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MEETING:	Audit and Governance Committee
DATE:	Wednesday, 2 December 2020
TIME:	4.00 pm
VENUE:	THIS MEETING WILL BE HELD VIRTUALLY

AGENDA

Procedural/Administrative Items

1. Declarations of Pecuniary and Non-Pecuniary Interest
2. Minutes (*Pages 5 - 14*)

To receive the minutes of the meeting held on the 28th October, 2020.

Items for Discussion/Decision

3. Local Government and Social Care Ombudsman Annual Letter 2020 - Review Report (*Pages 15 - 26*)

Further to Minute 82 of the meeting held on the 16th September, 2020, the Executive Director Core Services will submit a report presenting the findings of a review following the receipt of the Local Government and Social Care Ombudsman's Annual Review Letter.

4. Internal Audit Progress Report 2020/21 (*Pages 27 - 40*)

The Head of Internal Audit, Anti-Fraud and Assurance will submit a report providing a summary of the Internal Audit activity completed, and key issues arising from it, for the period 1st July to 15th November, 2020 and providing information regarding the performance of the Internal Audit function during that period.

5. Risk Management Update and Strategic Risks (*Pages 41 - 48*)

The Head of Internal Audit, Anti-Fraud and Assurance will submit a report providing an update on the development of the new Risk Management process and sharing a summary of the current risks on the Strategic Risk Register.

Items for Information

6. Health and Safety Report 2019/20 (*Pages 49 - 76*)

The Executive Director Core Services will submit a report, for information and reference, presenting issues in the 2019/20 Health and Safety Report which also provides a comprehensive overview of health and safety performance within the Authority.

7. Information Security and Governance Progress - Update (*Pages 77 - 94*)

The Committee will receive an Information Security and Governance Progress update presentation from the Executive Director Core Services and the Data

Protection Officer.

8. Corporate Finance Performance - Quarter Ending 30th September, 2020 (*Pages 95 - 112*)

The Executive Director Core Services and Director of Finance will submit, for information only, a joint report detailing the financial performance of the Authority during the second quarter ended 30th September, 2020 and assessing the implications against the Council's Medium Term Financial Strategy. The report will also provide an update on the ongoing impact of Covid-19 on the Council's 2020/21 budget.

9. Covid-19 Pandemic - Update

The Executive Director Core Services will provide the Committee with an update of the current situation and work being undertaken in relation to the Covid-19 Pandemic.

10. Audit Committee Work Plan (*Pages 113 - 116*)

The Committee will receive the indicative work plan for the Committee for the period June 2020 to April 2021.

11. Exclusion of the Public and Press

To consider if the public and press should be excluded from this meeting during the consideration of the following item because of the likely disclosure of exempt information.

12. Glassworks - Update

The Executive Director Place will provide the Committee with an update of the current position with regard to the Glassworks Development.

Reason restricted:

Paragraph (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

To: Chair and Members of Audit and Governance Committee:-

Councillors Richardson, Barnard, P. Birkinshaw, Lofts (Chair), Ms K Armitage, Ms D Brown, Mr S Gill, Mr P Johnson and Mr M Marks; together with Co-opted members Ms K Armitage, Ms D Brown, Mr S Gill, Mr P Johnson and Mr M Marks

Sarah Norman, Chief Executive

All Executive Directors

Shokat Lal, Executive Director Core Services

Neil Copley, Service Director Finance (Section 151 Officer)

Rob Winter, Head of Internal Audit and Corporate Anti-Fraud

Ian Rooth, Head of Financial Services

Alison Salt, Corporate Governance and Assurance Manager, Internal Audit Services

Michael Potter, Service Director Business Improvement and Communications

Council Governance Unit – 3 copies

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

Tuesday, 24 November 2020

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MEETING:	Audit and Governance Committee
DATE:	Wednesday, 28 October 2020
TIME:	2.00 pm
VENUE:	THIS MEETING WILL BE HELD VIRTUALLY

MINUTES

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

1. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

There were no declarations of interest from Members in respect of items on the agenda.

2. MINUTES

The minutes of the meeting held on the 16th September, 2020 were taken as read and signed by the Chair as a correct record.

3. APPOINTMENT OF VICE CHAIR

RESOLVED that Mr S Gill be appointed Vice Chair of this Committee for the ensuing year.

4. ANNUAL GOVERNANCE STATEMENT 2019/20

The Chief Executive and Executive Director Core Services submitted a report presenting the Authority's 2019/20 Annual Governance Statement (AGS) as required by the Accounts and Audit Regulations 2015. The report requested the Committee to refer it to the Council for consideration and adoption as part of the process for approving the 2019/20 Statement of Accounts. A copy of the Statement was appended to the report.

The Head of Internal Audit, Assurance and Anti-Fraud gave a brief resume of the contents of the Statement and how the review had been undertaken. An Action Plan had been prepared to capture issues raised throughout the review process and this document would form the basis for the Committee monitoring throughout the Year. The Action Plan was appended as Appendix 1 to the Annual Governance Statement and outlined the items upon which further action was required. An update of the Action Plan would be submitted to the Committee throughout the year.

He reported that CIPFA Guidance for 2019/20 had recommended that the AGS should specifically reflect the impact that COVID-19 had had and whilst the greatest impact would fall within the current financial year, the AGS was signed at the point when the statement of accounts was signed off and, therefore, needed to reflect the most up to date position.

As the Committee was aware, a new approach to broader governance assurance was being developed which would support and integrate into the new risk management arrangements but would also embed the focus on governance that the recent Annual Governance Review introduced. The Committee would be kept informed of the development of the governance assurance framework which would provide members with a clearer focus across the Committee's wider governance remit.

Written responses to questions asked by Members of the Committee were provided as follows:

- The Council was working with the Sheffield City Region to come forward with a consistent approach to how funding for the movement into Tier 3 would be allocated. This included a discretionary business support scheme for those businesses not forced to close but still affected by the new restrictions. Further details would be provided for the Committee when these arrangements had been confirmed
- In relation to the need to ensure that procedures were in place to ensure that the Council responded to enquiries of the Local Government and Social Care Ombudsman (LGSCO) in a timely manner, it was reported that a detailed review had been undertaken of the arrangements to deal with customer complaints and requests for information. Key actions that were now in place included:
 - Daily management of the LGSCO mailbox
 - All LGSCO enquiries were formally logged and associated tasks tracked and managed through the SharePoint Online system
 - There was a timely issue of automatic system generated reminders to officers tasked with preparing responses
 - All LGSCO enquiries were co-ordinated, responses collated and issued by the appropriate officers
 - The relevant Head of Service and Service Director were copied into the initial SharePoint Online system generated task and to all reminders
 - A RAG rated process was built into the SharePoint Online System which then produced alerts as to potential delays before they arose
 - An Escalation process was also built into the system which alerted the relevant Head of Service and Service Director of the lack of appropriate response
 - A LGSCO dashboard was under development which would capture performance in this area by Directorate
 - Members of staff from the Corporate Programmes, Projects, Feedback and Improvement Team attended all Departmental Management Teams to discuss learning points from the LGSCO Annual Review letter and to impress the importance of meeting timescales. In addition, an internal Communications Plan had been developed and messages were to be circulated expressing that all responses (but not restricted to the LGSCO) should not be delayed
- The main reasons for the 5 cases referred to the Information Commissioner's Office were as follows:
 - 18/4/2019 – a concern had been raised by a member of the public, this was fully investigated by the Council. The outcome was not formally referred to the information Commissioner's Office as the data breach had been appropriately concluded

- 5/08/2019 – related to a Subject Access Request and information had been shared – a decision was awaited
- 25/10/19 – this related to a Data Breach. The Information Commissioner’s Office had stated that no further action was required in the light of the agreed action plan being fulfilled
- 4/9/2019 – this related to a Subject Access Request. Not all information had been provided to the Data Subject. The Information Commissioner’s Office had stated that no further action was required by the Council
- 17/12/2019 – related to a Data Breach. The Information Commissioner’s Office had recommended that the Council carry out regular audits to ensure that all staff were adhering to policies and procedures. Role specific data protection refresher training should be carried out bi-annually to ensure that all members of staff were aware of their obligations to ensure the security of the personal data they processed and stored
- In relation to hate crime, it was reported that this was monitored through the Community Tolerance and Respect Sub-Group of the Safer Barnsley Partnership and remained a key priority action within the delivery plan of that group. During the COVID pandemic, fluctuating levels of recorded hate crime and hate incidents dropping (in comparison) had been experienced initially but had increased more recently but not beyond levels experienced prior to the pandemic. One hate crime was obviously too many but the police undertook robust investigations of all hate incidents in order to determine the most appropriate course of action to deal with the offender and to support the victim. There was an increased risk due to COVID that community tensions would be exacerbated and where this happened, this could result in increased incidents and crimes of this type. Community cohesion had been recognised as an area of strategic focus and through the Tolerance and Respect Group work was progressing towards adapting the delivery plan to respond to this risk
- In response to questioning about the financial impact of fraud from businesses claiming Council COVID-19 funding when not entitled, it was reported that one clear case of fraud had been identified. The Council had subsequently recovered the full amount paid in error. A few other cases (less than 10) were being investigated to establish whether other fraud had been committed. As previously reported, there was no financial impact on the Council as these grants were funded by Central Government. Any fraudulent grants subsequently recovered, would be repaid to the Government accordingly
- In relation to potential deadline changes outlined within the Action Plan a result of entering COVID Tier 3, these would be kept under review. It was proposed that given the number and range of the improvement actions, an update would be presented on progress to each meeting of the Committee

RECOMMENDED TO FULL COUNCIL ON THE 26th NOVEMBER, 2020 that the final Annual Governance Statement 2019/20 be approved and adopted.

5. REPORT TO THOSE CHARGED WITH GOVERNANCE (ISA 260) 2019/20

The Committee considered a report of the External Auditor (Grant Thornton) which had been submitted in accordance with International Standard on Auditing 260, the

External Audit Governance Report 2019/20. Mr T DeZoysa (Engagement Manager) attended the meeting to present the report.

The report incorporated, amongst other things, the following:

- The Financial Statements, including the significant audit risks, findings from the group audit, area of audit focus and judgements and estimates, the Going Concern assumption and other responsibilities under the Code
- The current position with regard to COVID-19 and the impact on the financial statements and challenges
- The Value for Money Conclusion
- The Accounts production and audit process
- The current position with regard to the completion of the audit of the financial statements

Appendices to the report provided the following:

- The Action Plan to address issues identified
- The position with regard to the follow up of prior year recommendations
- The Audit Adjustments
- The audit fees charged for the audit and the provision of non-audit services
- The proposed audit opinion which would be confirmed following the receipt of the assurance from the Pension Fund Auditor – it was anticipated that the Group and Council would be provided with an unqualified/clean audit opinion with an Emphasis of Matter paragraph relating to the material uncertainty around the valuation of land and buildings as a direct impact of COVID-19 at the end of November following consideration by the Council on the 26th November, 2020

It was reported that the COVID-19 pandemic had significantly impacted on the normal operations of the Council from March 2020. Whilst this had not had a major impact on the financial outturn for 2019-20 the scale of the impact was being felt during 2020/21. The significant challenges and impact of this in relation to the increased costs, lost finance and preparation of the financial statements was outlined. The External Auditor had updated their risk assessment to consider the impact of the pandemic and an audit plan addendum had been issued on the 22nd April, 2020 which reported an additional financial statement risk in respect of COVID-19 and also highlighted the impact on their Value for Money approach.

In relation to the Financial Statements, the report summarised the key findings in relation to the 2019/20 external audit. This work had been completed remotely and one adjustment in relation to the Pension Fund liability had been identified although this did not impact on the Council's General Fund or useable reserves position. Further details of the audit recommendations were outlined within Appendix C. In addition, a small number of recommendations for management were detailed within Appendix A. Work was now substantially complete and there were no matters of which the External Auditors were aware would require modification of the audit opinion or material changes to the financial statements subject to a small number of outstanding matters as detailed.

The External Auditors had no concerns about the assumptions of the Council and there was no material uncertainty about the ability to continue as a going concern. In addition, they had agreed with the Council's assumptions with regard to the revised Medium-Term Financial Strategy which catered for the financial implications of the COVID-19 pandemic.

The External Auditor's Value for Money risk assessment had been updated to document their understanding of the Council's arrangements to ensure critical business continuity in the current environment. The VFM risks identified related to the Council's financial standing and the Glassworks project's governance and risk management arrangements and appropriate plans had been put in place to ameliorate those risks. It was pleasing to note, however, that no new VFM risks had been identified in relation to COVID-19.

The External Auditor had concluded that the Council had proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources and it was anticipated that they would be issuing an unqualified VFM conclusion.

Finally, thanks were expressed to officers and members for their continuing help and co-operation throughout the audit work in what had been a particularly difficult time and at an earlier time than was required.

The presentation engendered a full and frank discussion during which matters of a detailed and general nature were raised and answers were given to Members questions where appropriate.

The following issues were referred to:

- There was a discussion of the principles of how the Committee operated particularly in relation to whether or not all members of the Committee should have access to all commercially sensitive information. Mr DeZoysa outlined the External Auditors role and the information required to enable them to make a judgement, to make a true and fair conclusion and to issue an audit opinion. He commented that no material omissions had been identified. In relation to the Glassworks a recommendation had been made to management that matters about the project should be reported and discussed within this Committee and indeed the Work Plan had identified that a report on this would be submitted to the December meeting. The extent of the information to be presented was something that needed to be discussed between Members and Officers. It was also noted that information of a commercially sensitive nature would be provided to members at the conclusion of this meeting
- In relation to information awaited from the Pension Scheme Auditors, an assessment would be made as to whether or not this would have an impact on the Council's accounts and pension liability before a final conclusion was issued

Written responses to questions asked by Members of the Committee were provided as follows:

- In response to requests about outstanding work:
 - it was reported that work on all areas mentioned as outstanding had been substantially completed at the time of the report (19th October,

- 2020) in order to propose the draft audit opinion detailed within Appendix E. Since that time, further outstanding areas had been completed particularly on pensions audit work, which was a significant risk within the audit plan, although the programme of work performed by the Pensions Authority Auditor had not yet been received. This was out of the control of the Council's External Auditor, but it was noted that this request had been submitted in March, 2020. It was anticipated that this information would be received by the end of October/early November, however, the difficulties that fellow auditors were experiencing was noted and acknowledged
- Working under unprecedented circumstances and remote auditing was a challenge for both the External Auditor and the Council equally. It was noted that this was one of the reasons an extension had been granted for the preparation of the accounts and auditing
 - With regard to matters in relation to Fraud, it was noted that, as mentioned within the statement of responsibilities, the overall responsibility for the prevention and detection of fraud was that of the Senior Management Team of the Authority. In accordance with the auditing standards, the External Auditor was required to ask questions and understand of how the Audit and Governance Committee gained assurances from Management in relation to fraud. These questions had been directed to the Chair of the Committee and were around how the Chair was satisfied that there were proper arrangements in place to prevent, detect and report fraud within the Authority. A copy of the letter together with the responses of the Chair had been circulated to all members of the Committee
 - The Committee's workplan included proposals to receive regular reports on the Glassworks project on an at least bi-monthly or more regular basis should the need arise
 - In response to the External Auditors recommendation in relation to budget setting and monitoring, questions were asked as to whether the current systems and procedures were sufficiently robust or could be improved:
 - the External Auditor reported that their work in 2019/20 indicated that there were indeed robust budget monitoring and reporting processes in place. Their recommendation was forward looking to continue the work in these unprecedented times, working with all stakeholders to provide accurate budgets and monitoring on a timely basis. The COVID-19 pandemic had brought significant challenges and financial pressures, not just for the Council but of the Local Government Sector as a whole. These additional COVID-19 pandemic challenges had not been in existence before March 2020. The recommendation was looking at actions going forward to address these challenges, whilst keeping Members fully informed
 - the Council's view was that the procedures were already in place to track the financial impact of COVID-19 response and recovery effort. This was monitored daily and reported to the Senior Management Team on a weekly basis with periodic updates being provided to Cabinet as part of the quarterly performance management cycle. A mitigation (financial recovery) plan was also in place to safeguard the Council's financial Standing
 - Any known ongoing impacts had been factored into the Council's updated Medium-Term Financial Strategy and budget 2021/22 budget proposition. This would be reported to the Senior Management Team,

- the Audit and Governance Committee and Cabinet as part of established budgetary procedures
 - The Council also continued to lobby the Government for a needs-based and sustainable funding package for the sector
- Information on the Glassworks project which was currently commercially sensitive, as previously reported, would be provided at the close of the meeting
- It was noted that the Council continued to review the systems in the market place to automate the Fixed Management System. Each system in the market place had its pros and cons. It should also be noted that the current system, whilst manual, was fit for purpose
- The External Auditor explained why it was not possible to formally conclude the audit and issue an audit certificate until work had been completed that was necessary to issue the Whole of Government Accounts (WGA) Component Assurance Statement.
 - This was the same situation as last year's audit opinion. In essence, the External Auditors could not issue the audit closure certificate (which was part of the audit process) with the audit opinion. The reason for that was that the WGA, which was an assurance piece of work, was a report to the National Audit Office rather than the audit under the ISA (UK). Performing the WGA work was part of the External Auditor's overall audit appointment
 - The National Audit Office prepared the WGA whilst Grant Thornton acted as the component auditor and followed group audit instructions from the National Audit Office on what to do. The Council prepared a data collection pack for the WGA set by the National Audit Office and all Authorities were provided with the same data collection pack. Grant Thornton reviewed that data to ensure that it was consistent with the numbers they had audited
 - The data pack included the same balance sheet, income and expenditure for the year ended 31st March 2020 that had been audited in the draft accounts, therefore, overall numbers were exactly the same as the 2019/20 draft accounts
 - There would be more analysis of inter authority/government debtors, creditors and loans so that the National Audit Office could eliminate those in the WGA consolidation process. Grant Thornton would check the accuracy and validity of these inter authority/government balances and transactions. However, they were all reconciled back to the Statement of Accounts that had been audited under ISA(UK) and for which an unqualified opinion with an Emphasis of Matter paragraph (as stated within Appendix E to the report) was proposed to be issued.
 - This was the reason Grant Thornton could issue the audit opinion of the financial statements of the Authority and Value for Money conclusion before work had been concluded on that assurance piece of work, however, technically they could not close the audit until work on the WGA had been completed

RESOLVED that the Committee place on record their thanks and appreciation for the hard work of the External Auditor and the Service Director Finance and his Team in this process; and

RECOMMENDED TO FULL COUNCIL ON THE 26th NOVEMBER, 2020:-

- (i) That the External Auditor's (ISA 260) Report 2019/20 be approved;
- (ii) That the findings on the effectiveness of the Council's internal controls and the conclusions on the Council's arrangements for securing Value for Money be noted; and
- (iii) That the findings from the audit work in relation to the 2019/20 financial statements be noted.

6. AUDITED STATEMENT OF ACCOUNTS 2019/20

Further to Minute 67 of the meeting held on the 25th June, 2020, the Service Director Finance submitted the revised audited Statement of Accounts for 2019/20 which incorporated all changes agreed with the auditor.

It was noted that the only significant change was in relation to the Council's pension deficit (on an accounting basis) as at the 31st March, 2020. The Council had received information from the actuary in early April to enable it to meet its statutory deadline in respect of submitting its draft statement of accounts. Contained within the suite of pensions information was the position for the Council's assumed proportion of the pension fund assets and, in particular, the performance of such assets during the year. It was further noted that the actuary used actual evidence up to the end of December with an estimate being made for the remainder of the financial year. Ordinarily the difference between the estimated position and what actually transpired was not materially different, however due to the COVID-19 pandemic there was a difference of a notional £6.930m reduction on the value of the Council's proportion of the pensions fund assets as at 31st March, 2020 which, therefore, increased the net liability.

It was reported that the adjustment detailed above had no effect on the useable reserves of the Council. The way in which the Council provided/budgeted for its future pensions obligations was based on the funding basis, which was different to the position in the statement of accounts, which was based on the prescribed accounting standards. The funding position, therefore, showed a relatively small deficit which the Council had plans to address over the medium term.

Arising out of the above and in response to questions about the triennial valuation position, the Service Director Finance explained that the information at 31st March, 2019 set the future funding rates for the three year period to 2023/24. The contributions of the Authority were set at approximately 2% higher than the previous future service rate but, combined with that, the deficit as reported previously of around £200m had almost been eliminated so in overall terms the Authority was contributing significantly less to the pension fund than it had previously.

Written responses to questions asked by Members of the Committee were provided as follows:

- It was noted that comments on the move to COVID Tier 3 would be included prior to publication as would minor drafting errors

- In relation to the Narrative Report/Executive Summary, it was noted that this would be published as a separate stand-alone document and be presented alongside the Statement of Accounts
- Questions raised in respect of the changes to the accounts since being previously submitted to Committee in June were referred to above
- Questions in relation to the Glassworks would be addressed at the close of the meeting given the commercial sensitivity around the issues raised. It was again pointed out that regular reports would be submitted to the Committee throughout the remaining build phase and beyond.

RECOMMENDED TO FULL COUNCIL ON THE 26TH NOVEMBER, 2020 that the revised audited Statement of Accounts 2019/20 be approved.

7. LETTER OF REPRESENTATION

The Executive Director Core Services and Service Director Finance submitted the Letter of Representation which was to be sent to the External Auditor.

RESOLVED that the submission of the letter to the External Auditor be approved.

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Chair

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Item 3

Report of the Executive Director – Core Services

AUDIT COMMITTEE – 2 December 2020

Local Government and Social Care Ombudsman Annual Letter 2020 – Review Report

1. Purpose of the Report

- 1.1 This report presents findings of a review following the receipt of the Local Government Social Care Ombudsman's (LGSCO) Annual Review Letter to the Council. The letter is attached to this report as Appendix A.
- 1.2 Whilst this is a public document and has already been published by the LGSCO, the findings of the review are brought to the specific attention of the Audit and Governance Committee as part of the independent assurance role the Committee has.

2. Recommendations

- 2.1 **The Committee is recommended to consider and be assured from the findings of the fundamental review of corporate processes that aim to ensure a higher level of compliance in response to the LGSCO's Annual Letter.**

3. Background

- 3.1 The LGSCO's remit is to look at individual complaints made about councils, all adult social care providers (including care homes and home care agencies) and other organisations providing local public services. It is a free service and investigates complaints in a fair and independent way. The LGSCO's mission is to "Remedy injustice – help improve local services".
- 3.2 Despite our best endeavours there will inevitably be times when the Council does or does not do something that instigates a complaint being made. Whilst we have a robust complaints procedure, incorporating an internal review stage, there are occasions where this process does not produce a satisfactory outcome for the complainant and their next recourse is to the LGSCO.
- 3.3 Following their own investigation, the LGSCO will make a decision that may deem maladministration to have occurred and causing injustice, or a referral back for local resolution (perhaps on the basis of a premature decision having been taken by the Council or the matter having not completed the Council's corporate complaints process), or indeed that no maladministration was found.

Where fault is found, recommendations are made which address how the Council should improve its services but also, in some cases, recommend a payment to the complainant by way of recompense or compensation.

3.4 The Committee will recall that specific within its Terms of Reference is to:

S) To consider any payments in excess of £2,000 or provide other benefits in cases of maladministration by the Authority within the scope of Section 92 of the Local Government Act 2000.

3.5 It should be noted that one payment in excess of £2,000 was recommended by the LGSCO and is addressed in the content of this report.

4. Annual Letter 2020 and Action

4.1 The key message from the Letter is in relation to delays in providing responses to *“several investigation enquiries and in completing the recommendations agreed with us”*.

4.2 The letter, as outlined in Appendix A, provides three key indicators - the percentage of complaints upheld, compliance with Ombudsman recommendations and satisfactory remedies provided by the authority. Whilst it is pleasing to note that the Council’s performance in this area is higher of that compared to other similar authorities as data shows:

- 57% of the complaints investigated by the Ombudsman’s office were upheld - comparing to an average of 67% in similar authorities
- 100% of the LGSCO recommendations implemented
- 25% of upheld complaints found the Council had satisfactorily remedied the complaint prior to escalate to the Ombudsman – compared to an average of 11% in similar authorities

4.3 The Council is clearly disappointed with its performance in relation to its failure to respond and implement LGSCO recommendations in a timely manner. As such, the instigation of an immediate and fundamental review of the processes and supporting procedures that govern this statutory function took place. The main objective being to identify the issues, gaps and more importantly, improvements to ensure better compliance moving forward.

4.4. In 2019/20, the LGSCO received 54 complaints in relation to the Council of which 8 cases were upheld (2 of which requiring no further action). A deep dive into 6 cases ensued, which in turn evidenced delays encountered by the LGSCO and failings in service delivery.

4.5. The cases upheld related to several services across the Council, namely:

- Adult Social Care
- Customer Feedback, Information and Improvement Team
- Education, Early Start and Prevention
- Planning
- Regulatory Services
- Waste Management

5. Issues

5.1. To robustly investigate the issues outlined by the LGSCO, the end to end journey of each case upheld was scrutinised. This process spans the point the complaint was received by the Council to the point of resolution and capturing every interaction made with the customer, the Services involved and LGSCO.

5.2. A precis of the issues identified are as followed:

- Delays in instigating the corporate complaint procedure
- Delays in service appointing Investigating Officer to undertake complaint investigation
- Delays in service agreeing a Complaint Resolution Plan (document outlining the complaint details)
- Delays in the provision of information to support LGSCO investigation
- Delays in circulating LGSCO's draft and/or final decision report to services concerned with complaint
- Insufficient time given to services to consider and comment on recommendations set out by the LGSCO
- Delays implementing and actioning recommendations as a result of the above
- Delays in meeting LGSCO deadline and untimely request for extension
- Failure to follow process resulting in financial redress
- Lack of urgency or importance applied in meeting LGSCO timescales
- Consequences of failing to meet LGSCO timescales not communicated; consequences linked to both reputational and financial impact

5.3 The issues identified appear to be a common factor in the cases upheld. All of which are avoidable factors; the most fundamental factors which failed the Council, the LGSCO and the customer.

5.4 With reference to the payment made in excess of £2,000, a customer complained to the LGSCO stating the Council had failed to provide special

education needs support and delayed in producing assessments and education, health and care plans. The LGSCO found fault and recommended the Council apologise and make payment to be used for the child's educational benefit.

- Pay £200 in recognition for lost opportunity to exercise appeal rights
- Pay £300 to acknowledge distress caused by the fault in the annual reviews of 2018 and 2019
- Pay £5,400 to be used for educational benefit, to mitigate the impact of the loss of SEN provision for 18 school months

6. Gaps

- 6.1 The absence of the effective management and tracking of LGSCO's cases has been a contributing factor to the delays encountered. Whilst a central record is kept and maintained for each complaint received, the review shows a distinct lack in how the progress of a case was managed and monitored.
- 6.2. Lack of a formal process in place to escalate a potential delay or alert the CFIT service of a missed deadline. The process was wholly reliant upon the officer tasked with the facilitation and management of the case to proactively follow up progress on an ad-hoc basis.
- 6.3 The importance of meeting statutory and corporate timescales not communicated across the organisation. Services not pressed or reminded in a timely manner to ensure a complaint investigation or LGSCO enquiry is responded to within time.
- 6.4. Where a LGSCO enquiry is cross-cutting and involved a number of service areas, this showed there to be a lack of co-ordination and central ownership of the task to be completed. Lack of direction resulted in duplication of work and increased of further delays occurring as a result of services being unclear of what they needed to do.

7. Improvements

- 7.1 The review resulted in the development of an action plan, as set out in Appendix B, detailing several service improvements. It also proved to be an opportunity to positively challenge the status-quo, including a comprehensive review of all procedures that underpins new system processes.
- 7.2 The implementation of a new SharePoint Online system with the capability to effectively track and manage the end to end customer complaint journey was

introduced at the end of October. The system has been extended to include the facilitation and management of information requests under the Freedom of Information Act, Environmental Information Regulations or Subject Access Requests under the Data Protection Act.

- 7.3 This business intelligence tool has been designed to improve performance monitoring with its ability to track progress of all cases in a more timely manner, and as such, highlight at an earlier stage where delays have the potential to occur. To compliment this, the system has a built-in escalation route to alert senior officers within the Council of a complaint case that is not on course to meet its deadline.
- 7.4 All complaint and LGSCO cases are consistently recorded which automatically highlight and escalate a potential delay to a customer, service area and LGSCO before this occurs – giving assurance that delays will in future be actioned in a timely manner.
- 7.5 Development and publication of directorate complaint management performance dashboards. (including LGSCO cases). Each dashboard capturing a number of RAG rated and measurable factors such as:
- No. of complaints received per service area
 - No. of complaints under investigation
 - No. of complaints approaching completion
 - No. of complaints completed
 - No. of complaints completed out of time
- 7.6 The dashboards will act an additional tool in alerting CFIT and services concerned to a potential delay before it occurs, whilst providing a useful oversight of the type, theme, pattern of contacts and performance in each respective area.
- 7.7 A change in language and tone has been adopted when proactively reinforcing the importance of meeting both corporate and statutory complaint timelines. This has been cascaded through regular attendance at Directorate Management Team meetings to discuss the nature of complaints received, exploring where gaps may exist, consequences of failing to meet deadlines and working collaboratively to get this right going forwards.
- 7.8 To strengthen the message around the issue of delays, a robust communication plan has been developed. Working in partnership with Communication & Marketing business partners, a #CustomerFirst campaign has been published on the Council's Intranet site and news bulletins focusing of key messages and findings from the review. Impressing the importance of delivering a robust and effective complaint service; one that prides itself in resolving dispute matters swiftly and on time.

7.9 The provision of quality services to our customers will continue to be the CFIT's main priority and our ability to find timely remedies to complaints and responses to all LGSCO enquiries will remain of critical importance.

7.10 The review has been supported by the Data Protection Officer and in due course the new processes and procedures will be subject to audit.

8. Glossary

CFIT – Customer Feedback, Information and Improvement Team

LGSCO – Local Government and Social Care Ombudsman

9. Appendices

Appendix A: LGSCO Annual Review Letter 2019/20

Appendix B: Action Plan

Contact Officer: Service Director - Business Improvement, Human Resources and Communication

Email: michaelpotter@barnsley.gov.uk

Date: 11 November 2020

22 July 2020

By email

Ms Norman
Chief Executive
Barnsley Metropolitan Borough Council

Dear Ms Norman

Annual Review letter 2020

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2020. Given the exceptional pressures under which local authorities have been working over recent months, I thought carefully about whether it was still appropriate to send you this annual update. However, now, more than ever, I believe that it is essential that the public experience of local services is at the heart of our thinking. So, I hope that this feedback, which provides unique insight into the lived experience of your Council's services, will be useful as you continue to deal with the current situation and plan for the future.

Complaint statistics

This year, we continue to place our focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have made several changes over recent years to improve the data we capture and report. We focus our statistics on these three key areas:

Complaints upheld - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated. A focus on how often things go wrong, rather than simple volumes of complaints provides a clearer indicator of performance.

Compliance with recommendations - We recommend ways for authorities to put things right when faults have caused injustice. Our recommendations try to put people back in the position they were before the fault and we monitor authorities to ensure they comply with our recommendations. Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedies provided by the authority - We want to encourage the early resolution of complaints and to credit authorities that have a positive and open approach to resolving complaints. We recognise cases where an authority has taken steps to put things

right before the complaint came to us. The authority upheld the complaint and we agreed with how it offered to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

This data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 29 July 2020, and our Review of Local Government Complaints. For further information on how to interpret our statistics, please visit our [website](#).

It is disappointing that we have encountered delays in your Council's responses to several investigation enquiries and in completing the recommendations agreed with us. In one case, it took the Council an extra 26 days to apologise and make a payment to the parents of a child who had lost out on 18 months' special educational needs support. It is essential that recommendations are completed on time to help rebuild the Council's relationship with complainants and to show it is learning lessons from complaints. Additionally, the actions you agree to take, and your performance in implementing them, are reported publicly on our website, so are likely to generate increased public and media scrutiny in future. I would ask the Council to reflect on the way it responds to our enquiries and implements remedies, with a view to providing us with more timely responses in the future.

Resources to help you get it right

There are a range of resources available that can support you to place the learning from complaints, about your authority and others, at the heart of your system of corporate governance. [Your council's performance](#) launched last year and puts our data and information about councils in one place. Again, the emphasis is on learning, not numbers. You can find the decisions we have made, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the tool with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

Earlier this year, we held our link officer seminars in London, Bristol, Leeds and Birmingham. Attended by 178 delegates from 143 local authorities, we focused on maximising the impact of complaints, making sure the right person is involved with complaints at the right time, and how to overcome common challenges.

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. During the year, we delivered 118 courses, training more than 1,400 people. This is 47 more courses than we

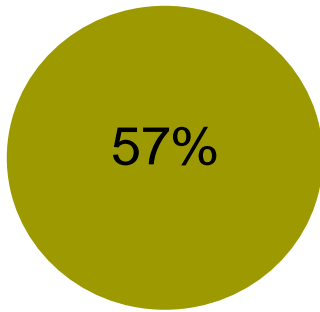
delivered last year and included more training to adult social care providers than ever before.
To find out more visit www.lgo.org.uk/training.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a horizontal line underneath.

Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Complaints upheld



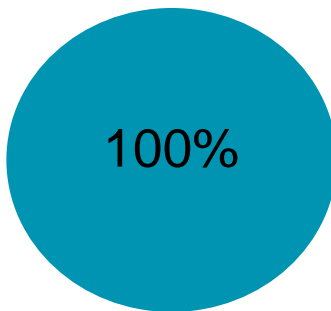
57% of complaints we investigated were upheld.

This compares to an average of **67%** in similar authorities.

8
upheld decisions

Statistics are based on a total of 14 detailed investigations for the period between 1 April 2019 to 31 March 2020

Compliance with Ombudsman recommendations



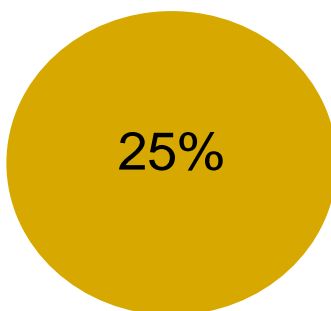
In **100%** of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of **100%** in similar authorities.

Statistics are based on a total of 6 compliance outcomes for the period between 1 April 2019 to 31 March 2020

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedies provided by the authority



In **25%** of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **11%** in similar authorities.

2
satisfactory remedy decisions

Statistics are based on a total of 14 detailed investigations for the period between 1 April 2019 to 31 March 2020

Customer Feedback, Information and Improvement Team (CFIIT)

Review Action Plan

Action	Responsible Person	Deadline	Potential Challenges	Result
Comprehensive Review LGSCO Annual Letter <ul style="list-style-type: none"> • Deep dive six case failings • Identification of service delays/failings • Review complaint process/procedure 	Kate Liddall	25/09/20	Capacity to deliver review within timescale due to interdependencies Non-buy in from services to meet statutory timescales Limited capacity within services to investigate complaints	Learn from failings Challenge status-quo Implement robust complaint process and improvements Assurance to customers/members
System Testing - New Performance Management System <ul style="list-style-type: none"> • Migration old system into SharePoint Online • Implementation of system improvements 	Kate Liddall Rob Winter CFIIT IT SharePoint Team	25/09/20 30/10/20	Availability of staff to system test due to increasing workloads /backlog of cases during service suspension Focus placed on meeting statutory timescales workloads	Implement effective IT performance management system – RAG rated to capture complete complaint journey Complaints consistently recorded, tracked & managed Early escalation of delays Assurance delays actioned in timely manner
Development Power BI Performance Dashboards <ul style="list-style-type: none"> • All directorates • Complaints • LGSCO 	Kate Liddall Stuart Taylor	20/11/20	Dependant upon timely migration of systems 30 days leading time to populate dashboards with new data COVID-19 workload priorities impact on BII ability to complete dashboards	Visual snapshot of complaint investigation performance a Improved management of complaint process Identify complaints themes/patterns Identify learning from complaints
Communication <ul style="list-style-type: none"> • Attendance at DMT’s • Performance discussed at SMT • Strengthening messages - complaints allocation process 	Kate Liddall	Ongoing – regular meetings scheduled	Commitment from DMT Willingness to accept challenge Ability to implement actions/improvements	Heighten importance of meeting complaint timescales Allow detailed complaint case discussions Discuss learning from complaints Discuss complaint themes/patterns Identify service issues, gaps and improvements Challenge status-quo

<ul style="list-style-type: none">• Comms & Engagement Plan				
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Item 4

Report of the Head of Internal Audit, Anti-Fraud and Assurance

AUDIT COMMITTEE – 2nd DECEMBER 2020

INTERNAL AUDIT PROGRESS REPORT 2020/21

1. Purpose of this report

- 1.1 The purpose of this report is to provide a summary of the Internal Audit activity completed, and the key issues arising from it, for the period from 1st July 2020 to 15th November 2020.
- 1.2 To provide information regarding the performance of the Internal Audit function during the period.

2 Background information

- 2.1 The Audit Committee has responsibility for reviewing the adequacy of the Council's corporate governance arrangements, including matters such as internal control and risk management. The reports issued by internal Audit are a key source of assurance providing the Committee with some evidence that the internal control environment is operating as intended.
- 2.2 At the end of the financial year, Internal Audit will produce an Annual Internal Audit Report, which will provide our overall opinion on the adequacy of the Council's control environment and compliance with it during the year.

3 Recommendations

- 3.1 **It is recommended that the Audit Committee considers the assurances it needs on the effectiveness of the Authority's internal control, risk and governance arrangements through the work of Internal Audit by:-**
 - i. **considering the issues arising from completed Internal Audit work in the period along with the responses received from management;**
 - ii. **noting 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, and;**
 - iii. **noting the progress against the Internal Audit plan for 2020/21 for the period.**

4 Local Area Implications

- 4.1 There are no Local Area Implications arising from this report.

5 Consultations

- 5.1 All audit reports are discussed and agreed with the Audit Sponsor and Designated Operational Lead. Individual audit reports are provided to the appropriate Executive Director and/or Service Director to apprise him/her of key issues raised and remedial actions agreed.
- 5.2 No specific consultation has been necessary in the preparation of this quarterly report.

6 Compatibility with European Convention on Human Rights

- 6.1 In the conduct of audit work and investigations particularly, Internal Audit operates under the provisions of the Data Protection Act 2018, the Regulation of Investigatory Powers Act 2000 and the Police and Criminal Evidence Act.

7 Reduction of Crime and Disorder

- 7.1 An inherent aspect of audit work is to prevent, detect and investigate incidents of fraud, theft and corruption. The control issues arising from audit investigations have been considered to ensure improvements in overall controls are made. Additionally, Internal Audit ensures that in specific instances, management takes appropriate action to minimise the risks of fraud and corruption re-occurring.

8 Risk Management Considerations

- 8.1 The underlying purpose of the work of Internal Audit is to address and advise on key risks facing management and, as such, risk issues are inherent in the body of the report.
- 8.2 The Service's operational risk register includes the following risks which are relevant to this report:
- Ensuring the appropriate use of and management of, information to inform and direct internal audit activities;
 - Able to provide a flexible, high performing and innovative service; and
 - Ensuring continuously high levels of customer satisfaction.
- 8.3 All of these risks have been assessed and remain within the tolerance of the Service.
- 8.4 An essential element of the control (and on-going) management of these risks is the provision of update reports to the Audit Committee and the assurance this provides.

9 Employee Implications

- 9.1 There are no employee implications arising from this report.

10 Financial Implications

10.1 There are no financial implications arising directly from this report. The costs of the Internal Audit function are included within the Authority's base budget.

11 Appendices

Appendix 1 - Key To Internal Audit Assurance Gradings & Classification of Management Actions.

12 Background Papers

12.1 Various Internal and External Audit reports, files and working papers.

Officer Contact: Head of Internal Audit, Anti-Fraud and Assurance

Telephone No: 01226 773241

Date: 20th November 2020

Barnsley Metropolitan Borough Council

Internal Audit Progress Report

Audit Committee

2nd December 2020

INTERNAL AUDIT PROGRESS REPORT 2020/21
1st July to 15th November 2020

Purpose of this report

This report has been prepared to inform the Committee on the Internal Audit activity for the period 1st July to 15th November 2020, bringing attention to matters that are relevant to the responsibilities of the Authority's Audit Committee.

The report also provides information regarding the performance of the Internal Audit function during the period.

2020/21 Internal Audit Plan Progress

The following tables show the progress of the internal audit plan delivery, analysed by the number of plan assignments producing a report and audit days delivered by Directorate / Service.

Position as at 15th November 2020 – Audit Days Delivered

Directorate	Original 2020/21 Plan days	Revised 2020/21 Plan days	Actual days (% of revised days)
Adults & Communities	68	56	23 (41%)
Childrens Services	166	152	94 (62%)
Core Services	386	460	340 (74%)
Corporate	133	133	212 (159%)
Council Wide	140	140	97 (69%)
Place	167	139	50 (36%)
Public Health	48	33	28 (85%)
General Contingency	26	21	N/A
Barnsley MBC	1,134	1,134	844 (74%)
Corporate Anti-Fraud Team	600	600	341 (57%)
Barnsley MBC Internal Audit Total	1,734	1,734	1185 (68%)

HolA role as Head of Assurance	210	210	110 (52%)
HolA role as DPO	35	35	21 (60%)
Sub Total	245	245	131 (53%)

External Clients	1,043	1,043	456 (44%)
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Total Chargeable Planned Days	3,022	3,022	1772 (59%)
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NB – Core includes all unplanned Covid19 related assurance work that covers assurance activity across all Directorates.

Corporate includes days where the Team have supported other services (i.e. redeployment).

Position as at 15th November 2020 – Plan Assignments

Directorate	2020/21 plan assignments*	Assignments expected to be completed to date	Actual assignments completed
Adults & Communities	3	0	0
Childrens Services	5	3	2
Core Services	39 **	25	22
Place	5	0	0
Public Health	1	1	0
Total	53	29*	24**

* Incl. c/fwd from 2019/20.

NB – excludes advisory, grants etc where no report required.

*The variance of 5 assignments completed is due to the draft reports not yet being discussed and agreed with management (meetings scheduled).

**A total of 20 final reports issued in this period, with 4 being issued in the previous reporting period.

Changes to the 2020/21 Internal Audit Plan

At the beginning of the year provision is made in the allocation of audit resources for unplanned work, through a contingency. As requests for audit work are received, or more time is required for jobs or changes in priorities are identified, time is allocated from this contingency.

The plan has been revised during the period, in consultation with individual DMTs and SMT, to re-prioritise audit resources to ensure focussing on priority areas (following assessment of the impact of Covid19). The main changes being:

New (Unplanned):

- Adults & Communities – Assisted Living Service;
- Adults & Communities – Brokerage Service;
- Core (Council Wide) – Covid 19:
 - Advice;
 - Emergency Funding Plan Assurance;
 - Moratorium Compliance and Moratorium Follow Up;
 - Recovery & Resilience
 - Local Welfare Assistance;
 - Isolation Payments;
 - Income Compensation Scheme
- Core – Legal Services: Service Standards;
- Core – Leaseholder Agreements;
- Core – CFIT;

- Place - URBACT Grant: External Assessment;
- Place – LTP Capital Grant Claim;
- Place - Elsecar Heritage Railway Trust;
- Place – Berneslai Homes Liaison (Operational Board).

Deferred / Cancelled:

Core – Inclusive Growth (deferred);

Core – Integrated Care (deferred);

Place – SAP and the new PRIP Rates User Acceptance Testing (cancelled);

Place – Carbon Reduction Commitment Energy Efficiency Scheme (cancelled);

Public Health – Information Governance: Compliance (deferred);

Public Health – Regulatory Services: Petty Cash Arrangements (cancelled).

** The Core Financial Systems Strategy has been agreed in principle with the Heads of Finance and a meeting scheduled with the Service Director Finance (S151 Officer) to discuss and agree the 6 potential reviews (included in the assignment figures in the above table).

Final Internal Audit reports issued

We have finalised 20 audit reports in the period. The following table provides a summary of assurances, where applicable, and the number and categorisation of agreed management actions included in these reports:

Directorate- Audit Assignment	Assurance Opinion	Number of Management Actions Agreed:			Total	Agreed
		High	Medium	Low		
Core – DPO – Cybersecurity	Reasonable	1	2	0	3	3
Core – DPO – Incident Management	Reasonable	0	1	0	1	1
Childrens Services – Elective Home Education	Reasonable	0	2	1	3	3
Childrens Services – Attendance: Fixed Penalty Notices	Reasonable	0	2	2	4	4
Core – Covid 19 – Emergency Funding Plan (14 individual reports)	Reasonable	0	17	6	23	23

Directorate- Audit Assignment	Assurance Opinion	Number of Management Actions Agreed:			Total	Agreed
		High	Medium	Low		
Core – Covid 19 – Moratorium Compliance (2 individual reports)	Reasonable	0	1	0	1	1
Total		1	25	9	35	35

Please note that final audit reports are available to Audit Committee members on request.

Internal Audit reports providing a limited or no assurance opinion

There were no audit reports issued during the period that had a limited assurance opinion (included in the above table).

Details and outcome of other Internal Audit activities undertaken in the period not producing a specific assurance opinion

Audit Work Completed	Details	Contribution to Assurance
Communities: Troubled Families – Quarterly validation	Grant claim validation.	The work contributes to assurance in respect of financial management.
Core/Place: Glassworks Board Attendance	Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist to provide a robust framework upon which the phase two scheme can be delivered (i.e. on time, in budget and to the required standard).	The work contributes to assurance in respect to contract management, governance and financial management.
Core – SAP Success Factors	To continue to support the project throughout its design and implementation.	The work contributes to assurance in respect to contract management, governance and financial management.
Core - SMART working and Managers Toolkit	To develop the audit and assurance elements of the managers toolkit and also to attend the Working Group meetings to provide check and challenge to the process.	This work supports the Council in its objective of increased SMART working arrangements.
Childrens Services - SEND – Decision Making	A check and challenge approach to the project in terms of improvement plans and inspection readiness.	The work contributes to assurance in respect of governance and financial management.
Place – URBACT Grant Claim External Assessment	Support to the Business Unit during an external assessment by the European Auditors (EY).	The work contributes to assurance in respect of financial management.

Audit Work Completed	Details	Contribution to Assurance
Place – LTP Capital Grant Claim	Independent validation of the capital grant claim and declaration to the SCRMCAs.	The work contributes to assurance in respect of financial management.

Other Internal Audit work undertaken

Audit Activity	Description
Follow-up of Agreed Management Actions	Regular work undertaken to follow-up agreed management actions made.
Attendance at Steering / Working Groups	<ul style="list-style-type: none"> • Information Governance Board; • Commissioning, Procurement & Contracts Working Group; • SMART Working / Managers Toolkit; • Glassworks Board; • Public Health Quality & Governance Group; • SEND Improvement Group • ALMO Operational Liaison Board • Covid19 Recovery and Resilience.
Liaison, Planning and Feedback	Meeting and corresponding with Service and Executive Directors and Heads of Service regarding the review of the annual plan, progress of audit work, future planning and general client liaison.
Audit Committee Support	Time taken in the preparation of Audit Committee reports, Audit Committee Member training, general support and development.
Corporate Whistleblowing	General time taken in providing advice and the initial consideration of matters raised. Also includes the review of arrangements.
Corporate Matters	Covering time required to meet corporate requirements, i.e. corporate document management, service business continuity and health and safety.

Work in progress

The following table provides a summary of audits in progress at the time of producing this report:

Directorate- Audit Assignment	Audit Planning	Work in Progress	Draft Report
Core – DPO Arrangements Compliance			✓
Core – Preventing Illegal Working			✓
Core – DPO Assurance – IG Awareness (Surveys)			✓
PH – Quality and Governance Arrangements			✓
Childrens – Take Up of Two Year Old Entitlement			✓
A&C – Local Welfare Assistance Scheme		✓	

Directorate- Audit Assignment	Audit Planning	Work in Progress	Draft Report
A&C - Assisted Living Service		✓	
A&C - Shared Lives Process Review		✓	
A&C - Brokerage Service		✓	
A&C - Barnsley Community Voluntary Sector		✓	
Core – Data Management Policy Compliance		✓	
Core – Legal Services – Service Standards		✓	
Core - CFIT		✓	
Childrens – SEND Improvement Governance		✓	
Childrens – Youth Justice Service		✓	
Place – Elsecar Heritage Trust		✓	
Place – NPS Governance and Contract Arrangements		✓	
Core – DPO Assurance - Contracts	✓		
Core – Covid19 - Moratorium Follow Up	✓		
Core – Covid19 – Tier 2, Tier 3 and Discretionary Business Grants	✓		
Core – Covid19 – Income Compensation Returns	✓		
Core – Covid19 – Isolation Payments	✓		
Core – Charity Accounts	✓		
Core – Leaseholder Agreements	✓		
Childrens – Trust Executive Group and Wider Partnerships	✓		
Place – Glassworks Contract and Performance Management	✓		

Follow-up of Internal Audit report management actions

As previously reported to members, Internal Audit is working closely with management to monitor the general position with regards the implementation of management actions and to establish the reasons behind any delays. Internal Audit continues to issue a detailed monthly status update to Service Directors and to Executive Directors on a quarterly. This is in addition to the performance reports currently presented to SMT.

The following table shows the status of internal audit management actions by Directorate where the original target implementation date was due for completion during the period:

Recommendation/ Implication Categorisation	Original Target Date in Period	Completed	Not yet completed – Revised date agreed	Not yet completed – Awaiting management update
Adults & Communities				
Fundamental/High	0	0	0	0
Significant/ Medium	4	4	0	0
TOTAL	4	4	0	0
Place				
Fundamental/High	0	0	0	0
Significant/ Medium	3	3	0	0
TOTAL	3	3	0	0
Childrens Services (excl. Maintained Schools)				
Fundamental/High	5	5	0	0
Significant/ Medium	12	4	8	0
TOTAL	17	9	8	0
Maintained Schools				
Fundamental/High	0	0	0	0
Significant/ Medium	0	0	0	0
TOTAL	0	0	0	0
Core				
Fundamental/High	1	1	0	0
Significant/ Medium	19	12	7	0
TOTAL	20	13	7	0
Public Health				
Fundamental/High	0	0	0	0
Significant/ Medium	0	0	0	0
TOTAL	0	0	0	0
OVERALL TOTAL	44	29	15	0
% of TOTAL		66	34	0

Internal Audit performance indicators and performance feedback for Quarter 2 - 2020/21

Internal Audit's performance against a number of indicators is summarised below.

Ref.	Indicator	Frequency of Report	Target 2020/21	This Period (Q2)	Year to Date
1.	<u>Customer Perspective:</u>				
1.1	Percentage of questionnaires received noted "good" or "very good" relating to work concluding with an audit report.	Quarterly	95%	100% (3 responses)	100% (8 responses)
2.	<u>Business Process Perspective:</u>				
2.1	Percentage of final audit reports issued within 10 working days of completion and agreement of the draft audit report.	Quarterly	80%	100%	100%
2.2	Percentage of chargeable time against total available.	Quarterly	73%	71%	71%
2.3	Average number of days lost through sickness per FTE	Quarterly	6 days	0.45 day	0.45 day
3.	<u>Continuous Improvement Perspective:</u>				
3.1	Personal development plans for staff completed within the prescribed timetable.	Annual	100%	100%	100%
4.	<u>Financial Perspective:</u>				
4.1	Total Internal Audit costs v budget.	Quarterly	Within Budget	Yes	Yes

Head of Internal Audit's Internal Control Assurance Opinion

The Head of Internal Audit, Corporate Anti-Fraud and Assurance must deliver an annual internal audit opinion and report that can be used by the organisation to inform its Annual Governance Statement. The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Based on the audits reported in the period, an overall **reasonable** assurance opinion is considered to be appropriate.

A summary of our quarterly opinions for the year to date is as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Assurance Opinion	Reasonable	Reasonable		

Consideration of our overall opinion takes the following into account:

- results from the substantive audit assignments we have completed during the period;
- outcomes from our audit work not producing an assurance opinion;
- an assessment as to the timely implementation of internal audit report management actions.

Fraud, Investigations and the Corporate Anti-Fraud Team

The Audit Committee receives a separate report covering the detail of fraud and irregularity investigations undertaken, the preventative work and the general activities and work plan of the Corporate Anti-Fraud Team.

Audit Contacts

Contact	Title	Contact Details
Rob Winter	Head of Internal Audit, Anti-Fraud and Assurance	Tel: 01226 773241 Mobile: 07786 525319 Email: robwinter@barnsley.gov.uk
Sharon Bradley	Audit Manager	Tel: 01226 773187 Mobile: 07795 305846 Email: sharonbradley@barnsley.gov.uk

KEY TO INTERNAL AUDIT ASSURANCE GRADINGS AND CLASSIFICATION OF MANAGEMENT ACTIONS

1. Classification of Management Actions

High	Requires immediate action – imperative to ensuring the objectives of the system under review are met.
Medium	Requiring action necessary to avoid exposure to a significant risk to the achievement of the objectives of the system under review.
Low	Action is advised to enhance control or improve operational efficiency.

2. Assurance Opinions

	Level	Control Adequacy	Control Application
POSITIVE OPINIONS	Substantial	Robust framework of controls exist that are likely to ensure that objectives will be achieved.	Controls are applied continuously or with only minor lapses.
	Reasonable	Sufficient framework of key controls exist that are likely to result in objectives being achieved, but the control framework could be stronger.	Controls are applied but with some lapses.
NEGATIVE OPINIONS	Limited	Risk exists of objectives not being achieved due to the absence of key controls in the system.	Significant breakdown in the application of key controls.
	No	Significant risk exists of objectives not being achieved due to the absence of controls in the system.	Fundamental breakdown in the application of all or most controls.

Item 5

Report of the Head of Internal Audit, Anti-Fraud and Assurance

AUDIT AND GOVERNANCE COMMITTEE – 2nd DECEMBER 2020

RISK MANAGEMENT UPDATE AND STRATEGIC RISKS

1. Purpose of the Report

- 1.1 To provide an update on the development of the new Risk Management process and to share with the Committee a summary of the current risks on the Strategic Risk Register.

2. Recommendations

- 2.1 **The Committee is asked to note the update and consider the new register of areas of strategic concern and focus.**

3. Current Position

- 3.1 Work is continuing with IT on the development of the supporting 'system' using SharePoint to record risks. Support from the Business Intelligence Technical Team has been enlisted to develop business intelligence tools which can integrate with SharePoint risk system to create dashboard reports for SMT and the Committee.
- 3.2 Work to develop the supporting risk management strategy, policy and procedures is underway and these will be presented to the Committee for consideration at the January meeting.
- 3.3 Following the workshop with SMT a new register of Strategic Concerns and Issues has been formulated. More work is required however to identify specific actions, assign responsibility and timescales. The register of those strategic concerns and issues is attached to provide the Committee with information and assurance regarding the approach to risk management.
- 3.4 As can be seen from the new register, there are no concerns regarded as *critical* (or 'red'), with most being regarded as *important* ('amber') reflecting the need to keep the matters under close monitoring rather than requiring urgent action.
- 3.5 The full register once fully developed will of course include how the actions and /or assurance activity is being implemented to provide senior management and the Committee with information and assurance.

4. Appendices

4.1 Appendix 1 – Areas of Strategic Concern and Focus

Contact Officer: Rob Winter, Head of Internal Audit, Anti-Fraud and Assurance
Email: robwinter@barnsley.gov.uk
Date: 20th November 2020

SMT Lead	Description of Risk/ Concern / Issue	Key Actions / Assurances Required	Risk Status *	Risk Impact +	Response Rating =
ED Children's Services	<p>Concern about the potential death of a child/safeguarding failure in children's services</p> <p>A need to continually appraise the controls to minimise the potential for the death of a child or a safeguarding failure in children's services - need to be able to identify any changes which may weaken current levels of assurance.</p> <p>Factors which may impact should be assessed these include: the impact of Covid 19 upon both families and workforce capacity, increasing poverty which could impact on demands for services and increases in caseloads, future financial settlements which could impact on service provision, awareness of system pressures e.g. workload.</p> <p>If systems break down there is potential for huge reputational damage - seen across a number of authorities - including the removal of Director of Children's Services and government imposition of Commissioners to run services until improvements are made.</p>	<ul style="list-style-type: none"> Assurance that the suite of policies and procedures are in place and regularly reviewed (schedule of review in place). Suite of metrics, indicators and data exists to be able to identify changes in society and the economy that could impact on the risks to safeguarding. Staff workloads are adequately monitored to ensure consistency and the adherence to good practice. Changes in working arrangements (due to Covid 19) are fully assessed to ensure the continuity of services and that they remain effective. Multi-agency arrangements are robust, adequately governed and effective and Safeguarding Board arrangements overseeing the arrangements are fit for purpose and regularly reviewed 	Potential	Potential	Important
ED Children's Services	<p>SEND</p> <p>Although a new set of controls are in place and the Oversight Board has been developed to ensure that issues identified in the Peer Review Challenge are in place - there remains a need to focus on whether the systems established will be able to support improvements at pace and to the satisfaction of service users and reduce the need to send children out of the area which is very expensive and attracts poor satisfaction rates.</p>	<ul style="list-style-type: none"> Assurance that the suite of policies and procedures are in place and regularly reviewed (schedule of review in place). Multi-agency arrangements are robust, adequately governed and effective and the Oversight Board arrangements are fit for purpose and regularly reviewed. Service user engagement and feedback is effective and utilised Robust and timely financial monitoring and reporting is in place 	Potential	Potential	Requires Attention
ED Children's Services	<p>Educational outcomes progress</p> <p>Concern remains that educational outcomes progress for all children across Barnsley may not be sufficient, with particular concern around improving outcomes for vulnerable groups and boys.</p> <p>There has been a significant impact of Covid 19 on all aspects of</p>	<ul style="list-style-type: none"> Assurance regarding the existence and effectiveness of data monitoring systems, engagement with schools and use of interventions. 	Potential	Potential	Important

SMT Lead	Description of Risk/ Concern / Issue	Key Actions / Assurances Required	Risk Status *	Risk Impact +	Response Rating =
	educational delivery that needs to be fully assessed in order to ensure adequate and effective plans are in place to enable pupils to 'catch-up' and that the most vulnerable are not disadvantaged.	<ul style="list-style-type: none"> Utilise the partnership arrangements in place around Covid 19 to ensure there remains a focus on outcomes. 			
ED Adults & Communities	<p>Community Cohesion</p> <p>This remains a key area of focus to ensure that we build and support a tolerant and inclusive community across the Borough. This is threatened due to the potential impact of community tensions due to perceived Covid 19 related issues, the impact of national Asylum Seeker accommodation which could be exacerbated by local hotel use. Concerns remain that there is a lack of tolerance amongst the settled population which is exacerbated by increased tensions related to Brexit or other socio-economic pressures. Continued political support on this agenda is essential in order to support the ability to develop and implement the Community Cohesion Strategy.</p>	<ul style="list-style-type: none"> Assurance regarding the existence and effectiveness of consultation and communication with communities to ensure the appropriate and timely exchange of information. Assurance regarding the existence and effectiveness of partnership and multi-agency arrangements. 	Potential	Potential	Important
ED Core Services	<p>Organisation Resilience</p> <p>We need to ensure that at the Council's core we have robust mechanisms in place to deal with external issues such as Brexit, Cyber Security, Terrorism or other external impacts requiring a business continuity response. This requires the ability to identify emerging threats as well as being immediately responsive to unforeseen issues.</p>	<ul style="list-style-type: none"> All Business Continuity and Emergency Resilience Plans are reviewed and tested. Subject specific resilience plans are developed to ensure the appropriate focus, i.e. on cyber threats or Brexit, (where there is still an absence of information around future position of EU funding and the consequential impact on local businesses and the wider local economy). Ensure that Business Continuity and Emergency Resilience Plans reflect the necessary multi-agency arrangements and that these are tested. 	Potential	Actual	Important
ED Place	<p>Glassworks</p> <p>As a key strategic investment for the Council there is a need to ensure its successful delivery. There are clear financial and reputational implications should it not be delivered on time, to budget and fail to have the intended economic and social outcomes.</p> <p>The impact of the Covid 19 pandemic will exacerbate the challenges to the high street / town centre retail sector and which could impact upon the uptake of retail lettings.</p>	<ul style="list-style-type: none"> Assurance regarding the effectiveness of the Glassworks Board and supporting sub-groups. Assurance regarding the intelligence around the retail sector to influence lettings. Robust and timely financial monitoring and reporting is in place. 	Actual	Potential	Important

SMT Lead	Description of Risk/ Concern / Issue	Key Actions / Assurances Required	Risk Status *	Risk Impact +	Response Rating =
SD Finance	<p>Financial Sustainability The Comprehensive Spending Review (CSR), Fair Funding Review, Business Rates Retention and Brexit all present challenges to the Medium-Term Financial Strategy (MTFS) and to the certainty and level of financial resources available to the Council through the loss of funding streams. Financial pressure also exists from Business Continuity events - e.g. pandemics or extreme weather events. This year on year reduction in funding available to the Authority inevitably creates pressure on the financial position which can undermine the Council's ability to fulfil its strategic priorities and longer-terms aspirations.</p>	<ul style="list-style-type: none"> Assurances regarding the robustness of information that will influence the MTFS. SDs and HoS have a comprehensive understanding about their services and their operational and consequential financial pressures. Data and performance information is timely and robust upon which to make decisions and plan interventions. 	Actual	Actual	Important
ED Adults & Communities	<p>Potential for a safeguarding failure in Adult Services Whilst we are confident that controls are in place to minimise the potential for safeguarding failure there remains a need to continually appraise these and be able to identify any changes which may weaken current levels of assurance. Factors which may impact and should be assessed include: the impact of Covid 19 upon families and workforce capacity which could increase workload pressures, increasing incidence of poverty which could impact on demands for services and lead to increases in caseloads, future financial settlements could impact on service provision, awareness of pressures in the system e.g. workload pressures leading to decrease in staff attendance at meetings etc. If the system breaks down there is the potential for huge reputational damage.</p>	<ul style="list-style-type: none"> Assurance that the suite of policies and procedures are in place and regularly reviewed (schedule of review in place). Suite of metrics, indicators and data exists to be able to identify changes in society and the economy that could impact on the risks to safeguarding. Staff workloads are adequately monitored to ensure consistency and the adherence to good practice. Changes in working arrangements (due to Covid 19) are fully assessed to ensure the continuity of services and that they remain effective. Multi-agency arrangements are robust, adequately governed and effective and Safeguarding Board arrangements overseeing the arrangements are fit for purpose and regularly reviewed 	Potential	Potential	Important
ED Adults & Communities	<p>Pressures on Mental Health Services - Adult Services There is a rising issue and concern around identifying and dealing with mental health incorporating self-harm and suicides. Increasing pressures on society - Covid 19, poverty, unemployment, low educational attainment, domestic violence, gambling etc. all have the potential to impact on the mental health of individuals.</p>	<ul style="list-style-type: none"> Need to ensure we have the right partnership arrangements in place to deal with pressures. Ensure the Health and Well Being Board is focussed on this issue and that it levers the necessary actions from all stakeholders. Ensuring issues such as CV19, poverty, unemployment, low educational attainment, 	Potential	Potential	Important

SMT Lead	Description of Risk/ Concern / Issue	Key Actions / Assurances Required	Risk Status *	Risk Impact +	Response Rating =
		domestic violence, gambling is considered in terms of their impact on mental health.			
ED Children's Services	<p>Pressures on Mental Health Services – Children's Services There is a rising issue and concern around identifying and dealing with mental health incorporating children's mental health, CAMHS, self-harm and suicides. Increasing pressures on society - Covid 19, poverty, unemployment, low educational attainment, domestic violence, gambling etc. all have the potential to impact on the mental health of individuals.</p>	<ul style="list-style-type: none"> • Need to ensure we have the right partnership arrangements in place to deal with pressures. • Ensure the Health and Well Being Board is focussed on this issue and that it levers the necessary actions from all stakeholders. • Ensuring issues such as CV19, poverty, unemployment, low educational attainment, domestic violence, gambling is considered in terms of their impact on mental health. 	Potential	Potential	Important
ED Core Services	<p>Partnership and Collaboration Governance Many public services are delivered through partnerships or collaborations as well as emerging devolution arrangements. These must be robust, well governed but flexible and responsive to ensure objectives are met. Weak partnership or collaborative working can lead to the failure of services, significant financial difficulties and reputational damage. It is important that all partnership and collaborative arrangements are understood and managed through a corporate framework to ensure consistency, good governance and a focus on the successful delivery of objectives. Key partnership and collaborations are: Integrated Care Partnership Board, NPS, Barnsley FC, BCVS, EHR, SCRMCMA. Of particular focus is around the jointly agreed ambitions for Joint Commissioning going forwards, the need for "grip and accountability" for the use of resources in the Better Care Fund and clarity of understanding of the impact of the fund on the health and social care system.</p>	<ul style="list-style-type: none"> • Assurance is required regarding the arrangements in place for each partnership and collaboration covering matters such as the makeup of boards and their supporting governance, performance management arrangements, concern and issue (risk) management, exit arrangements, etc. • Development of a corporate framework to support partnership and collaborative working. 	Potential	Potential	Important

SMT Lead	Description of Risk/ Concern / Issue	Key Actions / Assurances Required	Risk Status *	Risk Impact +	Response Rating =
ED Adults & Communities	<p>External Market in Adult Social Care Provision</p> <p>Concerns exists regarding the capacity and sustainability of the external market. There remains a continuing decline in the ability to recruit into the external care market and sustain safe levels of care.</p> <p>There is no clear market shaping plan and limited capacity to develop it with the potential consequences of people being placed in inappropriate settings and with the wrong services. High levels of voids in the market will also significantly threaten capacity and longer-term financial sustainability.</p> <p>The impact of Covid 19 has and will continue to significantly influence the external market and must be fully understood and assessed.</p>	<ul style="list-style-type: none"> • Assurances regarding the current and predicted status of ASC provision in the Borough. • Engage with the market to explore options and build appropriate plans to address capacity and quality issues and concerns. 	Actual	Actual	Important

* The **Risk Status** is simply to reflect whether the concern is either **actual** or **potential** which influences the actions and assurances necessary

+ The **Risk Impact** is also a simple reflection of whether the impact is either **actual** or **potential**.

= The **Response Rating** is a judgement of how critical the response is between **Critical, Important or Requires Attention**, as a simple priority assessment.

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Item 6

BARNSELY 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 Core Services**

Health and Safety Report 2019/2020

1. Purpose of Report

This report seeks to present issues raised in the 2019/2020 Health and Safety Report. The 2019/2020 report provides a comprehensive overview of health and safety performance within the Authority.

2. Recommendations

- 2.1 That the Authority's health and safety performance for is noted and continuous efforts made to improve upon performance in this area.

3. Introduction

3.1 Health and Safety Report 2019/2020: Executive Summary

3.1.1 The year April 2019 to March 2020 has seen further improvements in the Council's health and safety performance and also the implications of challenges faced in delivery of these services and maintenance of this performance. Positive indicators seen in 2019/2020 are shown below (with comparative data for 2018/2019 shown in parentheses):

- A decrease in reported accidents to 144 (151)
- A decrease in reported incidents of violence and aggression to 137 (163)
- The majority 77% (88%) of audits show a satisfactory level of compliance with the Council's governance arrangements for health and safety
- A decrease in RIDDOR recordable/reportable accidents to 18 (22) with 12 (13) over seven days injuries and 4 (8) over three-day injuries
- The Council's RIDDOR reportable accident performance when compared to national statistics remaining favourable (around a third lower than national rates)
- A decrease in the total number of employer's liability claims to 14 (18) with 9 (13) related to accidents and 5 (5) to work related ill health

3.1.2 However, some negative indicators are also seen:

- An increase in specified 'major' injuries to 2 (1)
- A worsening of compliance with requirements to develop risk assessments to 64% (68%) – (66% (77%) corporately and an improvement to 59% (50%) in schools)
- An increase in days lost due to accidents to 943 (583) (with 8 accidents accounting for 87% (825) of days lost of which 2 accidents accounted for

43% (404 days)

- An increase in days lost due to violence and aggression to 97 (16)
- An under-reporting of near miss accidents and presumed lower level incidents of violence and aggression

Overall a number of opportunities for improvements exist with these outlined below along with proposals to address them (opportunities have been grouped):

Priority identified in 2019/2020	Action required in 2020/2021
<p>1. Accident reduction through improvement in risk assessment development and risk control. Whilst there has been a decrease in overall RIDDOR reportable/recordable incidents there has been an increase in specified major injuries and days lost. This is accompanied by a decrease of 4% in risk assessment compliance with in 64% of accidents recorded the manager stating that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident. The results of audits substantiate the lower than expected development and implementation of risk assessments.</p>	<p>Need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available – this will address issues relating to the number and severity of accidents and risk assessment compliance.</p>
<p>2. The reporting of ‘near misses’ remains lower than expected</p>	<p>Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.</p>
<p>3. Whilst the majority of audit scores are ‘satisfactory’ there is room for improvement in terms of compliance. Audit scores are generally overall lower than in 2018/2019. The main finding has been a lack of documentary and recorded evidence to substantiate the audit responses, i.e. the proof to demonstrate satisfactory practice – this is reflected in the common opportunities for</p>	<p>Business Units to review and implement the Council’s occupational health and safety management system within services to ensure that they have suitable, sufficient and proportionate arrangements to operationally manage health and safety.</p>

improvement highlighted.	
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- 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.



This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health and safety function and ensure that good health and safety practice is embedded and evidenced within services.

3.2 **Overview of the content of the Health and Safety Report 2019/2020**

- 3.2.1 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.
- 3.2.2 This report contains data in respect of the causes of accidents, the types of injury occurring, and the parts of body injured. Also incorporated is a summary, provided by the Service Director Finance, of Employer's Liability Claims.
- 3.2.3 The report deals with the issue of work-related violence and aggression 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. **Proposal and justification**

- 4.1 Accept the annual Health and Safety Report 2019/2020 as a summary of current health and safety performance within the Authority. This supports the Corporate Health and Safety Policy, the statutory requirement for the management of health and safety and internal governance arrangements.

5. **Consideration of alternative approaches**

- 5.1 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.

6. **Implications for local people and service users**

- 6.1 The Report emphasises the need for maintained focus on the overall health and safety

function in order to uphold standards of health and safety for local people who interact with or receive the Council's services.

7. Financial implications

- 7.1 Whilst there are no financial implications stemming directly from the report, unless health and safety matters are continually addressed, any related costs related to accidents, incidents etc. may escalate.
- 7.2 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
- 7.3 The report gives a detailed breakdown of the total number of accidents reported in 2018/2019 for the Authority, and the number of these that resulted in the injured person being absent from work.

8. Employee implications

- 8.1 The Report emphasises the need for maintained focus on the overall health and safety function in order to uphold standards and prevent injury, ill health or other losses to employees and maintain employee welfare.

9. Legal implications

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

10. Customer and digital implications

- 10.1 There are no foreseen implications of this report.

11. Communications activity

- 11.1 There are no foreseen implications of these proposals.

12. Risk management issues

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

13. Health, safety and emergency resilience issues

- 13.1 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.

14. Consultations

- 14.1 The Council's Core Service Directorate Management Team and Senior Management Team have been consulted on the Health and Safety Report 2019/2020 and support the content and recommendations within.

15. Glossary

15.1 Not applicable

16. List of appendices

16.1 Not applicable.

17. Background papers

17.1 Health and Safety Report 2019/2020.

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

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OUR VISION

WORKING TOGETHER FOR

A BRIGHTER FUTURE

A BETTER BARNSELY

Health and Safety Report 2019/2020



CLEAR VISION AND VALUES • CUSTOMER FOCUS • COMMERCIAL AND BUSINESS ACUMEN • EFFECTIVE DELIVERY OF PROJECTS AND PROGRAMMES • INNOVATIVE AND MANAGED RISK TAKING • LEARNING ORGANISATION • LEADERS AT EVERY LEVEL • FLEXIBLE WORKFORCE • WORKING TOGETHER • ENABLING OTHERS

Executive Summary

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- A decrease in the total number of employer’s liability claims to 14 (18) with 9 (13) related to accidents and 5 (5) to work related ill health

However, some negative indicators are also seen:

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Overall a number of opportunities for improvements exist with these outlined below along with proposals to address them (opportunities have been grouped):

Priority identified in 2019/2020	Action required in 2020/2021
<p>1. Accident reduction through improvement in risk assessment development and risk control. Whilst there has been a decrease in overall RIDDOR reportable/recordable incidents there has been an increase in specified major injuries and days lost. This is accompanied by a decrease of 4% in risk assessment compliance with in 64% of accidents recorded the manager stating that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident. The results of audits substantiate the lower than expected development and implementation of risk assessments.</p>	<p>Need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available – this will address issues relating to the number and severity of accidents and risk assessment compliance.</p>

<p>2. The reporting of 'near misses' remains lower than expected</p>	<p>Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.</p>
<p>3. Whilst the majority of audit scores are 'satisfactory' there is room for improvement in terms of compliance. Audit scores are generally overall lower than in 2018/2019. The main finding has been a lack of documentary and recorded evidence to substantiate the audit responses, i.e. the proof to demonstrate satisfactory practice – this is reflected in the common opportunities for improvement highlighted.</p>	<p>Business Units to review and implement the Council's occupational health and safety management system within services to ensure that they have suitable, sufficient and proportionate arrangements to operationally manage health and safety.</p>

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.



This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health and safety function and ensure that good health and safety practice is embedded and evidenced within services.

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Performance management is integral to good business practice. The aim of this annual Health and Safety Report is to assist in the continuous improvement of health and safety within the Council. 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 and safety record.

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 and safety in an appropriate and proportionate manner.

The Council has a fully documented health and safety management system that also encompasses emergency resilience, which is based on the international standard ISO 45001 Occupational Health and Safety Management (and its predecessor UK national standard BS 18001) along with standards produced by the Health and Safety Executive.

2 Health and safety priorities 2019/2020

To focus health, safety and emergency resilience efforts, performance targets were set for 2019/2020 based on the Council's performance in 2018/2019. 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.

In addition, a number of opportunities for improvement were identified in the 2018/2019 Health, Safety and Emergency Resilience Report:

1. Reporting of near misses is far lower than reasonably expected
2. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management
3. Reports of violence and aggression account for the majority of incidents reported

3 Health and safety performance¹

3.1 Accidents and incidents

Accident and incident data provide 'reactive' information on the health and safety performance of the Council. In addition, the collation, and as necessary subsequent reporting, of accident data is a requirement of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (in addition to the general requirements of the Social Security (Claims and Payments) Regulations 1979). In this report accidents are defined as 'separate, identifiable, unintended incidents, which cause physical injury (accident) or could have caused injury (near miss)'.

3.1.1 Accidents to employees

Figure 1 below details the number of accidents by Directorate, indicates the reporting rate of accidents and compares the Council incident rate to national data published by the Health and Safety Executive (HSE). Figure 2 then categorises the accidents by cause, injury and part of body injured.

Several key points arise from the information in Figure 1 (see data with superscript references):

- (1) Days lost in 2019/2020 show a 62% increase on 2018/2019. Of the days lost one accident resulted in 222 days lost from a slip/trip injury (primary school) resulting in a broken hip, another accident resulted in 182 days lost from a slip/trip injury (neighbourhood services) resulting in a sprain to leg. 421 days lost (5 accidents) were attributed to a single service (ranging from 67 – 75 days lost – slips and trips, road traffic collision and hit by moving object), with 73 days lost at one school – these accounted for 825 days lost (87%). Overall the RIDDOR recordable/reportable accidents account for 909 days lost (96%). The remaining lost time incidents (10) account for the balance of days lost (34 days).
- (2) 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 accidents. The latest available national data is for 2018/2019 and the HSE acknowledge that non-fatal injury data "is subject to significant under-reporting "is subject to substantial under-reporting (current levels of reporting for employees is estimated to be at around a half" (source <https://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report>, accessed 03/08/2020) and <https://www.hse.gov.uk/statistics/tables/index.htm#riddor> (RIDHIST table, table 3, accessed 03/08/2020). To allow comparison with the Council's data in which due to robust absence management policies the assumed level of over 7-day accident reporting is 100%, the HSE figure (189 per 100,000 employees) is adjusted to per 1,000 employees and doubled.
- (3) Whilst the Council's over 7 day incident rate is below the HSE national figure and this would be expected to continue in future years, some fluctuation in accident numbers and rates should be expected. 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.
- (4) In addition, for every 1 RIDDOR accident a further 189 near miss accidents would be expected. Application of this indicates that for the 18 RIDDOR reportable/recordable accidents reported in 2019/2020, 3,402 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 153 such accidents were reported in 2019/2020 indicating a continued significant under-reporting of such incidents in the Council (despite a large, particularly in percentage terms, increase on the

¹ Performance data excludes other Council associated organisations (Berneslai Homes, NPS (Barnsley)) and academy/trust schools.

11 reported in 2018/2019. Services are encouraged to report these incidents and the need for this continuing to be 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 is 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.

- (5) The reporting rate of accidents from 2018/2019 to 2019/2020 shows an increase in confidence in the level of accident reporting within the Council. Whilst if it was 100% it would be unreliable to assume that all accidents are reported, this is an indication of the reporting of all incidents so that action can be taken to prevent recurrence.

The causes of accidents and the injuries sustained detailed in Figure 2 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.

Directorate	Reported accidents (received by the Health, Safety and Emergency Resilience Service)	Lost time accidents (i.e. those which resulted in an employee recording absence from work)	RIDDOR 'recordable' over 3 day accidents	RIDDOR 'reportable' over 7 day accidents	RIDDOR 'reportable' specified injury accidents	First aid accidents (i.e. those which resulted in an employee seeking first aid)	Medical treatment accidents (i.e. those which resulted in an employee attending hospital or their GP)	Days lost due to accidents
Communities	10	1	1	0	0	0	3	4
People	33	0	0	0	0	10	1	0
Place	41	14	1	10	1	3	20	604
Core	11	1	1	0	0	5	2	6
Public Health	3	1	1	0	0	1	0	7
Primary Schools	38	6	0	1	1	15	8	300
Secondary/ Through Schools	8	1	0	1	0	1	1	22
Total	144	24	4	12	2	35	35	943
Incident rate per 1,000 employees*	29.8	5.0	0.8	2.5	0.4	7.3	7.3	
			HSE published RIDDOR reportable over 7 day incident rate⁽²⁾⁽³⁾	3.8				
Accident reporting rate	129		18			119		100+%
	Minor accidents (total – RIDDOR recordable/reportable)		Number of individual accidents which were RIDDOR recordable and/or reportable (i.e. excluding the duplications where a recordable accident was in addition reportable)			Expected number of minor accidents (where for every 1 RIDDOR recordable/reportable accident, 7 minor injury accidents would be expected) ⁽⁴⁾		Accident reporting rate ⁽⁵⁾ (reported minor accidents v. expected minor accidents)
2018/2019	151	28	8	13	1	46	38	583

Figure 1: reported accidents by Directorate (with where applicable incident rates per 1,000 employees in parentheses)

$$* \text{ Incident Rate} = \frac{\text{Total Number of Accidents}}{\text{Number of Persons Employed}^2} \times \text{Unit Number of Employees (1,000)}$$

Main cause of accident	Number of accidents	Part of body	Number of accidents	Type of injury	Number of accidents
Slipped, tripped or fell on the same level	48	Upper limb	46	Sprain/ Strain	43
Hit by a moving, flying or falling object	44	Lower limb	40	Bump/ Bruising	36
Injured while handling, lifting or carrying	17	Back/trunk	16	Cut/ Laceration	20
Hit by something fixed/stationary	11	Head	12	Burn	12
Road Traffic Collision	6	No Injury/near miss	10	No injury/near miss	12
Hazardous Substance	5	Abdomen	7	Break/fracture	6
Needlestick/sharps injury	4	Face	6	Distress	5
Fell from height	3	Eyes	5	Other	3
Injured by an animal	2	Chest	1	Foreign body	3
Use of equipment/machinery	1	Ear	1	Bite	3
Contact with electricity	1			Needlestick/sharps injury	1
Fire/explosion	1				
Choking	1				
Total	144	Total	144	Total	144

Figure 2: causes of accidents, part of body injured and type of injury

² Using a total headcount of 4,826 (corporate and schools)

3.1.2 Accidents to non-employees

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made in relation to 'persons not at work': accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Accidents are only reportable if they happen 'out of or in connection with work'. The fact that there is an accident at work premises does not, in itself, mean that the accident is work-related – the work activity itself must contribute to the accident. In 2019/2020 no such accidents were reported.

3.1.3 Aggression and violence to employees

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.

Figure 3 below details the number of incidents of violence and aggression by Directorate. Figures 4, 5 and 6 then categorises the accidents by type of incident, part of body injured and injury.

Directorate	Reported incidents of violence and aggression	Days lost due to incidents of violence and aggression
Core	2	0
Communities	10	0
People	37	7
Place	42	90
Public Health	3	0
Primary Schools	43	0
Secondary/Through Schools	0	0
Total	137	97
<i>2018/2019</i>	<i>163 (37.9)</i>	<i>16</i>

Figure 3: incidents of violence and aggression by Directorate (with where applicable incident rates per 1,000 employees in parentheses)

Several key points arise from the information in Figure 3:

- (1) A decrease in the reported number of violent incidents in 2019/2020, with reported violent incidents decreasing by a total of 26 from 2018/2019.
- (2) An increase in days lost due to incidents of violence and aggression increasing of 81 days (with one incident accounting for 71% of absence).
- (3) There is a higher incidence of 'violent' incidents within Place, People and Schools. This disparity reflects the nature of the work carried out and encountering some of the Council's most challenging clients. 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.

Again, key points arise from the information in Figures 4, 5 and 6:

- (1) Physical violence accounts for 32% of incidents with aggression accounting for 23%, verbal abuse accounting for 28% and behavioural difficulties accounting for 15%. Cumulatively physical violence, aggression, verbal abuse and behavioural difficulties account for 98% of reported incidents.

The Council has a firm 'zero tolerance' policy towards violence and aggression to staff that has been used effectively in holding perpetrators to account. However, this policy needs to be reiterated to clients, customers, service users etc. by front-line services and incidents reported so that valuable information can be utilised in the risk assessment process.

- (2) Just over half of incidents (51%) resulted in no injury/impact on the employee.
- (3) An increase in days lost due to incidents of violence and aggression increasing from 16 from to 97 (with two incidents, one accounting for 93% of absence and the other one accounting for 7%).

Directorate	Aggression	Physical violence	Weapon	Verbal Abuse	Behavioural difficulties	Mental illness	Total
Core	0	0	0	2	0	0	2
Communities	3	0	0	6	0	1	10
People	10	16	1	0	10	0	37
Place	8	4	1	28	1	0	42
Public Health	1	0	0	2	0	0	3
Primary Schools	9	24	0	0	10	0	43
Secondary/Through Schools	0	0	0	0	0	0	0
Total/Overall	31	44	2	38	21	1	137

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	63
Multiple Injuries	25
Upper Limb	22
Lower Limb	13
Head/Face	9
Back/Trunk	5
Total	137

Figure 5: part of body injured in incidents of violence and aggression

Type of injury	Number of incidents
No physical injury	70
Bruise	28
Cut/Graze	14
Bite	13
Sprain / Strain	5
Distress	4
Fracture	3
Total	137

Figure 6: type of injury in incidents of violence and aggression

3.1.4 Specified injury analysis

In 2019/2020 two specified injury to a Council employee was recorded. One of the accidents was from a member of school staff who was walking across the outdoor play area, trying to avoid 2 pupils on bikes stumbled and fell onto the floor resulting in a broken hip. The second specified accident was from a member of school transport staff who was attending to a child whilst the bus was in transit at which point the bus broke sharply to avoid another vehicle, resulting in the employee falling onto the floor breaking her arm.

The recording of both specified injuries is based upon the outcome of an accident rather than the root 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 7.

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.

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
2015/2016	11,745	250	8,796	317	20,541	567
2016/2017	12,529	637	6,936	671	19,465	1,308
2017/2018	12,404	404	8,367	406	20,771	810
2018/2019	12,054	466	10,457	399	22,511	865
2019/2020	16,521	544	6,722	425	23,243	969

Figure 7: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2015/2016 to 2019/2020

3.3 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 purpose of the risk assessment is to identify reasonable control measures to mitigate reasonably foreseeable 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 (the form additionally prompts managers to consider any wider risk assessments that were applicable such as workplace inspections, safe systems of work, care plans etc.). 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 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 8 which highlights:

- (1) A risk assessment had been undertaken for the work activity being carried out prior to the accident in 64% of incidents reported (66% corporately (decrease from 77%) and 59% in schools (increase from 50%)), a decrease on the 68% reported in 2018/19.
- (2) In 67% (60% in 2018/2019) of accidents the risk assessment was not initially reviewed thus indicating a lack of 'learning from the experience'. It is only by the review and as necessary revision of the risk assessment that action can be taken to prevent recurrence of the incident.

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 accident 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 risk assessments or know they exist
3. The documents do not exist (some evidence identified as part of audit would support this)

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

Arrangements are in place within the Council to undertake risk assessment and in view of this Business Units are 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	1	10%	9	90%	1	10%	9	90%
People	19	58%	14	42%	14	42%	19	58%
Place	33	80%	8	20%	22	54%	19	46%
Core	10	91%	1	9%	1	9%	10	91%
Public Health	2	67%	1	33%	1	33%	2	67%
<i>Corporate subtotal</i>	65	66%	33	34%	39	40%	59	60%
Primary Schools	21	52%	17	48%	5	13%	33	87%
Secondary Schools	6	75%	2	25%	4	50%	4	50%
Through School	0	0%	0	0%	0	0%	0	0%
<i>Schools subtotal</i>	27	59%	19	41%	9	20%	37	80%
Total/Overall	92	64%	52	36%	48	33%	96	67%
2018/2019	103	68%	48	32%	61	40%	90	60%

Figure 8: risk assessment analysis - 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?"

3.4 Enforcement action against the Council

During 2019/2020 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. However, any and all incidents could potentially result in some form of investigation and Business Units should always remain prepared to support any investigation as necessary.

3.5 Health and safety audits

Audit data provides 'active' information on the health and safety performance of the Council. During 2019/2020 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).
- Grade 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%. Figure 9 below shows the results of audits undertaken in 2019/2020 and the commonly recurring opportunities for improvement identified.

Standard achieved	Corporate		Schools		Overall	
	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	4	50%	20	87%	24	77%
Improving	4	50%	3	13%	7	23%
Less than satisfactory	0	0%	0	0%	0	0%
Total	8	100%	23	100%	31	100%
Common opportunities for improvement	1. Systems in place to identify the Health and Safety Standards applicable to the service		1. Employees who work with hazardous substances are provided with suitable information, instruction and training on the hazards and risks involved and the appropriate controls			
	2. Services to have a programme for reviewing its business continuity plans		2. All appropriate COSHH assessments need to be obtained and kept up-to-date			
	3. Services to exercise Business Continuity Plans		3. An up to date inventory of all hazardous substances used by employees			
	4. Risk assessments (RA2) to be carried out for all occupational groups identified on the RA1 form		4. COSHH assessments indicate that health surveillance or maintenance of equipment is necessary			
	5. Compliance monitoring programme to be developed and implemented for the service		5. Risk assessments to be carried out for all occupational groups identified on the RA1 form			

Figure 9: results of health and safety audits and commonly recurring opportunities for improvement

3.6 Employers' liability claims

Whilst not necessarily directly a reflection of health and safety performance claims by current/former employees against the Council for injury/ill health allegedly caused/contributed to by the Council are a useful measure. During 2019/2020 the Council received a total of 14 employers' liability claims, which represents a decrease of 4 claims from the 18 received in 2018/2019. Figure 10 shows the annual number of claims received over the last 5 years.

Year	Number of accident claims	Number of disease claims	Total claims
2015/2016	14	19	33
2016/2017	11	12	23
2017/2018	15	6	21
2018/2019	13	5	18
2019/2020	9	5	14

Figure 10: Employers' Liability Claims 2015/2016 to 2019/2020

Of the 14 claims reported during 2019/2020, 9 have resulted from accidents in the workplace with the remaining 5 being industrial disease claims. The total estimated cost of the reported in year claims was £126,257. This represents an overall decrease of £157,681 over costs established in 2018/2019 (£283,938). Inclusive of the 2019/2020 movements, the Council currently have 34 ongoing employers' liability claims with total estimated reserves of £592,175 (£1,363,890). Of these claims 21 have resulted from accidents, 13 from industrial diseases. Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	21
Noise induced hearing loss	11
Mesothelioma/asbestosis	1
Hand/arm vibration syndrome and/or vibration white finger	1

Figure 11: Analysis of ongoing employers' liability claims by alleged cause.

4 Health and safety performance assessment

4.1 Review of health and safety performance

Based on the information outlined above in section 3, Figure 12 below considers the Council's health and safety performance in 2019/2020 in comparison to the targets set.

Priority from 2018/2019	Progress in 2019/2020	Action required in 2020/2021
1. The reporting of 'near misses' remains lower than expected along with a statistical decrease in the reporting of accidents.	Whilst the accident reporting rate has increased there remains a stubbornly lower than expected rate of near miss reporting.	Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.
2. Increase in RIDDOR categorised incidents along with a decrease in risk assessment compliance.	Whilst there has been a decrease in overall RIDDOR reportable/recordable incidents there has been an increase in specified major injuries and days lost. This is accompanied by a decrease of 4% in risk assessment compliance with in 64% of accidents recorded the manager stating that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident. The results of audits substantiate the lower than expected development and implementation of risk assessments.	Business Units and services to implement the Council's occupational health and safety management system in a proportionate manner to the risks they face. Risk assessment is the 'bedrock' of practical risk reduction and services need to ensure that suitable, sufficient and proportionate risk assessment is undertaken. Specific guidance and templates for risk assessment are provided.
3. Majority of reports of violence and aggression involve a degree of physical violence indicating an under-reporting of lower level incidents.	There has been a reduction in the proportion of physical violence reports and increase in proportion of lower level verbal abuse reports. This may indicate an improved level of reporting in that the two are more closely balanced however, instinctively the number of incidents of violence and aggression would seem to be lower than expected based on anecdotal feedback from employees.	Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.

<p>4. Increase in days lost attributed to musculoskeletal reasons and absences attributed to mental wellbeing reasons.</p>	<p>Whilst there has been a marked decrease in days lost due to musculoskeletal reasons there has been an increase in occurrences. In addition, there has been an increase in both occurrences of and days attributed to mental/emotional wellbeing ill health.</p>	<p>The action plan arising from the employee wellbeing survey includes specific actions in relation to both musculoskeletal and mental/emotional wellbeing ill health.</p>
<p>5. Whilst the majority of audit scores are 'satisfactory' there is room for improvement in terms of compliance.</p>	<p>Audit scores are generally overall lower than in 2018/2019. The main finding has been a lack of documentary and recorded evidence to substantiate the audit responses, i.e. the proof to demonstrate satisfactory practice – this is reflected in the common opportunities for improvement highlighted.</p>	<p>Business Units and services to implement the Council's occupational health and safety management system in a proportionate manner to the risks they face.</p>

Figure 12: progress against priorities/targets/identified opportunities for improvement

Whilst the above is intentionally critical with a view to continuous improvement, the Council has progressively improved and/or maintained its health and safety performance over many years. In recognition of this the Council has again 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 2020. In addition, the Council has again been awarded an International Safety Award, by the British Safety Council for 2020. 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.



4.2 Health and safety priorities for 2020/2021

Based on the above the health and safety priorities/targets for 2020/2021 will 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. To increase the number of reported 'near misses'
4. To increase the number of lower level incidents of violence and aggression

Health and safety priorities may also be reflective of legislative changes in 2019/2020. 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 2019/2020.

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Information Security & Governance Progress Update



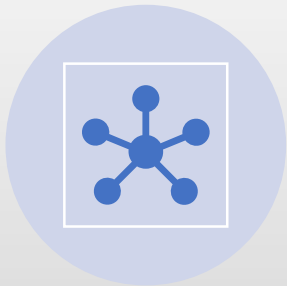
What's Happening?



Cyber Security Strategy
Progress update



Brexit Preparations



Covid-19 Remote
Working



Securing e-mail



Progress so far

Cyber Security Strategy

What is the Cyber Security Strategy?



Produced on the basis of LGA and Internal Audit recommendations



A Strategic view ahead, not prescriptive



Linked into the Council's Visions, IT Strategy and Digital First Programme



Approved by Cabinet in March 2020

What is the Cyber Security Strategy?



Aligned to International best practice and advice from the NCSC



Forming part of longer term strategy with updates annually



Something that progress can be measured against



Next version to be produced in 2021

Progress so far...



Development of standard test plans, already have these in place for new desktop software, work is progressing for servers



Developed a dedicated Information Security Management System, based council needs, based on best practice ISO27001



All NCSC support tools are being actively adopted including: e-Mail Checks, Website Checks, Early Warning Reporting, Web browser filtering etc.



Complying with external standards, currently PSN Certified, working towards PCI DSS compliance and Cyber Essentials



Brexit Preparations

Brexit Preparations



Awaiting formal advice
from Government and
ICO



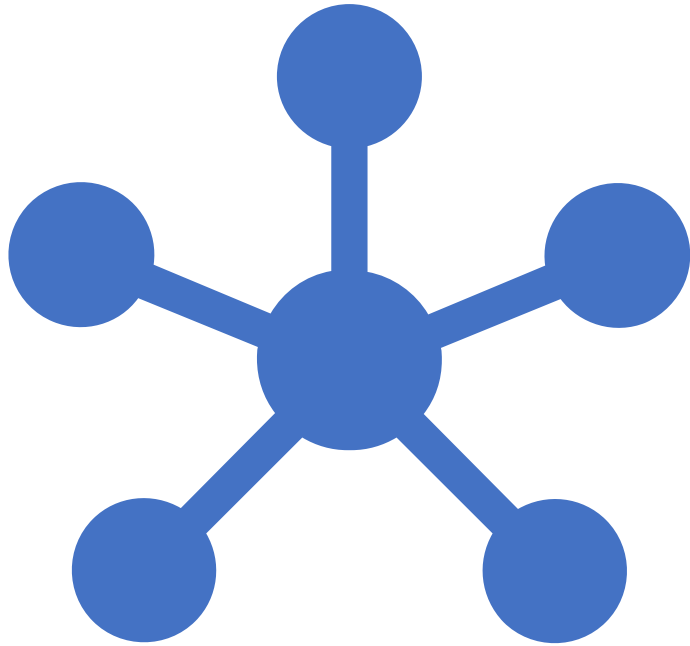
Checking exactly where
our data is stored



Reviewing IT supplier
contracts



Analysing Data Flows

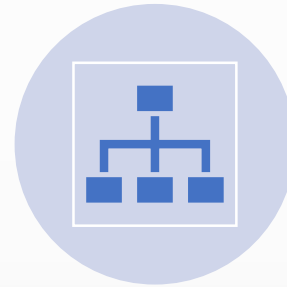


Covid-19 Remote Working

Covid-19



Guidance and training produced



Changes to strategy, looking a new ways to secure the Council



Auditing and testing user behavior



Shortlisted for two awards for our response to keep the Council working

Securing e-mail



Securing e-mail for everyone



Secure e-mail to non public sector organisations



Questions unusual e-mail activity



Blocks responses to known fraudsters



Encrypts e-mails based on content



Thank you, for your time
Any Questions?



Data Protection Officer Update

DPO Activity and Assurances

DPO Assurance Reviews:

- *Cyber Security* – positive assurance and actions as highlighted previously
- *Incident Management* – positive assurance, but scope to improve the timeliness of responses from Business Units
- *Awareness Survey* – positive messages but a few areas to look into
- *Contracts* – further work led by Strategic Procurement to ensure all BMBC contracts have the appropriate DP/GDPR clauses

DPO Activity and Assurances

Other DPO Activity:

- Brexit – input to EU Transition Group
- DPIAs – review and sign-off
- ICO liaison where necessary
- Support and advice to CFIT and Services regarding complex complaints and information requests
- CFIT Review
- Regular liaison with IG and Security Team and SIRO

DPO Activity and Assurances

DPO Assurance:

- Specific assurance reviews
- Awareness of good DP practice is clear
- Strong support from IG and Security Team
- Clear strategies, policies and guidance in place
- Developing training offer and regular comms
- Robust IG Board arrangements
- DPO / SIRO liaison

Positive assurance and good direction of travel

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Item 8

BARNSELY 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 – Core Services &
Service Director – Finance (Section 151)

CORPORATE FINANCE PERFORMANCE QUARTER ENDING 30th September 2020

1. Purpose of the Report

- 1.1 To consider the financial performance of the Authority during the second quarter ended September 2020 and assess the implications against the Council's Medium Term Financial Strategy (MTFS).
- 1.2 This report also provides an updated position to reflect the ongoing impact of COVID-19 on the Council's 20/21 budget.

2. Recommendations

- 2.1 It is recommended that Cabinet:

CORPORATE FINANCE PERFORMANCE

- Note the current forecast General Fund Revenue overspend of £47.0M incorporating the ongoing impact of COVID-19;
- Note the current forecast Housing Revenue Account overspend of £3.4M incorporating the ongoing impact of COVID-19;
- Note the overall net impact (after all Government funding) of £15.5M;
- Approve the continuation of the moratorium on all non-essential expenditure and the suspension of non-urgent one-off investments originally approved to commence in 20/21; and
- Approve the write off of historic bad debts totalling £1.5M.

CAPITAL PROGRAMME PERFORMANCE

- Note the forecast position on the approved Capital Programme;
- Note the external funding position highlighted in paragraphs 4.1.

TREASURY MANAGEMENT

- Note the key messages from the Council's Treasury Management activities.

3. Overall General Fund Position to the Quarter Ending September 2020

The COVID-19 pandemic has placed a significant strain on the 20/21 revenue budget. The Council is currently reporting an overall projected General Fund revenue overspend for 20/21 of £47.0M. This is comprised of a forecast overspend on Directorate budgets of £32.6M, and a £14.4M overspend on Corporate budgets.

In addition, there is a projected overspend of £3.4M on the Housing Revenue Account.

Directorate	Approved Net Budget 2020/21	Projected Net Outturn 2020/21	Variance	Variance Split by:		
				Covid Costs	Covid Income Lost	Business as Usual
	£'000	£'000	£'000	£'000	£'000	£'000
Children's	31,368	32,326	958	1,023	457	-522
Place	44,055	54,958	10,903	4,573	6,250	80
Adults & Communities	62,795	76,884	14,089	16,231	35	-2,177
Public Health	4,515	8,144	3,629	3,912	8	-291
Core Services	20,875	23,865	2,990	1,476	2,063	-549
Service Totals	163,608	196,176	32,569	27,215	8,813	-3,459
Corporate / General Items *	8,968	23,373	14,405	8,050	6,355	0
Sub Total – Council	172,576	219,550	46,974	35,265	15,168	-3,459
HRA	0	3,360	3,360	2,083	1,476	-199
TOTAL	172,576	222,910	50,334	37,348	16,644	-3,658
COVID-19 Funding	0	0	-34,848	0	0	0
TOTAL			15,486			

* The Public Health outturn includes the cost of the Council's outbreak control, specific funding for which has been received and included in the total Covid 19 Government funding.

** The Corporate outturn includes a forecast shortfall in Council Tax and Business Rate Income.

Overall Forecast Position

3.1 The General Fund revenue outturn position as at September 2020 is currently reporting a forecast overspend of £47.0M. There is also a forecast overspend on the Housing Revenue Account of £3.4M.

3.2 Currently 96% of the 20/21 efficiency targets are forecast to be delivered (£7.1M against a target of £7.4M).

COVID-19

3.3 The COVID-19 pandemic is placing significant financial strain on the Authority's 20/21 budget.

COVID-19 Expenditure

- 3.4 It is currently forecast that leading the COVID-19 emergency response will cost the Council in the region of £37.3M. This cost includes providing additional support to the Social Care market, supporting the most vulnerable in society, maintaining social distancing, providing personal protective equipment as well as the increased cost of delivering front line services. Further detail is provided in the Directorate updates below.

COVID-19 Income

- 3.5 A shortfall in income in the region of £16.6M is expected during 20/21 as a result of COVID-19. This includes lost income from fees and charges totalling £8.8M, £4.2M in Council tax, £2.1M in business rates and £1.5M in housing rents.
- 3.6 Further details of the income lost through irrecoverable fees and charges is provided in the Directorate updates below. Council tax collection is currently forecast at 94.6%, 1.4% below target. This is due to an increase in the number of residents claiming Local Council Tax Support as well as other residents who have struggled financially during the pandemic. Business Rates collection is forecast to be 94.25%, 3.25% below target, largely as a result of the closure of all but essential businesses at the end of March and the continued disruption there on in.
- 3.7 The S151 Officer is also seeking approval to write off debt amounting to £1.486M which has become uneconomical to pursue. This is summarised in the table below:

Type of Dept	Value of Write off (£M)
Council Tax	1.005
Business Rates	0.236
Trade Debt General Fund	0.101
Trade Debt HRA	0.045
Housing Benefit Overpayment	0.099
Sub Total	1.486
Rent Arrears	-
Total	1.486

COVID 19 Government Support

- 3.8 Government have provided some financial support to help Council's through the pandemic. To date the Council has received £34.8M in funding. Support has also been announced for lost income from fees and charges and this [£1.9M] is included within the total funding received [£34.8M].
- 3.9 However, at this time it is considered that Government support will be inadequate to cover the full cost of responding to and recovering from the pandemic. To mitigate against this risk Cabinet approved the Barnsley MBC Recovery &

Renewal Strategy in June (Cab 10/06/2020/10) together with the COVID-19 Financial Recovery Strategy.

COVID-19 Financial Recovery

3.10 The COVID-19 Financial Recovery Strategy comprises of two phases:

- Phase 1 – Emergency Response & Short-Term Recovery [20/21 financial year];
- Phase 2 – Longer Term Recovery and Sustainability [21/22 and beyond / MTFS].

3.11 Phase 1 of the strategy introduced a moratorium on all non-essential expenditure. This effectively instructs all services to review any planned but as yet uncommitted areas of spend and determine if this is absolutely essential in maintaining business as usual council activity. Any non-essential activity to be suspended until further notice.

3.12 This also included the immediate postponement of some £45M of new investment [both capital and revenue]. A full review of this investment has subsequently been completed with £19M being released to be progressed with immediate effect, largely because of the positive impact this will have on the recovery of communities and the local economy. This leaves investment [£26M] still on hold to mitigate the 20/21 forecast deficit position should that be required.

3.13 The flexible use of Government funding can also be considered, with any remaining overspend balance being a call on the Council's Minimum Working Balance / emergency reserves.

3.14 Although far from ideal, by delivering Phase 1 of the agreed recovery strategy the Council is well placed to address the forecast overspend caused by the Covid 19 pandemic. However, any additional cost pressures over and above those identified to date need to be cautiously managed to ensure that the Council's financial position does not become exposed.

3.15 It should also be noted that this position is reported as we enter a second national lockdown, the financial impact of which is not yet fully known. Moreover, it is also reported against the backdrop of future financial uncertainty. Not only does the Council need to recover from the impact of Covid 19, the Government's Comprehensive Spending Review (CSR) due at the end of November 2020 will now provide a 1 year only settlement which creates further ongoing uncertainty / impairs strategic financial planning.

DIRECTORATE UPDATES

3.16 Council services are forecasting a significant overspend for 2020/21 of £32.2M. This is made up of £35.6M of costs relating to the impact of COVID-19, offset by operational underspends of (£3.4M). Details of variances have been split between existing business as usual activities and those relating to COVID-19.

Children's Services Directorate

3.17 The Children's Services Directorate is currently forecasting an **overspend of £0.958M**, of which £1.480M is related to COVID-19 pressures, offset by £0.522M operational underspends.

People Directorate	Approved Net Budget 2020/21 £'000	Projected Net Outturn 2020/21 £'000	Variance £'000	Variation Split by:		
				Covid Costs £'000	Covid Income Lost £'000	Business as Usual £'000
Education, Early start & Prevention	3,465	3,447	-18	120	384	-522
Children Social Care & Safeguarding	25,702	26,677	975	903	73	0
Sub-Total	29,167	30,125	958	1,023	457	
Schools	2,201	2,201	0	0	0	0
Total – People	31,368	32,326	958	1,023	457	-522

COVID-19 Costs

3.18 Additional costs of £1.023M are currently forecast. This includes employing additional Social Worker resource to support the increase in children's social care caseloads of £0.527M, an anticipated increase in Looked After Children [LAC] placement numbers and respite care costs totalling £0.309M, support to early years care providers of £0.120M and support for care leavers of £0.065M.

COVID-19 Income

3.19 The Directorate is anticipating income losses of £0.384M due to school closures and a reduction in the demand for Education Psychology, Education Welfare and SEND support services. The temporary closure of Newsome Avenue for respite care has also resulted in a £0.074M income pressure.

Business as Usual

3.20 Children in Care remains an area of concern, projecting an overspend of £0.934M. This cost has been fully offset in year by the planned use of one-off Social Care Grant, with the ongoing impact provided for as part of the revised MTFS. Over and above this an underspend (£0.522M) is anticipated as a result of vacancies across Education, Early Start & Prevention.

Place Directorate

3.21 The Place Directorate is forecasting an **overspend of £10.903M**, the majority of which (£10.823M) is COVID-19 related.

Directorate	Approved Net Budget 2020/21 £'000	Projected Net Outturn 2020/21 £'000	Variance £'000	Variation Split by:		
				Covid Costs	Covid Income Lost	Business as Usual
				£'000	£'000	£'000
Regeneration & Culture	14,892	19,517	4,625	1,296	3,399	(70)
Environment & Transport	29,163	35,441	6,278	3,277	2,851	150
Total Place	44,055	54,957	10,903	4,573	6,250	80

COVID-19 Costs

3.22 Regeneration and Culture have seen additional costs of £1.296M associated with COVID-19, this being an increase of £0.627M since Q1 predominately related to an increase in security and cleaning costs. Costs include property related / building adaptations to support strict government guidelines (£0.748M), supplier relief (£0.215M), delivering cultural services digitally (£0.050M) and conducting a Retail Impact Assessment (£0.018M).

3.23 The pandemic has also resulted in a delay to the town centre buildings review and delivery of 20/21 planned efficiency savings (£0.265M).

3.24 Environment and Transport have incurred significant additional costs of £3.277M as a result of the pandemic, this being an increase of £0.594M compared to the position reported at Q1 primarily due to the assumed extension of the revised waste services [Covid] delivery model to the end of the financial year. These costs include; additional waste collection and disposal costs due to general increases in waste combined with implementing COVID safe measures into operational delivery (£2.283M), additional costs of Home to School Transport to comply with the Government's COVID-19 safety guidelines (£0.867M) and the installation of a refrigeration unit at the crematorium (£0.077M). There will also be a delay in the delivery of planned 20/21 efficiency savings within Commercial Services (£0.050M).

COVID-19 Income

3.25 Regeneration and Culture forecast a shortfall in income of £3.399M, an increase of £0.208M since the position reported at Q1. This relates to the loss of commercial rents (including markets) of £2.831M, as well as a general shortfall in fees and charges of £0.568M within the Employment and Skills service, planning fees, reduced Right to Buy sales and across the Council's cultural offer.

3.26 Environment and Transport are anticipating income losses of £2.851M, a slight improvement of £0.144M since the position reported a Q1. These losses are

associated with; a shortfall in highways income as a result of the suspension of highways works in the Q1 (£1.144M), a loss of car parking income (£1.014M), a loss of commercial waste and recycling income (£0.569M) and a loss in fee income from sports and leisure facilities (£0.124M).

Business as Usual

3.27 Regeneration and Culture are reporting an overall underspend on BAU of £0.070M, a decrease of £0.117M from Q1. The overall underspend is comprised of vacancy management (£0.342M), offset by the running costs of under occupied buildings e.g. LIFT (£0.255M) and additional project costs at Elsecar Heritage Centre. Environment and Transport is reporting an overspend of £0.150M mainly due to a delay in the delivery of the Transfer Loading Station (£0.333M), offset by staffing underspends.

Adults & Communities Directorate

3.28 The Adults & Communities Directorate is forecasting an **overspend of £14.089M**, of which £16.266M relates to COVID-19 pressures, offset by operational underspends across the Directorate of £2.177M.

Directorate	Approved Net Budget 2019/20 £'000	Projected Net Outturn 2020/21 £'000	Variance £'000	Variation Split by:		
				Covid Costs	Covid Income Lost	Business as Usual
				£'000	£'000	£'000
BU02 – Adult Social Care & Health	52,930	63,504	10,574	12,539	0	-1,965
BU08 – Safer, Stronger & Healthier Communities	9,865	13,380	3,515	3,692	35	-212
Total for Directorate	62,795	76,884	14,089	16,231	35	-2,177

COVID-19 Costs

3.29 Additional costs totalling £12.539M are estimated to be incurred in sustaining the adult social care service / providers during the COVID-19 pandemic. This includes; payments to plan, payment of voids [to the end of October 2020 but subject to review] and payments to introduce infection control measures (£10.955M). The Council has also pooled resources with the CCG to support the cost of hospital discharges (£1.584M). The Directorate has also led the provision of support to the most vulnerable in society by providing financial hardship support, brokered the provision of accommodation for the homeless and rough sleeper's, provided the emergency contact centre and co-ordinated community response, food distribution, support to the voluntary sector as well as additional measures to combat an increase in anti-social behaviour (£3.692M).

COVID-19 Income

3.30 Minor income losses (£0.035M) are anticipated as a result of the suspension of fixed penalty notices.

Business as Usual

3.31 The Directorate is forecasting an underspend on its day to day operations of - £2.177M, a significant improvement from Q1. Efficiencies planned for 21/22 have also been delivered early (£0.325M). These underspends have been offset in part by a reduction in client contributions (£1.048M) and the increasing cost of care packages for Working Age Adults. (£0.567M).

Public Health

3.32 Public Health is forecasting an **overspend of £3.629M**, of which £3.920M relates to COVID-19 pressures.

Directorate	Approved Net Budget 2020/21 £'000	Projected Net Outturn 2020/21 £'000	Variance £'000	Variation Split by:		
				Covid Costs £'000	Covid Income Lost £'000	Business as Usual £'000
Public Health	4,515	8,144	3,629	3,912	8	(291)

COVID-19 Costs

3.33 The Directorate is responsible for delivering the Council's outbreak control plan to support the detection and prevention of Covid 19 across the Borough. Specific funding allocations totalling £3.528M have been allocated via central government to support these costs which is included within the Council's overall COVID 19 funding. Further costs (£0.090M) have also been incurred associated with bereavement support and compliance and enforcement (£0.294M).

COVID-19 Income

3.34 Minor income losses are anticipated associated with the issuing of animal welfare licences.

Business as Usual

3.35 An operational underspend of £0.291M is forecast by year end, mainly as a result of staffing underspends in the 0-19 service. A detailed review and re-configuration across the Public Health Directorate is currently underway to ensure resources are aligned to priorities in a sustainable way. The outcome of this will be reported in future updates.

Core Directorate

3.36 The Core Services Directorate is forecasting an **overspend of £2.990M**, of which £3.539M relates to COVID-19 pressures, offset by operational underspends of £0.549M.

Directorate	Approved Net Budget 2020/21 £'000	Projected Net Outturn 2020/21 £'000	Variance £'000	Variation Split by:		
				Covid Costs	Covid Income Lost	Business as Usual
				£'000	£'000	£'000
IT	6,572	7,488	916	442	105	369
Finance	3,968	5,093	1,125	44	1,429	(348)
Bus Imp, HR & Comms	5,225	5,959	734	981	155	(402)
Legal Services	1,590	1,889	299	-	374	(75)
Council Governance	3,520	3,436	(84)	9	-	(93)
Total – Core	20,875	23,865	2,990	1,476	2,063	(549)

COVID-19 Costs

3.37 Additional cost pressures of £1.476M are anticipated including £0.833M relating to the estimated cost of acquiring the necessary PPE for the remainder of the year [for all Council Services] and £0.442M associated with providing the required IT support / equipment to facilitate home & remote working requirements. The remaining costs have been incurred on staff support £0.067M, supplier relief payments £0.044M and staff incentives (Markets Vouchers and Barnsley Spirit awards) £0.076M.

COVID-19 Income

3.38 The Core Directorate is anticipating income losses of £2.063M, predominately due to a fall in the demand for school meals as a result of school closures (£1.128M). Other losses relate to court fee income (£0.250M) following the suspension of court activity [due to recommence November 2020) particularly related to non-payment of Council Tax, external (mainly schools) trading income (£0.207M), a shortfall in license / land charge fee income (£0.373M) and income from registrars (£0.105M).

Business as Usual

3.39 An operational underspend of £0.549M is forecast, a slight improvement from Q1 mainly due to increased vacancy levels. The overall position is mainly comprised of staff turnover and vacancy management (£0.615M), an underspend in the cost of servicing elections (£0.152M) as a consequence of the postponement of this year's election and various other underspends in supplies & services in line with the moratorium (£0.123M). These underspends are offset by overspends in Legal Services due to the use of locums (£0.247M) and loss of external SLA income (£0.094M).

Corporate Budgets

3.40 Corporate budgets are forecasting to be **overspent** by **£14.405M** by the end of 20/21. This is a result of increased costs associated with the Covid 19 response together with forecast losses in tax collection. In terms of the latter although the Government has announced that losses may be spread over a 3-year period [rather than the current 1-year period] the detail of that announcement is still awaited.

COVID-19 Costs

3.41 There are COVID related costs of £8.050M. This relates to the provision of additional staffing resource across the Council to support the Tier 3 and subsequent further lock down response (£3.124M), the costs of recovery from the first lockdown restrictions (£1.289M) and provision for a discretionary business support scheme subject to clarity on nationally available funding (£2.5M).

3.42 In addition, the Council has also seen increased insurance premiums costs (£0.500M), additional system costs and resources required to administer the Government's business support grant scheme (£0.237M), additional payments to the Coroner's Office (£0.100M) and other miscellaneous corporate costs (£0.300M).

COVID-19 Income

3.43 As reported in Q1 there continues to be an anticipated shortfall in budgeted Council Tax income of approximately £4.2M. This is largely due to the downturn in the economy / job impact and a subsequent increase in the number of new Universal Credit / Local Council Tax Support claimants (£2.4M). Collection is also less than forecast (£1.8M) at an estimated collection rate of 94.6% (95.85% in 2019/20).

3.44 In addition, there is a shortfall in relation to Business Rate income, with a collection rate of 94.25% (97% in 2019/20) forecast. This is mainly due to the enforced closure of businesses at the end of March and subsequent disruption which has adversely impacted business income together with a small number of business closures in recent months (£2.085M).

Housing Revenue Account (HRA)

3.45 The HRA is currently forecasting an operational overspend as at the end of September of £3.360M.

COVID-19 Costs

3.46 An additional cost of £2.048M is forecast on the housing repairs contract relating to the payment of supplier relief and the cost of emergency works during the initial lockdown period. The forecast also includes a provision for the anticipated increased cost of materials together with additional operational costs as a result of limited property access and social distancing arrangements.

COVID-19 Income

3.47 The combination of COVID and subsequent increase in the number of tenants claiming Universal Credit and / or seeing their incomes fall as a result of furlough / redundancy has contributed to a reduction in the amount of rent collected [Q2 collection rate is 95%]. It is forecast that the bad debt provision will be increased by £1.476M to cover the expected rental income loss of £3.569M.

Business as Usual

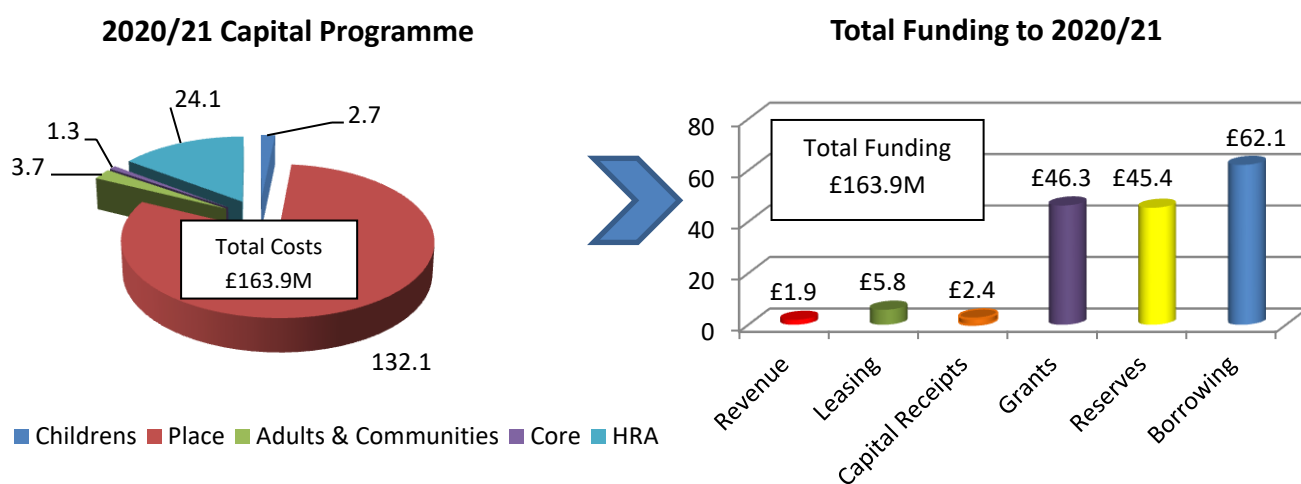
3.48 There has been an increase in costs associated with the Property Repairs Improvement Programme (PRIP) contract due to additional statutory compliance issues that were identified during the first quarter (£0.458M). This has been fully offset by an increase in overall rental income (£0.622M) as a result of lower than anticipated RTB sales.

4. Overall Capital Programme Position Q1 Ending September 2020

The position on the Council's Capital Programme for 20/21 is currently projected to be an overall lower than anticipated expenditure of £1.7M.

This in the main relates to scheme slippage of £5.2M, offset by an increase in scheme costs totalling £3.0M and rephasing of costs from future years (£0.5M).

4.1 The Council's capital programme is planned over the five-year period 20/21 through 24/25 inclusive and has a total estimated cost of £198.3M. The cost in 2020/21 totals £163.9M as highlighted in the chart below:



Directorate	2020/21 Capital Programme	2020/21 Actuals	2020/21 Projected Outturn	2020/21 Variance	Total Capital Programme	Total Projected Outturn	Total Variance
	£M	£M	£M	£M	£M	£M	£M
Children's Services	2.703	1.622	2.669	(0.034)	3.070	3.131	0.061
Place	135.895	38.503	132.076	(3.819)	156.117	156.100	(0.017)
Adults & Communities	3.748	0.901	3.747	(0.001)	8.482	8.481	(0.001)
Core Services	1.340	0.013	1.340	-	1.340	1.340	-
HRA	21.867	3.148	24.052	2.185	26.259	29.229	2.970
Total	165.553	44.188	163.884	(1.669)	195.268	198.281	3.013

Key Messages

4.2 The table below summarises all movements in the capital programme during Q2. Each movement is explained further in paragraphs 4.3 to 4.7 below.

	2020/21	Later Years	Total
	£M	£M	£M
Reported Variance as at 30th September			
<i>As a result of:</i>			
Slippage:			
Children's Services	(0.077)	0.077	-
Place	(3.802)	3.802	-
Adults & Communities	-	-	-
Core Services	-	-	-
Housing Revenue Account	(1.285)	1.285	-
Sub-Total	(5.164)	5.164	-
Re-phasing:			
Children's Services	0.007	(0.007)	-
Place	-	-	-
Adults & Communities	-	-	-
Core Services	-	-	-
Housing Revenue Account	0.500	(0.500)	-
Sub-Total	0.507	(0.507)	-
Funded Increases/(Decreases) in Scheme Costs:			
Children's Services	0.036	0.024	0.060
Place	(0.017)	-	(0.017)
Adults & Communities	(0.001)	-	(0.001)
Core Services	-	-	-
Housing Revenue Account	2.971	-	2.971
Sub-Total	2.989	0.024	3.013
Total	(1.669)	4.682	3.013

2020/21 Slippage

4.3 Scheme slippage totaling £5.164M is reported during the quarter. The table below highlights the main schemes that have slipped

Scheme	Amount Slipped £M
Principal Towns Programme	1.238
Billingley View Housing Development	1.071
Wentworth Castle & Stainborough Park	0.620
Housing New Build Scheme – St Michaels	0.550
High Street Heritage Action Zone	0.286
Strageegic Bsuienss Parks	0.567
Other	0.832
TOTAL	5.164

2020/21 Scheme Rephasing

4.4 There has been a rephasing of scheme costs from future years (£0.507M) mainly relating to accelerating the Council's Empty Homes Acquisitions Programme.

2020/21 Variation in Scheme Costs

4.5 There has been an increase in scheme costs totaling £3.013M which predominately relates to the planned 2020/21 Barnsley Homes Standard works. At quarter 1, the expected position on the BHS programme was largely unknown in terms of delivery as a result of Covid-19. It was prudently forecast that a significant element of works would not be able to be completed during the year and therefore the plans were amended accordingly. However, during quarter 2, the Council, in conjunction with partners Berneslai Homes and Wates has implemented a recovery strategy in respect of the BHS programme, which aims to catch up on the delays suffered during lockdown and it is now anticipated that the works will all be completed by the end of March. There are no implications as a result of this acceleration as resources were held pending clarity following the Q1 position.

5. Treasury Management update as at end of September 2020

Economic Summary

Whilst there was some volatility in interest rates during the second quarter, the overall position remains broadly the same. No significant increases in rates are expected over the next two years due to the need to stimulate a prolonged period of economic recovery.

Borrowing Activity

In line with the agreed TM strategy there was no new borrowing undertaken during quarter 2. It is anticipated that the Council will need to borrow up to £232M over the next 3 years, of which £80M will need to be taken at fixed rates of interest to maintain interest rate risk exposure at 70% of total debt.

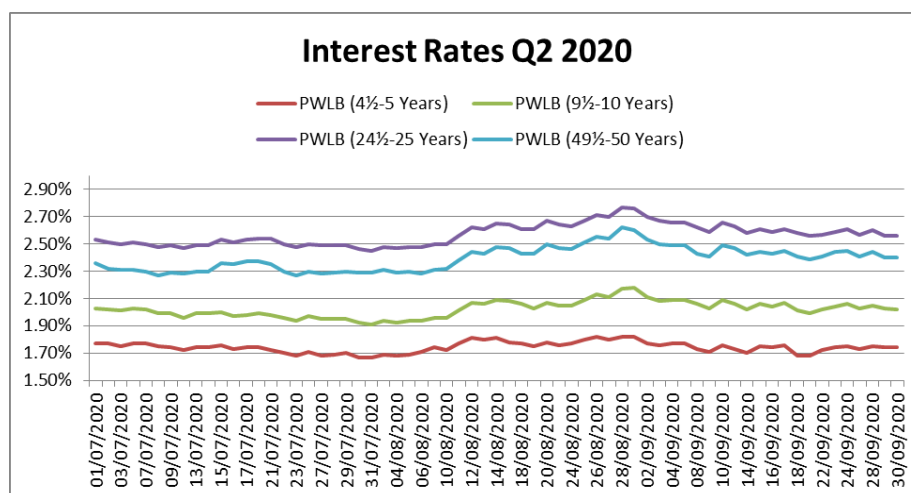
Investment Activity

There has been a net reduction in investment balances of £28 Million during the quarter. Security and liquidity remained the key priorities, with the bulk of transactions relating to secure Money Market Funds and instant access accounts. It is recommended that the temporary increase in investment limits applied in March 2020 should remain in place for the next quarter to ensure sufficient liquidity during the Covid crisis.

Key Messages – Economic Summary

5.1 Interest rates remain a key driver of the Council's Treasury Management activities.

There was some volatility in interest rates during the second quarter (as illustrated by the movement in PWLB borrowing rates below) although the overall position remained broadly the same:



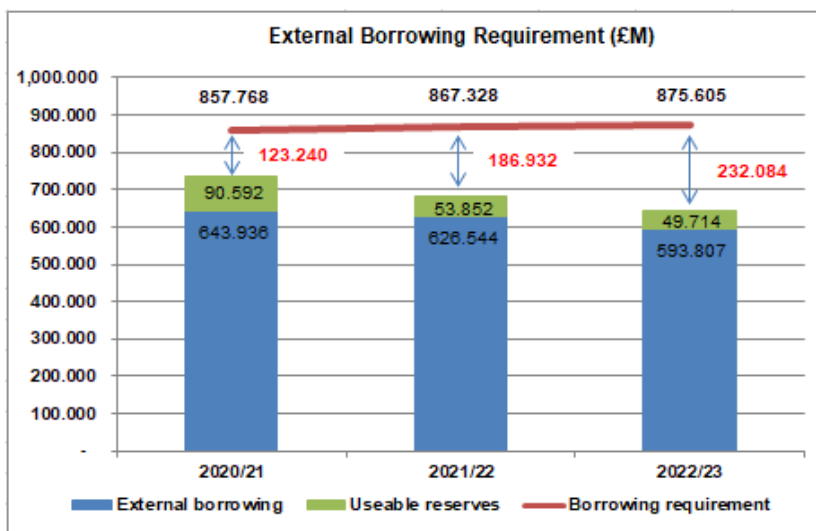
5.2 The expectation remains that there will be little upward movement in interest rates over the next two years due to the need to stimulate a prolonged period of economic recovery.

	Latest Interest Rate Projections* (Link Asset Services)					
	Latest	Mar-21	Sep-21	Mar-22	Sep-22	Mar-23
UK Base Rate	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
PWLB Certainty (50 Years)	2.43%	2.30%	2.40%	2.40%	2.50%	2.50%

Key Messages – Borrowing Activity

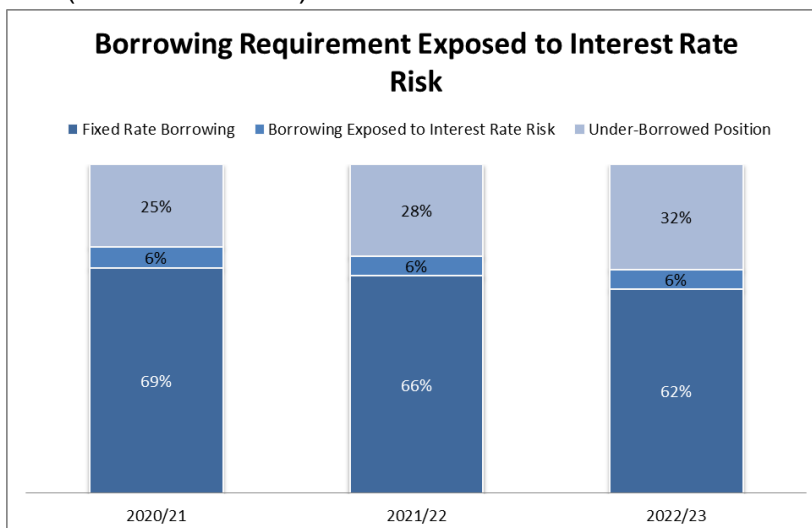
5.3 In line with the agreed Treasury Management strategy to limit exposure to interest rate risk whilst maintaining an appropriate level of internal borrowing to minimise financing costs, no new borrowing was undertaken during the quarter.

5.4 However, as shown in the chart below, it is anticipated that the Council will need to borrow up to £232M by the end of 2022/23 with a breakdown of this borrowing shown in the table below.



Projected external borrowing requirement 2020/21 – 2022/23	£M
Planned capital investment	102.913
Maturing loans / reduced support from useable reserves	143.017
Amounts set aside to repay debt	(13.846)
Total	232.084

5.5 The above is in line with the Council's current commitment to maintain its exposure to interest rate risk to 30% of its borrowing requirement. To deliver against this strategy, it is anticipated that the Council will need to fix out an additional £80M by the end of 2022/23. The remainder could be funded through temporary borrowing or internal cash resources (see chart below):



Key Messages - Investments

5.6 The Council's investment strategy is to minimise credit risk and maintain a suitable balance of liquid funds to ensure that cash is available when needed. To reflect this strategy, the bulk of transactions related to secure Money Market Funds, instant access accounts and short-term local authority deposits.

5.7 It is recommended that the temporary increase in investment limits applied in March 2020 remain in place, to ensure sufficient liquidity during the COVID-19 crisis.

Background Information – available on request

Corporate Finance Performance Q2 – detailed report

Capital Programme Update Q2 – detailed report

Treasury Management Update Q2 – detailed report

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AUDIT AND GOVERNANCE COMMITTEE – WORK PROGRAMME

2020/2021 Municipal Year

	Mtg. No.	1	2	3	4	Dev. Meeting	5	6	7	8
Committee Work Area	Contact / Author	3.06.20	29.07.20	16.09.20	28.10.20	28.10.20	02.12.20	20.01.21	17.03.21	14.04.21
Committee Arrangements										
Committee Work Programme	AS	X	X	X	X		X	X	X	X
Minutes/Actions Arising	WW	X	X	X	X		X	X	X	X
Review of Terms of Reference	AS					X				
Self-Assessment Review	AS					X				
Internal Control and Governance Environment										
Local Code of Corporate Governance	MMc/AS		X							
Annual Governance Review Process	AS	X						X		
Annual Governance Statement (Draft/Final)	AS				X F					
AGS Action Plan Update	AS	X						X	X	X
Confidential Reporting (Whistleblowing) Annual Report	SLa/RW							X		
Anti-Fraud										
Annual Fraud Report	RW	X								
Corporate Fraud Team - Report	RW			X					X	
Corporate Risk Management										
Risk Management Update	AS	X	X				X			
Risk Management Policy & Strategy	AS							X		
Annual Report	AS									X
Strategic Risk Register	AS							X		X
Internal Audit										
Internal Audit Charter (Annual)	RW	X							X	
Internal Audit Consultation / Plan	RW	X	X					X	X	

	Mtg. No.	1	2	3	4	Dev. Meeting	5	6	7	8
Committee Work Area	Contact / Author	3.06.20	29.07.20	16.09.20	28.10.20	28.10.20	02.12.20	20.01.21	17.03.21	14.04.21
Internal Audit Quarterly Report	RW		X				X	X		X
Internal Audit Annual Report	RW	X	X							
Annual Review of the Effectiveness of IA	RW							X		X
External Audit (Grant Thornton)										
Annual Governance Report (ISA260 Report)	GT				X					
Audit Plan	GT							X		
Annual Fees Letter	GT									
Claims & Returns Annual Report	GT							X		
External Audit – IT SAP Report	GT			X						
External Audit Progress Report	GT	X	X	X			X	X	X	X
Financial Reporting and Accounts										
Financial Regulations – Update	NC/SLo							X		
Statement of Accounts (Draft / Final)	NC				X F					
Corporate Finance and Performance Management & Capital Programme Update	NC			X			X		X	
Treasury Management Annual Report	NC/SW		X							
Treasury Management Progress Report	NC/SW							X		
Treasury Management Policy & Strategy Statement	NC								X	
Other Corporate Functions contributing to overall assurance programme to be determined:										
Update on Glassworks	MG	X					X		X	
Update on Covid-19 Response	SLa	X					X	X		X
Information Governance and Cyber Security update (twice yearly)	SJH	X					X			
DPO Update (twice yearly)	RW	X					X			
Human Resources (annual)	MP/JH			(X)				X		

	Mtg. No.	1	2	3	4	Dev. Meeting	5	6	7	8
Committee Work Area	Contact / Author	3.06.20	29.07.20	16.09.20	28.10.20	28.10.20	02.12.20	20.01.21	17.03.21	14.04.21
Health & Safety Resilience (Annual)	MP/SD						X			
Business Continuity/Emergency Resilience (Annual)	MP/SD									
Procurement (Annual)	NC/CA		(X)							
Performance Management (Annual)	MP/MR	(X)								
Asset Management (Annual)	DS								X	
Ethical Framework (Annual)	SLa/RW		(X)							
Equality and Inclusion (Annual)	MP/HD							X		
Partnerships (Annual)	MMc	(X)								
Insurance Claims (Annual)	NC/DC			(X)						
Local Government and Social Care Ombudsman Annual Letter	MP/KL			(X)			X			

(X) – future years

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