particularly out of hours. Volunteer numbers remain relatively low compared to overall employee numbers and several requests for additional volunteers have been issued during the year and there has been a slight increase. Resourcing of Business Unit Emergency Response Plans is specifically addressed in the plan template.

3.1.3 Despite these negatives, reflecting the Council's overall performance in this area, the Council has not experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue and achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.

3.1.4 During 2015/2016 the Health, Safety and Emergency Resilience Service has worked internally and with multi-agency partners on maintaining and improving the Council's emergency resilience.

3.1.5 This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health, safety and emergency resilience function.

3.2   Current context of the service provision of the Health, Safety and Emergency Resilience Service

3.2.1 During 2016/2017 the Health, Safety and Emergency Resilience Service maintained the breadth of the services provided and capacity with which to deliver these services. However, the reduced overall capacity of the Service since 2011 emphasises the need for departments to dovetail service provision and appropriate and reasonable standards of health and safety. As the Service's service delivery is based on legal requirements, the curtailment and/or cessation of these services does not remove the need for the function but rather realigns the responsibility to operational departments. This, if not adequately managed by departments, may lead to decreased compliance with legislative requirements

and therefore increased potential for both criminal and civil liabilities. This is coupled with a reduced ability of the Service to monitor these standards within the Council. The Council's ongoing budget situation does not discount the possibility of future further reductions in either the breadth of service delivery or service capacity – all this will lead to difficult questions regarding what the Council expects from this Service and what it is able to deliver and what standards of health, safety and emergency resilience are to be maintained.

3.2.2   It is essential therefore that the fundamental improvement in the Council's health and safety performance – an improvement in the welfare of the Council's staff and a reduction in suffering as a result of accidents and ill health – must not be overlooked. The Council operates and more importantly, is able to operate in a manner which dovetails service provision and appropriate and reasonable standards of health and safety.

3.3   Overview of the content of the Health, Safety and Emergency Resilience Report 2016/2017

3.3.1   The report identifies the major causes and effects of accidents to employees and outlines remedial, responsive and proactive measures to reduce the risk of injury and work-related ill-health.

3.3.2   This report contains data in respect of the causes of accidents, the types of injury occurring and the parts of body injured. The report provides details of the cost of accidents to the Authority. Whilst the primary concern of the Authority is the health, safety and well being of its employees, this is nevertheless an important issue in economic terms. This issue is considered further with the incorporation of details provided by the Service Director Finance regarding Employer's Liability Claims.

3.3.3   The Report also details health, safety and emergency resilience initiatives for 2017/2018 that it is hoped will maintain performance in this area.

3.3.4   The report deals with the issue of Work Related Violence to Employees. It outlines the number of reported work related violent incidents to employees. It also provides details of the services of the Health, Safety and Emergency Resilience Service as they relate to statutory occupational health.

4.   Consideration of alternative approaches

4.1   Due to the nature of this report, alternative approaches are not considered. However, as discussed above, the current challenges faced by the Council may lead to further reports to Cabinet on this matter in due course.

5.   Proposal and justification

5.1   Accept the annual Health, Safety and Emergency Resilience Report 2016/2017 as a summary of current health, safety and emergency resilience performance within the Authority. This supports the Corporate Health and Safety Policy, the statutory requirement for the management of health and safety and the Annual Governance Statement.

6.   Delivering Sustainable Community Strategy Ambitions and Local Area Agreement Outcomes

6.1   There are no foreseen implications of this report.

7. **Long term sustainability of the proposal**

7.1 The Report emphasises the need for maintained focus on the overall health and safety and emergency resilience function in order to uphold standards.

8. **Impacts on local people**

8.1 There are no foreseen implications of this report.

9. **Compatibility with European Convention on Human Rights**

9.1 There are no foreseen implications of this report.

10. **Promoting equality and diversity and social inclusion**

10.1 There are no foreseen implications of this report.

11. **Reduction of crime and disorder**

11.1 There are no foreseen implications of this report.

12. **Conservation of bio-diversity**

12.1 There are no foreseen implications of this report.

13. **Risk management issues including health and safety**

13.1 The report contributes to the Council's strive to maintain high standards of health and safety and emergency resilience. The report identifies risks and proposes appropriate control measures.

14. **Financial implications**

14.1 Whilst there are no financial implications stemming directly from the report, unless health and safety matters are continually addressed, the costs detailed in the Report may escalate.

14.2 The Health, Safety and Emergency Resilience Service, by development and implementation of the Occupational Health and Safety Management Strategy, can develop policies and procedures on health and safety, but without the day to day commitment of senior managers, managers, and those in supervisory roles, to ensure that these policies and procedures are effected, these measures are impotent

14.3 To appreciate the financial implications of health and safety, the report gives a detailed breakdown of the total number of accidents reported in 2016/2017 for the Authority, and the number of these that resulted in the injured person being absent from work.

15. **Employee implications**

15.1 Improvements in health and safety across the Council enrich the quality of employees' working life.

15.2 It is pleasing to note that in the 2015 Employee Survey 90% of staff responded positively to the statement "I know what I need to do in my role to minimise health and safety risks". A further 7% did not disagree with the statement (albeit that they additionally did not agree but this does imply that they at least in part know what to do to minimise risks and have

sufficient competence to recognise the opportunity for improvement) with only 2% of the workforce disagreeing (but again this is recognised by staff who can then raise their concern with their managers and/or Safety Representative).

16. Glossary

16.1 Not applicable

17. List of appendices

Appendix A –   Health, Safety and Emergency Resilience Report 2016/2017.

18. Background Papers

18.1 See Appendix A

19. Annex – consultations

19.1 **Financial implications**

Whilst there are no financial implications stemming directly from the report, unless health and safety matters are continually addressed, the costs detailed in the report may escalate.

19.2 **Employee implications**

Improvements in health and safety across the Council enrich the quality of employees' working life.

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19.3 **Legal implications**

The report assists the Council to fulfil its statutory duties under the Health and Safety at Work etc. Act 1974, the Civil Contingencies Act 2004 and the Fire Safety (Regulatory Reform) Order 2005 and associated legislation

19.4 **Policy implications**

The report supports the Council's Corporate Health and Safety Policy. There are no foreseen implications of this report.

19.5 **ICT implications**

There are no foreseen implications of this report.

19.6 **Local Members**

There are no foreseen implications of this report.

19.7 **Health and safety considerations**

The report assists the Council to fulfil its statutory duties under the Health and Safety at Work etc. Act 1974 and associated legislation. The report supports the Council's Corporate Health and Safety Policy.

19.8 **Property implications**

The report supports the Council's Corporate Health and Safety Policy as it applies to the safety of premises. There are no foreseen implications of this report.

19.9 **Implications for other services**

Measures outlined in the report impact upon all departments within the Council.

19.10 **Implications for service users**

The report assists the Council to fulfil its statutory duties under the Health and Safety at Work etc. Act 1974 and associated legislation.

19.11 **Communications implications**

There are no foreseen implications of these proposals.

Simon Dobby, Head of Corporate Health, Safety and Emergency Resilience;

3rd July 2017;

Telephone extension 2289

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Barnsley Metropolitan Borough Council
Health, Safety and Emergency Resilience Report 2016/2017

Executive Summary

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		acceptance that employees should be exposed to violence and aggression. To reinforce this the Council has adopted a 'zero tolerance' policy with the Council to always seeking, as appropriate, apposite sanctions being brought on those carrying out occurrences of violence and aggression.
5.	Up take of BOLD training is less than the uptake of the face-to-face training previously provided by the Health, Safety and Emergency Resilience Service	Managers are requested to ensure that all identified health and safety training needs are actioned and ensure that as necessary employees access the relevant BOLD course. The uptake of BOLD training has increased during the year but the number of delegates remains below that would be expected given the number of Council employees. In 2017/2018 the possibility of making minimum health and safety training mandatory as with other courses will be explored.
6.	The resilience of Business Units to support the Council's response to an emergency	A separate action plan has been agreed by the Senior Management Team to revitalise the resilience of Business Units with each Business Unit charged with the development of their own resilience plan to detail how they would support the implementation of the Council's resilience plan. Some progress towards this has been made in 2016/2017 and a commitment has been made for this to be completed in 2017.
7.	Need for increased volunteer numbers to support the Council's response to an emergency	Whilst there has been good support from Council staff to act as volunteers, the voluntary nature of volunteering means that a response is not guaranteed and therefore a much larger pool of volunteers is required than needed to allow for volunteers to not be available when required, particularly out of hours. Volunteer numbers remain relatively low compared to overall employee numbers and several requests for additional volunteers have been issued during the year and there has been a slight increase. Resourcing of Business Unit Emergency Response Plans is specifically addressed in the plan template.

Despite these negatives, reflecting the Council's overall performance in this area, the Council has not experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue and achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.

During 2016/2017 the Health, Safety and Emergency Resilience Service has worked internally and with multi-agency partners on maintaining and improving the Council's emergency resilience.

This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health, safety and emergency resilience function.

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1   Introduction

Performance management is integral to good business practice. The aim of this annual Health, Safety and Emergency Resilience Report is to assist in the continuous improvement of health, safety and emergency resilience within the Council. The Report's associated objectives are to:

- Provide a commentary on health, safety and emergency resilience within the Council
- Detail the Council's health and safety performance
- Outline the work undertaken throughout 2016/2017 by the Health, Safety and Emergency Resilience service
- Provide a brief overview of the activities of the Council's Financial Services as they relate directly to the health, safety and emergency resilience function

The Health, Safety and Emergency Resilience Service extends its thanks to the Financial Services for their assistance and contribution to the compilation of this Report. In addition, the Health, Safety and Emergency Resilience Service extends its gratitude to all Directorates, Business Units, Services and employees at all levels for their continued efforts, assistance and contribution to the Council's health, safety and emergency resilience record.

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2   Health, safety and emergency resilience commentary

2.1   Health, safety and emergency resilience management

There are legal, moral and business reasons for managing health and safety in a suitable and sufficient manner. The overall health and safety function within the Council involves all employees at all levels. United Kingdom health and safety legislation requires organisations to ensure the health, safety and welfare of their employees and others who may be affected by their work activities. The general duties are contained within the Health and Safety at Work etc Act 1974. The Management of Health and Safety at Work Regulations 1999 reinforce the general duties contained within the 1974 Act. As their name suggests these Regulations relate directly to the management of health and safety and require that various measures be taken. The Regulations detail requirements for arrangements to be in place to manage operations with regard to health and safety. The Health and Safety Executive develop and issue 'Approved Codes of Practice' that detail how organisations can comply with their corresponding Regulations.

By its nature work cannot be entirely hazard free. However, it can be managed to minimise risks and the effects on employees and the Council. Therefore the Council needs robust management systems to ensure that it manages health, safety and emergency resilience in an appropriate and proportionate manner.

In a similar manner to health and safety, there are legal, moral, and business reasons for managing emergency resilience. The Civil Contingencies Act 2004, places duties on the Council as a Category 1 responder to emergencies, which are defined as:

> *"An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK".*

 The duties placed on the Council are to:

1. Assess local risks and use this to inform emergency resilience arrangements/management
2. Put in place emergency plans
3. Put in place business continuity management arrangements
4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
5. Share information with other local responders to enhance co-ordination
6. Co-operate with other local responders to enhance co-ordination and efficiency
7. Provide advice and assistance to businesses and voluntary organisations about business continuity management.

The Council has a fully documented health and safety management system that also encompasses emergency resilience, which is based on the nationally accepted standards produced by the Health and Safety Executive (HSE) (HSG65 '*Managing for health and safety*') and the British Standards Institution (BS 18001:2007 '*Occupational health and safety management systems - specification*'). In November 2016 the Health, Safety and Emergency Resilience Service's accreditation to the British Standard for occupational health and safety management BS OHSAS 18001:2007 – Occupational Health and Safety Management Systems – Specification was once again confirmed for application of the Council's occupational health and safety management system. The system follows the basic management process of 'plan-do-check-act' and comprises the following elements:
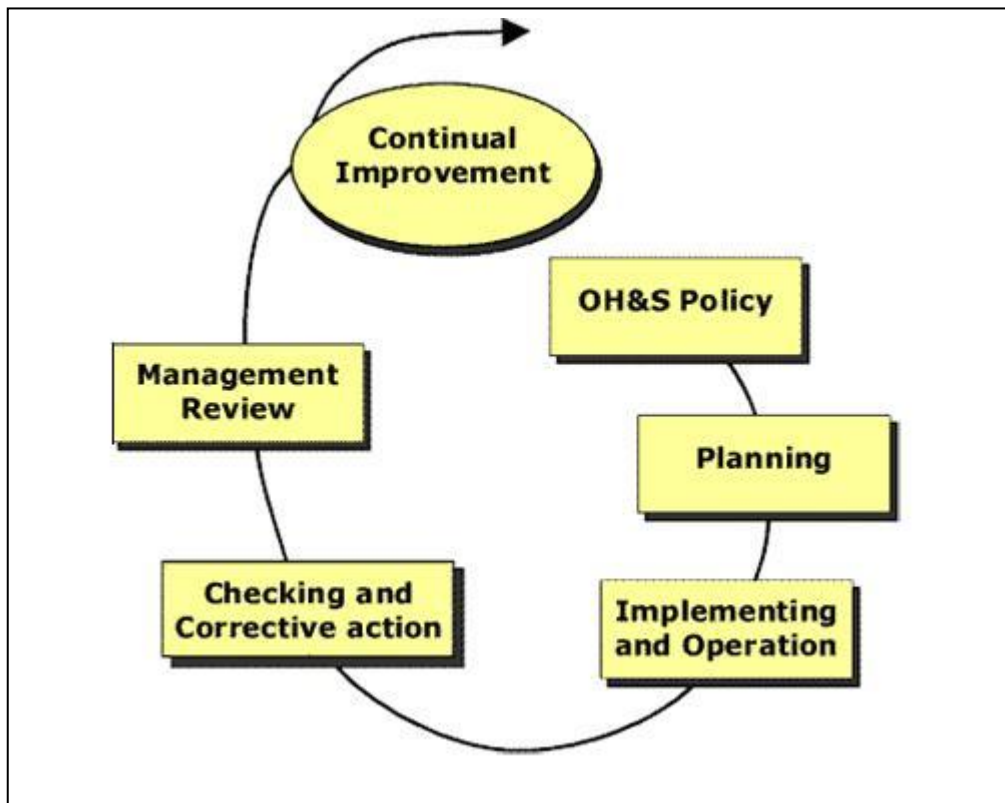
Figure 1: elements in the Council's occupational health and safety management system

The topics covered by the Council's occupational health and safety management system, comprise a full A to Z.

2.1.1 Policy

The Council's Corporate Health and Safety Policy sets a clear direction for the Council to follow. It details responsibilities and provides a framework for continuous improvement. Directorates endorse the Corporate Health and Safety Policy to set the clear direction for the Directorate to follow.

The Council's Chief Executive and Senior Management Team endorse the Corporate Health and Safety Policy. Health and safety is a standard agenda item on all senior and other management team meetings. Senior managers attend forums where the workforce and their representatives are involved in the management of health and safety, with the Council's Joint Employees' Consultative Committee (JECC) receiving a health and safety briefing at each meeting. The Council's decision-making process includes specific and explicit requirements to include health and safety and risk management in all Council decisions. Both Cabinet and the Senior Management Team consider these requirements when debating and deciding upon their actions.

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2.1.2   Planning

Health and Safety Standards produced by the Health, Safety and Emergency Resilience Service provide an effective performance management structure for delivering the Corporate Health and Safety Policy. The Standards outline the key management requirements for the element of health, safety and emergency preparedness (e.g. first aid). Subsequently the Standards introduce the topic concerned by explaining the topic, outlining the risks associated with it, providing hyperlinks to the HSE guidance where appropriate, and giving a brief overview of the legal requirements.

Based on the Health and Safety Standards, Directorates, Business Units and Services (as appropriate) develop and maintain their own Management Procedures. The Management Procedures detail how health and safety is managed operationally within the Directorate, Business Unit or Service. Managers refer to the Health and Safety Standards and their Directorate, Business Unit or Service Management Procedures for specific guidance on the management of health and safety for the activities and workplaces for which they are responsible. A template for the production of Management Procedures is provided with each Health and Safety Standard, which are all available from the health and safety web pages on the intranet.

2.1.3   Implementing and operation

The procedures and guidance produced by the Health, Safety and Emergency Resilience Service enable managers to follow a planned and systematic approach to implementing the health and safety policy through an effective management system. The aim of the occupational health and safety management system is to minimise risks by a process of elimination or control. The Health and Safety Standards provide managers with guidance on the key activities for managing elements of health and safety, and form the basis of a system for individual managers to manage health and safety in their own areas of responsibility. A range of risk assessment templates are available to assist risk assessors in the completion of general occupational risk assessments and specific supporting assessments for specific hazards such as personal safety and manual handling.

2.1.4   Checking and corrective action

Active self-monitoring is essential in enabling managers to measure their health and safety performance. Compliance Scoring Sheets provide managers with a simple checklist to monitor their compliance with regard to various elements of health, safety and emergency resilience, and identify where opportunities for improvement exist. The scoring sheets:

- Are topic specific
- Reflect the requirements of the Health and Safety Standard
- Are self regulating and measured (managers set their own monitoring programme and measures the performance of their own systems and procedures)
- Are simple (yes/no answers and a percentage scoring system)
- Are comparative to show where improvement has been made or opportunities for improvement exist
- Are auditable

Managers implement a programme of active monitoring using the Compliance Scoring Sheets. To additionally actively monitor health and safety performance the workplace inspection sheet produced by the Health, Safety and Emergency Resilience Service allows managers to visually inspect their work areas for defects and examples of good practice. Managers are required to develop and implement a programme of workplace inspections.

2.1.5 Management review

The arrangements for periodic and systematic auditing by the Health, Safety and Emergency Resilience Service enable the Council to learn from experience and share best practice. The Council acknowledges the many stakeholders in the overall health, safety and emergency resilience function and ensures that health and safety management is integral to the overall management of the organisation. The Council provides comprehensive guidance to its managers and employees regarding health and safety management. To enable Directorates, Business Units and Services and their managers to effectively manage health and safety appropriate guidance is required to inform them of the legal and best practice (the spirit of the law) requirements they need to meet, and, more importantly, how to meet them. This need is fulfilled by the Council's health and safety management system – the overall aim of which is continual improvement.

2.2 Health, safety and emergency resilience advice

The Council's Health, Safety and Emergency Resilience Service provides the statutory 'Competent Person' service that imparts comprehensive advice and assistance to the Council and external organisations on:

- Health and safety (including health surveillance)
- Civil contingencies/emergency resilience (emergency planning, response and recovery and business continuity)
- Fire safety (from April 2015 the service provision for fire safety altered within the Service. The level of service provided reduced from the level of member of a professional fire safety body to that of a technician. Therefore, the scope of the work undertaken by the Service is part of the general provision of health and safety advice rather than a dedicated fire safety resource, and is limited to lower risk premises. This does not negate the need for advice regarding higher risk premises therefore this advice is commissioned by services as necessary).

The Service employs professional Chartered Health and Safety Practitioners (through the Institution of Occupational Safety and Health (IOSH), Europe's leading professional body for health and safety). In order to maintain and extend its competence the Service is:

- Registered with BSI as meeting the requirements of BS OHSAS 18001:2007 – Occupational health and safety management systems – requirements
- An IOSH accredited training centre for Managing Safely, Working Safely, Managing Safely Re-certification and Working with Environmental Responsibilities
- A corporate member of the Royal Society for the Prevention of Accidents (RoSPA), the British Safety Council and the Fire Protection Association

The service is fully comprehensive covering the areas described in Figure 2 overleaf:

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The Council's Health, Safety and Emergency Resilience Service provides a 'Competent Person' service that imparts comprehensive advice and assistance on all aspects of:
- **Health and safety**
- **Civil contingencies/emergency resilience**
- **Fire safety**

The details of the service provided by each section are as follows:

1. Health and safety

- Provision of general and specific advice on health and safety matters (including the provision of general advice on the health and safety aspects of occupational health matters)
- Development and maintenance of the Council's and school's health and safety management system and policy
- Maintain/up-date the Council's Health and Safety Intranet site
- Audit and inspection of Council departments, services and schools
- Contractors' health and safety assessment scheme (CHAS) assessment of [local Barnsley based] contractors [with less than 5 employees] to the Council and schools and on-site monitoring of contractors
- Operation and maintenance of the Council's accident reporting systems and provision of accident investigation support following Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) incidents
- Consultation with employees via Joint Employees Consultative Committee (JECC) and local and Corporate Health and Safety Committees
- Development of the Council's Annual Health, Safety and Emergency Resilience Report
- Provide first point of contact for the Council with all enforcement agencies
- Support in undertaking specific risk assessments (e.g. COSHH, manual handling, noise and vibration)
- Delivery of information, instruction and training including provision of IOSH accredited Managing and Working Safely and Working with Environmental Responsibilities courses
- Provision of Radiation Protection Officer service to secondary schools
- The commissioning of health surveillance

2. Civil contingencies/emergency resilience

- Development and maintenance of the Council's Corporate Resilience Plan and Business Continuity Plan
- Maintenance of the Council's Corporate Emergency Control Room and 24/7 Emergency Incident Officer arrangements
- Provision of general and specific advice on emergency resilience matters
- Delivery of information, instruction and training and exercises
- Provision of incident investigation/review following emergencies

3. Fire safety (at the level of Technician Membership (TIFPO) of the Institute of Fire Prevention Officers[1])

- Development of policies, procedures and standards relating to fire safety
- Provision of general and specific advice on fire safety matters
- Fire risk assessment and review (including assessment of the physical premises, operations carried out within the premises and fire safety strategy for the premises) of lower risk Council and school premises and advice on where higher level advice and support is required
- Provision of specific fire safety/awareness training for Fire Marshals and Fire Wardens

Figure 2: support provided by the Health, Safety and Emergency Resilience Service

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[1] After successful completion of the course relevant to this level The Fire Service College (source: http://www.fireservicecollege.ac.uk/courses/prevention-protection/fire-safety-management-and-fire-risk-assessment/, accessed 16/09/2014) provide that delegates will be able to: 1) describe the legislative framework and the mechanism of enforcement of fire safety; 2) understand the generic principles of 'means of escape' and 'fire safety'; 3) appreciate the importance of structural fire protection; 4) evaluate the likely behaviour of building materials in a fire situation; 5) recognise the basic functions of fire alarms and emergency lighting; 6) advise on the selection and siting of fire fighting equipment and fire safety signs and notices; 7) recognise and interpret commonly used fire risk assessment methodologies; 8) conduct a fire risk assessment of a small building; 9) determine the appropriate action to secure compliance with the Regulatory Reform (Fire Safety) Order 2005; and 10) complete a fire risk assessment report.

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2.3 Health, safety and emergency resilience targets 2016/2017

Targets or goals for health, safety and emergency resilience within the Council are set both internally and externally. These targets range from demonstrable reductions in accidents to employees/work related ill health to the adoption of elements of the Council's health and safety management system. Internally, the Corporate Health and Safety Policy includes the targets that:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.

2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.

3. Each Business Unit and/or Service (as appropriate) will have an action plan to implement the health and safety competencies detailed in Section 8 of the Corporate Health and Safety Policy.

4. All Business Units and/or Services (as appropriate) will have up to date, tested and exercised Business Continuity Plans based on the new business continuity template.

5. All Business Units will produce a Business Unit Emergency Plan based on the new template.

2.4 Consultation with employees with regard to health, safety and emergency resilience

The Council has corporate methods for involving all employees in health and safety management. As a hierarchy these forums are:

- Corporate Joint Employee Consultative Committees (comprising senior management and employee representatives, elected members and representatives of the Health, Safety and Emergency Resilience Service)

- Corporate Health and Safety Committee (comprising management and employee representatives and a representative of the Health, Safety and Emergency Resilience Service)

In addition there are departmental committees and the Health, Safety and Emergency Resilience Service involves managers' and employees' representatives in the development of management practices for the holistic health, safety and emergency resilience function.

2.5 Health, safety and emergency resilience targets for 2017/2018

The targets for 2017/2018 are set by the Corporate Health and Safety Policy and remain:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.

2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.

3. Each Business Unit and/or Service (as appropriate) will have an action plan to implement the health and safety competencies detailed in Section 8 of the Corporate Health and Safety Policy.

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4. All Business Units and/or Services (as appropriate) will have up to date, tested and exercised Business Continuity Plans based on the new business continuity template.

5. All Business Units will produce a Business Unit Emergency Plan based on the new template.

3 Health and safety performance[2]

3.1 Accidents and incidents

It is widely accepted throughout industry and commerce that the collation of accident, incident and ill health statistics can assist in improving health and safety within an organisation. These statistics can identify trends and once identified, measures can be put in place to reduce the incidence of accidents and incidents. Monitoring of performance allows the Council to improve its health and safety management system and risk control. The collation of accident data assists in ensuring that there is a systematic review of performance, based on data from the monitoring of the health and safety management system as a whole. Regular performance measurement ensures there is a strong commitment to continuous improvement involving the constant development of policies, systems and techniques of risk control. Performance is assessed by reference to the targets outlined above and comparison with national statistics. Please note that the move to Future Council in April 2015 means that comparison cannot be made between the former and current structures in terms of accident statistics from previous reports.

3.1.1 Accident analysis

Figure 3 details the accidents reported in 2016/2017. From April 2012 the requirement for accident reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations was altered from accidents where the employee had over three days of absence due to the accidents, to over seven days of absence due to the accident. However, employers are still required to collate information on accidents where over three days of absence arose hence both for this and comparative purposes this data remains included in this report. From Figure 3 it can be seen that the total number of accidents reported in 2016/2017 for employees of the Council was 151. Of these:

- 14 resulted in the injured person being absent from work for more than 3 days and of these;
- 7 additionally resulted in the injured person being absent from work for more than 7 days.

In addition of the 151 reported accidents:

- 0 resulted in specified [major] injury.
- 23 resulted in the injured person being absent from work (resulting in 323 days lost).
- 60 resulted in first aid treatment being required.
- 28 resulted in medical treatment being required following the accident.

It is useful for organisations, or departments within organisations, to compare their health and safety performance with others. Obviously, no two departments are identical in terms of size (or indeed nature of work) and therefore a method of calculation is needed that removes the size differences to allow comparisons to be made. This is achieved by calculating the 'incident rate', as shown in Figure 4. When interpreting the data in Figure 4 it is essential to bear in mind the following points:

1. The accident definition being used: the Council's figures include accidents where no physical injury occurred. The Health and Safety Executive's national figures only include statutorily reportable accidents where major injury (e.g. fracture other than to fingers or toes) or injuries resulted in absences over 7 (formerly 3) days.

2. Employees and the nature of their work vary throughout the Council and nationally. Variations may be to such an extent that it is not appropriate to make comparisons. For example,

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comparing the incident rate of manually based services and predominantly office based services.

The incident rate is calculated by using the following formula:

$$\text{Incident Rate} = \frac{\text{Total Number of Accidents}}{\text{Number of Persons Employed}} \times \frac{\text{Unit Number of Employees}}{(1000)}$$

Directorate	Reported accidents	Lost time accidents	Over 3 day accidents	Over 7 day accidents	Specified [Major] injury accidents	First aid accidents	Medical treatment accidents (where the employee attended hospital or their GP)	Days lost due to accidents
Communities	47	5	3	0	0	16	6	28
People	18	0	0	0	0	9	0	0
Place	24	5	5	2	0	7	4	119
Core	3	0	0	0	0	1	0	0
Public Health	0	0	0	0	0	0	0	0
Primary Schools	37	7	5	4	0	16	5	116
Secondary Schools	19	6	1	1	0	10	7	60
Through School	3	0	0	0	0	0	1	0
Special Schools	0	0	0	0	0	0	0	0
Total/Overall	**151**	**23**	**14**	**7**	**0**	**59**	**23**	**323**
2015/2016	*159*	*37*	*25*	*20*	*2*	*39*	*34*	*721*

Figure 3: accidents statistics by Directorate

Directorate	Incident rate per 1,000 employees	Over-three day accidents incident rate per 1,000 employees	Over-seven day accidents incident rate per 1,000 employees	Specified [Major] injury incident rate per 1,000 employees	RIDDOR accident rate per 1,000 employees
Communities	66.6	7.1	0	0	0
People	24.5	0	0	0	2.7
Place	26.4	5.5	2.2	0	2.2
Core	4.6	0	0	0	0
Public Health	0	0	0	0	0
Primary Schools	17.3	2.3	1.9	0	1.9
Through School	15.3	0	0	0	0
Secondary Schools	18.5	0	1.0	0	1.0
Special Schools	0	0	0	0	0
Total/Overall	**23.4**	**2.2**	**1.1**	**0**	**1.1**
2015/2016	*25.8*	*3.9*	*3.2*	*0.3*	*3.6*

Figure 4: incident rates by Directorate

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The Health and Safety Executive's (HSE) have previously published 'accident ratios' that relate numbers of accidents in one category to the number of accidents in another. The three categories used are:

1. Reportable injury (major or over 7-day lost time injury (major injury where a serious injury occurred, as defined under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, for example a broken leg; over 7-day lost time injury where an injury resulted in the employee being absent from work for over 7 days (excluding the day of the accident). Both these types of injury are reportable to the HSE under RIDDOR 2013 (if reported to HSE as a major injury, the accident, where applicable, is not additionally reported as an over 7-day injury). For comparative purposes, and in the absence of revised ratios, also included in this category are the formerly reportable and now solely recordable over 3 day accidents.

2. Minor injuries (accidents where an injury occurred which resulted in the employee being absent for 3 days or less or those resulting in no time lost).

3. Non-injury accident (accidents that did not result in injury and are also referred to as 'near miss' accidents)

The accident ratios previously used by the Health and Safety Executive are:

1 RIDDOR reportable/recordable accident

for every 7 [relatively] minor accidents

for every 189 non injury accident
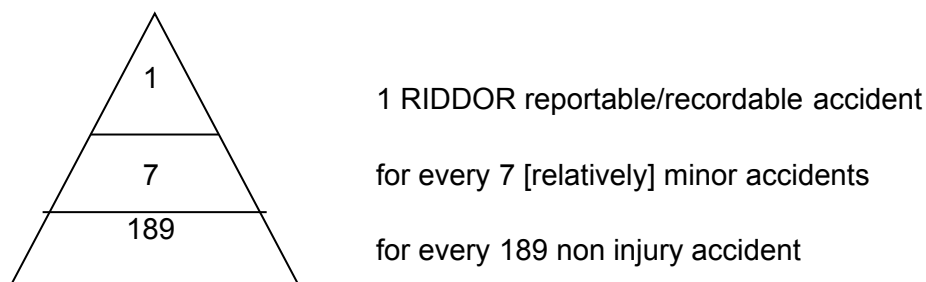
From the above triangle it can be seen that for every 1 RIDDOR reportable accident, 7 minor injury accidents would be expected. The above ratios can be applied to the Council's accident figures for 2016/2017 and show that 14 formerly reportable accidents occurred corresponding to 98 minor injury accidents indicating that the reporting of accidents in 2016/2017 is statistically in excess of 100% and whilst this gives a degree of confidence in the level of accident reporting within the Council it would be unreliable to assume that all accidents are reported.

Figure 5, overleaf, shows the overall incident rate for accidents in the Council from 2012/2013 to 2016/2017. Figure 5 also shows the overall decreases made over the years in total numbers of accidents, over three day accidents, number of days lost due to accidents and the cost of accidents (see Section 3.7 for further details regarding costs of accidents). The Health and Safety Executive (HSE) collate and produce national statistics for health and safety. In 2016/2017 the Council's over seven day incident rate (1.1) is below the national incident rate published by the Health and Safety Executive (4.12) - see Figure 5. Based on data in Figure 5 it may be anticipated that looking further ahead the Council's incident rate will remain below that of the Health and Safety Executive. However, it must be noted that *any* projection is based on data available, and that whilst it is envisaged that the downward trend in accidents (and consequently lost time) may continue, some fluctuation in accident numbers and rates should be expected (albeit acknowledging that whilst the Council employs people and continues to directly provide a full range of services, there will be accidents and ill health and therefore a natural plateauing of performance should be expected).

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made where a member of the public (such as a school pupil) is injured in an activity relating to the employer's undertaking *and* is taken directly to hospital following the

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accident. In 2016/2017 **6** such accidents were recorded (these figures include church schools where although the staff are not employed by the Council, the pupils are within the Council's school system):

- 2 in primary schools
- 4 in secondary schools

Further application of the above accident ratios indicates that for the 14 RIDDOR reportable/recordable accidents reported in 2016/2017, 2,646 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to around 1 for each employee per year). However, only 5 such accidents were reported in 2016/2017 indicating a continued significant under-reporting of such incidents in the Council (and a decrease on the 14 reported in 2015/2016 despite services actively being encouraged to report these incidents and the need for this included in the health and safety training provided by the Health, Safety and Emergency Resilience Service). Therefore, an extremely valuable source of intelligence is being lost as analysis of the causes of near miss accidents would better inform risk control measures that would in turn lead to accident prevention. This highlights the need for reiteration of the need to report accidents/incidents rather than injuries – i.e. report any and all incidents which occur rather than solely those where an injury occurred. The processes are in place within the Council to report such incidents and the need for their reporting in included in the baseline health and safety training provided by the Health, Safety and Emergency Resilience Service. Therefore all departments are again actively requested at every opportunity to restate the need to report near miss accidents.

Year (5)	Total number of accidents reported	Number of over 3-day accidents recorded	Number of over 7-day accidents reported	Number of Specified [Major] injury accidents reported	Number of days lost due to reported accidents	Number of days lost per employee (based on accidents reported)	Overall incident rate (per 1,000 employees)	Over 3-Day Incident Rate (per 1000 employees) (HSE National Extrapolated Over 3-Day Incident Rate (per 1000 employees) in brackets)[1]	Over 7-Day Incident Rate (per 1000 employees) (HSE National Extrapolated Over 7-Day Incident Rate (per 1000 employees) in brackets)[1]	Direct cost of days lost (based on days lost and the cost of the working days lost(in brackets))[2]	Direct cost avoidance based on maximum days lost in 1999 (based on days lost and the cost of the working days lost)[3]
2012/2013	213	22	12	2	295	0.02	28.9	2.9 (7.1)[4]	Not applicable	£22,022 (£74.65)	£280,497
2013/2014	211	25	19	7	720	0.08	24.9	Not available [7]	3.0 (6.2)	£54,072 (£75.10)	£250,271
2014/2015	182	27	23	2	732	0.10	25.6	Not available [7]	3.2 (6.1)	£56,986 (£77.85)	£258,501
2015/2016	159	25	20	2	721	0.12	25.8	Not available [7]	3.2 (4.1)	£56,822 (£78.81)	£262,556
2016/2017	151	14	7	0	323	0.05	23.4	Not available [7]	1.1 (4.1)	£24,202 (£74.93)	£279,452
Maximum recorded	(835 recorded in 1999)	(170 recorded in 1998)	(23 recorded in 2016/2017)	(15 recorded in 2006/ 2007)	(4,052.5 recorded in 1999)	(0.39 recorded in 1999)	(133.3 recorded in 1998)	Not applicable	Not applicable	(£215,741 in 2000/2001)	Not applicable

Figure 5: accident statistics and costs 2012/2013 to 2016/2017

1. National incident rate figures for the total number of accidents are unavailable due to the HSE only compiling figures for accidents reportable to the enforcing authority under the RIDDOR legislation.   The HSE's extrapolated incident rate is calculated by "scaling up" the HSE's annually published estimated figure for the reporting of accident.   The latest available national data is for 2016/2017 and the HSE estimate that "*non-fatal data is subject to significant under-reporting (current levels of reporting for employees is estimated at around a half;*" (RIDDOR Background Quality Report, HSE, November 2016, http://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report, accessed 19th June 2017).   To allow comparison with the Council's data in which due to robust absence management policies the assumed level of over 3-day/over 7-day accident reporting is 100%, the HSE figure is doubled. Note that from 2013, there was no longer a requirement to report over 3-day accidents to the HSE as this changed to over 7-days in line with the revisions to RIDDOR. Therefore the table will no longer contain statistics for over 3-day accidents in the comparison column.

2. For further details see Section 3.7 Cost of accidents to employees.

3. This cost is calculated based on the costs saved by the Council not having the number of days lost in 1999. For example, if in 2012/2013 the Council was still losing 4,052 days due to accidents the direct cost would have been £302,519 rather than the actual direct cost of the days lost (£22,022). Therefore the direct cost avoidance £280,497.

4. The HSE's incident rate for 2016/2017 is taken to be the same as for 2015/2016 because at the time of writing, the data for 2016/2017 was yet to be published, anticipated October 2017.

5. Accident, violence and aggression and sickness absence data are only shown for five consecutive years (including 2016/2017), historic data from 1997 is available from the Health, Safety and Emergency Resilience Service.

6. The cumulative cost avoidance prior to 2012/2013 were: 2000/2001 - £7,065; 2001/2002 - £91,458; 2002/2003 - £128,141; 2003/2004 - £176,159; 2004/2005 - £203,682; 2005/2006 - £174,721; 2006/2007 - £155,638; 2007/2008 - £178,977; 2008/2009 - £213,400; 2009/2010 - £256,609; 2010/2011 - £267,284; and 2011/2012 £263,104 – equating to a total of £2,116,238 for this period and an overall total of £3,447,515 from 2000/2001 to 2016/2017.

7. Following the change to RIDDOR HSE no longer publish national incident rate data for over three day injuries therefore a comparison is not available.

Further analysis of the overall accident and incident data indicates the causes and effects of the events.

Main cause of accident	Number of accidents
Slipped, tripped or fell on the same level	50
Injured while handling, lifting or carrying	40
Hit by a moving, flying or falling object	17
Burns	17
Hit by something fixed/stationary	13
Other	6
Use of equipment/machinery	3
Hit by moving vehicle	2
Contact with electricity	2
Fell from a height	1
Total	**151**

Figure 6: causes of accidents

Figure 6 shows the causes of accidents, from which it can be seen that slips, trips and falls on the same level remain the largest cause of accidents.

Part of body	Number of accidents
Upper Limb	68
Back/Trunk	32
Lower Limb	28
Head	10
Face	7
Multiple Injuries	3
Eyes	3
No Injury	0
Total	**151**

Figure 7: part of body injured in accidents

From Figure 7 it can be seen that accidents resulting in injury to the upper limbs make up the largest proportion of the figures. From Figure 8, it can be seen that accidents resulting in sprain/strains make up the largest proportion of the figures.

Type of injury	Number of accidents
Sprain/ Strain	49
Bump/ Bruising	42
Cut/ Laceration	24
Burn	18
Break/fracture	6
No injury/near miss	5
Dislocation	3
Electric shock	2
Bite	1
Foreign body	1
Total	**151**

Figure 8: type of injury

Both Figures 7 and 8 show a relatively low number of no injury or near miss accidents. Based on the accident ratios outlined above there this indicatively an under reporting of these types of

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accident. Therefore opportunities are being lost to investigate these incidents with a view to preventing their recurrence and hence incidents which do result in injury. It is important to remember that the reporting of incidents (i.e. what happened) rather than outcomes (i.e. injury) is key and therefore departments are requested to make additional efforts to both advocate and report near misses.

The causes of accidents and the injuries sustained again stress the need for a *"back to basics"* approach to accident and incident prevention by the regular inspection of workplaces for hazards and risks and application of the risk control hierarchy – basic risk assessment and control. When considering the control measures required the ERCSP hierarchy must be considered by asking:

1. Can the work activity realising the hazards and risks be **eliminated**? If not,

2. Have the hazards and risks been **reduced**? If not,

3. Has exposure to the hazards and risks been **controlled**? If not,

4. Have appropriate **safe systems of work** been implemented, including safe working procedures and appropriate information, instruction and training? If not, and as a last resort,

5. Has appropriate **personal protective equipment** been issued?

However, albeit that the above control measures must be viewed as a hierarchy suitable and sufficient risk control measures are likely to be a combination of control measures.

3.1.2   Aggression and violence analysis

Violent incidents are defined as:

*   Any intentional acts that cause apprehension, fear, psychological or physical injury to an employee arising out of or in connection with their authorised duties
*   The deliberate damage to the property or belongings of an employee that is attributable to the carrying out of duties on behalf of the Council.

The Council's violent incident categories are: physical violence, aggression, verbal, sexual or racial abuse, and intentional damage to property. As with accidents, analysis of the incidence of aggression and violence can be undertaken.

The compilation of the figures (Figure 9) shows an increase in the reported number of violent incidents in 2016/2017, with reported violent incidents increasing by a total of 5 from 2015/2016. However there is a decrease in days lost due to incidents of violence and aggression to 69 from 197.

Directorate	Reported incidents of violence and aggression	Days lost due to incidents of violence and aggression	Incident rate per 1,000 employees
Core	0	0	0
Communities	36	0	51.0
People	20	0	27.0
Place	5	69	5.5
Primary Schools	128	0	60.0
Secondary Schools	4	0	3.9
Through School	11	0	56.0
Special Schools	0	0	0
Total/Overall	**205**	**69**	**31.8**
2015/2016	*200*	*197*	*32.4*

Figure 9: incidents of violence and aggression by Directorate

Of the accidents shown in Figure 9, in Place 69 days were lost due to one particular incident. The employee was physically attacked by a member of the public and this incident was RIDDOR reportable.

Figures 11 and 12, again overleaf, then detail the types of injuries that were sustained in these incidents and part of body injured.

The above figures show a higher incidence of 'violent' incidents within Communities and schools. This disparity reflects the nature of the work carried out. Communities and school employees encounter some of the Council's most challenging clients. However, despite the nature of the work carried out by Communities and schools providing a 'front-line' service should not lead to violence or aggression. This reiterates the need for an assessment to be carried out on clients of the Council when receiving any service ranging from social care to compulsory education to ascertain their requirements from *both* the client's and employee's perspective. There is a need for ensuring that the resources available for clients are appropriate to their needs, whilst also ensuring that the safety of employees, who are entrusted with the provision of services for these clients, is not compromised.

Directorate	Aggression	Harassment	Physical violence	Sexual harassment	Verbal Abuse	Intentional Damage to Property	Racial Abuse	Total
Core	0	0	0	0	0	0	0	0
Communities	19	0	8	0	8	0	1	36
People	10	0	10	0	0	0	0	20
Place	1	0	2	0	3	0	0	5
Primary Schools	33	0	91	0	4	0	0	128
Secondary Schools	2	0	2	0	0	0	0	4
Through School	7	0	4	0	0	0	0	11
Special Schools	0	0	0	0	0	0	0	0
Total/Overall	72	0	117	0	15	0	1	205

Figure 10: types of incidents of violence and aggression

Part of body	Number of incidents
Upper Limb	69
No Injury	47
Lower Limb	36
Head	31
Back/Trunk	11
Multiple Injuries	11
Total	205

Figure 11: part of body injured in incidents

Type of injury	Number of incidents
No Injury	82
Bruise	47
Bite	36
Cut/Graze	20
Distress	12
Sprain / Strain	8
Total	205

Figure 12: type of injury

3.1.3   Incident analysis

In addition to events that injured or could have injured people, the Council has the facility and procedures to record the occurrence of incidents that gave or could have given rise to loss or damage to property, plant, products or the environment, production losses or increased liabilities, this not being the result of aggression or violence. The incidents reported during 2016/2017 relate to fire incidents and security incidents (including acts of vandalism to Council property) and 'prevent' concerns that were subsequently reported to the police.

3.1.4   Safety observation analysis

In addition to events that injured or could have injured people, the Council has the facility and procedures to record the occurrence of situations that could give rise to loss or damage to property, plant, products or the environment, production losses or increased liabilities. A very small number of reports were again made in 2016/2017. Employees may raise concerns verbally or via team meetings thus meaning that the form is not required in many cases. However, this also reiterates the need for the form to be used by employees to raise concerns with their managers where necessary.

3.1.5   Specified [major] injury analysis

In 2016/2017 no specified (formerly referred to as major) injuries to a Council employee were recorded. The recording of specified injuries is based upon the outcome of an accident rather than the route cause. Therefore an element of providence is involved in the occurrence of a specified injury. For example, the same simple slip or trip may result in a range of outcomes and therefore focussing on the outcome rather than the cause of the accident misses what should be the crux of the matter.

3.2   Work related ill-health

For several years data relating to work-related ill-health have been included in Health, Safety and Emergency Resilience Reports. However, sickness absence data is comprehensively reported via the Council's Performance Management Framework. As data may vary depending on the date it was extracted from databases, where data is shown is different reports there may therefore be inconsistencies between published data. Therefore detailed information relating to sickness absence will now only be included in Performance Management reports. However, for comparative purposes broad-brush data is shown below in Figure 13.

As with accidents and incidents it is accepted that the collation of work related ill health statistics can assist in improving health and safety within an organisation. The Council records the reported reasons for employee absences. Of the categories of absence reported it is considered that those concerning musculoskeletal illness and mental/emotional wellbeing issues are most likely to be associated with some aspect of work – that is not to state that these illnesses are caused by work but acknowledging that work may either directly or indirectly be associated with the illnesses, which indeed may be wholly attributable to factors outside work. However, regardless of the root cause the issue manifests itself at work and still leads to absence.

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Year	Total absence days attributed to mental/emotional wellbeing related ill health	Number of absences attributed to mental/emotional wellbeing related ill health	Total absence days attributed to musculoskeletal related ill health	Number of absences attributed to musculoskeletal related ill health	Total absence days	Total number of absences
2012/2013	23,665	886	9,683	757	33,347	1,623
2013/2014	23,490	909	10,690	937	34,180	1,746
2014/2015	24,022	1,122	10,212	882	34,234	2,004
2015/2016	11,745	250	8,796	317	20,541	567
2016/2017	12,529	637	6,936	671	19,465	1,308

Figure 13: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2012/2013 to 2016/2017

3.3 Cost of accidents to and ill health associated with work in employees

It is possible to work out the approximate total cost to the Council of days off due to accidents at work in any given period. For 2016/2017 the direct salary cost due to employee absence following accidents at work is:

Median[3] salary scale point	'Add on' costs	Total Cost to Authority
SCP 25 – Grade 5	Superannuation and National Insurance	Salary, superannuation and National Insurance
£22,434 +	£4,915 =	£27,350 per year

Therefore:

£27,350 /	365 days =	£74.93 average cost per day
£74.93 x	323 lost days =	£24,202

From the direct salary cost due to employee absence following accidents at work and the Employer's Liability Insurance and employer's liability claims costs for 2016/2017, the total measurable costs of accidents to the Council can be derived (noting that the unmeasurable costs of accidents are estimated by the Health and Safety Executive to be an average of 10 times the measurable costs):

Employee liability claims total (1993 to 2016/2017)	(a)	=	£9,490,755 (934 claims)
Employer's liability insurance premium	(b)	=	£74,000 per year
Average direct costs per year	(c)	=	£469,448
Direct salary cost 2016/2017	(d)	=	£24,202

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[3] The median salary used for this purpose relates to the Council's former 11 grade salary structure to allow direct comparison with information relating to prior to April 2014 (when the Council's current 17 grade salary structure was introduced).

Total of direct costs for 2016/2017   (e)   =   £493,650

Where:

(c) = ((a) / 24 years) + (b)

(e) = (c) + (d)

However, it is important not to overlook the cost avoidance of reductions in accidents. In 1999 the number of days lost within the Council due to accidents was 4052.5 days. As seen in Figure 5 based on the reductions in days lost made up to 2016/2017 and the average cost per day lost, this now represents an avoidance of 3,729.5 days per year and a direct cumulative cost avoidance of £3,447,515 – investment in health and safety does indeed pay dividends.

With data regarding days lost due to ill health available it is possible to calculate the cost of ill health and hence an overall cost of accidents and occupationally related ill health within the Council. Albeit that this is not an additional cost to the Council, this may be viewed as a production loss with staff unavailable to undertake their duties. The known direct salary costs of *potentially* occupational ill health are:

£27,350	/	365 days	=	£74.93 average cost per day
£74.93	x	19,465 lost days	=	£1,458,512

The reduction of this time lost, which is marked in 2016/2017, and associated costs is a key consideration of the Wellbeing Intervention Team within the Human Resources and Business Support Business Unit which it responsible for the development, co-ordination and implementation of wellbeing strategies in order to reduce absence levels (including introduction of preventative measures, targeted interventions, policy development and training).

3.4   Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation and the basic building-block of the fundamental health and safety principle of the implementation of a safe system of work. The Management of Health and Safety at Work Regulations first entered the statute books in 1992 and were subsequently revised in 1999 and include a general duty for employers to carryout risk assessments to identify hazards and risks and determine appropriate control measures. In addition risk assessment is a requirement of a plethora of other specific Regulations. All these Regulations, and in particular Regulation 3 of the Management of Health and Safety at Work Regulations 1999 require the Council as an employer to make a suitable and sufficient assessment of the risks to health and safety of:

- Its employees to which they are exposed whilst at work
- Persons not in the Council's employment arising out of or in connection with the undertakings of the Council

The purpose of the risk assessment is to identify the measures that the Council needs to take to comply with its statutory duties – i.e. to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees or others who may be affected by its undertakings. Hence statutory duties require the Council to identify and implement suitable control risks.

The Council's internal accident recording form (HS2(E)) Report of an accident to an employee) includes details of the risk assessments that relate to the work activities being undertaken at the time of the accident. The form asks managers and supervisors "had a risk assessment been carried out for the activity undertaken prior to the accident?" with a simple 'yes/no' response being given. Subsequently the form asks "has a risk assessment been reviewed/developed for the activity undertaken after the accident?" The response to these questions is logged by the Health, Safety and Emergency Resilience Service and is integral to its accident/incident recording and monitoring function, i.e. was there a risk assessment before the accident and after the accident

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was this reviewed or as necessary developed? The information provided by managers and supervisors on the HS2(E) form has been collated below in Figure 16.

The responses provided by managers (Figure 16) indicate that a risk assessment had been undertaken for the work activity being carried out prior to the accident in 74% of incidents reported, an increase on the 66% reported in 2016/2017. Therefore, based on the information supplied on the accident form, up to 26% of the accidents reported the activity being carried out at the time of the accident did not have an associated risk assessment or the form was not fully completed by the manager who did not indicate that a risk assessment was actually completed.

The reasons for managers/supervisors providing a negative response to questioning regarding the existence of risk assessments remain the same as those reported in past reports:

1. Managers/supervisors do not understand the importance of full and accurate completion of the form (the form becomes a disclosable document in the event of enforcement action or civil proceedings)
2. Time pressures mean that managers/supervisors do not check the existence of the documents
3. Managers/supervisors do not know that the documents exist
4. The documents do not exist (evidence identified as part of audit would support this, see Section 3.7)

The consequences of not carrying out risk assessments may include:

- Prosecution/enforcement action due to breach of statutory duty
- An increased risk of injury/ill health to employees and others who may be affected by the Council's activities
- Increased losses to the Council
- Decreased ability to defend any civil actions brought against the Council

In view of this departments requested to review their need for and application of risk assessment to ensure that the risks of all tasks undertaken by employees have been considered and reasonable precautions taken.

Directorate	Pre-accident Risk Assessment				Post-accident Risk Assessment			
	Number of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Number of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Number of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Number of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident
Communities	41	87%	6	13%	15	32%	32	68%
People	12	63%	7	37%	10	53%	9	47%
Place	18	78%	5	22%	15	65%	8	35%
Core	0	0%	3	100%	1	33%	2	67%
Public Health	0	0%	0	0%	0	0%	0	0%
Corporate subtotal	*71*	*77%*	*21*	*23%*	*41*	*40%*	*51*	*60%*
Primary Schools	29	78%	8	22%	21	57%	16	43%
Secondary Schools	9	47%	10	53%	4	27%	15	73%
Special Schools	0	0%	0	0%	0	0%	0	0%
Through School	3	100%	0	0%	1	33%	2	67%
Schools subtotal	*41*	*69%*	*18*	*31%*	*26*	*44%*	*33*	*56%*
Total/Overall	112	74%	39	26%	67	44%	84	56%
2015/2016	*105*	*66%*	*54*	*33%*	*55*	*35%*	*104*	*65%*

Figure 14: responses provided to the question "had a risk assessment been carried out for the activity undertaken prior to the accident?" and the question "has a risk assessment been reviewed/developed for the activity undertaken after the accident?"

3.5   Enforcement action against the Council

During 2016/2017 the Council has not been issued with any formal notices or been the subject of any prosecutions from any of the enforcing authorities, namely the Health and Safety Executive (HSE, including notice of contravention), the Environment Agency or South Yorkshire Fire and Rescue Service.

3.6   Occupational road risk issues

According to the Royal Society for the Prevention of Accidents (RoSPA), research commissioned by the Health and Safety Executive and others suggests that nationally between 25% and 33% of fatal and serious road traffic incidents involve someone who was at work at the time (between 800 and 1000 people). These figures include all categories of road users – drivers, motorcyclists and cyclists as well as pedestrians and those working at the side of the road. In 2016/2017 two employee accidents involving vehicles were reported. Occupation road risk must be managed like any other health and safety issue.

3.7   Health and safety audits

During 2016/2017 the Health, Safety and Emergency Resilience Service has continued to undertake a programme of health and safety audits. All audits carried out by the Service produced a score judged against pre-determined criteria. The scores achieving each category are:

- Grade A – good – 90% or above: the Business Unit and/or Service or school have/has achieved a satisfactory standard in managing health and safety with only a few improvements required (i.e. very few or no gaps/weaknesses exist and controls are effective).

- Grade B – improving – 70 – 89%: the Business Unit and/or Service or school is not achieving an acceptable level of managing health and safety with many improvements required (i.e. some minor gaps/weaknesses exist but generally strengths outweigh weaknesses and controls are generally effective).

- Grace C – less than satisfactory – below 70%: the Business Unit and/or Service or school have/has very serious weaknesses in the management of health and safety with significant improvements to be made within six months.

When viewing the standards achieved it must be borne in mind that the ultimately acceptable standard of health and safety management must be compliance with the Council's standards for the management of health and safety and hence close to 100%.

3.7.1   Health and safety audits of Council services

A two year audit programme for services commenced in 2016/2017 with the aim of verifying the self-audits completed by services in 2016/2017. The results of the 10 verification audits carried out from April 2016 the results are outlined below in Figure 15.

Standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	10	100%
Improving	0	-
Less than satisfactory	0	-
Total	10	100%

Figure 15: results of health and safety audits of services

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From the results of the audits carried out by the Health, Safety and Emergency Resilience Service the "top-five" recurrent issues highlighted as requiring improvement by services are outlined below in Figure 16 along with the actions taken by the Health, Safety and Emergency Resilience Service to address these issues. However, it must be noted that the majority of these issues need to be, and indeed are, addressed by the immediate implementation of current regimes and that each audit report provides a detailed time-bound action plan for addressing the opportunities for improvement identified.

Issue identified by audit	Action to address
1. Health and Safety Standards/Management Procedures developed and reviewed as necessary (including following any changes to organisational arrangements, workplace or working practices)	• To develop the Health and Safety Standards/Management Procedures and reviewed as necessary (including following any changes to organisational arrangements, workplace or working practices).
2. Process for ensuring that the latest version of corporately produced documents with regard to occupational health and safety management are used.	• Service to have a process for ensuring that the latest version of corporately produced documents with regard to occupational health and safety management are used.
3. Risk assessments carried out (RA2) on all occupation groups identified on the RA1 form by trained, competent persons.	• Risk assessments to be carried out (RA2) on all occupation groups identified on the RA1 form by trained, competent persons.
4. A procedure in place for reviewing risk assessments before activities are introduced, annually, following an accident and when there are any significant changes.	• To implement a procedure for reviewing risk assessments before activities are introduced, annually, following an accident and when there are any significant changes.
5. Service to ensure that a review of operational management systems for health and safety is undertaken.	• Service to ensure that a review of operational management systems for health and safety is undertaken.

Figure 16: issues identified by health and safety audits of services

3.7.2   Health and safety audits of Secondary, Through Schools and Special Schools

The audits of secondary, through and special schools were based upon the requirements of the Council's Occupation Health and Safety Management System. The breakdown of the grades achieved is outlined below in Figure 17.

Standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	5	83%
Improving	0	0%
Less than satisfactory	1	17%
Total	6	100%

Figure 17: results of safety audits of secondary, through schools and special schools

From the results of the audits carried out by the Health, Safety and Emergency Resilience Service the "top-five" recurrent issues highlighted as requiring improvement by secondary, through and special schools are outlined below in Figure 18 along with the actions taken by the Health, Safety and Emergency Resilience Service to address these issues. However, it must be noted that the

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majority of these issues need to be, and indeed are, addressed by the immediate implementation of current regimes and that each audit report provides a detailed time-bound action plan for addressing the opportunities for improvement identified.

Issue identified by audit	Action to address
1. Arrangements in place to monitor and review business continuity plans and associated arrangements.	• Arrangements to be in place to monitor and review business continuity plans and associated arrangements.
2. Organisations have a radioactive source history, for each source, including the results of regular inspections and leak tests.	• Organisation to have a radioactive source history, for each source, including the results of regular inspections and leak tests.
3. Business continuity plan completed and signed by relevant persons.	• Business continuity plan to be completed and signed by relevant persons.
4. Relevant action cards identified and suitable staff allocated for recovery purposes.	• Relevant action cards to be identified and suitable staff allocated for recovery purposes.
5. Organisation demonstrate that they have a programme of health and safety monitoring, that scores are generated for each monitoring standard of the A-Z and that governors/trustees are kept informed of the organisations progress and any pertinent health and safety information.	• Organisation to demonstrate that they have a programme of health and safety monitoring, that scores are generated for each monitoring standard of the A-Z and that governors/trustees are kept informed of the organisations progress and any pertinent health and safety information

Figure 18: issues identified by health and safety audits of secondary, through and special schools

3.7.3 Health and safety audits of Primary Schools

The audits of primary schools were based upon the requirements of the Council's Occupation Health and Safety Management System. Figure 19 shows that of the 34 audits carried out the results.

Standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	33	97%
Improving	1	3%
Less than satisfactory	0	0%
Total	34	100%

Figure 19: results of health and safety audits of primary schools

From the results of the audits carried out by the Health, Safety and Emergency Resilience Service the "top-five" recurrent issues highlighted as requiring improvement by primary schools are outlined below in Figure 20 along with the actions taken by the Health, Safety and Emergency Resilience Service to address these issues. However, it must be noted that the majority of these issues need to be, and indeed are, addressed by the immediate implementation of current regimes and that each audit report provides a detailed time-bound action plan for addressing the opportunities for improvement identified.

Issue identified by audit	Action to address
1. Outdoor adventure playgrounds, sail canopies, trim trails and other outdoor furniture inspected periodically by a	• Outdoor adventure playgrounds, sail canopies, trim trails and other outdoor furniture to be inspected periodically by a

competent persons.	competent persons.
2. Appropriate COSHH assessments been obtained and are up-to-date.	• Appropriate COSHH assessments to be obtained and up dated.
3. Building security policy for the premises which has been signed and dated and an associated risk assessment produced with an action plan of required control measures.	• Building security policy for the premises to be signed and dated and an associated risk assessment produced with an action plan of required control measures.
4. Business continuity plan completed and signed by relevant persons.	• Business continuity plan to be completed and signed by relevant persons.
5. Organisation's Resilience Plan completed with relevant contact details and arrangements for the premises and systems are in place to ensure that it is regularly reviewed.	• Organisation's Resilience Plan to be completed with relevant contact details and arrangements for the premises and systems are in place to ensure that it is regularly reviewed.

Figure 20: issues identified by health and safety audits of primary schools

3.8 Comparison of health, safety and emergency resilience targets with health and safety performance

The performance in relation to the targets for 2016/2017 set by the Corporate Health and Safety Policy is outlined below:

1. All Directorates, Business Units and Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Satisfactory" rating upon audit.

   All the audits completed in the period achieved the satisfactory rating, an improvement on that reported in 2015/2016 (44%). That is not to say that opportunities for improvement were not identified with each audit reinforced by a prioritised action plan for managers to follow in order to address opportunities for improvement. The audit programme will be continued during 2016/2017.

2. Each Directorate, Business Unit and Service will produce all required occupation group risk assessments.

   Based on the analysis of accidents in Section 3.3 above, this has still not been fully achieved with albeit with compliance improved (74%, with this substantiated by audit) in 2016/2017, thus necessitating further work by services.

3. Each Directorate, Business Unit and Service will have an action plan to implement the health and safety competencies detailed in Section 8 of the Corporate Health and Safety Policy.

   Based on service audits completed in the period all the services had appropriate action plans. This is reinforced by only 4% (28% in 2015/2016) of the accredited training courses programmed by the Health, Safety and Emergency Resilience Service being cancelled in 2016/2017. Given the number of staff employed by the Council and number of courses programmed there should be sufficient throughput of staff to deliver all these courses. Therefore services are reminded of the need to ensure that all staff attend the appropriate training for their responsibilities.

4. All Directorates, Business Units and Services (as appropriate) will have up to date, tested and exercised Business Continuity Plans.

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The Corporate Business Continuity Priorities were reissued in April 2017 based on returns received up to March 2016. All Business Units are included in the priorities. An open offer to undertake testing and exercising of these plans is in place.

In addition to the target detailed above, a number of general opportunities for improvement were identified in the Health, Safety and Emergency Resilience Report 2015/2016. These are summarised below with an update on progress:

Opportunity for improvement 2015/2016	Proposed action in 2016/2017	Progress made
1. Percentage accident reporting has decreased to 90.1% meaning that around 1 in 10 accidents go unreported and hence actions cannot be taken to prevent their recurrence	The need for accident reporting is included in all training delivered by the Health, Safety and Emergency Resilience Service and forms part of the induction process for all staff. Managers are requested to reiterate the need for accident reporting and follow up as necessary where they post-event hear about accidents that have occurred – a late report is better than no report!	Percentage reporting in 2016/2017 has increased to around 100%.
2. Reporting of near misses is far lower than reasonably expected	As detailed in the body of this report it is by the reporting and investigation of these incidents that accidents may be prevented. As outlined above, managers are requested to reiterate the need for near miss reporting and treat these as any other reported incident with a proportionate investigation and actions to prevent recurrence.	Despite the actions taken in 2016/2017 the level of near miss reporting has not improved. The actions will be continued in 2017/2018.
3. Increase in days lost per employee due to accidents which from a health and safety perspective reflects lower overall employee numbers but maintenance by the Council of a full range of front-line services	These subjects indicate the need for basic health and safety management by the identification of hazards and risks and implementation, maintenance and monitoring of reasonable and proportionate risk controls. Managers are requested to ensure that risk assessments and safe systems of work are completed for employees/activities and implemented as necessary and these communicated to employees.	Accident statistics have all improved in 2016/2017.
4. Percentage completion of risk assessments remains low – this is the corner-stone of sound health and safety management		Risk assessment compliance has increased in 2016/2017 but remains less than optimum highlighting the need for the actions to be continued in 2017/2018.
5. The majority of reported accidents have basic		Basic health and safety issues remain the common causes of

	causes indicating the need to focus on basic health and safety management		accidents in 2016/2017, again reiterating the need the actions to be continued in 2017/2018.
6.	Reports of violence and aggression account for the majority of incidents reported	These reports reflect the often challenging nature of the provision of public services. In particular two incidents have led to almost 200 days lost. The provision of essential public services is not an acceptance that employees should be exposed to violence and aggression and to support this during 2016/2017 a 'zero tolerance' policy will be developed with the proposal for the Council to always seek, as appropriate, apposite sanctions being brought on those carrying out occurrences of violence and aggression.	The zero tolerance policy was introduced in 2016/2017 and a slight increase in reports of incidents were received. The fact that violence and aggression has formed a pattern of being the largest cause of reports of incidents reiterates the need to balance the health and safety of staff with the provision of public services.
7.	Need for improvement in occupational health and safety management by services based on the less than optimal audit results	Each audit completed elicited a detailed, prioritised action plan for the service/school to bring their management processes up to a standard that would lead, with ongoing maintenance, to a satisfactory audit outcome.	There has been a general increase in audit scores in 2016/2017 and audits will continue in the coming year.
8.	Compared to previous years school audit results are not as favourable as previous years		
9.	Up take of BOLD training is less than the uptake of the face-to-face training previously provided by the Health, Safety and Emergency Resilience Service	Managers are requested to ensure that all identified health and safety training needs are actioned and ensure that as necessary employees access the relevant BOLD course.	The uptake of BOLD training has increased during the year but the number of delegates remains below that would be expected given the number of Council employees. In 2017/2018 the possibility of making minimum health and safety training mandatory as with other courses will be explored.
10.	Development of business continuity plans by all services	The support of Senior Management Team has been sought in expediting the completion of outstanding business continuity plans.	The Corporate Business Continuity Priorities were reissued in April 2017 based on returns received up to March 2016. All Business Units are included in the priorities. An open offer to undertake testing and exercising of these plans is in place.

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11. The resilience of Business Units to support the Council's response to an emergency	A separate action plan has been agreed by the Senior Management Team to revitalise the resilience of Business Units with each Business Unit charged with the development of their own resilience plan to detail how they would support the implementation of the Council's resilience plan.	Some progress towards this has been made in 2016/2017 and a commitment has been made for this to be completed in 2017.
12. Need for increased volunteer numbers to support the Council's response to an emergency	Whilst there has been good support from Council staff to act as volunteers, the voluntary nature of volunteering means that a response is not guaranteed and therefore a much larger pool of volunteers is required than needed to allow for volunteers to not be available when required, particularly out of hours. This issue has been subject to discussion by Senior Management Team previously and a revised report on the matter will be developed.	Volunteer numbers remain relatively low compared to overall employee numbers and several requests for additional volunteers have been issued during the year and there has been a slight increase. Resourcing of Business Unit Emergency Response Plans is specifically addressed in the plan template.

3.9 Awards presented to the Council in recognition of its health, safety and emergency resilience performance

The Council has progressively improved and/or maintained its health and safety performance over the last 18 years. In recognition of this the Council has for the second time been awarded the Royal Society for the Prevention of Accidents (RoSPA) [now second highest with the introduction of the Patron's Award] achievement award for occupational health and safety – the Order of Distinction 2017. In addition the Council has again been awarded an International Safety Award, by the British Safety Council for 2017. Whilst this report highlights a number of opportunities for improvement these peer reviewed awards reflect the commitment by the Council to good standards of health and safety management and the efforts made by Business Units and services in this area.

BRITISH SAFETY COUNCIL

International Safety Awards 2017 Merit

2017 RoSPA Order of Distinction

4 Overview of the service delivery of the Health, Safety and Emergency Resilience Service

4.1 Introduction/service context

During 2016/2017 the Service maintained the breadth of the services provided and capacity with which to deliver these services. The reduced overall capacity of the Service since 2011 emphasises the need for departments to dovetail service provision and appropriate and reasonable standards of health and safety and emergency resilience. As the Service's service delivery is based on legal requirements, the curtailment and/or cessation of these services does not remove the need for the function but rather realigns the responsibility to operational departments. This, if not adequately managed by departments, may lead to decreased compliance with legislative requirements and therefore increased potential for both criminal and civil liabilities. This is coupled with a reduced ability of the Service to monitor these standards within the Council. The Council's ongoing budget situation does not discount the possibility of future further reductions in either the breadth of service delivery or service capacity – all this will lead to difficult questions regarding what the Council expects from this Service and what it is able to deliver and what standards of health, safety and emergency resilience are to be maintained.

It is essential therefore that the fundamental improvement in the Council's health and safety performance – an improvement in the welfare of the Council's staff and a reduction in suffering as a result of accidents and ill health – must not be overlooked. The Council operates and more importantly, is able to operate in a manner which dovetails service provision and appropriate and reasonable standards of health and safety. The Service's Business Plan for 2016/2017 provides further details of the Service's operations, staffing, and finances for 2016/2017.

4.2 Work programme and initiatives for 2016/2017

4.2.1 Active work programme

During 2016/2017 the Health, Safety and Emergency Resilience Service has worked to improve the health, safety and welfare of the Council's employees and others who may be affected by the Council's activities. The work of the Service is both active (i.e. planned and programmed) and reactive (i.e. responding to the needs of its customers). In addition to the reactive projects undertaken by the Service, active objectives implemented in 2016/2017 were to:

1. Maintain of delivery of health, safety and emergency resilience services to the Council's services

2. Maintain the BS 18001:2007 accreditation for the development and maintenance and subsequent application of the Council's occupational health and safety management system through an external audit in November 2016. The latest audit (which will be repeated in November 2017) concluded that:

> *"The audit objectives have been achieved and the certificate scope remains appropriate. With the exception of the nonconformity identified, the audit team concludes based on the results of this audit that BMBC Health, Safety and Emergency Resilience Unit does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes".*

3. Deliver the information, instruction and training programme discussed in 4.3 below

4. Deliver the audit (discussed in 3.7 above) programme

5. Deliver the fire risk assessment programme

6. In 2016/17 the Service carried out the planned provision shown in Figure 21. In addition to the Service also developed and reviewed a total of 20 templates/documents.

Provision	Communities	People	Place	Core	Schools (Secondary)	Schools (Primary)	Schools (Special)	Through Schools	Academy Schools	External	Total
Premise Inspections	0	1	0	0	5	31	0	0	0	0	**37**
Fire Risk Assessment	3	3	7	0	0	10	0	0	5	0	**28**
Contractor approval applications	0	1	7	0	0	15	0	0	1	2	**26**
On-site contractor monitoring	0	0	8	0	0	6	0	0	3	7	**24**

Figure 21: Planned service delivery by the Health, Safety and Emergency Resilience Service

7. Civil contingencies arrangements

7.1 Resilience arrangements and business continuity

In February 2017 the Senior Management Team accepted and endorsed a blueprint to refresh emergency resilience with the Council. Several events/issues during the period had produced recommendations regarding improving the arrangements for emergency planning, response, recovery and business continuity. In order to consolidate these recommendations an action plan was drawn up and has been implemented based on the Council's duties as a Category One responder within the Civil Contingencies Act and proposed actions to refresh/clarify the Council's approach to fulfilling these duties.

The Council's Emergency Response Plan (formerly Resilience Plan) which provides the framework for response including co-ordination, decision making processes, response templates and role based action cards was rewritten to include a new 3 tier response process following closely national police response procedures in early spring 2017. To accompany and support this a revised Business Unit Emergency Response Plan template was issued to Business Units. These plans, when complete will provide a plan for implementing an emergency response by a Business Unit on the premises of 'doing their normal job in extraordinary circumstances' by mustering, marshalling, deploying and managing their resources. These plans will be implemented in 2017/2018.

A new Adverse Weather Plan was drafted with a view to this being implemented in summer 2017. This will provide a procedure for the distribution of weather warnings throughout the Council and define a framework for response to weather events based on the warnings received.

A fully revised Corporate Business Continuity Priorities was finalised in March 2017 based revisions to Service Business Continuity Plans from November 2016 to March 2017.

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New processes introduced this year included a weekly Gold On-call Officer briefing sheet giving an overview of events, weather, flooding and any ongoing issues. This is issued at the start of each duty period. A quarterly BMBC Resilience Newsletter saw its first edition released in February 2017. This document is designed to inform Council responders including gold/silver representatives and volunteers of current resilience issues, news and internal / external training opportunities.

All volunteer Forward Liaison Officers were issued with Response Packs to enhance their knowledge gained in training sessions provided over the past. The pack includes role specific risk assessment and action plans to ensure that they are fully aware of their duties working with the emergency services and ensuring their health and safety while responding.

7.2   Emergency Resilience Training and Exercising

Volunteer staff training continued with a view to building their competence in the areas of Rest Centre management/staffing and Forward Liaison Officer. The Metrodome was used for two training / role playing exercise session which enhanced their knowledge of the evacuee registration process and how other agencies such as NHS and Police Casualty Bureau staff would work alongside them. Barnsley Premier Leisure staff also took part in the training as a response partner for the first time.

Staff volunteer Forward Liaison Officers were given introductory training sessions through 2016 which gave them a basic understanding of the role requirements and health and safety aspects. The second round of training started in March 2017 with all three emergency services presenting alongside the Council's Civil Contingencies Advisors.

Work continued with the police Counter Terrorism Unit in presenting a third exercise session following the two successful events to BMBC Gold and Silver representatives in the previous year. This session was centred around a potential terrorist incident in a busy residential area which included community, highways, vulnerable persons and educational establishment related issues.

Silver Team training was delivered throughout the year with much better attendance than in previous years in part due to a raised awareness of national and international events, it is hoped that this momentum will carry on into 2017 and beyond.

The Service continued a long standing arrangement with Barnsley College presenting emergency planning training sessions to students undertaking various courses; this has led to a closer relationship which will include attendance at future BMBC Rest Centre exercises. Staff volunteers from the Council were involved in a police security which took place at a large shopping centre in March 2017. This 'live' role playing exercise tested the emergency services and shopping centres response to a terrorist attack.

Business Continuity promotion continued with a fourth presentation to the Barnsley Care Forum for Care Home / Domiciliary care managers.

The Service are also developing an on-line introduction to Emergency Planning course which will be available to all staff on the BOLD training system.

7.3   Events

Barnsley was chosen to host the penultimate stage of the Tour de Yorkshire to take place in late April 2017. The preparation and planning for this started in winter 2016 with the Service being fully involved throughout with internal services and external partners to ensure the safe and efficient passage of the event through the borough and that any associated event were organised to current legislative standards. [Subsequently Gold and Silver representatives were briefed to attend remote multi-agency control rooms and the Service

organised the setting up and staffing of a BMBC control room based in Penistone town hall on the day to co-ordinate the event and offering resilience if anything should go wrong on the day.]

7.4   Incident Response

In mid-August 2016 a large scale town centre building fire took place at a disused former public house / nightclub (Chicago Rock). The Service was involved from early in the incident providing the role of Forward Liaison Officer at the scene and ensuring that all relevant services within the Council were kept informed of what was happening at the scene and taking requests from emergency services for assistance with staff and resources. The response also involved acting as advisors to senior managers at meetings and on site over a two week period when many of the main road arteries into the town centre were inaccessible. There were also ongoing cordon security issues, external business issues and advice regarding business continuity was given to internal and external occupiers of the Centre Library which was also heavily affected. The Service also hosted a structured debrief of all relevant officers and staff that took part in the response or were affect by the incident. The subsequent report to Senior Management Team and recommendations were presented and accepted in early 2017.

7.5   Collaborative Working

The multi-agency work and collaboration continued within the South Yorkshire Local Resilience Forum (SYLRF) as one of the eight core partners. The Service continued to represent the Chief Executive at the full LRF meetings and provide the Deputy Chair of the LRF Business Management Group (the tactical group supporting the LRF). The service is also a leading partner at the Risk Assessment and Planning Group (which produces the South Yorkshire Community Risk Register).

The Service also continued to actively supported and in some areas lead within the other SYLRF sub-groups; fulfilling the Council's statutory duties under the Civil Contingencies Act 2004. This included representation at the Training and Exercise Group, Human Aspects Group, Telecommunications Group and in task and finish groups such as the fire service led Waste and Recycling Group.

A large scale flooding related SYLRF event named Exercise 'Wendy' took place in June 2106, this was attended by BMBC Gold and Silver Representatives and helped enhance their competence as Strategic and Tactical level managers in conjunction with all other Category 1 and 2 responders.

BMBC Gold and Silver Representatives also represented SY LRF at Exercise 'Blackstart' which simulated a nationwide prolonged power outage. This brought together strategic/tactical representatives from the whole region to work together to find the best solutions to a varied collection of issues related to this area.

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4.2.2 Reactive work programme

The reactive service delivery carried out by the Service in 2016/2017 is outlined below in Figure 22, with this in addition to the routine telephone and face-to-face advice given to services.

Enquiry	Communities	People	Place	Core	Schools (Secondary)	Schools (Primary)	Schools (Special)	Through Schools	Academy Schools	Public Health	External	Total
Accident investigations	0	0	2	0	2	4	0	0	0	0	0	**8**
Complaint investigations	1	0	1	0	0	0	0	1	0	0	1	**4**
Reactive follow-up to telephone calls	4	5	8	3	4	40	0	1	2	0	4	**71**
Workstation risk assessments	4	13	4	12	0	0	0	0	0	6	0	**39**
Workplace risk assessments	0	4	5	1	1	4	0	0	1	0	0	**16**
Requests to attend health and safety meetings	12	5	20	28	5	35	2	0	9	10	24	**150**
Total	**21**	**27**	**40**	**44**	**12**	**83**	**2**	**2**	**12**	**16**	**29**	**288**
2015/2016	*30*	*27*	*45*	*39*	*25*	*99*	*1*	*3*	*26*	*0*	*39*	*334*

Figure 22: Reactive service delivery by the Health, Safety and Emergency Resilience Service

4.3 Health and safety training

One of the most useful tools in improving health, safety and emergency resilience performance is the provision of information, instruction and training. This provision is not only desirable but also a legal requirement under the Health and Safety at Work etc Act 1974 and the Civil Contingencies Act 2004. Details of the health and safety training provided by the Service are shown in Figure 25. A total of 1,258 employees attended a wide variety of training courses delivered by the Service (in addition 176 external employees attended these courses). The Service is accredited by the *Institution of Occupational Safety and Health* (*IOSH*) to deliver its *Managing* and *Working Safely* courses. It is important that the Council invests in training, albeit recognising that this provision is only one of a plethora of measures required to improve health, safety and emergency resilience performance.

In 2016/2017 the Service trained or facilitated the training of 1,258 of the Council's employees (approximately 20%, an increase from the 16%). This equates to around 0.2 days health and safety training per employee. However, it must be noted that these figures do not include health and safety related training provided internally by Directorates, Business Units and Services such as induction and job specific (e.g. scaffolding erection) training.

Course	Communities	People	Place	Core	Public Health	Schools (Secondary)	Schools (Primary)	Schools (Academy)	Through Schools	External	Total
Evac Chair	0	0	0	0	0	7	0	15	0	0	22
Fire marshals and wardens	45	43	49	35	0	0	183	174	0	2	831
IOSH Managing Safely	14	3	4	18	3	9	9	6	0	14	80
IOSH Managing Safely Recertification	18	2	11	2	0	1	10	3	0	22	69
IOSH Working Safely	21	1	33	91	0	0	8	1	0	113	268
Manual handling	0	0	0	0	0	0	87	1	0	0	88
Risk assessment	0	0	0	0	0	0	0	0	0	0	0
Cautionary Contacts Database	17	5	8	5	0	0	0	0	0	1	36
Needlestick and Drug Waste	0	0	8	0	0	0	0	0	0	24	32
Working at Height	0	0	8	0	0	0	0	0	0	0	8
Total	115	54	121	151	3	17	597	200	0	176	1434
2015/2016	*160*	*29*	*110*	*90*	*0*	*56*	*254*	*262*	*1*	*507*	*1478*

Figure 23: training delivered by the Health, Safety and Emergency Resilience Service

During 2016/2017 the Service updated training courses for the Barnsley Online Training and Development (BOLD) system which all staff have the ability to access to undertake a short course at their own workstation. The usage figures for this training are detailed below in Figure 24. The relatively low uptake of these courses highlights the need for services to make full use of the resource available to maintain and extend health and safety training for employees.

Course	Communities	People	Place	Core	Public Health	Public Health	Schools (Primary)	Through Schools	Academy Schools	External	Total
Fire Awareness	29	22	4	5	0	0	0	0	0	0	60
Display Screen Equipment	62	26	8	5	1	0	0	0	0	37	139

Manual Handling	9	18	7	28	1	4	53	0	79	0	**199**
Local Resilience Forum	0	0	0	0	0	0	0	0	0	0	**0**
Business Continuity	1	0	1	3	0	0	0	0	0	0	**5**
Total	**101**	**66**	**20**	**41**	**2**	**4**	**53**	**0**	**79**	**37**	**403**
2016/2017	*39*	*41*	*29*	*13*	*6*	*21*	*32*	*0*	*9*	*0*	*191*

Figure 24: training delivered by the Health, Safety and Emergency Resilience Service through BOLD

4.4   Provision of statutory occupational health services

General occupational health provision is managed by the Employee Wellbeing Team within Human Resources and Business Support with statutory health surveillance facilitated by the Health, Safety and Emergency Resilience Service. Statutory health surveillance is externally commissioned. The interventions undertaken in 2016/2017 are detailed below in Figure 25.

Directorate	Health surveillance								Total
	Asbestos	Audiometry	Driver medical	Hand-arm vibration screening	Night worker assessment	School crossing patrol assessment	Spirometry	Vaccination - hepatitis B	
Communities	0	0	1	0	0	0	0	0	1
People	0	0	0	0	0	0	0	0	0
Place	0	280	9	150	0	5	200	19	663
Core	0	0	0	0	0	0	0	0	0
Public Health	0	0	0	0	0	0	0	0	0
Primary Schools	0	0	4	0	0	0	0	4	8
Secondary Schools	0	0	0	0	0	0	0	0	0
Special Schools	0	0	0	0	0	0	0	0	0
External	0	30	0	24	0	0	0	0	54
Total	**0**	**310**	**14**	**174**	**0**	**5**	**200**	**23**	**726**
2016/2017	*0*	*255*	*24*	*209*	*0*	*0*	*114*	*59*	*661*

Figure 25: Occupational health services commissioned
Note: External services are provided through service level agreement to external organisations

4.5 Traded health, safety and emergency resilience services

Income generation accounts for a significant proportion of the budget of the Health, Safety and Emergency Resilience Service and hence the work of the Service. The Service offers a range of services to the public and private sector including training and consultancy. This external work incorporates the external training outlined in 4.3 above. During 2016/2017 the Service has:

- Continued its accreditation as an Institute of Occupational Safety and Health (IOSH) training centre/provider (which it has been since 2002) providing nationally recognised training both internally and externally

- Operated a Safety Schemes in Procurement (SSIP) accredited 'consultancy' which exceeded its income target and where 100% of clients responding to the Service's satisfaction survey rated the Service as 'good' or 'excellent'

- Worked with, providing professional services to 37 different clients in addition to the internal service provided to Business Units and community and voluntary controlled schools. In addition external training services have been provided to 22 external clients.

From April 2016 the Service has been listed on the national Occupational Health and Safety Consultants Register (OHSCR).

4.6 Work programme and initiatives for 2017/2018

During 2017/2018 the Health, Safety and Emergency Resilience Service will work to maintain the health, safety and welfare and resilience of the Council and its employees and others who may be affected by the Council's activities. The work of the Service will continue to be both active (i.e. planned and programmed) and reactive (i.e. responding to the needs of its customers). Active initiatives outlined in the Service's Core Service Offer (April 2016) are in the broad areas of:

1. Provision of competent health and safety advice, as required by the Management of Health and Safety at Work Regulations 1999 at the level of Member of the Institution of Occupational Safety and Health (CMIOSH)

2. Development of occupational safety and health management systems to ensure a consistent and coherent approach

3. Development of general occupational health and safety management system as it applies to asbestos, legionella, electrical installations and gas installations

4. Noise assessment:

5. Advice to identify the need for vibration assessment and advice on vibration management and control

6. Audit to assist in assurance and identify areas of concern:

7. Recording, monitoring and investigation of accidents and incidents

8. Assessment and monitoring of contractors

9. Provision of general information, instruction and training including suitably licenced training for employees and managers

10. Organisation and monitoring of statutory health surveillance

11. Fire risk assessment and audit (to assist in assurance and identify areas of concern)

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12. Fire safety training

13. Provision of advice on emergency resilience/civil contingencies to and monitor the resilience of the Council

14. Putting in place and training and exercising and monitoring of emergency plans

15. Putting in place, and training and exercising and monitoring of business continuity management arrangements

16. Supporting putting in place arrangements to make information available to the public about civil protection matters and supporting the maintaining of arrangements to warn, inform and advise the public in the event of an emergency

5   Financial Services support and performance with regard to health, safety and emergency resilience

5.1   Support for health, safety and emergency resilience initiatives

The process of risk management involves the identification, analysis and economic control of all risks that threaten the assets or objectives of the Council. The Council's Risk Management Section has supported initiatives aimed at improving the health and safety performance and emergency resilience of the Council during 2016/2017 and this has included collaborative working on risk issues.

5.2   Employers' liability claims 2016/2017

During 2016/2017 the Council received a total of 23 employers' liability claims, which represents a decrease of 10 claims from the 33 received in 2015/2016. Figure 26 shows the annual number of claims received over the last 5 years.

Year	Number of accident claims	Number of disease claims	Total claims
2012/2013	23	27	50
2013/2014	21	40	61
2014/2015	20	14	34
2015/2016	14	19	33
2016/2017	11	12	23

Figure 26: Employers' Liability Claims 2012/2013 to 2016/2017

Of the 23 claims reported during 2016/2017, 11 have resulted from accidents in the workplace with the remaining 12 being industrial disease claims. The total estimated cost of the reported in year claims was £458,095. This represents an overall increase of £30,541 over costs established in 2015/2016. Inclusive of the 2016/2017 movements, the Council currently have 85 ongoing employers' liability claims with total estimated reserves of £1,806,280. Of these claims 26 have resulted from accidents, 59 from industrial diseases. Figure 27 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Noise induced hearing loss	50
Accident	26
Mesothelioma/asbestosis	6
Hand/arm vibration syndrome and/or vibration white finger	2
Work related upper limb disorder	1

Figure 27: Analysis of ongoing employers' liability claims by alleged cause.

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6   Health, safety and emergency resilience legislation review

Health and safety legislation is issued in April and October of each year. In line with the Government's drive to reduce the 'burden' on organisations of legislation (including health and safety) minimal health and safety legislation has been issued in 2016/2017. Whilst not legislative there have been a number of higher profile prosecutions that have reinforced the impact of the Sentencing Council's *'Health and safety offences, corporate manslaughter and food safety and hygiene offences: Definitive guideline'* (see Health, Safety and Emergency Resilience Report 2015/2016). These prosecutions have seen a fine of £1 million for a local authority for health and safety offences and the re-confirmation that for local authorities their revenue budget is the basis for the calculation of fines. Whilst these cases do not impose and/or alter any of the Council's health and safety duties they do reinforce the importance of appropriate implementation by Business Units and services of the Council's occupational health and safety management system.

7   Conclusion

The year April 2016 to March 2017 has seen further improvements in the Council's health, safety and emergency resilience performance and also the implications of challenges faced in delivery of these services and maintenance of this performance. Positive indicators seen in 2016/2017 are shown below (with comparative data for 2015/2016 shown in parentheses):

- A decrease in accidents reported to 151 (159) accidents (accompanied by an increase in the reporting rate to around 100%).
- A decrease in specified [major] injuries to 0 (2).
- The majority (96%) of audits show a satisfactory level of compliance with the Council's governance arrangements for health and safety
- A decrease in days lost due to accidents to 323 (721) days
- An decrease in RIDDOR recordable accidents to 14 (27) with 14 (25) over three day injuries; 7 (20) over seven day injuries and 0 (2) major injuries with the Council's performance when compared to national statistics remaining favourable
- An improvement in compliance with requirements to develop risk assessments to 74% (66%) – (77% corporately and 69% in schools)
- A decrease in the number of employer's liability claims to 23 (33) with 11 (14) related to accidents and 12 (19) to work related ill health

However, some negative indicators are also seen:

- An increase in reports of violence and aggression reported to 205 (200) incidents
- An under-reporting of near miss accidents

Overall a number of opportunities for improvements exist with these outlined below along with proposals to address them:

Opportunity for improvement 2016/2017	Proposed action in 2017/2018
1. Reporting of near misses is far lower than reasonably expected	As detailed in the body of this report it is by the reporting and investigation of these incidents that accidents may be prevented. As outlined above, managers are requested to reiterate the need for near miss reporting and treat these as any other reported incident with a proportionate investigation and actions to prevent recurrence.
2. Despite improvement made percentage completion of risk assessments remains lower than optimal – this is the corner-stone of sound health and safety management	These subjects indicate the need for basic health and safety management by the identification of hazards and risks and implementation, maintenance and monitoring of reasonable and proportionate risk controls. Managers are requested to ensure that risk assessments and safe systems of work are completed for employees/activities and implemented as necessary and these communicated to employees.
3. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management	
4. Reports of violence and aggression account for the majority of incidents reported	These reports reflect the often challenging nature of the provision of public services. The provision of essential public services is not an acceptance that employees should be exposed to violence and aggression. To reinforce this the Council has adopted a 'zero tolerance'

	policy with the Council to always seeking, as appropriate, apposite sanctions being brought on those carrying out occurrences of violence and aggression.
5. Up take of BOLD training is less than the uptake of the face-to-face training previously provided by the Health, Safety and Emergency Resilience Service	Managers are requested to ensure that all identified health and safety training needs are actioned and ensure that as necessary employees access the relevant BOLD course. The uptake of BOLD training has increased during the year but the number of delegates remains below that would be expected given the number of Council employees. In 2017/2018 the possibility of making minimum health and safety training mandatory as with other courses will be explored.
6. The resilience of Business Units to support the Council's response to an emergency	A separate action plan has been agreed by the Senior Management Team to revitalise the resilience of Business Units with each Business Unit charged with the development of their own resilience plan to detail how they would support the implementation of the Council's resilience plan. Some progress towards this has been made in 2016/2017 and a commitment has been made for this to be completed in 2017.
7. Need for increased volunteer numbers to support the Council's response to an emergency	Whilst there has been good support from Council staff to act as volunteers, the voluntary nature of volunteering means that a response is not guaranteed and therefore a much larger pool of volunteers is required than needed to allow for volunteers to not be available when required, particularly out of hours. Volunteer numbers remain relatively low compared to overall employee numbers and several requests for additional volunteers have been issued during the year and there has been a slight increase. Resourcing of Business Unit Emergency Response Plans is specifically addressed in the plan template.

Despite these negatives, reflecting the Council's overall performance in this area, the Council has not experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue and achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.

During 2016/2017 the Health, Safety and Emergency Resilience Service has worked internally and with multi-agency partners on maintaining and improving the Council's emergency resilience.

The Council's longer-term investment in and commitment to sensible, proportionate health and safety management has indeed been successful. Nevertheless, in these challenging times where budgets are of ongoing and significant concern to the Council it could be relatively simple to conclude that health and safety standards could be reduced as they are too onerous and therefore provide an opportunity to save precious resources. It is essential, therefore, that the fundamental

improvement in the Council's health and safety performance – an improvement in the welfare of the Council's staff and a reduction in suffering as a result of overall longer-term accidents and ill health – must not be overlooked. The Council operates and more importantly, is able to operate in a manner which dovetails service provision and appropriate and reasonable standards of health and safety. Indeed this can only be viewed in a positive light, whereby any other view of health and safety would in essence be asking the question of how many more accidents or how much more work-related ill health would be acceptable?

Whilst this year has not seen changes to the Council's resources for health, safety and emergency resilience and methods of service delivery, the effect of previous efficiencies reducing the breadth and depth of services provided has seen a move to a greater reliance on operational departments to fulfil aspects of the overall health, safety and emergency resilience function. Despite this throughout 2016/2017 the Health, Safety and Emergency Resilience Service has worked to maintain the Council's health, safety and emergency resilience performance. The initiatives implemented by the Service take into account the needs of the Council, the targets set both internally and externally and above all the concept of continuous improvement (albeit acknowledging that whilst the Council employs people and continues to directly provide a full range of services, there will be accidents and ill health). The planned initiatives for 2017/2018 again aim to facilitate the improvement of health, safety and emergency resilience throughout the Council. However, these initiatives cannot be viewed in isolation – ownership is key. The active and participative management of health, safety and emergency preparedness *must* be embedded into the management culture of the Council. This therefore places a strong emphasis on monitoring of health, safety and emergency resilience initiatives by managers and supervisors as part of their day-to-day duties and is embodied in the idea of a resilience culture – embracing and fulfilling the spirit of the law.

There is little doubt that throughout the year much has been achieved. However, there is always room for improvement in striving for continuous improvement. Health, safety and emergency resilience issues are integral to successful business management. It is too often forgotten that behind the media mystique cultivated over many years health, safety and emergency resilience management is simply management with a health, safety and emergency resilience focus. The generally accepted health and safety management model of plan, do, check and act can and should be applied to the management of any business function.

BARNSLEY METROPOLITAN BOROUGH COUNCIL

Report of the
Executive Director of
Communities and
Head of IT
(Service Management)

INFORMATION GOVERNANCE PERFORMANCE – QUARTER 1 2017/18

1.   Purpose of Report

1.1   To advise of the Council's position in relation to the number of information security breaches and cyber incidents which have been reported and investigated during Quarter 1 for the financial year 2017/18.

2.   Background

2.1   Currently, there are three reporting regimes; reporting to the Information Commissioner's Office for the most serious incidents; reporting via the information governance toolkit for Adults' Social Care and Public Health most serious incidents and internal reporting and investigation for security breaches and cyber. Further guidance on the reporting regimes are detailed within Appendix A.

3.   Overall Position for Quarter 1 2017/18 – Information Security Incidents

3.1   There have been a total of 52 incidents reported for Quarter 1 of which 46 required further investigation, and 6 required 3rd party involvement.

Following an initial investigation, 6 were found to be unsubstantiated, 14 are undergoing further investigation and therefore subject to change.

The table below provides a summary of incidents; actuals[1] and weaknesses[2] reported and investigated between 1st April 2017 and 30th June 2017. It includes a comparison with Quarter 1 from the previous year:

QUARTER 1	2016/17	2017/18
Total number of incidents (including weaknesses)	**15**	**40**
Of which number of incidents reported to ICO	3	2
Of which number of incidents reported via information governance toolkit	0	0

There has been a significant spike in the number of reported incidents during the last two years. This can partly be attributed to the fact that awareness has been raised through policies, SMT/BLT, regular staff communication and mandatory training.

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[1] Actual event – incident confirmed as a breach of Data Protection

[2] Weakness – identified as a risk to Data Protection but not a breach. These incidents are identified as a weakness as they could have caused a risk to the organisation; however the incident was contained within the Council – for example incorrect email sent internally, documents left on printer etc. There are still lessons to be learned.

1

3.2 **Quarter 1: Actual incidents and weaknesses – subject to internal investigation by Directorate, Business Unit and Type** (actual and weakness, excludes third party and unsubstantiated)

PERIOD	April		May		June		Quarter 1	
BUSINESS UNIT	Actual	Weakness	Actual	Weakness	Actual	Weakness	Actual	Weakness
Communities BU7 Customer Services	0	0	0	0	0	0	0	0
Communities BU8 Stronger, Safer, Healthier Communities	0	0	0	0	0	0	0	0
Communities BU12 Information Technology	0	1	0	0	1	1	1	2
Place BU4 Economic Regeneration	0	0	0	0	0	1	0	1
Place BU5 Culture, Housing & Regulation	0	0	0	1	0	0	0	1
Place BU6 Environment & Transport	1	0	1	0	0	0	2	0
People BU1 Education, Early Start & Prevention	0	2	1	0	0	1	1	3
People BU2 Adult Social Care & Health	1	1	0	0	2	2	3	3
People BU3 Children's Social Care & Safeguarding	2	2	0	2	1	0	3	4
Public Health BU10	0	0	0	2	0	0	0	2
Core Services BU14 Human Resources	0	0	0	4	2	0	2	4
Core Services BU15 Organisation, Workforce Improvement, Communication & Marketing	0	0	0	0	0	0	0	0
Core Services BU18 Health & Safety	0	0	0	0	0	0	0	0
Core Services BU11 Assets	0	2	0	2	0	0	0	4
Core Services BU13 Finance	1	0	0	1	1	0	2	1
Core Services BU17 Legal Service	0	0	0	0	0	0	0	0
Core Services BU19 Governance & Members Support	0	0	0	0	1	0	1	0
TOTAL	5	8	2	12	8	5	15	25

Incident Category	Quarter 1	
	Actual	Weakness
1. Lost in Transit	0	0
2. Lost or Stolen Hardware	3	2
3. Lost or Stolen Paperwork	0	1
4. Disclosed in Error	10	14
6. Non-secure Disposal - Hardware	0	0
7. Non-secure Disposal - Paperwork	0	0
8. Technical Security Failing	0	2
10. Unauthorised Access/Disclosure	0	0
11. Other	2	6

2

3.3   The highest numbers of actual incidents (10) that have occurred, fall under the category 'disclosed in error'. This category covers information which has been disclosed to an incorrect party or where it has been sent or otherwise provided to an individual or organisation in error.

The main errors for Q1 are around e-mails being sent to wrong recipient / contact groups, incorrect recipients copied in, not using bcc, not encrypting / sending insecurely, letters being sent to previous/last known address of the Service User due to databases not being updated in a timely manner, checking process not followed prior to sending out/signing off documentation to be posted out.

3.4   The principles of the Data Protection Act that have been breached are as follows.

Principle 4	Personal data shall be accurate and, where necessary, kept up to date
Principle 7	Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data

Principle 7 is the breach where the ICO is likely to impose a fine and this is the one that has been most frequently been breached.

3.5   **Incidents – reported and investigated by ICO for Quarter 1**

In total, 2 incidents have been reported to ICO during Quarter 1 (discussed and reported in the Quarter 4 report). ICO have confirmed that enforcement action will not be taken against the Council.

The number of reported incidents to date has prompted an ICO consensual audit which will take place between 17th – 19th October 2017.

A number of officers within the Council will be interviewed by ICO auditors over the three days, where specifically Records Management, Training & Awareness and Freedom of Information Requests will be reviewed and recommendations for improvement being suggested during January 2018.

3.6   **Summary of lessons learned / action taken**

Lessons / action
• Ensure accuracy of information and confirm that the address detail is correct prior to sending out sensitive documents • Ensure electronic databases are updated timely • Staff to pay due care and attention when sending and replying to e-mails • Be more vigilant when transporting paperwork – undertake risk assessment

3.7   **Third Party Incidents**

There have been a total of 6 incidents involving third parties; these range from schools, application providers and other local authorities. Each incident has been reported to Information Governance and investigated by relevant parties.

3.8.   **Summary Information Governance Incidents**

E-mail is the greatest source of incidents recorded within Quarter 1, in particular where they have been inappropriately sent. Often where the recipient's address should have been carefully checked, incorrect recipients copied in, lack of security around e-mails (e.g. not using the Egress solution), not utilising the bcc functionality. These errors have occurred both internally and externally.

The incorrect postal activities with letters and documents also rate highly in the overall categories of error.

The policies and procedures exist and training is provided to all staff throughout the Council at minimum on an annual basis. Every individual within the organisation has a personal responsibility to protect person information.

The Information Governance Board and Service Directors across Directorates continue to support the Information Governance team with the investigation and resolution of incidents. However, it is important to stress that completed forms must be submitted within 10 working days to the Information Governance team as this is breached regularly by Investigating Officers.

4.   **Cyber Incidents**

A Cyber related incident is anything that could (or has) compromised information assets within Cyberspace. "Cyberspace is an interactive domain made up of digital networks that is used to store, modify and communicate information. It includes the internet, but also the other information systems that support our businesses, infrastructure and services."[3]

The table below is a summary of the 'attempts' and 'attacks' the Council have received:

	2016/17			2017	
Action	**Q2**	**Q3**	**Q4**	**Q1**	**Total**
Phishing advice given	59	80	16	8	163
Phishing action taken	42	120	79	120	361
Phishing attack	2	10	1	6	19
Other	9	22	4	10	45
Total	**112**	**232**	**100**	**144**	**588**

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[3] Source: UK Cyber Security Strategy, 2011

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The table below, includes a comparison with Quarter 1 from the previous year:

Action	Q1 16/17	Q1 17/18	DIFFERENCE
Phishing advice given	65	8	-57
Phishing action taken	10	120	+110
Phishing attack	0	6	+6
Other	18	10	-8
Total	**93**	**144**	**+51**

4.1   **Definitions**

Phishing advice given - e-mail received analysed and no further actions could be taken to block further similar e-mails coming into the Council, advice given to the recipient on how to spot further phishing attempts, and what to do with the e-mail they have received.

Phishing action taken – e-mail received analysed and actions taken including: block further e-mails from the specific sender, get the website linked to from within the phishing e-mail removed, escalate to law enforcement agencies or escalate to e-mail subject e.g. Barclays Bank or PayPal.

Phishing attack – a phishing e-mail has been received and has been successful, so resolutions have been closing network accounts if details have been compromised or removing PC's from network and removing any virus, sometimes flattening PC.

Other – these are requests for advice, information etc, anything security related not falling in above categories.

4.2   **Summary Cyber Incidents**

There has been an increase in the number of phishing e-mails being received throughout the Council both year on year and Quarter 4 2016/17 compared with Quarter 1 2017/18. This is following increased education across the Council and an increased threat globally.

The Council appear to be the target of specific campaigns such as the recent malicious invoice campaign, whereby Council e-mail addresses are being spoofed to make the e-mails appear more genuine to the receiver. Corporate Communications have sent an all user e-mail and will follow up with a Straight Talk article. Information Governance and Security are intending to regularly run articles in Straight Talk and the newly launched Intranet facility to raise awareness across the Council.

The Security Team have recently used phishing campaigns intended for IT Services and Elected Members. This was an idea suggested during a National Cyber Security Conference where experts suggest targeting specific professional groups, to increase the learning across organisations.

5.   <u>**Recommendations**</u>

It is recommended that:

- Executive Directors/Service Directors (where appropriate) are aware of the potential impact of information security incidents and cyber incidents on the Council and the potential for ICO fines;
- Executive Directors/Service Directors (where appropriate) are aware of information security incidents and cyber incidents in their area of responsibility and ensure full and timely reporting and investigation; ensuring lessons are learned and implemented within the directorate;
- Following the recent phishing attempts and the results of the internal campaigns to educate staff, instigate a further internal phishing exercise and report the results to SMT and the Information Governance Board to identify further actions; and
- To consider the delivery of future training and education of staff.

NOTE: Following the Information Security Incident Reporting policy being revised, approved and communicated, HR colleagues felt it appropriate to deliver bite-sized training to managers and raise awareness to deliver a strong message of the consequences of data breaches. Diane Arkwright was supported by Helen Weldon to deliver the sessions with the aim of ensuring consistency across the Council.

Five courses were planned (which would have allowed attendance of 50-60 managers) at different times of the day, keeping them to 45 minutes maximum. Unfortunately, these sessions were poorly attended. At the point of writing this report 14 managers attended a session.

Appendix A

Reporting to the Information Commissioner's Office

The Information Commissioner's Office (ICO) have the authority and power to impose fines where there has been a serious breach of the Data Protection Act 1998 (DPA). The amount of the monetary penalty determined by the Commissioner cannot exceed £500,000. It must be sufficiently meaningful to act both as a sanction and also as a deterrent to prevent non-compliance of similar seriousness in the future by the contravening person and by others.

The ICO has powers to serve a monetary penalty on data controllers who fail to comply with the data protection principles. Although there is no legal obligation on data controllers to report breaches of security, ICO believe that serious breaches should be reported. To serve a monetary penalty notice for a breach of the DPA, the ICO must be satisfied that - there has been a serious contravention by the data controller, the contravention was of a kind likely to cause substantial damage or substantial distress; and either, the contravention was either deliberate; or, the data controller knew, or ought to have known that there was a risk that the contravention would occur, but failed to take reasonable steps to prevent the contravention.

Reporting via the Information Governance Toolkit

All organisations processing Health, Public Health and Adult Social Care personal data are required to use the Information Governance Toolkit Incident Reporting Tool to report level 2 IG 'serious incidents requiring investigation' to the Department of Health, ICO and other regulators. This requirement is only necessary when a certain threshold has been met4.

Reporting and Internal investigation

If the above formal reporting requirements do not apply then the Council still have a responsibility as a data controller to assess the risk and manage incidents appropriately ensuring that appropriate measures are put in place to mitigate repeat occurrences. Internal reporting is a valuable tool for identifying the scale of the problem, and common errors that may be eliminated through changes to systems, training or greater awareness.

The Council's 'Information Security Incident Reporting Protocol' defines the reporting and investigation requirements. This protocol was reviewed and re-published on the Information Services intranet site in April 2016. A communication was distributed via Straight Talk.

This report outlines the information security breaches reported and investigated both internally and to the ICO and includes the data for the financial year 2015/16. Future reporting will be on a quarterly basis.

Reporting of Cyber Incidents

All organisations processing Health, Public Health and Adult Social Care personal data are required to report and investigate cyber incidents. This was a new requirement of the IG toolkit in 2015.

A cyber-related incident is anything that could (or has) compromised information assets within cyberspace. "Cyberspace is an interactive domain made up of digital networks that is

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[4] **Scale factor** - number of individuals affected, **sensitivity factor** – detailed personal/confidential information at risk, harm to the individual e.g. distress, individual placed at risk e.g. physical harm, potential for media attention etc.

used to store, modify and communicate information. It includes the internet, but also the other information systems that support our businesses, infrastructure and services."

The IG toolkit outlines the categories for cyber incidents and the requirement to report level 2 IG 'serious incidents requiring investigation' to the Department of Health, ICO and other regulators. This requirement is only necessary when a certain threshold has been met[5].

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[5] **Scale factor** - number of individuals affected, **sensitivity factor** – detailed personal/confidential information at risk, harm to the individual e.g. distress, individual placed at risk e.g. physical harm, potential for media attention etc.

BARNSLEY METROPOLITAN BOROUGH COUNCIL

**Report of the Service Director
– Human Resources &
Business Support**

<u>Sickness Absence - 2016/17</u>

1.   Purpose of Report

1.1   To advise of BMBC's position in relation to sickness absence for the financial year 2016/17. The report also provides a comparison and summary for the whole financial year 2016/17 with the previous financial year 2015/16.

2.   Background

2.1   The Councils performance target for 2016/17 for sickness absence was 7.00 days per employee per year.

3.   Overall Position for 2016/17

3.1   The following tables provide data for the financial years 2015/16 and 2016/17.

2015/16

Directorate	TOTAL DAYS LOST Q1	TOTAL DAYS LOST Q2	TOTAL DAYS LOST Q3	TOTAL DAYS LOST Q4	TOTAL DAYS 2015/16
Communities	1.65	1.78	2.67	2.33	8.43
People	2.31	2.88	2.62	2.53	10.34
Place	2.17	2.49	2.54	2.76	9.96
Public Health	4.20	0.18	1.55	3.91	9.84
HR, Performance & Communications	0.78	1.16	1.52	1.33	4.79
Finance, Property and Information Services	1.17	1.64	1.67	1.9	6.38
Legal and Governance	0.09	0.85	1.24	0.48	2.66
Total per employee per year					**8.77**

2016/17

Directorate	TOTAL DAYS LOST Q1	TOTAL DAYS LOST Q2	TOTAL DAYS LOST Q3	TOTAL DAYS LOST Q4	TOTAL FOR 2016/17
Communities	1.98	2.06	2.81	2.58	9.43
People	2.06	2.16	2.20	2.11	8.53
Place	2.26	2.42	1.87	2.36	8.91
Public Health	5.72	4.19	4.56*	4.70*	19.17
HR, Performance & Coms	1.24	1.09	2.10	2.05	6.48
Finance, Assets & IS	1.18	0.80	1.15	1.5	4.63
Legal and Governance	0.10	1.13	2.07	1.47	4.77
Total per employee for:	Quarter 1 is **1.89** days	Quarter 2 is **1.93** days	Quarter 3 is **2.14** days	Quarter 4 is **2.28** days	**8.24** days

*Includes employees 0-19 Service TUPE transferred to the Council in October 2016. Public Health's figures for quarter 4 would be 0.03 days
per employee without the 0-19 service included. This would have reduced the total days lost across the Council to 8.04 days per employee.

3.2. The absence level identified above shows a total days lost per employee of 8.24 days, this is an improvement on the overall days lost for 2014/15 (10.40 days) and 2015/16 (8.77 days). It is still above the Council's performance indicator of 7 days but is a step towards reducing sickness absence levels across the Council. There is a need to improve the management of sickness absence to achieve the Councils future performance indicator target of 6 days per employee for the period 2017/18. The chart below shows that there is a steady improvement in both long and short term sickness absence year on year. However the Council's absence rate is still above the national average as published by the Office for National Statistics which identified that the number of days lost due to sickness in the UK during 2016 was 4.3 days, the lowest level since 1993. Comparative data across the Yorkshire Region for Local Authorities for 2016/17 identifies North Yorkshire County Council as having the lowest figure at 6.36 days compared to Sheffield who has the highest figure of 12.16 days. Rotherham had 10.97 days lost and Doncaster 9.9 days lost.
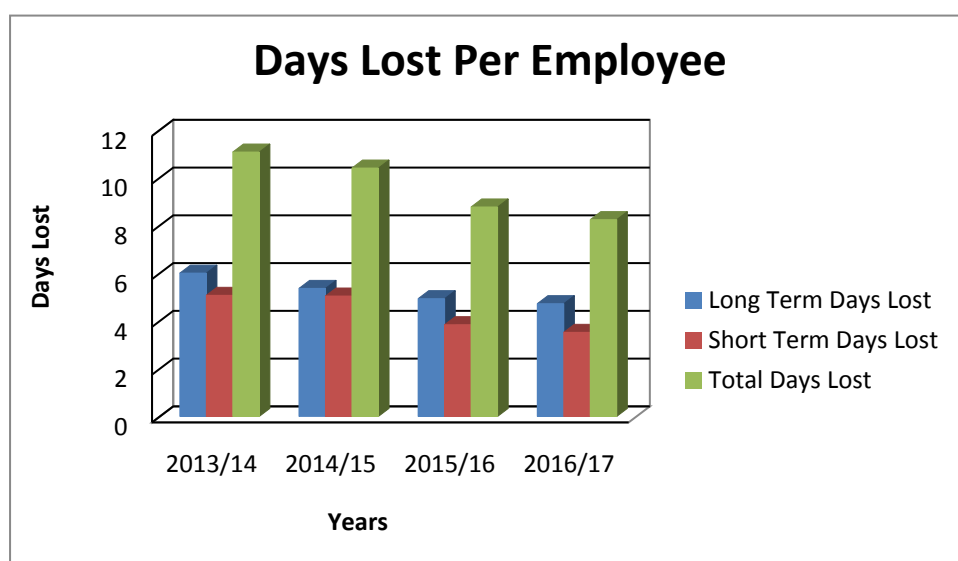
3.3. Across the Council the key reason for absence during 2016/17 is due to mental health issues including stress, anxiety and depression (6470.5 total days). This is particularly high within Place - BU 4 (1002 days) and Communities - BU 7 (1,496 days). The other key reason is musculoskeletal including back pain (5445 days) which is highest within Place – BU 6 (1835 days) and Communities – BU 7 (935 days). The days lost within the Council from minor ailments e.g. Cough, cold and influenza is 3506 days per employee. Nationally during 2016 minor illnesses (such as coughs and colds) were the most common reason for sickness absence. This was followed by musculoskeletal problems (including back pain, neck and upper limb problems) followed by mental health issues (including stress, depression, anxiety and serious conditions). This is a reverse of the Councils current absence reasons.

4. Managing Sickness Absence

4.1. The Council's Human Resource Service – Wellbeing and Targeted Intervention Team provide advice and support to managers in respect of managing attendance. This service includes provision of Occupational Health and Counselling services.

4.2. There are many examples of good practice where Directorates and Services are proactively addressing sickness absence these include:

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- Senior Management commitment to addressing levels of absence and supporting interventions.
- Managers seeking advice and support on a regular basis when dealing with long term and short term sickness.
- Managers are now actively managing persistent intermittent sickness cases and early intervention for long term sickness cases e.g. Absence review meeting being held at 4 weeks absence followed by a referral to OHU.
- Pro-active and early intervention support for employees.
- Greater take up of the Wellbeing Health checks.
- Absence Review Meetings being carried out across the majority of services and Managers are involving the Wellbeing Advisor particularly where employees are found unfit for their substantive post. Ensuring a more consistent approach to absence management across Directorates.
- Managers are continuing to work with each other across teams to enable employees to return to work on lighter duties for a short period of time to aide a speedier return to work.
- Mangers working closely with Wellbeing Advisors to address issues of concern.
- Pro-active management of sickness including issuing formal sanctions.
- Seeking advice from Targeted Intervention Advisor on individual cases.
- Managers have sought advice from BMBC Counsellor in order to address stress in the workplace.

4.3. There remains areas where the implementation of the Managing Attendance Policy requires improvement these are in relation to:

- Some delays holding long term sickness meetings and referrals to OHU, HR working with the Service to address.
- Poor quality OHU referrals which lead to lack of management input into the OHU outcomes, the Wellbeing Advisor is meeting Managers within the Service to address this issue along with the creation of a bitesize training course.

5. Wellbeing Initiatives

5.1. In relation to mental health a number of Stretch and Strain courses have been arranged for during 2017/18 along with 2 Stress Awareness Courses held during April 17. There is also workplace counselling available alongside a number of BOLD Courses and self-help information on the Well@Work website. The Workplace Health Champions are also working on a number of initiatives to increase physical activity which is shown to improve mental wellbeing including walk to run sessions, stretch and tone classes and healthy eating groups. The Workplace Health Champions have also received Dementia Friends training and will be offered the opportunity to attend Suicide Prevention sessions in the coming months. Other activities initiatives include:

- Wellbeing clinics are continuing to be rolled out across the Council and 280 employees have taken up this offer since April 2016. The recent Human Resources Survey identified that employees attending the clinics found the information and support useful.
- A number of Wellbeing Champions have received Dementia Friends training and Suicide Prevention training will be arranged shortly.
- In respect of Musculoskeletal, access to physiotherapy and work place station assessments are undertaken.

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- The HR Wellbeing Team will be reviewing the overall issues identified including the key reasons for absence with a view to producing an action plan. This will address some of the issues and barriers with the aim of further reducing the levels of sickness absence.
- Working with Public Health Colleagues to roll out Mental Health First Aid and Mindfulness Training.

6. **Recommendations**

6.1. This report is presented for information.

Report Author: Alison Brown, Service Director – Human Resources & Business Support.

Contact: 773674

Date: 08.09.2017

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BARNSLEY MBC AUDIT COMMITTEE – INDICATIVE WORK PROGRAMME

	Mtg. No.	3	4	5	6	7	8	1	2
Committee Work Area	**Contact / Author**	**22.09.17**	**1.11.17**	**6.12.18**	**17.1.18**	**21.3.18**	**18.04.18**	**6.06.18**	**18.07.18**
Committee Arrangements			Workshop						
Committee Work Programme	WW	X		X	X	X	X	X	X
Minutes/Actions Arising	WW	X		X	X	X	X	X	X
Review of Terms of Reference and Self-Assessment	RW/CHAIR		X(?)						
Training Review and Skills Assessment	RW/CHAIR		X(?)						
Review of Terms of Reference & Working Arrangements	ACF		X(?)						
Draft Audit Committee Annual Report	RW/CHAIR						X	X	
Audit Committee Annual Report	RW/CHAIR		X(?)						
Internal Control and Governance Environment									
Local Code of Corporate Governance	AF/AH					X			
Annual Governance Review Process and Timescales	AF/AH								
Draft Annual Governance Statement & Action Plan	AF/AH								X
Final Annual Governance Statement	AF/AH	X							
AGS Action Plan Update	AF/AH			X					
Corporate Whistleblowing Update & Annual Report	RW								X
Annual Fraud Report	RW						X		
Corporate Fraud Team - Report	RW			X	X				
RIPA Update Report	AF/GK			X					
Review of Ombudsman Complaints	AF			X					
Corporate Risk Management									
Risk Management Policy & Strategy	AH								
Risk Management Update*	AH								
Annual Report	AH				X				X
Strategic Risk Register Review	AH			X					

Committee Work Area	Contact / Author	Mtg. No. 3 22.09.17	4 1.11.17	5 6.12.18	6 17.1.18	7 21.3.18	8 18.04.18	1 6.06.18	2 18.07.18
Internal Audit									
Internal Audit Charter	RW					X			
Internal Audit Plan	RW					X			
Internal Audit Quarterly Report	RW			X	X		X		X
Annual Review of the Effectiveness of Internal Audit	RW								X
Review of the Effectiveness of Int. Audit - Update	RW				X				
Internal Audit Annual Report	RW	X						X	
External Audit (KPMG)									
Annual Governance Report (ISA260 Report)	KPMG	X							
Audit Plan	KPMG					X			
Annual Fees Letter	KPMG					X			
Annual Audit Letter	KPMG								
Grants Letter	KPMG								
Claims & Returns Annual Report	KPMG				X				
External Audit Progress report & Technical Update	KPMG	X		X	X	X	X	X	
Financial Reporting and Accounts									
Budget Proposal Section 25 Report	NC				X	X			
Draft Statement of Accounts	NC								X
Corporate Finance Summary	NC	X							
Corporate Finance and Performance Management & Capital Programme Update	NC	X				X			
Treasury Management Annual Report	IR					X			
Treasury Mgt. Policy & Strategy Statement	IR					X			
Other Corporate Functions contributing to overall assurance									
Human Resources (annual)	AB	X							
Business Improvement and Communication (annual)	MP	X							X
Health & Safety Resilience (6 monthly report – March Update – September Annual)	SD	X				X			

Committee Work Area	Contact / Author	3 22.09.17	4 1.11.17	5 6.12.18	6 17.1.18	7 21.3.18	8 18.04.18	1 6.06.18	2 18.07.18
Governance & Member support (annual)	IT/WW							X	
Information Governance update	DR	X		X		X		X	

*Members of the Senior Management Team to be invited periodically to report on any issues identified within the Strategic Risk Register

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