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MEETING:	Audit and Governance Committee
DATE:	Wednesday, 19 January 2022
TIME:	4.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Procedural/Administrative Items

1. Declarations of Pecuniary and Non-Pecuniary Interest
2. Minutes (*Pages 3 - 14*)

To receive the minutes of the meeting held on 17th November, 2021.

Items for Discussion/Decision

3. Appointment of External Auditor 2023/28 and Update on Measures to Improve Local Audit (*Pages 15 - 24*)
4. Local Code of Corporate Governance (*Pages 25 - 38*)
5. Annual Governance Review Process (*Pages 39 - 42*)
6. Strategic Concerns/Risk Register (*Pages 43 - 52*)
 - Potential for a safeguarding failure in Adult Social Care – Wendy Lowder (Executive Director Adults and Communities)
 - Meeting our statutory responsibilities under the Care Act 2014 – Wendy Lowder (Executive Director Adults and Communities)

Items for Information

7. External Audit Progress Report Update (*Verbal Report*)

The Committee will receive a verbal External Audit update report.
8. Health and Safety Annual Report 2020/21 (*Pages 53 - 72*)
9. Business Improvement, Human Resources and Communications Update Report (*Pages 73 - 78*)
10. Local Government and Social Care Ombudsman Update Report (*Pages 79 - 80*)
11. Audit and Governance Committee Work Plan (*Pages 81 - 86*)
12. Exclusion of the Public and Press

To consider if the public and press should be excluded from this meeting during consideration of the following item because of the likely disclosure of exempt information.
13. Internal Audit Consultation Paper for 2022/23 (*Pages 87 - 94*)

Reason restricted:

Paragraph (7) Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

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

Councillors Lofts (Chair), Barnard, Hunt, Richardson, Ms K Armitage, Mr S Gill, Mr P Johnson and Mr M Marks; together with Co-opted members Ms K Armitage, 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, Anti-Fraud and Assurance

Alison Salt, Corporate Governance and Assurance Manager

Michael Potter, Service Director Business Improvement and Communications

Malachi Rangecroft, Head of Business Improvement and Intelligence

Council Governance Unit – 3 copies

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

Tuesday, 11 January 2022

MEETING:	Audit and Governance Committee
DATE:	Wednesday, 17 November 2021
TIME:	4.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Lofts (Chair), Barnard, Hunt and Richardson together with Independent Members - Ms K Armitage, Mr P Johnson and Mr M Marks

42. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

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

43. MINUTES

The minutes of the meeting held on the 15th September, 2021 were taken as read and signed by the Chair as a correct record.

44. EGRESS PREVENT

The Committee received a presentation from Sara Hydon (Head of Design and Compliance) and Simon Marshall (Governance and Compliance Manager) on Egress Prevent which was the Council's chosen email security solution.

The software gave the authority the ability to secure all critical and sensitive emails from outside threats. It helped prevent information from being sent to unverified sources, enabled the authority to be compliant with Information Governance legislation, promoted strong security practices and used machine learning capabilities to monitor user activity to prevent breaches occurring. A video was then shown of the system 'in operation'.

Information was then provided of the Egress analytics which indicated, amongst other things:

- the number of misdirected emails sent and the 'advice' accepted via the software
- the number of 'display name' impersonation emails received
- information in relation to large recipient list emails and multi-domain emails together with the advice accepted
- the number of emails analysed. It was noted that during 2021, of 1,168,738 emails analyzed, 3,294 incidents had been prevented which amounted to approximately 37 per day

In the ensuing discussion reference was also made to the reasons for why users might legitimately not accept the 'advice' proffered by the software and to the benefits to the Council of using Egress Prevent which could not be overstated.

RESOLVED that the presentation be noted and Sara Hydon and Simon Marshall be thanked for attending the meeting and for answering Members questions.

45. STRATEGIC CONCERNS/RISK REGISTER

The Head of Internal Audit, Anti-Fraud and Assurance submitted a report reminding Members that at the meeting in March 2021 it had been agreed that the Committee have a regular opportunity for a 'deep dive' of some of the strategic risks with the appropriate Executive Director in attendance to update and assure the Committee on the management of their risks.

Members were further reminded that the Strategic Risk Register contained 14 risks of which 3 had been classified as high (red rating), 9 risks had been classified as medium (amber) and 2 had been classified as low (green).

All strategic risks had a number of actions identified to minimise/mitigate the risks and all actions had review/completion dates, status updates, progress RAG ratings and identified owners.

The Director of Public Health and the Executive Director Core Services attended the meeting to provide the Committee with a review of three strategic risks namely:

- Health Protection Emergency
- Organisational Resilience; and
- Partnership and Collaboration Governance.

The Director of Public Health and Executive Director gave details of the background to these risks and to why they were included within the Strategic Risk Register. They both gave a brief resume of the risk factors that underpinned the Strategic Risks and detailed the actions taken to track and manage risks making particular reference to the documents, plans and arrangements in place to support each service in managing those risks.

The actions associated with the three risks were included in Appendix 1 to the report and Appendix 2 provided a high-level summary of all other strategic risks which included the high-level risk description, risks impact status and response ratings.

In relation to the Health Protection Emergency, the Director of Public Health made particular reference to:

- The review and testing of all Health Protection Plans all of which reflected health protection issues
- The need to ensure that all Plans reflected necessary multi-disciplinary arrangements to deal with health protection emergency and to the way these issues were communicated and tested. It was noted that in October a new Health Protection Plan had been issued
- The way in which proportionate debriefing and evaluation was undertaken, the way in which 'lessons learned' from both exercises and incidents and progress was tracked against actions identified. Arising out of this reference was made to the liaison with and work of the South Yorkshire and Bassetlaw Health Resilience Partnership, the South Yorkshire Local Resilience Forum and other partners and agencies
- The work of the Health Protection Board

In response to specific questioning, further information was provided about the Health Protection Board which reported to the Health and Well Being Board. Information was also provided about Adult Social Care funding which was still an area for concern.

The Executive Director Core Services then made reference to the following matters in relation to Organisational Resilience and Partnership and Collaboration Governance:

- Organisational Resilience – the need to ensure that the Council had robust mechanisms in place to deal with external issues such as Brexit, Cyber Security, Terrorism or any other impact requiring a Business Continuity Response:
 - Information was provided about the plans in place for all services and functions and how these were reviewed and tested. A report was due to be submitted to SMT in December to increase the robustness and to refresh the Corporate Resilience Plan
 - There was a need to maintain adequate governance controls in respect of cyber security and a review was due to be completed in February 2022 but there were real and positive assurance arrangements in place in relation to IT services and systems
 - Plans were being developed for specific capabilities or risks and specific details of these areas was outlined
 - The work of the South Yorkshire Local Resilience Forum, of which Barnsley was the chair, was referred to. The Council was working with the Forum on developing training and exercising multi-agency arrangements
 - All services within the Directorate had business continuity plans in place and these were currently being refreshed. Particular reference was made in this respect to Workforce resilience particularly in relation to the strains and stresses associated with working through the Covid pandemic
- Partnership and Collaboration Governance – many services were now delivered through partnerships or collaboration/devolution arrangements and these must be robust, well governed, flexible and responsive to ensure that objectives were met. Plans included:
 - the development of a corporate framework and guidance to support partnership and collaborative working
 - assurance regarding the arrangements in place for each partnership/collaboration in relation to, amongst other things, the make-up of boards and their governance arrangements etc.
 - Financial monitoring arrangements
 - The need to ensure appropriate links with the Annual Governance Review process

RESOLVED:

- (i) that the Risk Register and Strategic Concerns update be noted; and

- (ii) that Julia Burrows (Director of Public Health) and Shokat Lal (Executive Director Core Services) be thanked to attending the meeting and for answering Members questions.

46. COVID 19 UPDATE

The Committee received a Covid 19 update from Julia Burrows (Director of Public Health) who made reference to the following:

- Current Covid levels within the Borough
 - whilst levels were still high, they were gradually reducing, there was, however, no room for complacency.
 - The over 60's had been a problem area but it was pleasing to see that these were now reducing
 - There were now slightly less patients in hospital, but the health services were still under intense pressure
- Outbreaks
 - There had not been many recent outbreaks in schools or within work places
 - There had been 9 outbreaks within Care Homes recently
 - Residents had mostly been double vaccinated so the results of the outbreaks were not seen to be as intense as they had been in the past
- Vaccinations
 - The number of people being vaccinated was progressing well, but the number not vaccinated within the borough was still around 40,000 and consideration was being given to how this matter could be addressed
 - The uptake was higher than the national average which was pleasing and was a credit to all partners and residents alike
- Variants - Barnsley was largely being impacted by the Delta variant however there were a small number of a new Delta sub variant cases, but this was not currently a major concern

In the ensuing discussion, reference was made to the following:

- Investigations were progressing to try to encourage vaccine take up and information was provided about the various initiatives introduced
- Whilst a number of people under the age of 60 had been double vaccinated they were still catching Covid, however, the symptoms were far less that had they not been vaccinated. The effectiveness of the vaccine had waned, and this was the reason for the booster campaign. An explanation was provided as to why certain vaccines waned over time
- It was acknowledged that some of the publicity surrounding Covid and vaccination was sending out 'mixed messages' and this was causing difficulties. Comments from members of the Committee about this were noted
- Whilst the vaccination programme was largely effective for 90% of the population, people still needed to be careful and act responsibly

RESOLVED that the report be noted, and Julia Burrows (Director of Public Health) be thanked for attending the meeting and for answering Members questions.

47. REPORT TO THOSE CHARGED WITH GOVERNANCE (ISA 260) 2020/21

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 2020/21. Mr G Mills and Mr T DeZoya representing the External Auditor attended the meeting to present the report and to answer Members questions.

The report incorporated, amongst other things, the following:

- The Financial Statements, including the significant audit risks, key findings from the group audit, new issues and risks, key judgements and estimates, other communication requirements other responsibilities under the Code and Going Concern assumptions and other responsibilities under the Code
- The Value for Money (VFM) arrangements (which, as previously reported, had changed with the introduction of the new Code of Audit Practice), the risks of possible significant VFM weaknesses and the VFM procedures and conclusions which would be reported no later than February 2022
- The Accounts production and audit process
- The current position with regard to the completion of the audit of the financial statements
- The statement of Independence and ethics

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 draft audit opinion. It was anticipated that subject to a number of outstanding matters, an unqualified (clean) audit opinion would be issued by 30th November, 2021 following consideration by Council on the 25th November, 2021
- The audit letter in respect of the delayed VFM work

In relation to the Financial Statements, the report summarised the key findings in relation to the 2020/21 external audit. To date no audit adjustments had been identified impacting on the Council's useable reserves. A list of presentational audit adjustments was detailed within Appendix C. In addition, a small number of recommendations for management were detailed within Appendix A. Work was nearing completion and there were no matters of which the External Auditors were aware that 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 Auditor's Value for Money work was not yet complete and the reasons for this were outlined both within the report and in the audit letter contained within Appendix F. A possible significant VFM weakness had been identified in relation to the Council's Dedicated School Grant (DSG) deficit and arrangements and appropriate plans had been put in place to ameliorate those risks. It had been concluded that there were no residual significant weaknesses at the time of the

financial statement audit opinion date. Further work on this matter would be undertaken and a report submitted before the end of February, 2022

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.

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:

- Reference was made to Minimum Revenue Position. It was not anticipated that there would be a significant impact should there be a rise in interest rates
- Information was given in relation to an immaterial error in respect of overstating a supplier invoice as detailed within Appendix C. It was reported that the actual payment was made to the correct invoice value. This was not, therefore, considered to be material to the Council's accounts
- There was a detailed discussion in relation to the possible VFM significant weakness in relation to DSG. It was noted that appropriate plans were in place to deal with this and, in addition application had been made to the DfE for funding towards this deficit. Barnsley was in no different position to many other authorities. A further report would be submitted to a future training/awareness session
- There were no concerns in relation to the accounting for the Pension Fund liability
- In response to specific questioning Mr Mills representing the External Auditor outlined the current position with regard to prior year grant income and he explained that the previous year's accounts were materially correct

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 25th NOVEMBER, 2021:-

- (i) That the External Auditor's (ISA 260) Report 2020/21 be approved;
- (ii) That the findings on the effectiveness of the Council's internal controls and the current position with regard to the Value for Money conclusion be noted; and
- (iii) That the findings from the audit work in relation to the 2020/21 Financial Statements be noted.

48. AUDITED STATEMENT OF ACCOUNTS 2020/21

The Service Director Finance submitted the revised audited Statement of Accounts for 2020/21 following the statutory audit period and incorporating changes suggested by the External Auditor.

RECOMMENDED TO FULL COUNCIL ON THE 25TH NOVEMBER, 2021 that the revised audited Statement of Accounts 2020/21 be approved.

49. 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.

50. ANNUAL GOVERNANCE STATEMENT 2020/21

Further to Minute 21 of the meeting held on the 28th July, 2021, the Head of Internal Audit, Anti-Fraud and Assurance submitted a report presenting the Authority's 2020/21 Annual Governance Statement (AGS) as required by the Accounts and Audit Regulations 2015. The report, which was presented by Mrs A Salt (Corporate Governance and Assurance Manager), requested the Committee to refer it to the Council for consideration and adoption as part of the process for approving the 2020/21 Statement of Accounts. A copy of the Statement was appended to the report.

The Corporate Governance and Assurance Manager gave a brief resume of the contents of the Statement and how the review had been undertaken. The Statement had been updated since its presentation to the July meeting to incorporate appropriate changes. 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.

RECOMMENDED TO FULL COUNCIL ON THE 25th NOVEMBER, 2021 that the final Annual Governance Statement 2020/21 be approved and adopted.

51. INTERNAL AUDIT PROGRESS REPORT

The Head of Internal Audit, Anti-Fraud and Assurance submitted a report providing a summary of the Internal Audit activity completed and the key issues arising from it for the period 12th July to 31st October, 2021.

The report, which was presented by Mrs S Bradley (Audit Manager), outlined, amongst other things:

- 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.
- The current position with regard to Plan Assignments and indicating that there had been no changes to the Internal Audit Plan during the period
- Three audit reports had been finalised within the period and a summary of the assurance opinions where applicable and the number and categorisation of agreed management actions was detailed. One draft report had been delayed in being finalised due to the service lead illness and work in relation to another

had now been completed with a draft report being prepared (delays were due to delays in receiving information due to the service lead being ill). These would be completed before the next meeting

- No audit reports had been issued that had a limited assurance opinion although one report had highlighted a significant number of high and medium implications and work had been taken to address issues identified
- Details were provided of the outcome of other Internal Audit activities undertaken in the period that had not resulted in the production of a specific assurance opinion together with details of other Internal Audit work undertaken and current status
- Work was ongoing with management on a monthly basis to monitor the general position with regard to the implementation of management actions and to establish the reasons behind any delays. There were no concerns to report
- Information was provided about the number of vacancies within the Service as well as temporary long-term absences. Whilst it was highly likely that resources would be insufficient to deliver all the currently planned work, discussions were being held with the management with regard to the prioritisation of work to be completed to ensure efficient deployment of resources and there would be sufficient work completed upon which to base the annual opinion to the Council and other client organisations by the time of drafting the Head of Internal Audit Annual Report. A further update would be provided to the Committee in January 2022
- There were no issues to report in relation to Internal Audit's performance against the agreed Performance Indicators and whilst the percentage productivity was slightly below the target, this was due in the main to the profiling of annual leave taken
- Based on the audits reported in the period an overall reasonable assurance opinion was considered to be appropriate

RESOLVED:

- (i) that the issues arising from the completed internal audit work for the period along with the responses received from management be noted;
- (ii) that the assurance opinion on the adequacy and effectiveness of the Authority's Internal Control Framework based on the work of Internal Audit in the period to the 31st October, 2021 be noted;
- (iii) that the progress against the Internal Audit Plan for 2020/21 for the period to the 31st October, 2021 be noted; and
- (iv) that the performance of the Internal Audit Division for the period be noted.

52. DATA PROTECTION OFFICER - UPDATE REPORT

The Data Protection Officer submitted a report highlighting the work he had undertaken which provided the Committee with information and assurances regarding the Council's compliance with the Data Protection Act 2018 and UK General Data Protection Regulations.

The report outlined the key activities in which he had been involved, the areas of focus and the work he had undertaken or been commissioned to undertake together with future work planned.

He reported that he felt that whilst there would inevitably be data incidents, there was a robust and comprehensive suite of policies and guidance in place, supported by a strong and committed Information Governance Team. The joint working and liaison between the DPO, Information Governance, the SIRO, Customer Feedback and Improvement Team and Legal Services provided a robust basis to guide the Council to ensuring that data protection responsibilities were understood and complied with as effectively as was reasonably possible.

RESOLVED that the report and the information and assurances within it be noted and that a further report be submitted in six months' time in order to contribute to wider assurances as part of the Annual Governance Review process.

53. AUDIT AND GOVERNANCE COMMITTEE WORK PLAN

The Committee received a report providing the indicative work plan for period 2nd July, 2021 to 1st June, 2022.

Arising out of the above, reference was made to the current position with regard to the recruitment of a Independent Members to fill a vacancy on the Committee.

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

54. EXCLUSION OF THE PUBLIC AND PRESS

RESOLVED that the public and press be excluded from this meeting during the consideration of the following items because of the likely discourse of exempt information as defined by the specified paragraphs of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended):

Item	Type of Information Likely to be disclosed
13	Paragraph 3
14	Paragraph 7

55. UPDATE ON THE GLASSWORKS PROJECT

Kathy McArdle (Service Director Regeneration and Culture) gave an update on the progress made with the Glassworks Development and the wider Town Centre.

Particular reference was made to:

- construction and leasing
- the highways scheme/bridge construction contract
- Glassworks Centre Management arrangements

- Business turnover and footfall both within the Glassworks and the wider town centre
- The way in which visitors to the Centre were catered for
- Security arrangements

In the ensuing discussion reference was also made to the following:

- The impact of the Glassworks on the Town Centre
- The impact of a changing retail market and the benefits of having a mix of uses – retail, leisure, culture
- Business continuity arrangements
- The plans for the Glassworks and the Town Centre in the run up to Christmas

RESOLVED that the report be noted, and Katy McArdle (Service Director Regeneration and Culture) be thanked for attending the meeting and for answering Members questions.

56. REVIEW OF ACCOUNTS PAYABLE/PAYMENT PROCESSING

The Service Director Finance (Section 151 Officer) and the Head of Internal Audit, Anti-Fraud and Assurance submitted a joint report on the review of accounts payable/payment processing and detailing the management action taken to address issues identified following an internal investigation relating to a major fraud committed against the Council.

It was noted that there had been a wide-ranging review of the circumstances of this incident and appropriate action had been taken to ensure that a stronger control framework was in place to minimise the risk of such a fraud being successful in the future.

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

Arising out of this discussion, particular reference was made to the wording within the Annual Governance Statement in relation to this incident. The Service Director Finance (Section 151 Officer) noted these comments and stated that the AGS would be amended to reflect the wording contained within the External Auditor's ISA 260 report.

RESOLVED:

- (i) That the circumstances of the fraud, the management actions taken to respond, and the results of the Investigation and Internal Audit review of the controls and procedures in the Accounts Payable process be noted;
- (ii) That a further report be submitted to future meeting at the conclusion of the outstanding areas detailed within the report now submitted; and
- (iii) That a report on the outcome of Internal Audit's follow-up review of the Accounts Payable system and processes be submitted to a future meeting.

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Chair

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This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

**REPORT OF THE EXECUTIVE DIRECTOR OF CORE SERVICES /
S151 OFFICER TO AUDIT AND GOVERNANCE COMMITTEE
ON 19TH JANUARY, 2022**

**APPOINTMENT OF THE COUNCIL'S EXTERNAL AUDITOR 2023 – 2028 &
UPDATE ON MEASURES TO IMPROVE LOCAL AUDIT**

1. PURPOSE OF REPORT

- 1.1 To update Members on the available options for the procurement of external audit services for the 5-year financial years, from 2023/24 through 2027/28, and to appraise Members on the measures introduced by the Government to improve the local audit process.

2. RECOMMENDATIONS

It is recommended that:

- 2.1 **Members note the options available for the Council in respect of the routes available for the procurement of external audit services.**
- 2.2 **Members agree that the Council seeks to opt into the sector led scheme for appointing auditors (Option 3).**
- 2.3 **Members resolve to recommend to full Council: and**
- 2.4 **Members note the Government's proposals to improve the local audit process.**

3. INTRODUCTION

- 3.1 Prior to the 2018/19 financial year, the Council's external auditor was appointed on the Council's behalf by the Audit Commission. The Audit Commission was abolished on the 31st March 2015 as enacted by the Local Audit and Accountability Act 2014.
- 3.2 Following the transition from the above arrangements, local authorities were given the power to make their own choice over the procurement route for external audit services.
- 3.3 Members will recall that there were a number of options available to the Council in respect of how this decision was made which effectively would represent the Council's procurement route for the subsequent 5 year period (2018/19 through 2022/23). The Council chose the sector led option, through which the Government's 'Appointing Person', Public Sector Audit Appointments Ltd (PSAA), as part of that procurement process, appointed Grant Thornton LLP (GT), one of the "big four" international auditing firms for that period.
- 3.4 The Council has a similar decision to make in respect of the next five-year

period (2023/24 through 2027/28) which, due to the significant lead in times in respect of the procurement process and the awarding of contracts etc, the Council has a deadline of 11th March 2022 (if opting into the sector led scheme).

4. PROPOSAL AND JUSTIFICATION

4.1 The 3 options available to the Council are akin to the options that were presented during the first, five year procurement exercise as described above. Each of these options are considered below, together with an options appraisal at Appendix 1.

Option 1 – Individual Tender for External Audit Services

4.2 Under option 1 the Council would individually tender for external audit services on a standalone basis.

4.3 If the Council was to choose this procurement route, it would have to establish an Audit Panel as per the statutory regulations, which would be an independent committee, consisting wholly (or the majority) of independent members.

4.4 The primary role of the Audit Panel would be to advise the Council on:

- The maintenance of an independent relationship with the appointed local auditor; and
- The selection and appointment of a local auditor.

Option 2 – Joint Procurement for External Audit Services

4.5 Under option 2 the Council would join other local authorities to establish a joint Audit Panel which would then procure external audit services on behalf of the individual authorities within the arrangement.

4.6 Should this option be chosen, then the same requirements apply to the joint Audit panel as described under option 1 [paragraphs 4.3 and 4.4 refer].

Option 3 – Sector Led Procurement of External Audit Services

4.7 Under option 3 the Council enters a sector led scheme, via the Government's 'Appointing Person' [PSAA] which would represent a continuation of the Council's current arrangements in respect of appointing the external auditor.

4.8 PSAA would procure the external auditor on the Council's behalf, utilising the experience gained in the first national contract including a key understanding of the nature of the audit market.

4.9 The Local Government Association (LGA) supports the Appointing Person arrangements and encourages as many principal bodies as possible to opt into this scheme.

4.10 The deadline for formally opting in to this arrangement to the PSAA is the 11th March 2022. Should no response be submitted by the Council, the PSAA will assume that the Council is opting for either an individual or collective (joint local authority) process instead.

- 4.11 It is important to note that the performance of local audits in the sector, particularly over the last few years, has been challenging in terms of delivering within statutory timelines as well as the fees agreed in the PSAA contract. This is for several reasons including the significant changes to auditing standards during the period which increases the workloads for auditors, the changes to the statutory deadlines in which the auditors operate and the general availability of suitably qualified auditors within the sector.
- 4.12 These issues have been recognised by the Government and reforms via the Redmond Review will shape the future of external audit provision moving forwards. The PSAA has worked closely with the Government on these reforms, particularly in respect of the fee setting element, which will stand them in good stead in terms of shaping the future and understanding the impacts of any changes from those reforms.

Preferred Option

- 4.13 The Council has undertaken an appraisal of the three available options, details of which can be found at Appendix 1.
- 4.14 The recommended option is **Option 3** – to opt in to the sector led procurement for external audit services. This continues the current arrangements that are in place and offers the potential for economies of scale and importantly a high probability of securing auditors with the necessary experience and knowledge to effectively audit the Council [as compared with Options 1 and 2].
- 4.15 If the Council approves this option, during the compulsory appointing period, then the Council will need to give notice to the Appointing Person (PSAA) of the decision to become an opted in council.

5. UPDATE ON THE GOVERNMENT’S MEASURES TO IMPROVE THE LOCAL AUDIT PROCESS

- 5.1 Local government audit plays a vital role in providing local authorities with accurate and reliable financial information to plan and manage their services and finances effectively. The timely completion of local audits also ensures local authority financial arrangements, including whether value for money is being achieved, are transparent to the taxpayer, and facilitates assurance for the public sector.
- 5.2 There have been several challenges around the timeliness of local audits in recent years with only 45% of 2019/20 audits completed by the deadline of 30 November 2020 and, most recently, only 9% of 2020/21 audits completed by the extended deadline of 30 September 2021 [the Council not being one of the 9% completed on time].
- 5.3 There are a variety of reasons for this including:
- Audit firms are seeing a high turnover of qualified staff.
 - Increase in audit scope and regulatory pressures; and
 - Local authorities have competing priorities and have often diverted their resources from the audit process to other areas, affecting their

preparedness for audit, exasperated by the COVID 19 pandemic [not applicable to BMBC].

- 5.4 The Government has therefore proposed new measures to address the issues above which are summarised in the table below with further detailed analysis provided at Appendix 2.

Section	Key Points / Measures
Section 1 – Measures relating to audit firms and timely completion of audits	Financial Reporting Council to revise Key Audit Partner guidance and CIPFA to develop local audit training diploma and provide technical advisory service to auditors.
Section 2 – Measures relating to local bodies and quality of accounts preparation	Government to provide additional resources to local authorities and CIPFA to publish guidance on audit committees.
Section 3 – Proposed measures relating to accounting and audit requirements	National Audit Office to review auditing requirements and CIPFA to review accounting requirements as well as delaying implementation of standardised statements.
Section 4 – Longer-term measures to help stabilise the market and address long-term supply issues	Extending deadline for audit of accounts, providing certainty of auditing requirements over the appointing period, development of industry-led workforce strategy.

6. CONSIDERATION OF ALTERNATIVE APPROACHES

- 6.1 Consideration of the other two options available to the Council is highlighted in Section 4 above.

7. IMPLICATIONS FOR LOCAL PEOPLE/SERVICE USERS

- 7.1 None

8. FINANCIAL IMPLICATIONS

- 8.1 Consultations have taken place with representatives of the Service Director – Finance (S151 Officer).

Appointment of the External Auditor

- 8.2 There are no additional financial implications as a result of adopting Option 3, subject to any new fees being broadly in line with revised fee levels for 21/22.

The Government's Proposed Measures to Improve Local Audit

- 8.3 The Government are proposing a suite of new measures, aimed at improving the local audit market and process [Appendix 2 refers].
- 8.4 Most of the measures are procedural and operational. The Government recognises that some of these new requirements will present a new burden on councils moving forward and are therefore proposing to provide additional funding to the sector, totalling £15M p.a. for 21/22 through 24/25. The Council's share of that is expected to total approximately £0.054M p.a.

Financial Implications/Consultation



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(To be signed by senior Financial Services officer
where no financial implications)

9. EMPLOYEE IMPLICATIONS

9.1 None

10. LEGAL IMPLICATIONS

10.1 None

11. CUSTOMER AND DIGITAL IMPLICATIONS

11.1 None

12. COMMUNICATIONS IMPLICATIONS

12.1 None

13. CONSULTATIONS

13.1 None

14. EQUALITY IMPACT

14.1 Not applicable

**15. THE CORPORATE PLAN AND THE COUNCIL'S PERFORMANCE
MANAGEMENT FRAMEWORK**

15.1 None

16. TACKLING THE IMPACT OF POVERTY

16.1 None

17. TACKLING HEALTH INEQUALITIES

17.1 None

18. REDUCTION OF CRIME AND DISORDER

18.1 None

19. RISK MANAGEMENT ISSUES

19.1 None

20. HEALTH, SAFETY AND EMERGENCY RESILIENCE ISSUES

20.1 None

21. COMPATIBILITY WITH THE EUROPEAN CONVENTION ON HUMAN RIGHTS

21.1 None

22. CONSERVATION OF BIODIVERSITY

22.1 None

23. GLOSSARY

NAO – National Audit Office

CIPFA – Chartered Institute of Public Sector Finance and Accountancy

DLUHC – Department for Levelling Up, Housing and Communities

24. LIST OF APPENDICES

Appendix 1 – Option Appraisal for Route of Appointment of the External Auditor

Appendix 2 – Summary of Proposed Measures to Improve Local Audit

25. BACKGROUND PAPERS

PSAA Website - <https://www.psa.co.uk/>

Proposed Measures - <https://www.gov.uk/guidance/measures-to-improve-local-audit-delays#section-1-measures-relating-to-audit-firms-and-timely-completion-of-audit>

Redmond Review - <https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-independent-review>

If you would like to inspect background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made

Report author: Neil Copley

Appendix 1 – Option Appraisal for Route of Appointment of the External Auditor

OPTION 1 – INDIVIDUAL TENDER FOR EXTERNAL AUDIT SERVICES	
Benefits / Advantages	Risks / Disadvantages
Setting up an audit panel allows the Council to take maximum advantage of the local appointment regime and have local input into both the specification and appointment decision.	Recruitment and servicing of the Audit Panel, running the bidding exercise and negotiating the contract is estimated by the LGA to cost in the order of £15,000 plus on-going expenses and allowances.
	The Council will not be able to take advantage of the economies of scale and reduced fees that could be available through joint or national procurement contracts.
	The assessment of bids and decision on awarding contracts will be taken by independent appointees and not solely by elected members. Hence BMBC members do not have any influence over the process or appointment.
	The external audit market has become very challenging, with firms unable to recruit staff. Often audited bodies nationally in the public and private sector have found that they have at most one bidder for their audit. Consequently single-procurement risks having very little or no choice of audit provider [and ergo potentially the quality].

OPTION 2 – JOINT PROCUREMENT FOR EXTERNAL AUDIT SERVICES	
Benefits / Advantages	Risks / Disadvantages
The costs of setting up the panel, running the bidding exercise and negotiating the contract will be shared across several authorities.	There will be the usual delays and time needed to negotiate and agree joint provision with other LA bodies, with the danger [if agreement cannot be reached in a timely fashion] that the Council is then too late to opt-in to the PSAA arrangements.
	The decision-making body will be further removed from local input, with potentially no input from elected members where a wholly independent audit panel is used, or possibly only one elected member representing each council, depending on the constitution agreed with the other bodies involved.
There is greater opportunity for negotiating some economies of scale by being able to offer a larger combined contract value to the firms.	The choice of auditor could be complicated if individual councils have independence issues. An independence issue occurs where the auditor has recently or is currently carrying out work, such as consultancy or advisory work for a council. Where these issues occur, some auditors may be prevented from being appointed by the terms of their professional standards. There is a risk that if the joint audit panel chooses a firm that is conflicted for this Council, then the Council may still need to make a separate appointment with all the attendant costs and loss of economies potentially available through joint procurement.
	The problems in obtaining a range of auditing firms prepared to bid, as discussed under Option One, are equally applicable under this option.
	Lack of enthusiasm for this approach from other LAs contacted [For several reasons there was little appetite for councils from across SY to participate in a joint procurement].

OPTION 3 – SECTOR LED PROCUREMENT OF EXTERNAL AUDIT SERVICES	
Benefits / Advantages	Risks / Disadvantages
The costs of setting up the appointment arrangements and negotiating fees will be shared across all opt-in authorities.	Individual elected members / independent representatives will have less opportunity for direct involvement in the appointment process other than through the LGA and/or stakeholder representative groups.
By offering large contract values, the firms should be able to offer better rates and lower fees than are likely to result from local negotiation.	In order for the national process to be run, councils must indicate that they wish to opt-in by the end March 2022.

OPTION 3 – SECTOR LED PROCUREMENT OF EXTERNAL AUDIT SERVICES

Benefits / Advantages	Risks / Disadvantages
Utilise PSAA expertise in compiling the tender, to undertake all the procurement process, so there would be no costs or resource requirements from the Council. Also, PSAA commit to the on-going contract management, QA of contract delivery, and agreement of additional fee requests. Given the Council's current budgetary position, officers would prefer not to devote time to an external audit appointment process.	The re-procurement exercise in 2017 resulted in very considerable reductions in audit fees. However, the auditing firms have not been able to deliver audits to the desired quality / timeliness for these fees, resulting in several increases in fees over the period. Appointing as part of a smaller group or individually might make the firms more reluctant to ask for fee increases, or at least the Council might have more influence over fee negotiations as these would be directly with the firm.
Any conflicts of interest at individual authorities would be managed by PSAA who have several contracted firms to call upon.	
The appointment and subsequent audit are demonstrably independent of the Council.	
PSAA manage any subsequent fee disputes and can apply their knowledge from other clients to determining a reasonable fee.	
Supports the LA collective national procurement process.	

Appendix 2 – Summary of Proposed Measures to Improve Local Audit

Section 1 – Measures relating to audit firms and timely completion of audit	
Measure	Practical Impact / Impact on BMBC
FRC to publish updated Key Audit Partner (KAP) guidance by spring 2022, including new routes for an experienced Registered Individual to become a KAP	Training support for external auditors to allow new route for auditors to become key audit partners.
Work with CIPFA to further develop the proposal for a new local audit training diploma in local government financial reporting and management aimed at different levels of auditor, and a new technical advisory service that could provide support to firms, and in particular new entrants	Designed to increase supply / quality in the audit market, external auditors will have a larger pool of talent to choose from. The Council should see a better quality of audit as a result.
Section 2 – Measures relating to local bodies and quality of accounts preparation	
Measure	Practical Impact / Impact on BMBC
DLUHC to provide further funding of £45 million over the course of the next Spending Review period to support local bodies with the costs of strengthening their financial reporting, new burdens related to appointment of independent members and other Redmond recommendations and increased auditing requirements.	The Council is due an element [approximately £0.054M] of the £15M for 21/22 to support new burdens from the new VfM requirements placed on audited bodies / external auditors. It is expected that the Council will be entitled to a similar amount p.a. for the next 3 year period (22/23 – 25/26).
DLUHC to provide via the Local Government Association sector grant for a number of targeted training events for audit committee chairs	See funding point above
CIPFA to publish strengthened guidance on audit committees by April 2022. The guidance will emphasise the role that audit committees should have in ensuring accounts are prepared to a high standard, alongside broader changes including appointment of independent members. Following consultation, CIPFA will consider making the guidance, audit committee / independent member processes a statutory requirement.	Council to provide Audit Committee training on new guidance. No other implications on independent members as already in situ [TBC].
Section 3 – Proposed measures relating to accounting and audit requirements	
Measure	Practical Impact / Impact on BMBC
NAO rolling over of amendments to 20/21 AGN 03 and 07 to allow for alteration of the timing of elements of the VfM arrangements work and to enable more focus on fully delivering opinions on the financial statements in line with statutory timeframes.	Audit of VfM for 2020/21 continues to the revised deadline, following issuing of audit opinion for the financial statements.
CIPFA/LASAAC is undertaking a project to improve the presentation of local authority accounts to inform the development of the 22/23 Accounting Code and comply with IFRS and statutory accounting principles. HMT to undertake thematic review of financial reporting valuations for non-investment properties to inform development of the Accounting Code from 22/23 onwards.	Potential change to the format / structure of the accounts from 22/23, to make financial information more transparent and accessible for lay people.
The government has asked CIPFA/LASAAC to consider the merits of a time-limited change to the Accounting Code for 21/22.	A potential change to how fixed assets are valued for 21/22 which may change both accounting and auditing requirements.
Delaying the implementation of standardised statements and associated audit requirements	Delay to the implementation of these proposals will allow Council finance officers to concentrate on the

	wider issues associated with the current accounting / auditing requirements.
Section 4 – Longer-term measures to help stabilise the market and address long-term supply issues	
Measure	Practical Impact / Impact on BMBC
PSAA to progress their proposed procurement strategy for the next round of local audit contracts from 2023/24	The Council's approach in terms of the next round of local audit contracts is detailed in the first part of this report.
Extending the deadline for publishing audited local authority accounts to 30 November 2022 for 21/22 accounts and the 30 September date for 5 years from 2023/24 – 2027/28.	The auditing period is extended which places elongated pressure on Council finance staff in respect of the resources involved in supporting the audit. Clarity is required on the proposed deadline in terms of whether the Council is still required to submit draft accounts by the end of May.
NAO to prepare for a re-laying of the Code of Audit Practice 2020 in parliament, so that it will apply for the whole of the next appointing period.	This provides clarity of the auditing requirements for the appointing period which will provide stability to audit firms.
Developing an industry-led workforce strategy, working with system leaders and audit firms, to consider the future pipeline of local audits, and associated questions related to training and qualifications.	Provides framework for audit services moving forwards.

Item 4

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

AUDIT COMMITTEE – 19 January 2022

Local Code of Corporate Governance

1. Purpose of this report

- 1.1 To consider the Local Code of Corporate Governance attached as Appendix One to this report. This code was substantially updated in 2020 and was approved by the Audit and Governance Committee in July 2020.
- 1.2 The Code has been reviewed and except for a few minor amendments to reflect changes to Board and committee names, the Code continues to reflect the corporate position.

2. Recommendation

- 2.1 **The Committee is asked to consider the Local Code of Corporate Governance, recommending it to Cabinet for approval and publication on the Council's website.**

3. Background information

- 3.1 The Local Code of Corporate Governance is the overall statement of the Council's corporate governance principles and commitments.
- 3.2 Whilst there is no legal or statutory requirement for a Council to have a Local Code of Corporate Governance, it is good practice to have one and publish it to demonstrate the Council's commitment to high standards of corporate governance.
- 3.3 The Local Code of Corporate Governance has been reviewed and some minor amendments to reflect changes to Board and committee names have been made – the bulk of the document is the same as originally approved in 2020. The Code will be published on the Council's website as part of a developing suite of governance documents which will include the Annual Governance Review Process and the Annual Governance Statement.
- 3.5 The Code has been prepared in accordance with the CIPFA publication "Delivering Good Governance in Local Government: Framework" (2016) – which sets out the standards for local authority governance in the UK
- 3.6 Sections 1 - 4 of the Code outline:
 - An introduction to delivering good governance
 - How this is monitored and reviewed

- A signed certification of the Code by the Leader of the Council and the Chief Executive – acknowledging their commitment to the Code and the Council’s governance arrangements
- An overview of the governance structure and responsibilities across the Council

3.7 Appendix A of the Local Code of Corporate Governance focuses on the 7 principles of corporate governance and alongside each principle details of Barnsley’s commitment to achieving good governance in practice are outlined.

Appendix:

Appendix One – Local Code of Corporate Governance

Officer Contact: Alison Salt - Corporate Governance and Assurance Manager

Email: alisonsalt@barnsley.gov.uk

Date: 6th January 2022

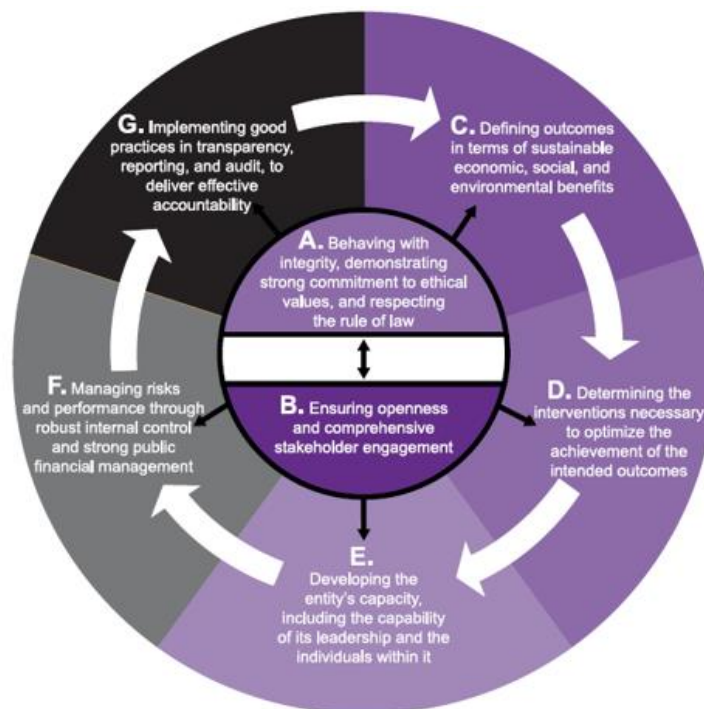
Barnsley Metropolitan Borough Council Code of Corporate Governance

1. Introduction to Delivering Good Governance

1.1 The Council is committed to ensuring good governance principles and management practices are adopted in all business activities to ensure public trust. This Code of Corporate Governance provides a public statement that sets out the way in which the Council will meet and demonstrate that commitment. It includes the political arrangements, administrative systems, policies, and processes as well as the culture and values that underpin arrangements for the effective:

- Allocation of resources in accordance with agreed policies and priorities
- Sound, transparent, and inclusive decision making
- Management of the organisation, performance, and accountability for the use of those resources to achieve the desired outcomes for service users and communities

1.2 "Delivering Good Governance in Local Government: Framework" (2016) published by CIPFA provides guidance on the standards for local authority governance in the UK. This Framework sets out seven core principles of governance as detailed in the diagram below, and illustrates that good governance is dynamic and involves continuous evaluation and review.



- 1.3 Barnsley Council has adopted these principles of good governance and developed its Code of Corporate Governance to reflect its responsibilities. This Code sets out the key systems, policies and procedures that comprise the Council's Governance Framework.
- 1.4 The Council's key governance areas are reviewed annually to provide assurances with regards effectiveness as part of the preparation of the annual governance statement.
- 1.5 The Council recognises that establishing and maintaining a culture of good governance is as important as putting in place a framework of policies and procedures. The Council expects members and officers to uphold the highest standards of ethics, conduct and behaviour and to act with openness, integrity, and accountability in carrying out their duties.
- 1.6 This Code aims to ensure that the Council is doing the right things, in the right way. Further information regarding each of the seven core principles and the behaviours and actions that demonstrate good governance in practice are detailed at Appendix A.

2. Monitoring and Review

- 2.1 Regulation 6(1)(a) of the Accounts and Audit Regulations 2015 requires an authority to conduct a review of the effectiveness of its systems of internal control and include a statement on the review with any published Statement of Accounts. This is known as the Annual Governance Statement.
- 2.2 As such the Council will monitor its governance arrangements for their effectiveness in practice and will review them on a continuing basis to ensure that they are up to date and working effectively. The Council's Governance Assurance Framework sets out in more detail how the Council will seek assurance on its adherence to the principles of governance.
- 2.3 On an annual basis the Leader of the Council and the Chief Executive will publish an Annual Governance Statement, which will:
- Assess how the Council has complied with the Code of Corporate Governance
 - Provide an opinion of the effectiveness of the Council's arrangements
 - Provide details of how continual improvement in the systems of governance will be achieved.

3. Certification

- 3.1 We hereby certify our commitment to this Code of Corporate Governance and will ensure that the Council continues to review, evaluate, and develop the Council's governance arrangements to ensure continuous improvement of the Council's systems.

Leader of the Council

Chief Executive

Date:

Date:

4. Governance Structure and Responsibilities

Function	Responsibilities
The Council	<ul style="list-style-type: none"> • Comprises 63 Elected Members covering the 21 wards of the Borough of Barnsley • Approves the Corporate Plan, Policy and Budgetary Framework • Approves the Constitution • Appoints Committees and Sub-Committees
The Mayor	<ul style="list-style-type: none"> • Is the ceremonial figurehead of the Council • Is the person in charge of managing debate at full Council meetings • Is a non-political role • Is voted for every year by Council
Cabinet	<ul style="list-style-type: none"> • Comprises the Leader and 7 other Elected Members • The main decision-making function of the Council • Develops the Council's strategic vision • Decides how best to use the financial resources available and which services to provide
Area Councils	<ul style="list-style-type: none"> • 6 Area Councils covering the Borough • Elected Members take responsibility for local planning, decision making and performance monitoring of local services • Manage devolved budgets proportionate to size of the area
Overview and Scrutiny Committee	<ul style="list-style-type: none"> • Elected Members can scrutinise the overall performance of services in the Borough • Monitors the strategic performance of the Council • Holds the Council's own services to account • Investigates and holds to account other agencies providing services on the Council's behalf • Can call-in when appropriate specific Cabinet decisions for further consideration
Audit and Governance Committee	<ul style="list-style-type: none"> • Provides independent assurance to the Council on the adequacy and effectiveness of the governance, internal control risk management arrangements • Oversees the work of Internal and External Audit • Considers and recommends for approval the Code of Corporate Governance, Annual Governance Statement, and the Statement of Accounts
Other Regulatory Committees	<ul style="list-style-type: none"> • Planning Regulatory Board – considers applications for planning permission and similar issues, as well as public rights of way – taking account of national and local planning policies and relevant legislation • General Licensing Regulatory Board – is responsible for the licensing of taxis (private and hackney carriages, drivers, and vehicles) amusement venues and other similar types of premises and activities – taking account of national and

Function	Responsibilities
	local policies and relevant legislation <ul style="list-style-type: none"> • Statutory Licensing Regulatory Board – is responsible for licenses for liquor and entertainment premises as set out in the licensing Act 2003.
Head of Paid Service (Chief Executive)	<ul style="list-style-type: none"> • Overall corporate management and operational responsibility for the Council (including overall management responsibility for all employees) • The provision of professional advice to all parties in the decision-making process and, responsibility for a system of record keeping for all the Council's decisions. • Representing the Council on partnership and external bodies. • Determines how the Council's functions are discharged, the number and grade of Officers required to discharge the functions and how Officers are organised into an overall operational structure.
Section 151 Officer (Service Director – Finance)	<ul style="list-style-type: none"> • Accountable for developing and maintaining the Council's financial management and accounting framework • Ensuring lawfulness and financial prudence of decision making and the administration of financial affairs • Providing advice to all Councillors on the scope of powers and authority to take decisions, maladministration, financial impropriety, probity and budget and policy framework issues, and will support and advise Councillors and Officers in their respective roles • Contributes to the effective corporate management and governance of the Council
Monitoring Officer (Service Director – Governance, Member Services and Business Support)	<ul style="list-style-type: none"> • Monitoring, reviewing, and maintaining the Constitution of the Council • Ensuring lawfulness and fairness of decision making • Advising whether decisions are within the budget and policy framework • Providing advice to all Councillors on the scope of powers and authority to take decisions, maladministration, financial impropriety, probity and budget and policy framework issues • Contribute to the effective corporate management and governance of the Council
Senior Management Team (Chief Executive and Executive Directors)	<ul style="list-style-type: none"> • Implements the policy and budgetary framework set out by the Council and provides advice to the Council on the development of future policy and budgetary issues • Oversees the delivery of the Council's Corporate Plan and the implementation of Council policies
Service Directors	<ul style="list-style-type: none"> • Responsible for developing, maintaining and implementing the Council's governance risk and control framework • Responsible for the operational management and delivery of Council services and functions. • Contribute to the effective corporate management and governance of the Council
Head of Internal Audit, Anti-Fraud and Assurance	<ul style="list-style-type: none"> • Provides independent assurance and opinion on the adequacy and effectiveness of the Council's risk management, assurance, and control framework. • Through the Internal Audit Service, deliver an Annual Programme of risk-based audit activity, including counter fraud

Function	Responsibilities
	and investigation activity and make recommendations for the improvement in the management of internal controls, risk management and governance.
Boards and Partnerships	<p>Various Boards operate to manage specific areas of the Council's responsibilities discharged through working with other organisations and agencies under specific delegated procedures.</p> <ul style="list-style-type: none"> • The key Boards and Partnerships are: <ul style="list-style-type: none"> ➤ Safeguarding Partnership ➤ Barnsley Safeguarding Adults Board ➤ One Barnsley Board ➤ Health and Wellbeing Board ➤ Barnsley Economic Partnership ➤ Safer Barnsley Partnership ➤ Stronger Communities Partnership ➤ BDR Waste Management Partnership – Joint Waste Board
External Advice, Guidance, and Inspection	<p>The Council receives independent advice, guidance, and inspection activity from a number of national bodies.</p> <ul style="list-style-type: none"> • These bodies include: <ul style="list-style-type: none"> ➤ Local Government and Social Care Ombudsman ➤ Care Quality Commission (CQC) ➤ OFSTED ➤ The Information Commissioner ➤ the Council's External Auditor

Code of Corporate Governance

Principles	Sub-principles	
<p>Acting in the public interest requires a commitment to and effective arrangements for:</p>		<p>Barnsley's commitment to achieving good governance in practice includes:</p>
<p>A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.</p>	<ul style="list-style-type: none"> • Behaving with integrity • Demonstrating strong commitment to ethical values • Respecting the rule of law 	<p>The Council('s):</p> <ul style="list-style-type: none"> • Constitution, Policy Framework and HR Policies creates the conditions to enable Members and Officers to demonstrate a strong commitment to the rule of law, adhering to relevant laws and regulations which allows them to utilise powers for the benefit of the community • Constitution outlines the roles and responsibilities of Members and Statutory Officers (Head of Paid Services, Monitoring Officer and Section 151 Officer) in line with legislative and regulatory requirements • Ethical framework (Code of Conduct, Declaration of Interests) is built on the Seven Principles of Public Life and sets out the standards of behaviour, conduct and values the Council expects of its Members, Officers and those who work with the Council. This together with promoting the framework ensures that high standards of conduct are maintained and where appropriate safeguards are put in place, and action taken where breaches occur. <ul style="list-style-type: none"> ○ Organisational values of integrity, collaboration and commitment are communicated through the Corporate Plan and its supporting policies and procedures • Policy framework identifies the key policies and strategies that ensure effective delivery of the Councils Corporate Plan, ensuring compliance with statutory duties/responsibilities <ul style="list-style-type: none"> ○ Policy and strategy guidance ensures that the policy development process gives due consideration to key aspects such as sustainable economic, social and environmental benefits and the long-term view ○ Council policies are considered and approved by Members • Effective procurement arrangements are embedded to enable the Council to demonstrate good practice, ethical values, compliance with legislation, realise value for money and public accountability: • Robust Anti-Fraud and Corruption Policies are in place to minimise the risk of loss, fraud, theft or bribery impacting upon the resources available to the Council and protect the public purse. • Confidential Reporting (Whistleblowing) Policy demonstrates our commitment to review/investigate matters that may compromise the Council's values or integrity. • Corporate training and induction programmes ensure that Members are offered, and Officers receive appropriate training to assist them in effectively executing their duties and understand the standards of behaviour expected of them • Decision making processes ensure that legal and ethical implications are fully considered

Principles	Sub-principles	
<p>Acting in the public interest requires a commitment to and effective arrangements for:</p>		<p>Barnsley’s commitment to achieving good governance in practice includes:</p>
<p>B. Ensuring openness and comprehensive stakeholder engagement</p>	<ul style="list-style-type: none"> • Openness • Engaging comprehensively with institutional stakeholders • Engaging with individual citizens and service users effectively 	<p>The Council:</p> <ul style="list-style-type: none"> • Has adopted a Scheme of Delegation with the intention of giving a clear transparent, effective and accountable decision-making process • Will effectively evidence and record all decisions made in connection with the discharge of its functions and publish these appropriately <ul style="list-style-type: none"> ○ This is achieved through the adoption of a standard reporting format in relation to Cabinet reports, which ensures all relevant information is provided to enable transparent decision making ○ The award of contracts are appropriately documented and the Council will maintain and publish a Contracts Register ○ All payments to suppliers over £500 are published on a monthly basis • Wishes to retain the ability to work in an agile manner using a range of partnership delivery models to ensure outcomes are achieved in the most efficient and effective ways possible <ul style="list-style-type: none"> ○ Partnership framework will ensure that there is clarity around what constitutes appropriate governance for different types of partnership working. This in turn will ensure accountability, both in terms of achieving outcomes, but also in terms of corporate governance and managing risks • Is committed to engaging with the community and other stakeholders on key matters affecting the Council. Our Consultation and Engagement Policy, defines the types of issues we will consult and engage on, how this will be undertaken and how we will utilise the feedback received <ul style="list-style-type: none"> ○ A survey with residents will be completed every two years so that we can access an up-to-date summary of the views of the citizens on the Borough, their neighbourhood and the delivery of public services ○ Will use various forums and groups to consult/involve communities and services users (formal and informal) to obtain their views and experiences to help determine the most appropriate and effective interventions and course of action ○ Communications Strategy sets out the plan for improving communication across the Council with employees, partners, residents, and other stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear ○ Encourages, collects, and evaluates the views and experiences of communities, citizens, service users and organisations of different backgrounds • Recognises and values the diversity of our communities and our workforce. We are committed to providing inclusive services that meet the needs of all our service users and to ensuring that we are an inclusive employer – this is supported by our Equality and Inclusion Policy and Strategy • Has a Corporate Plan that puts customers at the heart of what we do, considers new innovative ways of delivering sustainable services and seeks to ensure more people get involved locally

Principles	Sub-principles	
<p>Acting in the public interest requires a commitment to and effective arrangements for:</p>		<p>Barnsley’s commitment to achieving good governance in practice includes:</p>
<p>C. Defining outcomes in terms of sustainable economic, social, and environmental benefits</p>	<ul style="list-style-type: none"> • Defining outcomes • Sustainable economic, social, and environmental benefits 	<p>The Council:</p> <ul style="list-style-type: none"> • Maintains a Corporate Plan which is supported by a Corporate Programme of delivery and individual Service Plans which outline its ambitions and promises to our residents and shows how the Council will use its resources to deliver these. We have an outcome-based approach to service planning and performance management • Maintains a Medium-Term Financial Strategy (MTFS) which supports the delivery of the Council’s key outcomes and underpins the development of individual business and service delivery plans • Ensures it considers the impact of its decisions in terms of economic, social, and environmental consequences – all decision-making reports must include analysis of issues such as financial implications, health and safety, consultations, risk management, equality and inclusion and social inclusion • Produce a Local Plan, in accordance with legislation and national policy that sets the overall strategic direction for the Borough for up to the next 15 years • Will work with Sheffield City Region Mayoral Combined Authority to prepare and maintain a joint strategic plan in accordance with legislation and national policy for South Yorkshire and wider region.
<p>D. Determining the interventions necessary to optimise the achievement of the intended outcomes</p>	<ul style="list-style-type: none"> • Determining interventions • Planning interventions • Optimising achievement or intended outcomes 	<p>The Council:</p> <ul style="list-style-type: none"> • Operates a planning and control cycle covering strategic and operational plans, ensuring that key priorities/outcomes are identified, and delivery plans are in place to achieve the desired outcomes • Ensures that forward plans, key decisions and reports allow for effective scrutiny and challenge • Decision Making Guide and templates for reports ensures that all relevant implications are considered and consulted upon to effectively achieve the intended objectives and outcomes, and that there is a rigorous analysis of the options available: • Has a Consultation and Engagement Policy which sets out the Council’s commitment to consider feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available • Has a Comments, Compliments and Complaints Policy which recognises that customer feedback is a valuable resource for improving the experience of customers and shaping the design and delivery of our services • Has a Business Continuity and Emergency Resilience framework which ensures the resilience of the organisation to any eventuality and to help ensure continuity of service to its key customers. Emergency Planning processes are in place to allow a response to an external incident as part of the Authority’s duties under the Civil Contingencies Act 2004.

Principles	Sub-principles	
<p>Acting in the public interest requires a commitment to and effective arrangements for:</p>		<p>Barnsley’s commitment to achieving good governance in practice includes:</p>
<p>E. Developing the entity’s capacity including the capability or its leadership and the individuals within it</p>	<ul style="list-style-type: none"> • Developing the entity’s capacity • Developing the capability of the entity’s leadership and other individuals 	<p>The Council:</p> <ul style="list-style-type: none"> • Leader and Chief Executive have clearly defined/distinctive leadership roles: <ul style="list-style-type: none"> ○ The Chief Executive leads in implementing strategy and managing the delivery of services and other outputs set by Members ○ The Leader gives appropriate overall direction and policy to the Council, and works with other authorities to help shape and influence National Policy • Constitution sets out the protocols on Member relations to ensure that elected and appointed leaders negotiate with each other regarding their respective roles and that a shared understanding of roles and objectives is maintained • Constitution and supporting delegations specify the types of decisions that are delegated and those that are reserved for the collective decision making of the Cabinet or full Council • Has a Digital First initiative that provides Members and Officers with efficient systems and technology that support them in performing their role and delivering against the Council’s Corporate Plan • Has an Asset Management Framework that ensures that all of the Council’s assets are compliant, sustainable, fit for purpose and support the delivery of Council services and strategic objectives • Has a Workforce Strategy that ensures the Council has a workforce which can deliver against the Corporate Plan, and that it has the right behaviours which reflect the Council’s ambitions and values: <ul style="list-style-type: none"> ○ Holds employee to account for their performance and behaviour through a performance management process ○ Training and development programmes for both Members and Officers ensures they have the appropriate skills and knowledge to support them in fulfilling their roles and responsibilities, and that they remain up to date with current best practice and statutory requirements ○ Leadership and Management Training Programmes ○ Wellbeing initiatives, targeted interventions and Occupational Health arrangements help to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing
<p>F. Managing risks and performance through robust internal control and strong public financial management</p>	<ul style="list-style-type: none"> • Managing risk • Managing performance • Robust internal control • Managing data • Strong public financial management 	<p>The Council:</p> <ul style="list-style-type: none"> • Has a Risk Management Policy and Strategy that recognises that risk management is an integral part of the operation of the Council and must be considered in all aspects of decision making. • Has a Health and Safety Policy supported by a strategy and management framework that seeks to ensure compliance with the law and ensure the risks associated with the Health and Safety of those engaging in Council activities are appropriately managed, regularly reviewed and investigations completed where incidents occur. • Operates a Safeguarding Policy, strategy and procedures that actively promote safeguarding to prevent harm and reduce the risk of abuse, neglect, or exploitation to adults with care and support needs and children at risk • Performance Management Framework includes a suite of outcomes-based performance information which

Principles	Sub-principles	
<p>Acting in the public interest requires a commitment to and effective arrangements for:</p>		<p>Barnsley’s commitment to achieving good governance in practice includes:</p>
		<p>demonstrates how the Council is achieving the ambitions detailed within the Corporate Plan and how its services are performing:</p> <ul style="list-style-type: none"> ○ Performance is regularly reviewed by Senior Officers and Members to monitor the effectiveness of the Council’s arrangements, and where appropriate the Council will benchmark its activities with others. ○ Managers regularly review and validate the quality and accuracy of performance data ○ Internal Audit regularly review and audit the quality and accuracy of data as part of each audit review • Has project management procedures are in place to enable delivery, allow challenge, seek improvements, and make effective decisions to ensure achievement of targeted outcomes • Through Boards and other meetings, creates a platform for Members and Senior Officers to challenge and discuss key issues before, during and after decisions are made, thus encouraging effective and constructive challenge and debate <ul style="list-style-type: none"> ○ Cabinet reports are circulated to key officers and undergo a series of reviews, revisions, and comments prior to finalising to ensure all relevant matters are considered • Has Senior Managers who are responsible for putting into place an appropriate internal control environment to manage the risks facing the delivery of the services and functions they are responsible for • Maintains an effective internal audit service – in line with the Public Sector Internal Audit Standards and CIPFA’s Guide on the Role of the Head of Internal Audit: <ul style="list-style-type: none"> ○ Produces an Annual Report providing an opinion on the Council’s adequacy and effectiveness in relation to governance, risk management and control • Maintains an effective Audit and Governance Committee which provides a source of effective assurance regarding arrangements for managing risk, fraud and maintaining an effective control environment and governance arrangements: <ul style="list-style-type: none"> ○ Reflects the political composition of the Council ○ Includes a majority of independent members with knowledge and understanding of audit and governance processes ○ Operates in compliance with CIPFA guidance on effective audit committees • Has an anti-fraud and corruption framework that ensures effective Counter Fraud and corruption arrangements are embedded across the Council promoting a zero-tolerance approach: <ul style="list-style-type: none"> ○ Has a dedicated Corporate Anti-Fraud Team to provide advice and investigate suspected fraud or wrongdoing ○ The Council participates in the National Fraud Initiative • Information Governance is strategically managed by the Information Governance Board which oversees and monitors matters such as compliance with the Data Protection Act 2018 / GDPR, Freedom of Information Act and cyber security issues. It also monitors suspected or identified breaches of personal data <ul style="list-style-type: none"> ○ The Council’s Information Governance policy framework sets out a commitment for the safe collection, storage, use and sharing of data, underpinned by processes and developed procedures to safeguard personal data

Principles	Sub-principles	
Acting in the public interest requires a commitment to and effective arrangements for:		Barnsley's commitment to achieving good governance in practice includes:
		<ul style="list-style-type: none"> ○ The Council's ICT and Information Security Standards provide guidance on the arrangements that must be in place to ensure personal data is kept protected and secure ○ Effective information sharing arrangements are in place and operate effectively when sharing data with other bodies in accordance with the Data Protection Act, GDPR and the Council's Information Management Policy ○ Has a designated Data Protection Officer who operates independently of senior management ● Ensures that effective financial management arrangements are embedded across the Council, which support the short, medium- and long-term achievement of the Council's ambitions and service provision: <ul style="list-style-type: none"> ○ Medium- and Long-Term Financial Strategy and budget setting processes align resources to the organisation's objectives ○ Budget development and management framework enables the Council to review and adjust its budget during the financial year to make the most effective use of resources in delivering the Council's policies and objectives
G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability	<ul style="list-style-type: none"> ● Implementing good practices in transparency ● Implementing good practices in reporting ● Assurance and effective accountability 	<p>The Council:</p> <ul style="list-style-type: none"> ● Has a Publication Scheme which describes the kinds of information available, where this can be found and provides guidance about how to access personal information and submit a Freedom of Information request ● Maintains a Forward Plan to provide transparency and access to information regarding future decisions ● Reports for the public and stakeholders are written and communicated in a fair, balanced and understandable style, appropriate to the intended audience and ensuring that they are easy to access and understand ● Completes and provides the annual financial statements in accordance with statutory best practice guidance ● Reviews its governance arrangements publicly in line with its Code of Corporate Governance and associated Assurance Framework, and publishes its results in an Annual Governance Statement ● Recommendations for corrective action made by Internal and External Audit and other regulatory bodies are monitored to ensure that they are acted upon and progress is reported to the Audit and Governance Committee

Reviewed: January 2022

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Item 5

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

AUDIT AND GOVERNANCE COMMITTEE – 19th January 2022

ANNUAL GOVERNANCE REVIEW PROCESS

1. Purpose of the Report

- 1.1 The purpose of this report is to provide the Audit and Governance Committee with an update regarding the Annual Governance Review (AGR) process that has been determined and used to influence and assist in the preparation of the Council's Statutory Annual Governance Statement (AGS) for 2021/22.
- 1.2 The consideration of the Council's governance and assurance framework and the preparation of the AGS are key responsibilities of the Audit and Governance Committee.

2. Recommendations

2.1 It is recommended that the Audit and Governance Committee:

- i. **Consider the Annual Governance Review Process for 2021/22;**
- ii. **Receive further reports relating to the Annual Governance Review Process for 2021/22 and how the Review will be used to inform the development of the Annual Governance Statement.**

3. Annual Governance Review Process – 2021/22

- 3.1 The Annual Governance Review (AGR) process for 2021/22 will be informed by the following:
 - Progress against the Annual Governance Statement Action Plan 2020/21
 - Findings obtained from the governance assurance process being developed with Business Units – this is based on the self-assessment documentation used in 2020/21 to prompt consideration of the existence and adequacy of governance arrangements across key areas.
 - Internal Audit will undertake a review to independently validate of the self-assessments undertaken by Business Units
 - An Annual Report of the Head of Internal Audit, Anti-Fraud and Assurance which provides an opinion on the adequacy and effectiveness of the council's risk management, control, and governance processes
 - The work of the designated Senior Information Risk Owner (SIRO) and the Data Protection Officer (DPO) and the role of the Information Governance Board

- The work of the Audit and Governance Committee which includes responsibility for monitoring the development and operation of corporate governance in the council
- The Council's internal management processes, such as performance monitoring and reporting; the staff performance and development framework; employee awareness of corporate policies; monitoring of policies such as the corporate complaints and health and safety policies and budget management systems
- External Audit Reviews
- Recommendations from external review agencies and inspectorates
- Assurance from the Council's statutory officers (Head of Paid Service, Section 151 Officer and Monitoring Officer)

4. Local Code of Corporate Governance

- 4.1 This stands as the overall statement of the Council's corporate governance principles and commitments,
- 4.2 The current Local Code of Corporate Governance was approved by the Committee at its meeting on 29 July 2020 and was approved by Full Council on 24 September 2020. Minor updates to reflect the correct terminology for the Audit and Governance Committee have been made to the Code – otherwise the document remains the same as that approved in September 2020.

5. Preparation of the Annual Governance Statement 2021/22

- 5.1 The preparation of the Annual Governance Statement is undertaken adopting the guidance "Delivering Good Governance in Local Government Framework 2016" CIPFA/SOLACE Guide. It will include the findings from the work carried out outlined in section 3 on the annual governance review process.
- 5.2 The framework defines the principles that should underpin the governance structures of the organisation and provides an opportunity to test existing governance structures and principles against those set out in the framework by:
- Reviewing existing governance arrangements
 - Developing and maintaining a Local Code of Corporate Governance; and
 - Reporting publicly on our compliance with our own Local Code of Corporate Governance

6. Timescales

- 6.1 The proposed timescales for the Annual Governance Review Process are as follows:

Confirmation of the Annual Governance Review process	February 2022
Governance Assurance by Business Units	May 2022
Annual Report – Internal Audit	June 2022
Assurance from SIRO/DPO	May/June 2022

Assurance from Statutory Officers	June 2022
Consider external inspection reports	May/June 2022
External Audit Reviews	June 2022
Preparation of Draft AGS	June 2022
Final AGS	September 2022

6.2 It is assumed that the timescales for the publication of Statutory Accounts in 2022 will follow a similar pattern to those in 2021, subject to any changes/impact on these which may occur due to the ongoing impact of the Covid 19 pandemic.

Contact Officer: Alison Salt – Corporate Governance and Assurance Manager
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 Date: 4th January 2022

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item 6

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

Audit and Governance Committee – 19th January 2022

STRATEGIC CONCERNS / RISK REGISTER

1. Purpose of the report

- 1.1 It was agreed at the Audit and Governance Committee meeting in March 2021 that the Committee will have a regular opportunity for a “deep dive review” of some of the strategic risks with the appropriate Executive Director in attendance to update and assure the Committee on the management of their risks
- 1.2 The Executive Director - Adults and Communities will provide the committee with a review of two strategic risks:
 - Potential for a safeguarding failure in Adult Social Care
 - Meeting our statutory responsibilities under the Care Act 2014

2. Recommendation

- 2.1 The Committee is asked to note the update.

3. Current Position

- 3.1 The Strategic Risk Register currently contains 16 risks. Using the new system of risk assessment, SMT have determined that 6 risks be classified as **high** (red response rating*) 9 risks be classified as **medium** (amber rating) and 1 risk be classified as **low** (green rating) in relation to the level of response and intervention required.

* The response rating reflects the degree of urgency and importance of the interventions and management rather than the inherent risk.

- 3.2 SMT have reviewed the previous ‘risks’ and made a number of changes reflecting the change in circumstances. Three new risks / areas of strategic focus have been added which are described in the appendix:

Organisational Resilience
Threat of fraud
Zero Carbon, climate, and wider environmental commitments

- 3.3 All strategic risks have several actions identified to minimise/mitigate the risks. All actions have review/completion dates, status updates, progress RAG ratings and identified Action Owners, all of which have been reviewed and updated where necessary.
- 3.4 The actions associated with the 2 risks to be considered in the meeting are included in the attached summary in Appendix 1.

3.5 Appendix 2 provides a high-level summary of all the other strategic risks which includes the high-level risk description, risk impact, status, and response ratings.

3.6 The risk register system will be shown in the meeting.

Contact Officer: Alison Salt - Corporate Governance and Assurance Manager
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Date: 6th January 2022

Strategic Risks to be reviewed in the meeting – January 2022

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
<p>Potential for a safeguarding failure in vulnerable adults service</p>	<p>Whilst we are confident that controls are in place to minimise the potential for safeguarding failures 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 potential for huge reputational damage.</p> <p>Action 1 Assurance regarding the suite of policies and procedures are in place and regularly reviewed (schedule of review in place)</p> <p>RAG rating – Amber Completion/review dates – review quarterly</p> <p>Action 2 Suite of metrics, indicators and data exists to be able to monitor risks</p> <p>RAG rating – Green Completion/review dates – review monthly</p> <p>Action 3 Staff workloads are adequately monitored to ensure consistency and the adherence to good practice</p> <p>RAG rating – Amber Completion/review dates – review monthly</p> <p>Action 4 Changes in working arrangements due to Covid 19 are fully assessed to ensure the continuity of services and that they remain effective</p>	Potential	Potential	Medium	ED Adults & Communities

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
	<p>RAG rating – Green Completion/review dates – review quarterly</p> <p>Action 5 Multi-agency arrangements are robust, adequately governed, and effective and the Safeguarding Board arrangements overseeing the arrangements are fit for purpose and regularly reviewed</p> <p>RAG rating - Green Completion/review dates – review quarterly</p> <p>Action 6 Staffing levels within the Council and care homes are being closely monitored (options for monitoring care home absences are being looked at) at daily SITREP meeting. If these breach agreed levels within the contingency plan, mitigation measures will be recommended for consideration by managers at the appropriate governance forum.</p> <p>RAG rating – Green Completion/review date – 11 February 2022</p> <p>Action 7 Case numbers within social care teams are being monitored on a daily basis. These will be broken down into safeguarding/non safeguarding related casework. If there are teams who are struggling with stacked cases, contingency measures will be recommended for consideration by managers at the appropriate governance forum.</p> <p>RAG rating – Green Completion/review date – daily reviews via SITREP</p> <p>Action 8 The number of delayed discharges, the situation at the hospital and the number of unsecured packages of homecare are reported at the daily SITREP meeting and other forums.</p> <p>RAG rating – Green Completion/review date – daily reviews via SITREP</p>				

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
Meeting our statutory responsibilities under the Care Act 2014	<p>Adult social care is experiencing higher demand on resources as a consequence of level of need arising from discharges from hospital, impact of the pandemic. This is compounded by pressure on the NHS to recover faster, recruitment and retention issues in the care sector and the inadequacy of funding from national government. This may result in long waiting times for assessments and care packages, people in the wrong service for the wrong reason. This could also result in an inability to provide day services for people with a learning disability as resources are redirected to home care.</p> <p>Action 1 Ensure issues, concerns and approaches are escalated, shared and supported.</p> <p>RAG rating – Green Completion/review dates – review quarterly</p> <p>Action 2 Collaborating with NHS providers in Barnsley alongside VCSE partners to use resource flexibly to meet need</p> <p>RAG rating – Green Completion/review dates – review quarterly</p> <p>Action 3 Influence and Lobbying – ensuring appropriate lobbying regionally via CEX and Leaders Forum and NE&Y NHS England/Improvement</p> <p>RAG rating – Amber Completion/review dates – review quarterly</p> <p>Action 4 Managing expectations – ensuring open dialogue and communication with individuals who receive services, providers of services and carers</p> <p>RAG rating – Amber Completion/review dates – 29 September 2022</p>	Actual	Actual	High	ED Adults & Communities

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
	<p>Action 5 Ensure that data regarding future needs and demands are factored into the MTFS</p> <p>RAG rating – Green Completion/review dates – 31 January 2022</p> <p>Action 6 Assurances regarding the current and predicted status of Adult Social Care provision in the Borough</p> <p>RAG rating – Green Completion/review dates – 31 January 2022</p> <p>Action 7 Engage with the market to explore options and build appropriate plans to address capacity and quality issues and concerns</p> <p>RAG rating – Green Completion/review dates – 31 January 2022</p>				

All Other Strategic Risks – High Level Summary - January 2022

Risk Title	Risk Description	Impact	Status	Response Rating *	SMT Owner
Potential death of a child/safeguarding failure in children's services	A need to continually appraise the controls to minimise the potential for death of a child or safeguarding failure in children's services - need to be able to identify any changes which may weaken current levels of assurance. Factors which may impact should be assessed 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. If systems break down there is potential for huge reputational damage - seen across a number of UK authorities - including removal of Director of Children's Services, and government imposition of Commissioners to run services until improvements are made.	Potential	Potential	High	ED Children's Services
Organisational Resilience	Need to ensure that we understand issues around leadership, general workforce capacity and welfare (exhaustion, fragility) to recognise that organisational resilience is not as high as it was pre-pandemic and therefore continue to find ways for the organisation to recover post pandemic.	Actual	Actual	High	ED Core Services
Threat of fraud	There is a need to ensure that all services are aware of and constantly assess fraud threats and that employee understanding and awareness of potential fraud is good and constantly reviewed.	Actual	Actual	High	ED Core Services
Financial Sustainability	The Comprehensive Spending Review (CRS), Fair Funding Review, and Business Rates Retention all take place in the national policy context of significantly impaired national finances which present challenges to the Medium-Term Financial Strategy (MTFS) and to the certainty and level of financial resources available to the Council with the loss of funding streams. Additional pressures from Business Continuity events e.g., Covid 19, plus the added impact of the year-on-year reduction in funding available to the Authority which inevitably creates pressures on the financial position which can undermine the Council's ability to fulfil its strategic priorities and longer-term aspirations	Actual	Actual	High	SD Finance

Risk Title	Risk Description	Impact	Status	Response Rating *	SMT Owner
Zero Carbon, Climate, and wider environmental commitments	Ensuring we have constant regard to our zero carbon, climate, and environmental commitments in how we deliver services and act as a community leader.	Actual	Actual	Medium	ED Place
Health Protection Emergency	Need to ensure that robust arrangements in place are understood by all stakeholders and complied with, to deal with any health protection emergencies which may arise, and which require a Business Continuity response e.g., Covid 19 Pandemic	Actual	Actual	Medium	ED Public Health
Glassworks	As a key strategic investment for the Council there is a need to ensure the successful delivery of the Glassworks. There are clear financial and reputational implications should the project not be delivered on time, to budget and fail to have the intended economic and social outcomes. The impact of the Covid 19 pandemic will exacerbate the challenges to the High Street/town centre retail sector which could impact on the uptake of retail lettings.	Potential	Actual	Medium	ED Place
Inclusive Economy	The impact of Covid 19 has had a significant impact on the local economy with the potential for reduced NDR and CT collection. There has been a continued or accelerated downturn in the retail and visitor economy sector and the collapse of businesses has added to the pressure on the Council and partners' services. As well as the potential impact on the Glassworks and the town centred there are wider community implications for Barnsley, its principal towns, and other urban centres with the risk of increased unemployment, redundancies, and low levels of job opportunities for young people and those furthest from the labour market.	Actual	Actual	Medium	ED Place
Community Cohesion	This remains a key area of focus to ensure that we build and support a tolerant and inclusive community across the Borough.	Potential	Potential	Medium	ED Adults & Communities
Emergency Resilience	There is a need to ensure that the Council has robust mechanisms in place to prepare for, respond to and recover from civil emergencies and business interruptions, and comply with the Council's statutory duties as a Category One responder under the Civil Contingencies Act 2004.	Actual	Potential	Medium	ED Core Services

Risk Title	Risk Description	Impact	Status	Response Rating *	SMT Owner
Partnership and Collaboration Governance	Many public services are delivered through partnerships or collaboration as well as emerging devolution arrangements; these must be robust, well governed but flexible and responsive to ensure objectives are met. Weak partnerships or collaborative working can lead to the failure of services, significant financial difficulties, and reputational damage. Key partnerships are: Integrated Care Partnership Board, Barnsley FC, BCVS, SCRMCA.	Potential	Potential	Medium	ED Core Services
SEND	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 area which is very expensive and attracts poor satisfaction rates	Potential	Potential	Medium	ED Children's Services
Consistency of decision-making process	In the current climate of needing to take effective and often urgent decisions (particularly relating to Covid 19) it is essential that the decision-making arrangements across the Authority are clear, robust but flexible, transparent, and consistently complied with. Consideration is needed to balance the need for effective decision making with the information required to support it to ensure that the decision-making process is efficient. This must also incorporate the need for effective consultations, whether that is within the Council or with external partners and stakeholders. There also needs to be an appropriate and effective scheme of delegation where Service Directors and Heads of Service are able to take decisions through a simple governance framework but that provides assurances to SMT.	Potential	Potential	Medium	ED Core
Educational outcomes progress	Concerns that educational outcomes progress for all children across Barnsley may not be sufficient, with particular concern around improving outcomes for vulnerable groups and boys	Potential	Potential	Low	ED Children's Services

* The Response Rating reflects the urgency and importance of the intervention and management of the 'risk' rather than any inherent risk.

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Health and Safety Report 2020/2021

Executive Summary

The year April 2020 to March 2021 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. However, it must be noted that the year was like no other and this has impacted on the performance data included in this report and comparison with previous years may not be possible. Positive indicators seen in 2020/2021 are shown below (with comparative data for 2019/2020 shown in parentheses):

- A decrease in reported accidents to 57 (144)
- A decrease in specified ‘major’ injuries to 0 (2)
- A decrease in reported incidents of violence and aggression to 48 (137)
- A decrease in days lost due to accidents to 113 (943)
- A decrease in days lost due to violence and aggression 2 (97)
- The majority 83% (77%) 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 6 (18) with 3 (12) over seven days injuries and 3 (4) 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)
- An improvement in compliance with requirements to develop risk assessments to 68% (64%) – (65% (66%) corporately and 82% (59%) in schools)
- A decrease in the total number of employer’s liability claims to 10 (14) with 6 (9) related to accidents and 4 (5) to work related ill health

However, some negative indicators are also seen:

- An under-reporting of near miss accidents and presumed lower-level (and potentially all) 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 2020/2021	Action required in 2021/2022
1. Whilst there has been a slight increase in risk assessment compliance there remain accidents occurring where the manager stated that no risk assessment was available or in the wider sense applicable	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

to the work being undertaken at the time of the accident.	number and severity of accidents and risk assessment compliance.
2. The reporting of 'near misses' and violence and aggression remains lower than expected	Specific campaigns to be developed and implemented to reiterate the reporting of all accidents (in particular near misses) and incidents in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.
3. Whilst the majority of audit scores are 'satisfactory' there is room for improvement in terms of compliance. 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.	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.

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. In addition to the latter the Council was also judged the Sector Award winner for the public sector and defence.



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.

Contents

Executive summary	1
List of Figures	3
1. Introduction	4
2. Health and safety priorities 2020/2021	4
3. Health and safety performance	4
3.1 Accidents and incidents	5
3.1.1 Accidents to employees	5
3.1.2 Accident to non-employees	8
3.1.3 Aggression and violence to employees	8
3.1.4 Specified injury analysis	11
3.2 Work related ill-health	11
3.3 Cost of accidents and incidents to and ill-health associated with work in employees	12
3.4 Risk assessment	12
3.5 Enforcement action against the Council	15
3.6 Health and safety audits	15
3.7 Employers' liability claims	17
3.8 Impacts of coronavirus/covid-19	17
4. Health and safety performance assessment	18
4.1 Review of health and safety performance	18
4.2 Health and safety priorities for 2021/2022	20

List of figures

1. Reported accidents by Directorate	7
2. Causes of accidents, part of body injured and type of injury	7
3. Incidents of violence and aggression by Directorate	8
4. Types of incidents of violence and aggression	10
5. Part of body injured in incidents of violence and aggression	10
6. Type of injury in incidents of violence and aggression	10
7. Comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2016/2017 to 2020/2021	11
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?"	14
9. Results of health and safety audits and commonly recurring opportunities for improvement	16
10. Employers' Liability Claims 2016/2017 to 2020/2021	17
11. Analysis of ongoing employers' liability claims by alleged cause	17
12. Progress against priorities/targets/identified opportunities for improvement	18

1 Introduction

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 2020/2021

To focus health and safety efforts, performance targets were set for 2020/2021 based on the Council's performance in 2019/2020. 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. To increase the number of reported 'near misses'.
4. To increase the number of reported lower level incidents of violence and aggression.

3 Health and safety performance¹

The coronavirus pandemic means that there have been few other years where such a focus has been placed on health and safety, with supporting the health and safety of everyone at the forefront of national concern. The focus on the response to covid-19 has impacted on all aspects

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

of the Council's operations and, seemingly, on health and safety performance such as a marked decrease in reported incidents. Given the unusual nature of 2020/2021 comparison to previous years may not be fully reflective of current performance or an indication of future performance once operations return to 'a new normal'. This variation from that expected based on previous years therefore caveats the performance data in this report.

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):

- Reported accidents decreased by 60%. Assurance from Business Units indicates that accidents/incidents are not not being reported but rather fewer accidents/incidents are occurring. Given the changes in work methods and greater emphasis on health and safety and covid-19 risk assessments in 2020/2021 work methods are likely to be improved. The accident/incident reporting process was changed early in 2020/2021 to support reporting in changed circumstances therefore employees' ability to report accidents/incidents has been maintained.
- (1) Days lost in 2020/2021 show an 88% decrease on 2019/2020. Of the days lost three accidents accounted for 92 days: 25 with an arm injury and 41 with a foot injury (both caused by slips and trips) and 26 days from a back injury caused by manual handling.
 - (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 2019/2020 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 12/10/2021) and <https://www.hse.gov.uk/statistics/tables/index.htm#riddor> (RIDHIST table, table 3, accessed 12/10/2021). 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 (176 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 6 RIDDOR reportable/recordable accidents reported in 2020/2021, 1,134 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to around 0.3 for each employee per year). However, only 41

such accidents were reported in 2020/2021 indicating a continued significant under-reporting of such incidents in the Council (and a large decrease on the 153 reported in 2019/2020 albeit mirroring the trend in reduced accidents). 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 in 2020/2021 shows a maintenance 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	11	2	1	0	0	0	1	6
People	3	0	0	0	0	0	0	0
Place	28	7	2	3	0	5	0	107
Core	4	0	0	0	0	2	0	0
Public Health	0	0	0	0	0	0	0	0
Primary Schools	10	0	0	0	0	3	3	0
Secondary Schools	1	0	0	0	0	0	0	0
Total	57	9	3	3	0	7	4	113
Incident rate per 1,000 employees*	11.8	1.9	0.62	0.62	0	1.4	0.8	
			HSE published RIDDOR reportable over 7 day incident rate ⁽²⁾⁽³⁾	3.52				
Accident reporting rate	54		6			42		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)
2019/2020	144	24	4	12	2	35	35	943
			18					

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	20	Upper limb	18	Sprain/strain	16
Injured while handling, lifting or carrying	8	No Injury/near miss	9	Cut/laceration	12
Hit by something fixed/stationary	7	Lower limb	8	Bump/bruising	11
Road Traffic Collision	7	Back/trunk	6	No injury/near miss	7
Hazardous Substance	5	Head	6	Burn	3
Needlestick/sharps injury	3	Face	5	Break/fracture	2
Use of equipment/machinery	3	Abdomen	2	Needlestick/sharps	2
Fell from height	2	Eyes	2	Other	2
Hit by a moving, flying or falling object	1	Neck	1	Bite	1
Injured by an animal	1			Foreign body	1
Total	57	Total	57	Total	57

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

² Using a total headcount of 4,832 (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 2020/2021 one such accident was reported relating to an accident involving a pupil in a school.

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	0	0
Communities	14	0
People	16	0
Place	6	2
Public Health	2	0
Primary Schools	10	0
Secondary Schools	0	0
Total	48	2
<i>2019/2020</i>	<i>137</i>	<i>97</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 2020/2021, with reported violent incidents decreasing by a total of 89 (65%) from 2019/2020.
- (2) A decrease in days lost due to incidents of violence and aggression decreasing of 95 days
- (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) Behavioural difficulties account for 33% of incidents and aggression for 27% of incidents with physical violence accounting for 23% and verbal abuse accounting for 13%.

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) Over half of incidents (56%) resulted in no injury/impact on the employee.
- (3) A decrease in days lost due to incidents of violence and aggression increasing from 97 to 2.

Directorate	Aggression	Physical violence	Weapon	Verbal Abuse	Behavioural difficulties	Harassment	Racial Harassment	Total
Core	0	0	0	0	0	0	0	0
Communities	8	2	0	2	0	1	1	14
People	0	4	0	0	12	0	0	16
Place	2	1	0	3	0	0	0	6
Public Health	1	0	0	1	0	0	0	2
Primary Schools	2	4	0	0	4	0	0	10
Secondary Schools	0	0	0	0	0	0	0	0
Total/Overall	13	11	0	6	16	1	1	48

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	25
Upper Limb	7
Lower Limb	6
Head/Face	6
Back/Trunk	4
Total	48

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

Type of injury	Number of incidents
No physical injury	27
Bruise	8
Distress	8
Cut/Graze	2
Sprain / Strain	2
Bite	1
Total	48

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

3.1.4 Specified injury analysis

In 2020/2021 no specified injury to a Council employee was recorded due to accidents or incidents of violence and aggression.

The recording of both specified injuries is based upon the outcome of an accident/incident 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 solely 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 in 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
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
2020/2021	16,366	458	6,553	218	22,919	676

Figure 7: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2016/2017 to 2020/2021

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

It is possible to work out the approximate total cost to the Council of days off due to accidents at work in any given period. For 2020/2021 the direct salary cost due to employee absence following accidents and incidents of violence and aggression at work is:

Median ³ salary scale point		'Add on' costs		Total Cost to Authority
SCP 17 (former SCP 25)		Superannuation and National Insurance		Salary, superannuation and National Insurance
£24,491	+	£6,159	=	£30,651 per year

Therefore:

£30,651	/	365 days	=	£83.98 average cost per day
£83.98	x	115 lost days (113 accidents, 2 violence and aggression)	=	£9,658

In considering this figure it should be noted that the unmeasurable costs of accidents are estimated by the Health and Safety Executive to be an average of 10 times the measurable costs. However, it is important not to overlook the cost avoidance of reductions in accidents. In 1999 the number of days lost within the Council due to accidents was 4,052 days. Based on the reductions in days lost in comparison with 2020/2021 and the average cost per day lost, this now represents an avoidance of 3,937 days per year and an associated direct cost avoidance of £330,629 in the year 2020/2021 alone.

With data regarding days lost due to ill health available it is possible to calculate the cost of ill health and hence an overall cost of accidents and occupationally related ill health within the Council. Albeit that this is not an additional cost to the Council, this may be viewed as a production loss with staff unavailable to undertake their duties. Based on the number of days lost due to *potentially* occupational ill health (22,919) the cost of the absence may be estimated at: £1,924,738.

3.4 Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation and the basic building-block of the fundamental health and safety principle of the implementation of a safe system of work. The 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?

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

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 68% of incidents reported (65% corporately (decrease from 66%) and 82% in schools (increase from 52%)), an increase on the 64% reported in 2019/2020.
- (2) In 49% (67% in 2019/2020) 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, see section 3.6)

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	4	36%	7	64%	1	9%	10	91%
People	1	33%	2	67%	1	33%	2	67%
Place	21	75%	7	25%	20	71%	8	29%
Core	4	100%	0	0%	0	0%	4	100%
Public Health	0	0%	0	0%	0	0%	0	0%
Corporate subtotal	30	65%	16	35%	22	49%	24	51%
Primary Schools	8	80%	2	20%	6	60%	4	40%
Secondary Schools	1	100%	0	0%	1	100%	0	0%
Schools subtotal	9	82%	2	8%	7	64%	4	36%
Total/Overall	39	68%	18	32%	29	51%	28	49%
<i>2019/2020</i>	92	64%	52	36%	48	33%	96	67%

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?"

3.5 Enforcement action against the Council

During 2020/2021 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, the Health and Safety Executive have undertaken several reviews of the Council's implementation of covid-19 mitigations all with a satisfactory outcome. 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.

3.6 Health and safety audits

Audit data provides 'active' information on the health and safety performance of the Council. During 2020/2021 the Health, Safety and Emergency Resilience Service has continued to undertake a programme of health and safety audits albeit in a limited manner due to both other priorities relating to the pandemic and the services to be audited working on the pandemic response. No school audits were carried out due to the pressure in schools to maintain education during the pandemic. However, all schools were monitored in relation to their covid-19 mitigations and control measures throughout the year. 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 2020/2021 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	5	83%	0	0%	5	83%
Improving	1	17%	0	0%	1	17%
Less than satisfactory	0	0%	0	0%	0	0%
Total	6	100%	0	100%	6	100%
Common opportunities for improvement	1. Systems in place to identify the Health and Safety Standards applicable to the service					
	2. Management Procedures to be developed and reviewed					
	3. Compliance Monitoring Programme to be developed and implemented					
	4. Safe Systems of Work to be developed following risk assessments					
	5. Records of health and safety training					

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

3.7 Employers' liability claims (information provided by Finance)

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 2020/2021 the Council received a total of 10 employers' liability claims, which represents a decrease of 4 claims from the 14 received in 2019/2020. 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
2016/2017	11	12	23
2017/2018	15	6	21
2018/2019	13	5	18
2019/2020	9	5	14
2020/2021	6	4	10

Figure 10: Employers' Liability Claims 2016/2017 to 2020/2021

Of the 10 claims reported during 2020/2021, 6 have resulted from accidents in the workplace with the remaining 4 being industrial disease claims. The total estimated cost of the reported in year claims was £373,995. This represents an overall increase of £247,738 over costs established in 2019/2020 (£126,257). Inclusive of the 2020/2021 movements, the Council currently have 33 ongoing employers' liability claims with total estimated reserves of £998,567 (£592,175). The increase in total outstanding claims to £998,567 is largely down to 2 claims where estimates have increased by £200,000 and £133,000 respectively. Of the outstanding claims 16 have resulted from accidents and 17 from industrial diseases. Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	16
Noise induced hearing loss	15
Mesothelioma/asbestosis	1
Hand/arm vibration syndrome and/or vibration white finger	1

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

3.8 Impacts of coronavirus/covid-19

This report would arguably be incomplete without reflecting on the impacts of the coronavirus/covid-19 pandemic on health and safety. Whilst a full review of the work undertaken by Business Units to maintain standards of health and safety whilst maintaining and revising and developing new services is outside the scope of this report, it is worthy to note the key actions undertaken by the Council which included:

- Carrying out covid-19 risk assessments and consulting and sharing the results with employees
- Enhancing and introducing cleaning, handwashing and hygiene procedures in line with national guidance
- Taking all reasonable steps to help people work from home
- Taking all reasonable steps to maintain social distancing in the workplace
- Where social distancing was not possible doing everything reasonably practical to manage the covid-19 transmission risk

All of the above included consideration of:

- Working with or providing services to potentially infected persons
- Increasing the use of and sourcing sufficient personal protective equipment (PPE)

- Making equipment available for home working
- Making changes to the provision of and precautions needed to deliver first aid
- Revising any emergency arrangements for individuals such as personal emergency evacuation plans
- Reporting arrangements for accidents and incidents
- Maintaining work equipment including the necessary examination and testing
- Implementing 'covid secure' workplaces
- Considering the health and wellbeing of employees maintaining public services whilst also impacted by the pandemic
- Considering those who may travel for work on public transport
- Individually risk assessing and putting mitigations in place for employees potentially at greater risk of either contracting or the effects of covid-19
- Communicating and consulting with employees on the myriad changes, impacts, mitigations etc.
- Continuing statutory health surveillance
- Considering specific impacts on new and expectant mothers
- Enhancing and maximising ventilation in premises

An immense amount of work was undertaken across services react to changes and implement safe systems of work to ensure that the Council's services could be maintained.

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 2020/2021 in comparison to the priorities/opportunities for improvement identified in 2019/2020.

Priority/opportunity for improvement from 2019/2020	Progress in 2020/2021	Action required in 2021/2022
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	The year has seen a marked decrease in accidents and a slight increase in risk assessment compliance (68%).	Continue to monitor the number of accidents and whether the lower number of reports is an impact of the pandemic or a continued trend. Whilst the slight improvement in risk assessment compliance is welcomed the fundamental issue remains of employees having accidents where the manager cannot confirm that a risk assessment for the activity was in place. This requires services to implement the arrangements put in place for risk assessment.

<p>than expected development and implementation of risk assessments.</p> <p>2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.</p>		
<p>3. The reporting of 'near misses' remains lower than expected</p> <p>4. To increase the number of reported 'near misses'.</p>	<p>A specific campaign was 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. Due to the continued response to covid-19 this was not undertaken and will be carried forward to 2021/2022.</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>5. 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>6. 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%.</p>	<p>Whilst there has been an overall improvement in audits graded as satisfactory this remains below the target set.</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>
<p>7. To increase the number of reported lower level</p>	<p>The year has seen a marked decrease in incidents reported and Business Units themselves have raised</p>	<p>Specific campaign to be developed and implemented to reiterate the reporting of all incidents in order to restate</p>

incidents of violence and aggression.	concern that the number of reports is below that would be expected.	the need for employees to report all incidents and for managers to encourage and respond positively to reports received.
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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 2021. In addition, the Council has again been awarded an International Safety Award, by the British Safety Council for 2021 and was additionally judged to be the Sector Award winner for the public sector and defence. 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 2021/2022

Based on the above the health and safety priorities/targets for 2021/2022 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 reported lower-level incidents of violence and aggression

Health and safety priorities may also be reflective of legislative changes in 2021/2022. 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 2020/2021.

Item 9

Report of the Service Director
Business Improvement, Human Resources &
Communications

Audit and Governance Committee – January 2022

Business Improvement, Human Resources and Communications update report

1. Purpose of Report

- 1.1. To give an overview of the functions of the Business Improvement, Human Resources and Communications Business Unit.
- 1.2. To provide an update to the Committee regarding progress against the assurance programme in the areas of Performance Management and Equality and Inclusion.

2. Functions of the Business Unit

- 2.1. The Business Unit has five functions reporting to the Service Director, Business Improvement, Human Resources and Communications:

- Business Improvement and Intelligence
- Communications and Marketing
- Corporate Programmes, Projects, Feedback and Improvement
- Human Resources and Organisation Development
- Corporate Health, Safety and Emergency Resilience

- 2.2. The core purpose of the business unit is to,

'Provide high quality, value for money, customer focussed, professional and strategic core services'.

The Business Unit is responsible for driving and delivering business improvement and communications to ensure the organisation is a customer focussed, modern, efficient and commercial minded Council.

3. **Related Elements of the Annual Governance Statement**

3.1. The business unit has a role in ensuring assurance against the following elements of the Annual Governance Statement:

- **Management Arrangements** – services can demonstrate compliance with the Managing People Framework through the completion of Performance and Development Reviews (P&DR) and managing absence through the Managing Attendance Policy.
- **Business Improvement and Intelligence** – supports the development of the Council Plan to illustrate progress achieved in delivering the priorities and outcomes of the Council Plan for 2021-2024 closely linked to the priorities and ambitious goals of the Barnsley 2030 strategy.
- **Equality and Inclusion** – Legal obligations fall into two areas: the need to pay ‘due regard’ to the public sector equality duty, and the requirement to produce equality objectives and publish specific information. Directorates demonstrate compliance with the equality duty through completion of equality impact assessments. Information compliance is achieved through our external facing website.

Business Improvement and Intelligence

3.2. The Business Improvement and Intelligence team (BII) supports the development of performance frameworks and co-ordinates performance management across our organisation, ensuring a consistent and coherent approach.

3.3. The new Council Plan for 2021-2024 was created to reflect the significant private sector and public engagement activities that took place for the Barnsley 2030 strategy, and the external facing priorities of both are the same, as is making Barnsley the place of possibilities vision.

3.4. The BII team delivers the Council Plan Performance report on a quarterly basis, to provide an overview of the council's latest performance, drawing upon information available for each quarter, and to illustrate progress achieved in delivering the priorities and outcomes of the Council Plan 2021-2024.

- 3.5. The Council Plan contains four external priorities and one internal priority, supported by 12 outcomes. It is also recognised that the council is not solely accountable for delivering all these outcomes as a single entity, as it works in partnership with other organisations to deliver many of the system wide outcomes.
- 3.6. The framework identifies what the council is seeking to achieve for the people of Barnsley, as defined in our key strategies and plans, and a series of outcomes which focus on specific areas of service delivery and support for the borough and its residents.
- 3.7. There is an associated Power BI online report that provides a self-service tool that allows users to interrogate each of the critical success factors that form part of the Council Plan performance framework and are measured each quarter which allows the user to view progress over time.
- 3.8. The latest Council Plan report and associated Power BI report are available on our 'How we measure performance' webpage: <https://www.barnsley.gov.uk/services/our-council/our-performance/how-we-measure-our-performance/>

Equality and Inclusion

- 3.9. The public sector 'Equality Duty' (PSED), at section 149 Equality Act 2010, is a duty on public bodies to consider, in their day-to-day work, the needs of people who share protected characteristics. There are three aims to the duty stating the Council must pay 'due regard' to:
 - Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a particular protected characteristic and people who do not share it.
 - Foster good relations between people who share a particular protected characteristic and people who do not share it.
- 3.10. The Council complies with the PSED by conducting Equality Impact Assessments (EIA). The assessment provides a prediction of how the 'work' could impact different groups. This ensures that the organisation does not discriminate unlawfully against a

person or group of people, and actively promotes equality. If the assessment predicts possible negative impacts for certain groups, then mitigations are required. The EIA template provides an audit trail to record the equality related decision-making process.

- 3.11. A Pre-Screening Assessment was introduced in 2020. This is a simple series of questions that assess whether the 'work' has any equalities relevance. Work that has no relevance to equality does not need to complete a full EIA, therefore providing a proportionate approach to the duty. The Equality and Inclusion Team provide an extra layer of scrutiny in this area to ensure officers have made the correct assessment and that a full EIA is not required. During 20/21 the team recorded 129 pieces of work that because of completing a pre-screening assessment, did not require completion of a full EIA. Highlighting proportionality in this area.
- 3.12. During 2020/21 the Equality and Inclusion Team supported 92 full EIA's across all directorates. Evidencing that consideration of our equality duty obligations is embedded into working practices across the council.
- 3.13. The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty (annually); and to set specific, measurable objectives (at least every four years) to demonstrate compliance with one or more of the aims of the Public Sector Equality Duty. The information required must include:
- Information relating to employees who share protected characteristics
 - Information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example residents).

Compliance is achieved through various publications on the external Council website.

- 3.14. New equality objectives have been set this year that align to, and are contained within, Our Council Plan 2021-2024. Details can be found on page nine of [Our Plan](#). This ensures accountability across the council and reduces duplication in reporting.
- 3.15. The People Strategy is key to support our aim to Be Even Better and the Enabling Barnsley priority as part of Barnsley 2030, the Council Plan, and our long-term vision

for Barnsley. The Strategy is supported by an action plan into which equality related keys actions are embedded. One of the key actions is the development of a Diversity and Inclusion Action Plan, with the intention for this to be overseen by the Organisational Development Board.

- 3.16. Performance indicators have been introduced in the BU15 performance report to measure whether a suitable percentage of job applicants are from Black, Minority and Ethnic (BME) backgrounds or are disabled. A RAG rating of red was scored in quarters one and two for both indicators. Linked indicators were introduced to measure whether a suitable percentage of successful candidates were from BME backgrounds or disabled. The indicator for BME applicants was red in quarters one and two, but green for the percentage of successful disabled applicants in both quarters. There is an action in the diversity and inclusion action plan to conduct an end-to-end review of the recruitment process to ensure our practices are equitable for people with protected characteristic backgrounds, and therefore pay due regard to the equality duty. (Performance report OWI20-23 refer).
- 3.17. Changes have been made to the Cabinet Report Template during 2021 making it mandatory for officers to complete the 'Equality Impact' section of the template which was previously optional. This takes the form of drop-down options and where a full EIA has been completed, the information required on the template can be directly lifted from Stage 8 on the EIA template. Ensuring the process is not burdensome for officers. This strengthened compliance is supported by a performance indicator on the BU15 performance report (OWI24) which analyses whether officers have completed the drop-down option correctly. Quarter one and two recorded 100% compliance. A future consideration could be to analyse the robustness of full EIA's should staffing levels allow following the BU15 restructure.
- 3.18. In April 2021 the council started a new contract with AA Global to supply all translation and interpretation services. This offers better value for money than the previous multiple rolling contracts.

4. Conclusion / Recommendations

- 4.1. This report is for information

5. Background papers

- 5.1. Business Improvement and Communications Business and Delivery Plans and Annual Governance Statement are available for inspection.

Report Author: Michael Potter – Service Director Business Improvement, HR and Communications

Date 11th January 2022

Item 10

REPORT OF THE MONITORING OFFICER

AUDIT AND GOVERNANCE COMMITTEE – 19TH JANUARY 2022

LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN – FOLLOW-UP REPORT

1. Purpose of the Report

- 1.1 This brief report brings to the Committee's attention an update on the final requirements of the Local Government and Social Care Ombudsman (LGSCO) following their report regarding a complaint.

2. Recommendations

- 2.1 It is recommended that the Committee receive and consider the report, and acknowledge the actions taken and planned to address the LGSCO's recommendations.**

3. Background Information

- 3.1 The Committee will recall that it received a report from the Service Director – Regeneration and Culture at its meeting on 28th July regarding a specific element of an LGSCO finding relating to a planning matter.
- 3.2 That specific matter has been fully resolved but the LGSCO recommended that the Committee receive assurances more broadly regarding the Council's compliance with the Openness of Local Government Bodies Regulations 2014. The 2014 regulations require that certain decisions and their background papers are publicised on council websites, as soon as is practicable after the decision is made.
- 3.3 The Council fulfils its statutory obligations in respect of the Openness of Local Government Bodies Regulations 2014 in a number of ways. All officer decision records are placed on the Council's website and are available for inspection at our Council offices. Where the Scheme of Delegation provides for decisions to be taken where the relevant Cabinet Member with portfolio responsibility, in consultation with the Executive/Service Director is permitted to do so, these are presented to the next meeting of Cabinet. Barnsley Council operates a fortnightly cycle for its Cabinet meetings which means that such decisions are in the public domain in a timely manner. These meetings are webcast and an archive recording of the meeting placed on the website for a period of six months.
- 3.4 All decisions determined as being a key decision, i.e., the receipt or expenditure exceeding £500k or impacting two or more Ward areas are presented to Cabinet for decision and are open to call-in.

- 3.5 The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 applies to council meetings, which should be held in public unless certain exceptions apply. In seeking to comply with these regulations the Council again publishes on its website all agendas/minutes and supporting papers where legally required to do so. Meeting details are published in accordance with meetings access requirements and final decisions published for absolute transparency.
- 3.6 The Council is undertaking a review of its Constitution over the next few months, which will include its Scheme of Delegation. A working group has now been established and it is recommended that its findings be presented to the Audit and Governance Committee for consideration and assurance purposes.
- 3.7 In addition, an internal audit has been commissioned to look at how the Council complies with the statutory Local Government Transparency Code 2015 and associated LGA Practical Guidance with regard to the publication of specified categories of data. The result of that audit will be brought to the Committee's attention in due course.
- 3.8 The LGSCO have been informed of progress and been provided a copy of this report.

Officer Contact: Monitoring Officer
Email: martinmccarthy@barnsley.gov.uk
Date: 10th January 2022

AUDIT AND GOVERNANCE COMMITTEE – WORK PROGRAMME

2021/2022 Municipal Year

	Mtg. No.	1	2	3	Dev. Mtg.	4	5	6	7	1
Committee Work Area	Contact / Author	02.06.21	28.07.21	15.09.21	13.10.21	17.11.21	19.01.22	16.03.22	13.04.22	01.06.22
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			X		
Self-Assessment/Effectiveness Review	AS							X		
Internal Control and Governance Environment										
Local Code of Corporate Governance	MMc/AS						X			
Annual Governance Review Process	AS						X			
Annual Governance Statement (Draft/Final)	AS		X(D)			X(F)				
AGS Action Plan Update	AS	X		X				X		X
Anti-Fraud										
Annual Fraud Report	RW	X								
Corporate Anti-Fraud Strategy	RW							X		
Corporate Fraud Team - Report	RW			X				X		
Corporate Risk Management										
Risk Management Policy & Strategy	AS								X	
Annual Risk Management Report	AS	X								X
Strategic Risk Register	AS	X	X	X		X	X	X	X	X
Internal Audit										
Internal Audit Charter (Annual)	RW	X								X
Internal Audit Consultation / Plan	RW	X					X		X	X
Internal Audit Quarterly Report	RW		X			X		X		
Internal Audit Annual Report (Interim / Final)	RW	X (I)		X(F)						X
Internal Audit EQA Report	NC			X						

	Mtg. No.	1	2	3	Dev. Mtg.	4	5	6	7	1
Committee Work Area	Contact / Author	02.06.21	28.07.21	15.09.21	13.10.21	17.11.21	19.01.22	16.03.22	13.04.22	01.06.22
External Audit (Grant Thornton)										
Audit Finding Report (ISA260 Report)	GT					X				
External Audit Plan	GT		X					X		
Auditors Annual Report	GT									
VFM Commentary	GT									
Annual Fees Letter	GT							X		
External Audit Progress Report/Update	GT	X	X	X			X	X	X	X
Financial Reporting and Accounts										
Financial Regulations – Update	NC/SLo							X		
MTFS	NC/SLo							X		
Statement of Accounts (Draft / Final)	NC		X(D)			X(F)				
Corporate Finance and Performance Management & Capital Programme Update	NC			X				X		
Treasury Management Annual Report	NC									X
Treasury Management Progress Report	NC							X (inc. in the corporate finance update)		
Treasury Management Policy & Strategy Statement	NC							X (inc. in the MTFS update)		
Designated Schools Grant	NC							X (inc. in the MTFS update)		
Other Corporate Functions contributing to overall assurance programme to be determined:										
Update on Glassworks	MG		X			X		X		X
Update on Covid-19 Response	SLa		X			X		X		

	Mtg. No.	1	2	3	Dev. Mtg.	4	5	6	7	1
Committee Work Area	Contact / Author	02.06.21	28.07.21	15.09.21	13.10.21	17.11.21	19.01.22	16.03.22	13.04.22	01.06.22
Information Governance and Cyber Security update (twice yearly)	SJH	X				X				
DPO Update (twice yearly)	RW	X				X				
Human Resources (annual)	MP/JH	X								
Health & Safety Resilience (Annual***)	MP/SD						X			
Confidential Reporting (Whistleblowing) Annual Report	SLa/RW							X		
Business Continuity/Emergency Resilience (Annual)	MP/SD									
Procurement (Annual)	NC/CA									
Performance Management (Annual)	MP/MR						X			
Asset Management (Annual)	DS	X								
Ethical Framework (Annual)	SLa/RW									
Equality and Inclusion (Annual)	MP/HD						X			
Partnerships (Annual)	MMcC									
Local Government and Social Care Ombudsman Decision on Planning Complaint	MMcC		X				X			
Local Government and Social Care Ombudsman Annual Letter	MP			X						

Role of the Monitoring Officer	MMcM						X			
SCRMCA	SD						X			
Designated Schools Grant	NC									

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of the Local Government Act 1972.

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