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| MEETING: | Audit and Governance Committee |
| DATE: | Wednesday 16 November 2022 |
| TIME: | 2.00 pm |
| VENUE: | Council Chamber, Barnsley Town Hall |

AGENDA

Procedural/Administrative Items

1. Declarations of Pecuniary and Non-Pecuniary Interest
2. Minutes (*Pages 3 - 12*)

To receive the minutes of the meeting held on 14 September 2022.

Items for Discussion/Decision

3. Committee Annual Report 2021/22 (*Pages 13 - 22*)
4. Annual Governance Statement 2021/22 (*Pages 23 - 58*)
5. Audited Statement of Accounts 2021/22 (*To Follow*)
6. External Audit Finding Report 2021/22 (ISA 260) (*To Follow*)
7. Election Review 2022 (*Pages 59 - 64*)
8. Information Governance and Cyber Security

The Committee will receive a presentation from Sara Hydon (Head of Design and Compliance) and Simon Marshall (Governance and Compliance Manager).

9. Strategic Risk Register (*Pages 65 - 70*)
10. Internal Audit Progress Report (*Pages 71 - 84*)
11. Data Protection Officer Assurance Report (*Pages 85 - 88*)
12. External Audit Progress Report (*Verbal Report*)

Items for Information

13. Work Programme and Work Programme Report (*Pages 89 - 96*)
14. Exclusion of the Public and Press

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

15. Glassworks Update

The Committee will receive an update report from Kathy McArdle (Service

Director Regeneration and Culture).

Reason restricted:

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

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

Councillors Lofts (Chair), Barnard, Hunt, and Richardson; together with Co-opted members Ms K Armitage, Mr G Bandy, 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 Financial Services (Section 151 Officer)

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

Alison Salt, Corporate Governance and Assurance Manager

Sukdave Ghuman, Service Director Law and Governance (Monitoring Officer)

Michael Potter, Service Director Business Improvement, HR and Communications

Council Governance Unit – 3 copies

Please contact Daisy Thorpe on email governance@barnsley.gov.uk

Tuesday 8 November 2022

Public Document Pack



| | |
|-----------------|-------------------------------------|
| MEETING: | Audit and Governance Committee |
| DATE: | Wednesday 14 September 2022 |
| TIME: | 2.00 pm |
| VENUE: | Council Chamber, Barnsley Town Hall |

MINUTES

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

32. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

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

33. MINUTES

The minutes of the meeting held on the 27 July were taken as read and signed by the Chair as a correct record.

34. WORK PROGRAMME UPDATE REPORT AND WORK PROGRAMME

The Corporate Governance & Assurance Manager submitted a report which detailed the updates to the 2022-23 work programme, with the work programme appended. It was noted that three items had been removed from the 14th September meeting:

- Financial Regulations – these are undergoing a final round of consultation with subject matter experts and would be re-scheduled for presentation to the November meeting of the committee
- Glasswork's update – the strategic risks being considered in the September meeting would be covering Glassworks and Inclusive Economy so there was no requirement to have a separate item on Glasswork's update.
- AGS Action Plan – this item would be programmed for future meetings once the final AGS had been approved in November.

The Committee was also informed that an additional item, the Annual Report of the Audit and Governance Committee, had been added for the 16th November 2022 meeting.

RESOLVED that the updated work plan be noted.

35. CORPORATE FRAUD TEAM UPDATE REPORT

The Head of Internal Audit, Anti-Fraud and Assurance submitted a report providing an account of the work of the Corporate Anti-Fraud Team for the period 1st April 2022 to 31st August 2022.

The key highlights of the report were noted as:

- The corporate fraud team now had a full complement of four staff.
- The team continued to receive alerts from the National Anti-Fraud Network (NAFN), which is noted as a key resource for Local Authorities issuing immediate alerts and intelligence around fraud attempts. The team continued to receive bulletins from NAFN and directed these to the relevant parts of the Council.
- In regard to the National Fraud Initiative, new data would be forthcoming in January. Previous data matches on single person discount fraud found errors of over £20,000. This is money that is put back into the Council.
- Reactive fraud work was undertaken on insurance claims and Right to Buy applications. Applicants were aware of anti-fraud checks during the process which had acted as a deterrent. All application forms had a fair processing notice, making reference to data matching checks being undertaken.
- Preventative fraud work was also a key area of work. National themes such as the Cost-of-Living crisis meant economic difficulties may force people to take dishonest action, which could trigger an increase in public sector incidents such as seen in other Local Authorities. Cybercrime was another threat that remained prevalent and serious.

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

- The Council had continued to work with the banking system to utilise payment safety checks to avoid fraud via electronic payments. Historically, this had not been the way the Council had operated with banks, and this had been a key piece of learning.
- Self-Assessment (fraud vulnerability) documents for individual Business Units were not designed to go into immense detail on every fraud scenario, rather raise awareness with managers of where they were vulnerable to risk, such as procurement and payment to vendors. The self-assessment also aimed to raise awareness around contract management, good supervision and recruitment and HR fraud. There was particular concern as an example about a recent trend in recruitment fraud from the falsification of qualification certificates obtained from people posting them on LinkedIn. The process had reaffirmed managers were acutely aware of fraud risk, but this exercise had sharpened practice and would be an increased focus in the annual governance review process.
- Fraud surrounding Covid business support grants and the furlough scheme was a national issue. Data matching in reference to this was submitted to the NFI, however feedback would not be provided by borough as this was a nationwide investigation rather than a local one.

RESOLVED

- (i) That the Audit Committee noted the progress report covering the period 1st April to 31st August 2022;
- (ii) That the Audit Committee continues to receive regular progress reports on internal and external fraud investigated by the Corporate Anti-Fraud Team;
- (iii) That Members be provided with the outcome of Covid Grants Investigations at a national level when available; and

- (iv) That Members be provided with Fraud Risk Vulnerability Self- Assessment document once finalised for information.

36. STRATEGIC RISK REGISTER

The Head of Internal Audit, Anti-Fraud and Assurance submitted a report that introduced the next scheduled strategic risks for the Audit and Governance Committee meeting.

It was noted that the Strategic Risk Register was recently reviewed by SMT and continued to contain 15 risks. 6 risks were classified as high (red response rating), 9 risks were classified as medium (amber rating). No risks were classified as low (green rating).

The Executive Director- Growth & Sustainability attended the meeting to provide the Committee with a review of the following strategic risks:

- Glassworks
- Inclusive Economy

The Executive Director made particular reference to the following:

- The Glassworks had performed extremely well in regard to footfall. 1.82 million visitors were record in Q1 which was a record for the borough, highlighting that the Glassworks had become a product people value. Planned activity such as events had a positive impact on footfall, and the team would look to rearrange the 1st anniversary celebrations after the national period of mourning.
- The Glassworks had two amber RAG rated actions (Action 4 and Action 6).
- Action 4 had been mitigated by the assurance of an effective centre management plan; the Glassworks Board had monthly meetings which were reported through the Service Director. Robust check and challenge was provided from the Section 151 officer. Footfall is monitored monthly and reported quarterly.
- Action 6 was related to engagement with CineWorld. The Executive Director had recently spoke with the Vice President of Operations and was assured by this conversation and the significant investment CineWorld had contributed to their Barnsley offering.
- Concerns around the Cost-of-Living crisis and inflationary pressures continued to be a key area of concern for the inclusive economy. It was paramount that residents and businesses received the correct information and advice, and the Enterprising Barnsley team and Skills Service had engaged in particularly outstanding work surrounding this.
- The Inclusive Economy Board meet every two months. The Council received good check and challenge from the private sector chair, and had worked on such issues as managing unemployment, economic inactivity in Principal Towns and focused work on the good growth and better job strategies.

- Inclusive economy had one amber RAG rated action (Action 3). Enterprising Barnsley had engaged in work with both business and residents. The Government had not yet released details on the energy cap policy for businesses, it was hoped that this would be forthcoming so local businesses could receive the timely information and guidance.

The following discussion ensued:

- It was noted that CineWorld was a global business and had filed Chapter 11 proceedings in the US rather than liquidation proceedings in the UK, meaning that business as usual would commence in regard to UK assets. CineWorld had invested a significant amount into their Barnsley asset with Barnsley being the biggest town in Europe not to have this type of multiplex offering, therefore the Council was confident that CineWorld's regional offer remained strong.
- Tenants of the Glassworks maintained responsibility for their own energy bills, therefore rising energy costs would be carried by retailers and business that had tenancy agreements in the Glassworks. Communal areas energy bills continued to be covered by the service charge which would be reviewed periodically.
- Footfall in the town is tracked with cameras via Springboard. Footfall is also tracked within the Principal Towns which builds a Borough-wide picture.

RESOLVED that Strategic Risk Register report be noted.

37. INTERNAL AUDIT ANNUAL REPORT 2021-22 (FINAL)

The Head of Internal Audit, Anti-Fraud and Assurance submitted his finalised Annual Report in accordance with the Public Sector Internal Audit Standards. The report provided his opinion on the overall adequacy and effectiveness of the Authority's Framework of Governance, Risk and Internal Control based on the work undertaken by Internal Audit for 2021/22.

The key points of the report remained the same as the interim report, which was presented to the Committee on 27th July, and sought to reiterate the positive (reasonable) assurance opinion.

The Head of Internal Audit, Anti-Fraud and Assurance was assured that Internal Audit continued to operate in an independent manner, and there was an ongoing culture of the organisation to embrace challenge and openness.

The audit plan for 2022-23 was focussed on supporting management to consider the approach to controls in the context of the achievement of strategic objectives and priorities, and the major change and transformation programme ahead.

In the ensuing discussion, it was noted that the outstanding management action in relation to Children's Services had been updated.

RESOLVED

- (i) That the opinion provided by the Head of Internal Audit, Anti-Fraud and Assurance on the adequacy and effectiveness of the Authority's framework of governance, risk management and control be noted; and
- (ii) That the key issues arising from the work of Internal Audit in the context of the Annual Governance Statement (AGS) be noted.

38. INTERNAL AUDIT EFFECTIVENESS REPORT

The Head of Internal Audit, Anti-Fraud and Assurance submitted a report detailing the current position in terms of implementation of the agreed actions reported to the Committee at its September 2021 meeting, following the External Quality Assessment (EQA) undertaken by CIPFA in July 2021.

The requirement to have an EQA and to maintain a Quality Assurance and Improvement Programme (QAIP) for the Internal Audit function is required by the Public Sector Internal Audit Standards 2017 (PSIAS).

Since the previous QAIP/EQA report in September 2021, progress in continuous improvement activity included:

- The annual report for each client organisation now included a separate annual assurance opinion for the governance, risk, and control elements.
- The Terms of Reference template had been updated to confirm the circulation list for draft and final reports.
- The requirement to have a framework upon which an IT specialist auditor could be commissioned had been considered. There would not be requirement for a specialist IT auditor within the current financial year plans, but this would be kept under review.
- A re-structure of the service was implemented on 1st June 2022. This would provide for succession planning, should key officers leave the organisation.

RESOLVED

- (i) That the proposed QAIP Framework which sets out how it would meet the requirements set out in the PSIAS is noted; and
- (ii) That the Committee should receive an annual update report on the delivery of the QAIP.

39. EXTERNAL AUDIT PROGRESS REPORT/UPDATE (VERBAL REPORT)

G Mills (representing the External Auditor) was welcomed to the meeting virtually, and made particular reference to the following:

- The 21/22 audit was progressing and was on track to meet the statutory deadline in November. The External Auditor continued to have a good level of engagement with Senior Officers at the Council. It was reported that there was a national issue in reporting public sector infrastructure assets which could

impact the November accounts sign off. Members were assured that any delays would be reported to the Committee. The Department of Levelling Up would be issuing a statutory instrument to remedy this issue, however it could be that this is not available until December.

- The FRC (Financial Reporting Council) inspection of the VFM (Value for Money) audit final report was not yet ready. In the close down meeting, Grant Thornton received a grade 2 (good file with limited improvements required), praise was received for the good practice and quality of the report that had been submitted to the Committee previously. Improvements included documentation and the audit file itself. This inspection provided a good level of assurance from an independent regulator.
- PSAA (Public Sector Audit Appointments) had awarded the vast majority of Local Authority audit contracts which were to commence in 2023- 24 for a period of five years. Grant Thornton had secured a significant contract, continuing to be a market leading presence in the sector. Grant Thornton and the Council would learn of their Local Authority / external auditor allocations by Christmas, it was not yet known if GT would continue as auditor to Barnsley.

Neil Copley (Service Director Financial Services) reported that a consultation for future audit fees would be fed through the Committee.

RESOLVED that the update and report be noted.

40. CORPORATE FINANCE, PERFORMANCE MANAGEMENT AND CAPITAL UPDATE

The Executive Director – Core Services and Service Director – Finance (Section 151 Officer) submitted a report which contained the financial performance of the Authority during the first quarter ended 30th June 2022 and assessed the implications against the Council’s Medium-Term Financial Strategy (MTFS).

It was reported that a forecast for a year-end overspend of in the region of £13.7M comprised of the exceptional items referenced as part of setting the 22/23 budget (£10.9M), together with unanticipated overspends across several Council departments which had arisen during the quarter (£2.8M).

In the ensuing discussion particular reference was made to the following points:

- The Council was confident that it would keep the overspend at agreed levels to ensure that the Council’s plans as set out in the MTFS would be kept in place. It was explained that the £10.9M was an overspend that the Council had already anticipated for, whereas the £2.8M was an additional overspend in this quarter that was not previously forecasted. Gross forecasts were used in detailed financial planning, whereas the purpose of the MTFS was contemplation and building transformation into the Council plan therefore gross figures were not presented. Directorates such as Children’s Services were experiencing pressures that were mirrored nationwide and therefore it was difficult to ascertain unanticipated costs in this area. The Government had not announced additional funding for Local Authorities however it could be the case that the new administration would explore this. In future planning, the aim would be to look at the full year impact on underspending and balance.

- In regard to the SEAM project funding, it was explained that the funds are separate from the MTFS and therefore no further additional financial risk is attached to this project, and it would not be a net drain on the Council. Members were advised that a report on the costs of the SEAM project and the different funding revenues involved could be brought to the Committee at a later date.
- The Executive Director - Core Services provided assurance from a Senior Management Team perspective that the MTFS was one of the two biggest agenda items alongside the Cost-of-Living Crisis. Executive Directors would draw up action plans to mitigate these overspends as far as was possible, which would be submitted to Cabinet as part of the Q2 performance management update.
- The council tax collection rate remained good, and the assumption was that this would continue for the rest of the year. However, the Council would like to meet its stretch targets for both Council Tax and Business Rates and would therefore continue to monitor both closely.
- Improvements to the energy efficiency ratings of Berneslai Homes properties via the Housing Energy Efficiency Programme (HEEP) are funded through the Housing Revenue Account. The Housing Revenue Account is a ring-fenced account of certain defined transactions relating to Local Authority housing within the General Fund and therefore would not impact the Council's MTFS. The HEEP is a national government requirement in which homes need to be brought up to standard by 2030, with an estimated £58M cost for Barnsley Council stock.
- Project Capital Spending was reported to be £4m for three months and £15m for nine months which was based on evidence from Q1. The Council would manage any financial risk surrounding this.
- Members were informed that when writing off historic debts, the Council only write off debts when they are not economically viable to collect.
- Questions arose regarding agency costs and their contribution to the overspend compared to the previous year. The data would be collated, and this information would be provided to the committee.

RESOLVED

- (i) That the Corporate Finance Report Q1 be noted
- (ii) That information regarding SEAM project funding be provided to the Committee; and
- (iii) That the Committee be provided with information on agency costs.

41. LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN ANNUAL REVIEW LETTER 2022

The Executive Director - Core Services submitted a report on the Local Government and Social Care Ombudsman Annual Review Letter 2022, with the Local Government and Social Care Ombudsman letter appended to the agenda.

Whilst this was a public document and had already been published by the LGSCO, it was brought to the specific attention of the Audit and Governance Committee as part of the independent assurance role the Committee has.

Claire Dobby, Customer Resolution Manager, was welcomed to the meeting and presented the report.

Council performance (based on a total of 13 investigations for the period 1 April 2021 to 31 March 2022) for complaints upheld was 69%, which was an improvement on last year's position of 83%, but it was appreciated that the number of complaints received was higher. Compliance with actions received by the Ombudsman remained at 100%. Satisfactory remedy, in which the number of cases that the Ombudsman considers to be resolved and remedied satisfactorily by the Council before reaching them, remained at 0%. Additional support measures had been put in place to support remedy and resolution however it was too soon to see the impact of those measures.

In the ensuing discussion particular reference was made to the following points:

- It was noted that the Local Authority average nationwide for satisfactory remedy was around 11%. The Ombudsman do issue remedy guidance which is used and shared with the services who are responsible for investigating complaints. Previous Ombudsman reports that may have a similar subject matter are also available online for services to access. It was hoped that with the additional support measures that have been implemented that an improvement in performance could be recorded moving forwards.
- The Complaints Resolution team had recently been restructured with the newly formed team having additional resources in the service.
- The Executive Director - Core Services reported that within the SMT Annual Report, it was recognised that complex complaints remained a challenge, for example Adult Social Care complaints contain a high number of stakeholders. These kinds of complaints are resource intensive and required significant work to remedy. It was noted that in terms of performance standards, the time taken to remedy complaints was good.

RESOLVED that the Local Government and Social Care Ombudsman Annual Review Letter 2022 be noted.

42. ELECTION REVIEW (VERBAL UPDATE)

The Executive Director - Core Services gave a verbal update on the Elections Review. Peter Clark, Elections Manager was in attendance to answer any specific Member questions.

The Committee was informed that in the May 2022 Local Elections a serious breach was found in respect of the Royston count. The Association of Electoral Administrators was commissioned by the Returning Officer to complete an investigation which had now been completed. The Electoral Commission, candidates and elections agents were also informed, and the Elections Manager completed an end-to-end review on the effectiveness of current polling station and count arrangements.

It was noted that the Returning Officer would like to present the report to the Committee and therefore would attend the meeting in November.

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

- The Election Review will be included in the final Annual Governance Statement.
- The report was produced by the Association of Electoral Administrators at the beginning of July. The actions contained in the report all relate to the forthcoming May 2023 Local Elections, therefore the Committee would receive the report in a timely matter on 16th November 2022.

RESOLVED

- (i) That the verbal update be noted; and
- (ii) That the report be presented to the Committee by the Returning Officer on 16th November 2022.

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Chair

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Item 3

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

AUDIT AND GOVERNANCE COMMITTEE – 16TH NOVEMBER 2022

AUDIT AND GOVERNANCE COMMITTEE ANNUAL REPORT 2021/22

1. Purpose of the report

- 1.1 This brief covering report presents the Audit and Governance Committee's Annual Report for 2021/22.

2. Recommendations

- 2.1 **The Committee is recommended to consider the final Annual Report 2021/22 and recommend it for Full Council on the 24th November.**

3. Background

- 3.1 The Annual Report has been prepared in accordance with recommended guidance and seeks to demonstrate the Council's commitment to operating the highest standards of governance. The report sets out the role of the Audit and Governance Committee and how it has discharged its responsibilities during 2021/22.
- 3.2 The Annual Report is fundamentally a public document and provides the reader with details of the remit of the Committee and the work it has undertaken during 2021/22.
- 3.3 Subject to the Committee's approval, the Annual Report will be included as a link document in the Annual Governance Statement and will also be published as a standalone document on the Council's website.
- 3.4 The Annual Report is appended to this report.

Contact Officer: Corporate Governance and Assurance Manager

Email: Alisonsalt@barnsley.gov.uk

Date: 7th November 2022

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Audit and Governance Committee Annual Report 2021/22

Introduction

This is the annual report of the Council's Audit and Governance Committee for the 2021/22 municipal year. It is prepared in accordance with recommended guidance and seeks to demonstrate the Council's commitment to operating the highest standards of governance.

This report describes the role of the Committee, its structure and membership, and how it has successfully fulfilled its terms of reference and made a valuable contribution to the Council's control, risk, and governance environments.

This report will be presented to full Council and published on the Council's website.

Foreword from the Chairman

I am pleased to present this annual report which sets out the role of the Audit and Governance Committee and how it has discharged its terms of reference during 2021/22.

The Committee forms an important role in helping the Council maintain its reputation for high standards of governance, and financial management particularly.

Needless to say, it has been a very busy and full year. The Council, and local government generally continues to face pressure from many angles, a constant pressure on financial resources, exceptional demand for services and not least how it has needed to recover from the pandemic, the effects of which continue. Alongside those pressures the Council continues to be forward looking and aspirational and of course effective governance plays an important part in that. The Glassworks development is a prime example of the Council's ambition, and this has been of particular focus for the Committee.

We have welcomed the new approach to strategic risk management and the opportunity to hear the relevant Executive Directors explain in detail how they are managing the risks they are responsible for. This has helped raise the profile of the Committee significantly.

I would like to thank my Councillor colleagues and the independent members for their commitment, support, and input to the Committee to constructively challenge and influence the Council's governance arrangements.

The financial and general economic climate the Council and local government faces is continuing and is likely to worsen. This in turn focusses all our attention to ensuring the Council has appropriate control, risk, and governance arrangements in place to help meet those demands.

I would also like to thank the officers across the Council who have attended and supported the Committee to present reports and answer questions. The openness that is clearly displayed makes a significant contribution to the assurances the Committee receives.

I look forward to helping the Committee develop further in the new year.

Councillor Phil Lofts

Role and Structure of the Audit and Governance Committee

The general remit of the Committee is:

1. To provide independent assurance of the adequacy of the risk management framework and the associated control environment.
2. To provide independent scrutiny of the authority's financial and non-financial performance to the extent that it affects the authority's exposure to risk and weakens the control environment.
3. To oversee the financial reporting process.
4. To promote the application of and compliance with effective governance arrangements across the Authority and its partner organisations.

The detailed terms of reference can be accessed via this link (page 24 of the Council's constitution document) [Audit and Governance Committee Terms of Reference](#)

The Committee meets seven times during the municipal year. Meetings cover a range of areas with the Committee receiving various reports and presentations to provide information and assurance regarding the Council's control, risk, and governance arrangements. The broad areas cover:

- Internal Control and Governance Environment
- Anti-Fraud
- Corporate Risk Management
- Internal Audit
- External Audit
- Financial Reporting and Accounts
- Other Corporate Functions that contribute to the Council's Governance Framework

The Audit and Governance Committee comprises nine people in total, four elected councillors (two Labour, one Conservative and one Liberal Democrat) and five independent members. The membership of the Committee is believed to be unique amongst local authorities in having a majority of independent members and shows the Council's commitment to effective challenge and transparency. The CIPFA guidance recommends that an audit committee has at least one independent member.

One independent member left the Committee at the end of her appointment term in April 2021 at the end of the previous municipal year.

The Committee is chaired by Councillor Phillip Lofts. The vice-chair is Mr. Steve Gill, an independent member.

The other members of the Committee are:

Councillor Robert Barnard
Councillor Steve Hunt
Councillor Ken Richardson

Mrs Kathryn Armitage

Mr Paul Johnson

Mr Michael Marks

One position was vacant during the year (subsequently filled by Mr. Gary Bandy from June 2022)

Members' Attendance

The municipal year runs from May to April and between then for the 2021/22 year, the Committee had 7 meetings. Below is a table showing the attendance at the meetings:

| Member | Possible Meetings | Meetings Attended | % of Meetings Attended |
|----------------------------------|--------------------------|--------------------------|-------------------------------|
| Councillor Phillip Lofts (Chair) | 7 | 5 | 71% |
| Councillor Robert Barnard | 7 | 5 | 71% |
| Councillor Steve Hunt | 7 | 6 | 86% |
| Councillor Ken Richardson MSc | 7 | 5 | 71% |
| Mr. Steve Gill (Vice Chair) | 7 | 5 | 71% |
| Mrs. Kathryn Armitage | 7 | 7 | 100% |
| Mr. Paul Johnson | 7 | 7 | 100% |
| Mr. Michael Marks | 7 | 7 | 100% |

The Work of the Audit and Governance Committee in 2021/22

The Committee's work across the areas of responsibility are summarised below.

Internal Control and Governance Environment

The Committee has reviewed and approved the Local Code of Corporate Governance. The Annual Governance Review process was considered followed by the draft and final Annual Governance Statements for 2020/21. The Committee has also received regular updates regarding the Annual Governance Statement action plan.

The consideration of the Annual Governance Statement (AGS) is an important element of the Committee's responsibilities. The Committee was influential in the preparation of the AGS for 2020/21.

Anti-Fraud

The Committee considered the Annual Fraud Report along with the Anti-Fraud Plan and Strategy. During the various meetings, Committee members sought assurances on the work undertaken regarding the prevention of fraud and how issues regarding fraud were communicated. The Committee acknowledged the positive impact of the activities undertaken in the Fraud Awareness Week. Of particular interest and focus was the Committee seeking information and assurances regarding the controls in place and response to the bank mandate fraud that the Council was a victim of in June 2021.

Corporate Risk Management

The Committee received reports and presentations regarding the change in the risk management approach. At each meeting the Committee considered various corporate areas of risk through presentations delivered by the responsible Executive Director.

These sessions have been received very positively by the Committee in enabling a deeper insight into the risk management process, but also and particularly, the detail of the main strategic / corporate risks being managed by the Council's Senior Management Team. The development of the new approach to risk management and how this is presented to the Committee is seen as welcomed and significant improvement. The attendance of the relevant Executive Directors at every meeting has also raised the profile of the Committee.

Internal Audit

The Committee received regular reports from the Head of Internal Audit, Anti-Fraud and Assurance via, quarterly progress reports, the audit planning process and final audit plan, and the Head of Internal Audit's annual opinion report.

The Committee also received a report and subsequent assurances following the External Quality Assessment review undertaken on the Internal Audit function's compliance with professional standards.

The Committee regularly sought information and assurances regarding the delivery of the audit plan and management's implementation of agreed actions.

External Audit (Grant Thornton)

The Committee received regular updates and reports from Grant Thornton, the Council's appointed external auditor. A representative from Grant Thornton attended all committee meetings either virtually or in person to give updates and reports and was present especially for discussions around the external audit plan and presentation of their statutory reports.

Members raised questions in relation to the delivery of the audit plan given the pressures on the external audit firms to meet statutory deadlines, and in turn concern about any reputational damage to the Council should those deadlines be missed.

The Committee was assured however of the positive relationship with the Council's Section 151 Officer and the Finance Team in the preparation of high-quality statutory accounts.

Financial Reporting and Accounts

The Committee received the statutory Statement of Accounts (draft and final versions) and sought assurances on the processes in place to prepare the accounts and meet the necessary and complex accounting standards. The Committee also received reports covering the Treasury Management.

The Corporate Finance and Performance reports have been shared with the Committee to provide assurances regarding the financial management arrangements in place.

The Committee was particularly interested and challenging around various aspects of corporate financial management utilising particularly the experience and expertise of the independent members.

Other Corporate Functions

Over the course of the meetings various Service Directors and Heads of Services presented assurance reports on other aspects of the Council's governance framework.

These covered:

- The Glassworks project
- The Council's Covid -19 Response
- Information Governance and Cyber Security
- Data Protection Officer updates
- Human Resources
- Health and Safety Resilience
- Confidential Reporting (Whistleblowing) Annual Report
- Performance Management
- Asset Management

- Equality and Inclusion
- Local Government and Social Care Ombudsman Annual Letter

These reports and presentations provided the Committee with a broader understanding, perspective, and assurance on the wider governance framework of the Council.

Training and Awareness Sessions

To support the Committee in enhancing their knowledge and understanding a number of training and awareness sessions were held. These were delivered by Service Directors, Head of Services, and officers from within the Council. The subjects and themes for these training sessions are suggested by members of the committee.

Themes over the time period of this report include:

- Lessons from Public Interest Reports
- Finance updates and Statement of Accounts
- Treasury Management
- Glassworks

Committee Effectiveness

As well as seeking assurances from management regarding the effectiveness of the Council's control, risk and governance arrangements, the Committee undertook its own review of effectiveness.

Each Committee member completed a questionnaire seeking views on if/how the Committee could be improved and the areas where individually and collectively additional training was required.

The key issues and areas for improvement resulting from the self-assessment were:

- Improving the impact, influence, and profile of the Committee
- Understanding the work of the Council's Overview and Scrutiny Committee

Specific areas of training were also identified:

- Procurement arrangements
- Partnership and collaboration governance
- Environmental governance

These areas were discussed further by the Committee at their annual development session.

CIPFA have also published revised guidance regarding local government audit committees. This guidance has been shared with the Committee and will form the basis of further analysis and comparison to determine if there are other areas where the Committee's effectiveness could be improved.

Conclusion

The Committee delivered high quality challenge to senior management across the full range of its responsibilities. Officers have welcomed this professional and constructive challenge to help maintain and improve where needed, effective controls, risk management and governance. The Committee is highly respected for its role and expertise, and important place in the Council's overall governance framework.

Item 4

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

AUDIT AND GOVERNANCE COMMITTEE – 16TH NOVEMBER 2022

ANNUAL GOVERNANCE STATEMENT (FINAL) 2021/22

1. Purpose of the report

- 1.1 This brief covering report presents the Authority's Final Annual Governance Statement (AGS) 2021/22

2. Recommendations

- 2.1 The Committee is recommended to consider the final AGS which reflects the annual review of the effectiveness of the governance arrangements in place and the actions arising.
- 2.2 Subject to the Committee's comments the final AGS will be presented to full Council for formal approval on 24th November 2022.
- 2.3 The Committee will receive updates on the progress of the actions identified in the AGS action plan at future meetings.

3. Background

- 3.1 The production of an AGS is a statutory requirement as defined in the Accounts and Audit Regulations 2015. These regulations do not provide any guidance as to the specific content or format of the document, although CIPFA provides guidance, but this is not mandatory.
- 3.2 The AGS is fundamentally a public document and should be constructed in a style that allows the reader to understand the governance arrangements of the Council and obtain assurance that there has been a robust annual review process resulting, where appropriate, in actions to address any improvements required.
- 3.3 The final AGS 2021/22 has been prepared following an annual governance review process previously outlined to the Committee.
- 3.4 It is important that the AGS is not seen as an "end of year" process, and that there is constant focus on the actions throughout the year.
- 3.5 The final AGS is appended to this report.

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Date: 7th November 2022

Barnsley Metropolitan Borough Council

Annual Governance Statement 2021/22



ANNUAL GOVERNANCE STATEMENT 2021/22

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1. Executive Summary

Barnsley Metropolitan Borough Council is committed to improving the lives of all residents and creating opportunity and prosperity for local people and businesses. This commitment is set out in the council's Corporate Plan and describes how the council will meet the challenges ahead and make the most of opportunities.

To be successful the council must have a solid foundation of good governance and sound financial management. Barnsley's Local Code of Corporate Governance sets out how we aspire to and ensure that we are doing the right things, in the right way and in line with our values.

Each year the Council is required to produce an Annual Governance Statement (AGS) which describes how its corporate governance arrangements set out in the Local Code have been working. This statement gives assurances on compliance for the year ending 31 March 2022 and up to the date of approval of the 2021/22 statement of accounts. The AGS shows that in many areas the Council has very effective arrangements in place. We will continue to review, streamline, and improve our processes to ensure these arrangements remain effective, now and into the future.

Throughout the period covered by this statement the council continues to recover from the coronavirus pandemic which of course had a significant impact upon the Council's services. Despite the significant challenges, the Council, together with its partners, continued to deliver and co-ordinate services, alongside the proactive management of the pandemic and its issues locally.

The Leader and Chief Executive confirm they have been advised of the implications of the review of governance arrangements by Senior Management and the Audit and Governance Committee and are satisfied that the steps outlined in this document will address the areas identified for improvement.

Signed on behalf of Barnsley Metropolitan Borough Council

Sir Stephen Houghton CBE
Leader of the Council
Date:

Sarah Norman
Chief Executive
Date:

2. Actions from the Annual Governance Statement 2020/21

The 2020/21 Annual Governance Statement Action Plan identified a total of 22 detailed actions to be addressed, 10 of which were actions from the previous year's AGS Action Plan. The majority of these actions have been completed (15 in total). The remaining 7 actions have been carried forward into this year's Action Plan at Appendix 1. Regular updates of progress against the Action Plan have been considered by the Audit and Governance Committee.

The Action Plan at Appendix 1 captures the emerging governance matters to be reviewed during 2022/23 and those identified in the 2020/21 AGS that remain in progress. The Action Plan is a dynamic document and progress against the actions will continue to be reviewed by the Audit and Governance Committee throughout the year.

3. Introduction and Scope of Responsibility

Barnsley Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for and used economically, efficiently, and effectively.

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

The Accounts and Audit Regulations 2015, as amended by the Accounts and Audit (Coronavirus) (Amendment) Regulations 2020, require the Council to conduct a review, at least once a year, on the effectiveness of its system of internal control and prepare an Annual Governance Statement that reports on that review alongside the Statement of Accounts.

4. The Principles of Good Governance

The Council regularly reviews its governance arrangements and has adopted a Local Code of Corporate Governance, which is consistent with the seven principles of Corporate Governance as set out in the CIPFA/SOLACE (2016) Framework Delivering Good Governance in Local Government. The Council's Local Code is available here:

Local Code of Corporate Governance

The seven principles within the CIPFA/SOLACE (2016) Framework Delivering Good Governance in Local Government are:

- Principle A - Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- Principle B - Ensuring openness and comprehensive stakeholder engagement
- Principle C - Defining outcomes in terms of sustainable economic, social, and environmental benefits
- Principle D - Determining the interventions necessary to optimise the achievement of the intended outcomes
- Principle E - Developing the entity's capacity, including the capability of its leadership and the individuals within it
- Principle F - Managing risks and performance through robust internal control and strong public financial management
- Principle G - Implementing good practices in transparency, reporting, and audit to deliver effective accountability

5. The Purpose of the Annual Governance Statement

The Annual Governance Statement considers the effectiveness of our governance arrangements throughout 2021/22. It is an objective and honest appraisal of the effectiveness of our governance framework. It highlights where we have identified governance weaknesses but also where we want to further develop and improve them to ensure that we have as effective governance arrangements as possible that enable the organisation to deliver on its commitment to improving the lives of all residents and creating opportunity and prosperity for local people and businesses.

6. Reviewing our Effectiveness and the Governance Framework

The governance framework comprises the systems and processes, culture, and values by which the Council is enabled, directed, and controlled and through which it accounts to, engages with, and leads the community. Part of that framework involves the management of risk. No risk management process can eliminate all risks and can therefore only provide reasonable and not absolute assurance of effectiveness. The Council's risk management system continues to be embedded across the organisation with risks being reviewed by the Senior Management Team (SMT), at directorate management teams (DMTs) and individual Business Units (BUs) throughout the year. The Audit and Governance Committee review strategic risks at each of their meetings, with Executive

Directors attending to provide a “deep dive” into the risks they own to give assurance that strategic risks are being reviewed and managed on a regular basis. Cabinet also reviews strategic risks on a 6 monthly basis.

To support the development of the AGS the following sections reflect the activity undertaken to review the effectiveness of governance across the Council:

- An annual facilitated self-assessment assurance process with all Business Units linked to areas of the governance framework to prompt consideration of the existence and adequacy of governance arrangements during 2021/22 – this approach ensures the engagement of all Executive Directors (ED’s) Service Directors (SD’s) and Heads of Service (HoS) in the process of assessing governance assurance across the organisation.
- The Strategic Risk Register which sets the culture and tone for the management of threats, concerns, and issues across the Council.
- The 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 Data Protection Officer (DPO)
- The work of the Audit and Governance Committee which includes responsibility for monitoring the development and operation of corporate governance in the Council (the Audit and Governance Committee Annual Report provides further detail of the work of the committee during 2021/22 [[to include a link to the document](#)])
- 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
- The report of the Council’s External Auditor
- The consideration of any significant matters arising in the year.
- Recommendations from external review agencies and inspectorates

Specific governance assurance statements are provided from the following statutory officers.

a) Head of Paid Service

As Chief Executive and the Head of Paid Service, I am responsible for the overall corporate and operational management of the council. In yet another challenging year for the council, borough and country, I remain both impressed and proud of the way the organisation continues to recover from the Covid crisis and deal with the significant and increasing service and economic pressures our services face, exacerbated by the growing cost of living crisis. I believe our governance arrangements remain strong, whilst always under review to ensure they support a more agile way of working. We have also made excellent progress in taking forward with partners our place-based vision for Barnsley in 2030 as The Place of Possibilities, which is also reflected in our Corporate Plan.

The Strategic Risk Register continues to provide a focused and strategic approach which further supports our focus on maintaining efficient and effective corporate governance.

The impact of the pandemic and now the cost-of-living crisis has prompted us to re-think and closely examine how we all work to maintain the high standards of service the council aims to achieve. In particular we are undertaking a series of service and cross cutting reviews as part of our MTFs and developing a programme to strengthen the culture of the organisation.

I support the areas for improvement presented in this Annual Governance Statement and look forward to another successful but inevitably challenging year ahead.

b) Section 151 Officer

As the Council's designated S151 Officer, I am responsible for the Council's financial governance, risk and control frameworks which ensure that the Council's financial decision making is both lawful and prudent. I am also responsible, in accordance with the statutory requirements set out in the Local Government Act 1972, for the proper administration of the Council's financial affairs.

I am satisfied that the Council's arrangements are robust in all regards and more than meet the minimum thresholds set out under statute. My view is corroborated from a number of independent sources including the AGS review process which has again identified financial management as an area of strength across the organisation, a positive self-assessment outcome against CIPFA's new statutory Financial Management Code and the External Auditor's continued positive feedback on the Authority's arrangements for securing Value for Money received in January of this year.

As well as providing assurance around the accounting period under consideration these arrangements have also allowed the Council to maintain a robust annual financial plan and medium-term financial strategy, facilitating long-term strategic planning whilst ensuring the Council's ongoing financial sustainability. Needless to say, the cost-of-living crisis and general inflationary pressures present further challenges to the council's finances that need to be considered within our financial plans.

As reported in the 2020/21 AGS, in June 2021, the Council was a victim of a sophisticated, determined and carefully planned external fraud. I immediately instigated a fundamental review and audit into the circumstances that allowed the fraud to succeed. Controls have been further strengthened and all staff have received updated phishing / fraud awareness training; therefore, I remain satisfied that the Council has a robust framework of financial management and control in place. A significant proportion of the loss was recovered by the Police (£1M), with the remaining unrecovered balance (£0.4M) being borne by the Council's self-insurance fund that is in place to cover any uninsured losses. The Council has sufficient levels of reserves to fully mitigate the impact of the theft of £400,000 from the Council ensuring that services are unaffected.

c) Monitoring Officer

As the Monitoring Officer, I am responsible for ensuring both elected Members and Officers uphold high standards of behaviour and conduct in adherence of the law.

The demands placed on the Council's decision-making processes and the arrangements needed to support virtual meetings proved to be very successful with public engagement increasing during that time. The need to maintain absolute transparency and confidence in our governance arrangements was and remains critical to maintaining public support and confidence.

The areas of improvement set out in this Annual Governance Statement are noted and elected Members and Officers of the Council will work together to ensure we build on the progress made to date. I would like to take the opportunity to thank members of our Audit and Governance Committee in the way they have again carried out their role in such demanding circumstances and continued to provide the rigour expected when seeking assurances on how the Council conducts its governance and control systems and processes.

7. Internal Audit and the Opinion on Internal Control, Risk and Governance 2021/22

In accordance with the Accounts and Audit Regulations 2015 and the Public Sector Internal Auditing Standards (PSIAS), the Head of Internal Audit, Anti-Fraud and Assurance is required to provide independent assurance and an annual opinion on the adequacy and effectiveness of the council's internal control, governance, and risk management arrangements. This is achieved through the delivery of an annual programme of risk-based audit activity, including counter fraud and investigation activity. Management actions arising from the audit work are agreed with the aim of improving the internal control, governance, and risk management arrangements of the council.

Below is an extract from the Head of Internal Audit's annual report submitted to the Audit and Governance Committee at their meeting on 14th September 2022:

*“Taking the whole year into account and the audits completed, it is appropriate to give an overall interim **reasonable** (positive) assurance opinion for the year. The information supporting this opinion is provided below.*

The engagement of senior managers and services across the Authority has once again been excellent and reflects a positive culture to embrace internal audit and look to identify opportunities to improve the effectiveness and efficiency of governance, risk management and internal controls. However, the challenges that Services face continue of course and to maintain positive assurance in the future that culture needs to continue also. The key issues arising from Internal Audit work in the year, in general terms, continue to relate to the significant pressures in most areas of the Council (with the Covid19 pandemic still impacting the Council), relentless demand and the drive for greater efficiency and changed ways of working. There is nothing new in these challenges and so the embedded awareness of governance and internal control issues should stand the Authority in good stead to manage the risks, concerns and issues that will inevitably occur.

The audit work undertaken, and planned for the current year, has sought to support management to embrace and meet these challenges. To highlight this issue, a number of senior managers have continued to request Internal Audit input during the year to provide support and assurances that the internal control framework in certain areas was effective (particularly in relation to the impact of Covid 19 and the government funding received to support the public and local businesses). This Internal Audit support was requested to highlight key control, governance and risk issues and assist management in how best to deal with them. Of key importance of course is the consideration and management of the identified and accepted risks moving forward.”

Full details of the assurance provided in this statement can be found within the Internal Audit Annual Report for 2021/22, submitted to the Audit and Governance Committee on the 14th September 2022.

[Head of Internal Audit Annual Report 2021/22](#)

It should be noted that the internal audit planning process and in-year management of the audit plan involves discussions with SMT and wider senior management to ensure audit coverage is focussed on managing the key risk and priorities of the Council. Of particular relevance is the approach to risk management and broader governance assurance. There remains a clear culture of openness and engagement with Internal Audit across the Authority that supports the positive assurance opinion overall.

8. Data Protection Officer (DPO)

The Council is required to appoint a DPO under the UK General Data Protection Regulations and Data Protection Act 2018. The key aspect of this role is to provide the Council with independent assurance regarding compliance with the data protection law.

The DPO has regular meetings with officers from the Information Governance Team and the Senior Information Risk Officer (SIRO) and reports to the Information Governance Board. The DPO also undertakes specific assurance reviews to support that independent assurance.

Independent assurance activity and general oversight continue to present a positive picture overall. The remit of the Information Governance Board provides a clear focus on compliance and awareness. Responses to Freedom of Information Requests and Subject Access Requests have improved significantly with virtually all being met within the agreed timescales. Significant work

continues around cyber and IT security, with regular phishing and password testing exercises to constantly ensure high levels of awareness and security. It was recognised again as part of the annual governance review process that the area of information governance and security remains a key aspect of governance to try and further reduce the number of data incidents. Actions identified in relation to information governance / data protection improvements are in place and are monitored by the Information Governance Board and Audit and Governance Committee, and discussed specifically in SMT.

The DPO and Internal Audit will continue to monitor management's response to the issues raised and conduct further independent reviews and audits on a continuous rolling basis. These will be reported to the Information Governance Board and the Audit and Governance Committee.

9. External Audit [to be further reviewed]

The Council's appointed external auditor is Grant Thornton LLP. They are required each year to carry out a statutory audit of the Council's financial statements and give a narrative commentary on the Council's value for money arrangements. As well as having regular meetings with the Service Director – Finance and Chief Executive, Grant Thornton also attend each Audit and Governance Committee to provide updates on the progress of their work, to answer questions from the Committee and importantly witness the operation of the Committee.

The Auditor's ISA260 Report providing their opinion on the accounts will be presented to the Audit and Governance Committee and to full Council in November. A separate narrative commentary on the Council's value for money arrangements will also be presented to the Committee. **The ISA260 report will be available in due course. [LINK TO ADD].**

10. External Inspection and other Assurance Reports

The Council is subject to various external inspections and also proactively invites support and challenge from regulators and peer reviews. The reports from these bodies provide valuable information and assurance to enable and ensure the maintenance of effective governance arrangements. The bodies that have provided reports and information are listed below.

a) Local Government and Social Care Ombudsman – Referrals Made in 2021/22

During 2020/21 there were 32 contacts received from the LGSCO and 2 from the Housing Ombudsman Service. Currently 3 of these we are still pending a decision. In relation to the other 31 contacts the known outcomes of these cases are as follows:

- 7 faults with injustice
- 1 fault but no injustice
- 1 no fault and no injustice
- 1 local settlement
- 9 discontinued investigations, not considering, or closed after initial enquiries
- 6 referred back to the Council to pursue
- 6 outside the jurisdiction of the LGSCO

Contacts received from the LGSCO are managed and facilitated by the Council's Customer Resolution Team and where the Council is found to be at fault actions are taken to address any issues highlighted by the services they relate to.

b) Local Government and Social Care Ombudsman – Annual Review Letter 2022

This letter issued in July 2022 provides details of annual performance statistics on the decisions made by the Local Government and Social Care Ombudsman for Barnsley Metropolitan Borough Council for the year ending 31 March 2022. The letter focuses on the outcomes of complaints and what can be learned from them, in relation to complaints upheld, compliance with recommendations and satisfactory remedy provided by the authority – [link to Annual Letter](#)

Council performance has improved in the first two areas but in relation to satisfactory remedy provided by the authority performance needs to improve and action will be taken forward in the AGS Action Plan (Appendix 1) to address this.

Performance in relation to customer feedback for the period April 2021 – March 2022 is published in the Council's Annual Customer Feedback Report [Annual Customer Feedback Report 2021/22](#)

c) Children's Services – Ofsted Inspections

There were 8 primary schools inspected during 2021/22. Three schools (Barugh Green Primary, Dodworth St Johns and Wilthorpe Primary) all received outcome ratings down on their previous Ofsted inspections, two were rated requires improvement and Dodworth St Johns was rated inadequate. Two schools received outcome ratings the same as their previous Ofsted inspection, Sandhill Primary continued to be rated requires improvement and Worsbrough Bank End continued to be rated good. Three schools (Hunningley Primary, West Meadows and Oakwell Rise) received improved outcome ratings on their previous Ofsted inspections, all are now rated good. There was one secondary school inspected during 2021/22. Netherwood received the same outcome rating (requires improvement) as in their previous Ofsted inspection.

The issues raised in the Ofsted reports relate to school specific matters and any actions identified in inspection reports are taken forward by the schools concerned. Details of all inspections can be found on the Ofsted website – www.ofsted.gov.uk

d) Care Quality Commission (CQC)

Barnsley Metropolitan Borough Council is registered with the CQC to deliver 2 services:

- BMBC 0-19 Children's Service
- Community Enablement Services – the service consists of two distinct service types reablement service and shared live scheme.

CQC inspection of the 0-19 Children's Service in December 2021 rated the service as outstanding overall. The service has been registered with CQC since February 2017 and this was its first inspection. Positive feedback commented on many features including; good staffing levels, service users at the centre of safeguarding arrangements, proactive approaches to anticipating and managing risks, good care and treatment to families, children and young people with consistently better outcomes when compared with other similar services, effective and innovative team working, treating children, young people and their families with compassion and kindness, excellent feedback from service users, leaders at all levels were compassionate, inclusive and effective, and strategies and plans were fully aligned with plans in the wider health economy and leaders demonstrated commitment to system wide collaboration. Areas for improvement related to ensuring there is a robust process in place to

minimise the risk to the diversion of prescriptions and the service should ensure they involve service users (especially young people) in the design and delivery of their services.

The Community Enablement Services were last inspected in 2018 and received an overall rating of good.

Full inspection reports can be found on the CQC website – www.cqc.org.uk

e) Joint Area SEND Inspection (Ofsted and CQC)

Barnsley's local area SEND inspection took place from the 20th to 24th September 2021. This was carried out by Ofsted and the CQC to review how well the local area meets its responsibilities for children and young people (aged 0-25) who have special educational needs and/or disability (SEND). [Link to Inspection Letter](#)

The outcomes of the joint inspection were considered by Cabinet on 15th December 2021 and Full Council on 3rd February 2022. The inspection letter noted the significant progress which local statutory partners had made in addressing the needs of children and young people with SEND in Barnsley. However, the joint local area inspection also highlighted two areas of significant weakness in provision which were of significant concern, as follows:

1. The engagement of, and communication with, parents and carers - local statutory partners need to ensure that the lived experience of families is influencing their strategic plans for services and provision.
2. Improving the identification of, and provision for, children and young people with SEND but without an Education, Health and Care Plan (EHCP).

It was determined that the local area (namely Barnsley Council and Barnsley CCG) must produce a Written Statement of Action (WSOA), to address these issues. The WSoA prepared includes specific, time-based and measurable actions; with clear articulation of which organisation is responsible for delivering the actions, how this will be monitored and evidenced to show the achievement of the declared aims.

Implementation will be governed by the system wide SEND Oversight Board and progress will be monitored and reported to the Cabinet on a quarterly basis as part of the Quarterly SEND Performance and Finance report arrangements.

f) Children’s Social Care Joint Targeted Area Inspection (JTAI)

This inspection took place from 23rd to 27th May 2022, and was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS). The headline findings from the inspection were that most children in Barnsley receive the right support at the right time to identify risk and meet their needs across the “front door” services. A number of areas for improvement were identified.

[Link to the findings of the inspection](#)

Following the inspection Barnsley Council was identified as the principal authority in relation to Children’s Services, and they were tasked with preparing a written statement of proposed multi-agency actions in response to the findings from the inspection. Oversight of the action plan will be taken forward by local multi-agency safeguarding arrangements.

g) Planning Regulatory Board

During 2021/22, the Council received 1,065 planning applications and determined 1,012 of these. 96% of these decisions were delegated to officers with the overall percentage of applications granted being 90% - this is comparable with the overall average for England. 41 appeals have been decided by the Planning Inspectorate during 2020/21, 34 (83%) have been dismissed during the same period and 7 (17%) have been allowed.

During 2021/22 Barnsley Council was in the top 5% of planning authorities in terms of the number of enforcement notices issued – the Council issued 45 enforcement notices during this period a reflection of the proactive approach taken by the Planning Board.

h) Information Commissioner’s Office (ICO)

During 2021/22 there were 5 cases referred to the Information Commissioners Office (1 data breach and 4 information requests). The 1 data breach resulted in 2 recommendations, both of which have been considered and implemented. Of the 4 information request referrals, 2 related to freedom of information requests, 1 related to a data protection request and 1 was a clarification about a request. In relation to these 4 information requests, 2 decisions were partially upheld, 1 was not upheld and 1 was a request of clarification.

Any areas where improvements in internal processes are identified arising from ICO feedback or recommendations are acted upon. These are overseen by the Information Governance Board and Data Protection Officer.

i) Health and Safety Executive

During 2021/22 there were no formal or informal enforcement actions (i.e., Notice of Contravention, Improvement Notice, Prohibition Notice, or prosecution) against the Council by the Health and Safety Executive.

Occasional follow up enquiries are received from the Health and Safety Executive following accident/incident reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), however, none were formally investigated in 2021/22.

j) Children's Services Peer Challenge

A Peer Review of Children's Services was undertaken between 28th February and 3rd March 2022. Prior to the onsite review the team reviewed a range of documents and information including 16 case files. The team then spent four days onsite at BMBC which included interviewing key staff, partner organisations and children and families, attending meetings and visiting families and children's service settings.

:

The review team was impressed with arrangements for children's services in Barnsley. They noted that the council is driving for continuous improvement from a strong base and whilst there were no significant areas identified which required improvement, they provided some suggestions and observations to inform some "quick wins".

k) Safeguarding Adults Peer Review

A Peer Challenge Review was undertaken between 16th and 18th March 2022 and focused on the leadership, strategy and commissioning, outcomes and experiences of people who use the services and service delivery, effective practice and performance management.

The review found that the Barnsley Safeguarding Adults Board is both effectively preventing abuse and working in partnership with people to stop harm, and several areas of outstanding practice were identified. There were no recommendations made for areas for improvement. Some areas for consideration were offered to further strengthen the Board's work further, all of which align with the Boards existing plans for development and growth. These will be taken forward as part of an action plan and progress against the actions will be evaluated in the next Safeguarding Adults Annual Report 2022/23.

l) Ofsted Inspection of Children's Home

An Ofsted inspection of a Barnsley Council Children's Home in July 2022 rated the Home as inadequate identifying widespread failures. As a result, three compliance notices were issued to the Council under Section 22A of the Care Standards Act 2000. Ofsted identified actions to rectify the inadequacies and issued a timeframe for actions to be completed by 28th August 2022.

Ofsted have completed a further monitoring visit of the home where Leaders and Managers have demonstrated the actions taken to address and meet the compliance notices. Following the visit Ofsted have agreed and removed the compliance notices to the home. The service is anticipating a further full inspection from Ofsted.

m) Public Health Peer Challenge – Alcohol Use

A Public Health Peer Challenge was undertaken between 21st and 23rd June 2022 to look how effectively people with problematic alcohol use are identified and supported by the Council and key stakeholders. The review included interviews and discussions

with councillors, officers and partners, meetings with managers, practitioners, frontline staff, a review of documentation and meeting people with lived experience.

The review team identified many examples of quality provision across the borough. Recommendations in the report included a number of strategic and operational improvements; including that the Alcohol Alliance should create a shared coherent narrative of alcohol use for Barnsley and the consequences for all communities.

The Public Health Team will be developing an action plan and strategy and will work through the Alcohol Alliance to take forward these recommendations.

n) Elections Issues – Association of Electoral Administrators Review of the Count for the Royston Ward and Health Check Report of BMBC’s Count Processes

A serious failure in the local election count at one ward, Royston has prompted two pieces of review work undertaken by the Association of Electoral Administrators for the Council:

1. An investigation requested by the Councils Returning Officer to consider every aspect of the process of the Royston Ward count at the May 2022 local election.
2. A routine health check on the administration of the electoral registration process and the conduct of elections.

Although the failure in the Royston Ward Count did not change the election result, it had the potential to do so. The review found that the situation that occurred was because of human error and there was not one single point of failure, but several contributory issues which needed to be addressed to reduce the risks of such a situation occurring again.

The report made a number of recommendations for future improvements including training delivery for all staff, a review of all roles, responsibilities and processes at the postal vote opening at the count should be undertaken, and a review of the count layout should be undertaken. These recommendations were incorporated into an Elections Review Action Plan, which also addresses system improvements identified in the AEA Health Check Report.

The Elections Review Action Plan which is being actioned by an internal officer group chaired by the ED Core Services. It includes a total of 34 actions, 20 of which have already been completed. The remaining 14 actions have clear timelines for completion and the entire action plan will be delivered by end of December 2022.

11. Governance Issues Identified from the Annual Governance Review

The annual governance review process comprises a facilitated self-assessment with each Business Unit. This ensures that the entire organisation has considered its compliance with governance processes and the opportunity to raise any concerns about wider corporate governance arrangements.

A meeting was held with each Business Unit, led by the Service Director, and involved their Heads of Service. The meetings were thorough and robust producing an honest assessment of understanding and compliance across the various areas of governance. The areas identified from the review process were:

Areas of Strength

- Financial Management – high levels of understanding and compliance
- HR recruitment processes and HR processes generally – high levels of understanding and full compliance across Business Units
- Legislative Compliance – good understanding of how and when to access legal advice
- Business Continuity and Emergency Resilience Plans – all plans are up to date; staff awareness is good and the execution of plans effective
- Decision Making - good compliance with decision making and reporting processes
- Procurement – procurements undertaken in line with the Councils Commercial Strategy and Contract Procedure Rules

Areas of continuing improvement and focus

- Information Governance – continue to work to further reduce the number of data breaches, continually ensure high levels of staff awareness of cyber risks and overall data security across the Council
- Risk Management – ensure consistent use of the risk management approach and system
- Equalities and Inclusion – scope to further improve equalities and inclusion awareness
- Personal Development Reviews – processes have improved, and compliance levels increased but scope to ensure consistent compliance across all BU's
- Performance Management and Data Quality – continue the development of KPI's and service standards in some BU's

Efficiency / Effectiveness improvements (Actions)

In addition to the identification of areas of the Council's governance arrangements where a specific improvement is identified, the annual review process seeks to identify where efficiencies can be made to make the governance framework even more effective. The sessions with BUs sought to identify where there may be a need to further review a corporate process, regardless of any compliance issues but to improve the engagement of BUs in the general drive to continuously strengthen our governance arrangements whilst ensuring they are efficient and as easy to comply with as possible. The following areas were highlighted:

- HR recruitment processes and HR processes generally – compliance is very good, but the introduction of a major new HR system will help to improve the ease of compliance and make important processes more efficient.
- Compliance with corporate procurement process is also high but again, there are opportunities to review some procurement stages and processes to improve efficiency.
- Partnership, Relationship and Collaboration Governance – continue with the work to develop a defined governance framework, guidance and reporting arrangements
- Declaration of Interest – full compliance with the completion of annual returns following the review undertaken
- Fraud awareness – continue work to ensure high levels of staff awareness and the continual assessment of fraud vulnerabilities, the roll-out of specific training to promote better general awareness and of the Council policies on fraud and corruption
- Review of mandatory training

- Health and Safety – re-introduction of Health and Safety Audits following a pause in the programme for the last 2 years due to COVID-19

The actions necessary to address the areas for continuing development and improvement have been captured in an action plan (Appendix 1) which will be monitored during the year by the Audit and Governance Committee.

Internal Audit have undertaken an independent review of the annual governance review process and preparation of the AGS. This review provided a reasonable (positive) assurance opinion. The review recognised the continued development and improvement in the AGR process and the excellent engagement of Business Units in the process. The review highlighted the following areas for improvement which will be implemented for the 2022/23 AGR process and AGS:

- Drafting procedures / process maps to cover the end-to-end AGR and AGS process;
- Ensuring that Business Unit and Domain Theme Lead related action plans are fully completed and agreed, with actions monitored to completion and reported / escalated as appropriate;
- Developing a robust process to compile the Governance Action Plan and to confirm that it includes all relevant areas for improvement (actions);
- Embedding governance assurance as 'business as usual' throughout the year.

12. Governance Action Plan

The Governance Action Plan (Appendix 1) comprises both the actions from the 2020/21 AGS Action Plan, actions identified from the self-assessment questionnaire reviews with Business Units and actions arising out of External Reports and has two parts:

- Part One identifies significant governance issues where improvements are required
- Part Two identifies areas where enhancements would improve the efficiency of systems and processes across the Council.

The Audit and Governance Committee will receive regular update reports on the action plan and can seek assurances that actions are being progressed.

Each identified action or area for further improvement is linked to one of the principles within the CIPFA guidance (see Section 4)

Part One – Governance Issues

- a. **Partnership, Relationship and Collaboration Governance** – CIPFA/SOLACE – Principle B - Ensuring openness and comprehensive stakeholder engagement
 - Develop a defined governance framework with a corporate lead for partnerships and collaborations (2019/20)
- b. **LGSCO Annual Letter** – CIPFA/SOLACE – Principle D – Determining the interventions necessary to optimise the achievement of the intended outcomes.
 - Implementation of the recommendations within the LGCSO Annual Letter
- c. **Elections Report** - CIPFA/SOLACE – Principle A - Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
 - Implementation of the recommendations arising from the review of the count for the Royston Ward and Health Check undertaken by the Association of Electoral Administrators
- d. **SEND** – CIPFA/SOLACE – Principle B - Ensuring openness and comprehensive stakeholder engagement
 - The engagement of and communication with parents and carers. Local statutory partners need to ensure that the lived experience of families is influencing their strategic plans for services and provision
 - Improving the identification of and provision for, children and young people with SEND but without an Education, Health and Care Plan (EHCP)

Part Two – Improvement Enhancements

- e. **Information Governance** - CIPFA/SOLACE – Principle F - Managing risks and performance through robust internal control and strong public financial management
- POD / Success Factors – learning and development – to explore more robust technical methods of rolling out training e.g., POD replacement / Success Factors (2019/20)
- f. **Personal Development Reviews** - CIPFA/SOLACE – Principle E – Developing the entity’s capacity, including the capability of its leadership and the individuals within it
- Success Factors (performance and goals) to be implemented (2019/20)
- g. **Risk Management** - CIPFA/SOLACE – Principle F - Managing risks and performance through robust internal control and strong public financial management
- Development of training material for inclusion on the POD system (2019/20)
 - Development of the wider governance assurance process across the Council to integrate with the new risk management approach – to be considered by the Governance and Ethics Board (2020/21)
- h. **Anti-Fraud Awareness** - CIPFA/SOLACE – Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- Continue work to improve staff awareness and the assessment of fraud risks and develop specific training to promote better general awareness of the Council’s policies on fraud and corruption (2020/21)
- i. **Workforce / HR Management** – CIPFA/SOLACE – Principle E – Developing the entity’s capacity, including the capability of its leadership and the individuals within it
- Review processes to improve efficiency and effectiveness with the introduction of a new HR system “Success Factors” (2020/21)
- j. **Procurement and Contract Management** – CIPFA/SOLACE – Principle F - Managing risks and performance through robust internal control and strong public financial management

- Through a strategic service review (over 18 – 24 months), explore improvements to procurement systems and processes to secure efficiencies and promote better awareness of the Commercial Toolkit and Strategy (process improvements will be identified during the strategic review)
- k. **Declaration of Interests** – CIPFA/SOLACE – Principle A - Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
 - Implementation of an improved system to record declarations of interest following a review of existing processes
- l. **Corporate Mandatory Training** – CIPFA/SOLACE - Principle E – Developing the entity’s capacity, including the capability of its leadership and the individuals within it
 - Undertake a review of mandatory training
- m. **Health and Safety** – CIPFA/SOLACE – Principle F - Managing risks and performance through robust internal control and strong public financial management
 - Re-introduction of Health and Safety Audits following a pause in the programme for the last 2 years due to COVID-19

13. Strategic Risk Register

A robust and dynamic Strategic Risk Register sets the culture and tone for the management of threats, concerns and the assurances required across the Council. The engagement of the Senior Management Team (SMT) in the risk management process through their ownership and review of strategic risks on a quarterly basis demonstrates a strong commitment to lead and champion risk management “from the top”, and further reinforces the continuing development of a risk management culture across the Council.

The risks below are owned by SMT, with the management of individual risks being allocated to a member of SMT as the ‘risk manager’, and any necessary actions to provide assurances allocated to Action Owners, being those senior managers best placed to take responsibility to drive the implementation of the identified actions. The current strategic risks are:

- *Threat of fraud and/or cyber-attack* – increased threats of fraud and cyber-attacks against the Council

- *Financial sustainability* – there are several significant emerging risks facing the Council (some of which are fluid and yet to be quantified) if unchecked they could pose a major threat to the Councils' ongoing financial sustainability
- *Zero carbon and environmental commitments* – there are significant financial, reputational, business and community risks associated with work to ensure the Council achieves its ambition to be zero carbon by 2045.
- *Potential death of a child/safeguarding failure in children's services* – maintain a focus to ensure all reasonable measures are in place and are effective
- *Meeting Care Act 2014 responsibilities* – the combined impact of the pandemic, reform programme requirements and the cost-of-living crisis could cause challenges for the Council in meeting the statutory requirements of the Care Act.
- *Community resilience* – that individuals and families are experiencing increased strain as a consequence of the cost-of-living crisis and other social impact factors.
- *Health protection emergency* – e.g., Covid 19 Pandemic – ensuring robust well understood arrangements are in place to deal with any health protection emergency
- *Inclusive economy* – impact of Covid, accelerated downturn on the local economy, increasing inflation and impact of cost-of-living crisis adding to pressures on the local economy
- *Glassworks* – ensure robust governance of the project
- *Potential for a safeguarding failure in Adult Social Care* – maintain a focus to ensure all reasonable measures are in place and are effective
- *Partnership and collaboration governance* – need to have robust, well governed but flexible and responsive arrangements for partnership working
- *Organisation resilience* – need to understand issues around leadership, general workforce capacity and welfare and recognise that organisational resilience is not as high as it was pre pandemic – need to find ways to recover post pandemic
- *Emergency resilience* – need to ensure the Council has robust mechanisms to prepare for, respond to and recover from civil emergencies and business interruptions
- *SEND* – new controls in place and an Oversight Board established, continue to monitor delivery, cost effectiveness and satisfaction rates
- *Educational outcomes progress* – continue to monitor with particular focus on improving outcomes for vulnerable groups and boys

SMT is responsible for ensuring that the Strategic Risk Register continues to express those high-level concerns, issues and areas of strategic focus which have a significant bearing upon the overall achievement of corporate objectives and that they are being appropriately managed.

To provide assurances that the Strategic Risk Register is being appropriately managed, the Audit and Governance Committee receive regular updates including presentations on the strategic risks from the relevant Executive Director. These presentations provide the committee with a deep dive review into the strategic risk and an opportunity to obtain an assurance from the Executive Director about the effectiveness of the mitigations and action plans in place to address the risk. Cabinet also receives six-monthly updates.

14. Impact of Coronavirus

During the period April 2021 to March 2022 there was a continued and significant impact on Council services due to the COVID-19 pandemic. The Council has co-ordinated a response, as well as directly responding itself, to ensure that resources have been prioritised to those most in need with essential assistance being provided right across all parts of the Borough. Despite the challenges, the Council has maintained key statutory and essential services whilst adapting provision to also provide alternative virtual services. Our robust response to the pandemic has added assurance to the effectiveness of the Council's Business Continuity Plans, communications strategy, and governance arrangements.

Robust governance arrangements continued to be in place through a Gold and Silver Group structure, linked to the Local Resilience Forum and Barnsley CCG. A strategic threat and risk assessment process was also established and has been maintained throughout.

Although still with a focus on responding to ever-changing local and national circumstances, a Recovery and Renewal Strategy has been developed and is continuously reviewed and updated. It aims to coordinate a strong collaborative recovery which is sensitive to the needs of those affected by the pandemic. It seeks to enable the stabilisation, rebuild and restoration of health, social, economic, and political well-being of the communities of Barnsley as the Council deals with the pandemic, and is aligned to the Barnsley 2030 vision and ambitions. The Strategy focuses on 5 themes which are aligned to regional and national themes, these are:

- **Health and Wellbeing** - To continue to reduce and suppress infection across the borough and to heal and restore the health and wellbeing of Barnsley people

- **Business Economy** - To ensure that the borough's communities and businesses positively move on from COVID-19. To protect jobs & keep people in work. To bring back public and investor confidence in our local economy, high streets, and attractions.
- **Community Resilience** - Provide oversight and coordination of the recovery arrangements for communities and individuals adversely impacted by Covid19.
- **Education and Skills** - Safely return children and young people to early years settings, schools and post-16 learning
- **Infrastructure and the Environment** -To safely reinstate infrastructure and transport networks as soon as practicable and restore public confidence

These arrangements sit within the context of the Local Resilience Forum arrangements which themselves seek to coordinate a strong partnership recovery for the communities of South Yorkshire affected by the pandemic in the short, medium, and long term. The response to the pandemic has highlighted an excellent collaborative approach to partnership working amongst all partner agencies.

The Council and the CCG's individual and joint response has been led through a command, control and co-ordination structure which variously includes single and multi-agency groups. Over time these have transitioned to focus on both response and recovery. The Council has a Recovery and Renewal Group consisting of Service Directors and Heads of Service from across the Council, with this reporting to the Council's Strategic Gold Group. Through multi-agency groups, the Council is also continuing to work with senior leaders within partner organisations including health and emergency services, the wider public sector, and the voluntary sector.

An initial / interim review to identify lessons learnt from the initial response phase has been undertaken and this is currently being reviewed to produce a collated list of opportunities for improvement and recommendations. Going forward, the Council's recovery approach will include a full review of the impact of coronavirus, the lessons learnt, and the opportunities rebuild for the future.

Throughout 2021/22 we continued to respond accordingly, working rapidly and effectively in collaboration with council colleagues and partners locally, regionally, and nationally. The Health Protection Board, Outbreak Control Engagement Board and Outbreak Management Group received regular updates and reports on the evolving Covid-19 situation. Our governance structures and approaches to outbreak management are well established and robust with oversight from UKHSA. At the same time, we remain flexible in response to demands as Government advice changed.

15.A Forward Look

Although an annual governance statement is intended to provide a reflection of the financial year just gone, it is also important to highlight and acknowledge that where the Council has challenges, or is implementing major changes, assurance can be provided that due regard is given to maintaining and using effective governance to ensure the achievement of objectives.

In particular, the impact of the pandemic forced an immediate move to more agile working for many employees. Having considered that experience, we've changed our working arrangements and launched our Smart Working Programme. This programme will be further reviewed to ensure it best meets our operational responsibilities and the maintenance of effective control and governance.

The Council continues to work with other organisations in many ways. The need to ensure all such relationships, whether they are formal contracts, collaborations or partnerships are effectively governed is ever more important and particularly pertinent in relation to the new integrated care system, across the local NHS organisations and Council.

The national and indeed international landscape will continue to provide further challenges to the Council in terms of exceptional inflationary pressures, supply chain problems and the particular difficulty in the recruitment and retention of staff all of which present further pressure on the council's ability to deliver our ambitious investment and transformation programmes. There will inevitably be many more uncertainties that we will need to work with over the coming year and beyond. What is important therefore is the maintenance and continual review of our governance arrangements that will ensure we are in the best possible position to respond positively and responsibly to these pressures and challenges. To that end further work is underway through a Governance and Ethics Board, to review aspects of the council's governance arrangements to ensure they are as efficient as possible.

16. Conclusion

This AGS demonstrates that the systems and processes the Council employs provide a comprehensive framework upon which to give assurance to the Council and residents of the Borough that its governance arrangements were in place and effective overall during 2021/22 and into 2022/23.

The governance arrangements outlined in the AGS have been applied throughout the year and up to the date of the approval of the Annual Accounts. The annual review has provided an effective process to identify any governance issues and to put in place the necessary improvement actions. The annual review process and action plan demonstrates the culture of the Council to robustly challenge itself and constantly seek out and demonstrate opportunities to improve.

Along with every organisation in the country, the Council continues to recover from the Coronavirus pandemic and more recently respond to the significant inflationary and general economic challenges. It is recognised that the Council will have significant issues to consider and address which will have longer-term implications for how services are delivered and the financial resources available to support that service delivery.

As highlighted in the Narrative Report within the statement of accounts, we will remain committed to seek continuous improvement and demonstrate the best use of resources and value for money.

The annual review has identified, overall, that the Council continues to have an effective framework of governance. The challenging approach we take in the preparation of the AGS has identified areas where we want to improve further with the necessary actions being agreed. The implementation of AGS action plan will again be closely monitored by the Audit and Governance Committee.

Annual Governance Statement Action Plan - Significant Governance Issues where Improvements are Required

| AGS | Area Identified / Action | Lead Officer / Action Officer | Timescales |
|---------|---|--|----------------------------------|
| 2020/21 | Partnership, Relationship and Collaboration Governance – Governance Improvement <ul style="list-style-type: none"> Develop a defined governance framework with a corporate lead for partnerships and collaborations | SD Finance / Head of Internal Audit, Anti-Fraud and Assurance | December 2022 |
| 2021/22 | LGSCO Annual Review Letter 2021/22 <ul style="list-style-type: none"> Development of POD training on complaints management Delivery of training courses – to be rolled out in stages commencing with Adult Social Care and Children’s Social Care Teams | SD Business Improvement, HR & Communications / Customer Resolution Manager | September 2022 March 2023 |
| 2021/22 | Elections Report <ul style="list-style-type: none"> Implementation of the recommendations of the Elections Report Review of the Count for the Royston Ward | ED Core Services / SD Law and Governance | December 2022 |
| 2021/22 | SEND – address the 2 areas of significant weakness: <ul style="list-style-type: none"> The engagement of and communication with parents and carers. Local statutory partners need to ensure that the lived experience of families is influencing their strategic plans for services and provision Improving the identification of and provision for, children and young people with SEND but without an Education, Health and Care Plan (EHCP) | Barnsley MBC and Barnsley CCG Lead Officer – ED Children’s Services | |

Annual Governance Statement Action Plan - Areas where Improvement Enhancements would improve the Efficiency of Systems and Processes across the Council.

| AGS | Area Identified / Action | Lead Officer / Action Officer | Timescales |
|----------------|--|--|-------------------|
| 2019/20 | Information Governance – Efficiency Improvement <ul style="list-style-type: none"> • POD / Success Factors – learning and development | SD Customer Information and Digital Systems | 2023/24 |
| 2019/20 | Personal Development Reviews – Efficiency Improvement <ul style="list-style-type: none"> • Success Factors (performance and goals) to be implemented | SD Business Improvement, HR & Communications / Head of HR and Organisational Development | 2023/24 |
| 2019/20 | Risk Management - Governance Improvement <ul style="list-style-type: none"> • Development of training material for inclusion on the POD system | Head of Internal Audit, Anti-Fraud and Assurance | January 2023 |
| 2020/21 | Risk Management - Governance Improvement <ul style="list-style-type: none"> • Development of the wider governance assurance process across the Council to integrate with the new risk management approach – to be considered by the Governance and Ethics Board | Head of Internal Audit, Anti-Fraud and Assurance | March 2023 |
| 2020/21 | Anti-Fraud Awareness – Governance Improvement <ul style="list-style-type: none"> • Continue work to improve staff awareness and the assessment of fraud risks, develop specific training to promote better general awareness of the Council policies on fraud and corruption | SD Finance / Head of Internal Audit, Anti-Fraud and Assurance | October 2022 |

| AGS | Area Identified / Action | Lead Officer / Action Officer | Timescales |
|----------------|---|---|-------------------------------------|
| 2020/21 | Workforce / HR Management – Efficiency Improvement <ul style="list-style-type: none"> Review processes to improve efficiency and effectiveness with the introduction of a new HR system “Success Factors” | SD Business Improvement, HR & Communications / Head of HR and Organisational Development | 2023/24 |
| 2021/22 | Procurement and Contract Management – Efficiency Improvement <ul style="list-style-type: none"> Through a strategic service review (over 18-24 months), explore improvements to procurement systems and processes to improve efficiencies and promote better awareness of the Commercial Toolkit and Strategy (process improvements will be identified during the strategic review) | SD Finance / Head of Strategic Commissioning, Contracts and Procurement | April 2024 |
| 2021/22 | Declarations of Interest – Governance Improvement <ul style="list-style-type: none"> Implementation of an improved system to record declarations of interest following a review of existing processes | SD Business Improvement, HR & Communications / Head of HR and Organisational Development | November 2022 |
| 2021/22 | Corporate Mandatory Training – Governance Improvement <ul style="list-style-type: none"> Undertake a review of mandatory training | SD Business Improvement, HR & Communications / Head of HR and Organisational Development | October 2022 |
| 2021/22 | Health and Safety – Governance Improvement <ul style="list-style-type: none"> Re-introduction of Health and Safety Audits from June 2022 following a pause in the programme for the last 2 years due to COVID-19 | SD Business Improvement, HR & Communications / Head of Corporate Health & Safety and Emergency Resilience | Throughout 2022/23 and into 2023/24 |

| AGS | Area Identified / Action | Lead Officer / Action Officer | Timescales |
|---------|--|--|---------------|
| 2021/22 | AEA Recommendations Health Check Report Elections Count Process – Governance Improvement <ul style="list-style-type: none"> • Implementation of the recommendations of the Health Check Report | ED Core Services / SD Law and Governance | December 2022 |

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Item 7

Report of the Executive Director of Core Services

AUDIT AND GOVERNANCE COMMITTEE – 16 NOVEMBER 2022 LEARNING FROM THE 2022 LOCAL ELECTIONS

1 Purpose of this report

- 1.1 To update the Committee on the review and learning from the Local Elections on 5 May 2022.

2 Background Information

- 2.1 Barnsley council managed local elections on 5 May 2022. Most areas of the election were well administered and met the standards we have come to expect and strive to achieve.
- 2.2 Some areas, most notably the counting of votes in one ward, were not delivered to an acceptable standard. We failed to count a box of postal ballot papers through simple human error. The postal votes were recounted, and the figures recalculated. While the result for that ward did not change, the process has significantly damaged trust in the electoral process.

3 Reviewing our elections process

- 3.1 Our Returning Officer met with the Electoral Commission to get their input and tell them about our reviews, lessons learned, and steps to improve the process. The Electoral Commission has informed the Returning Officer that she did not meet elements of the performance standards for Returning Officers in relation to performance standard 2. This standard requires that Candidates have confidence that the process is well-managed and have confidence in the results. However, they are satisfied that the Returning Officer has taken a positive and proactive approach and has taken steps to make sure that our count processes are designed and managed to secure an accurate result in the future.
- 3.2 The Returning Officer for Barnsley Council commissioned:
- the Association of Electoral Administrators to carry out an independent investigation into the Royston ward count and a separate end-to-end review of our election count processes
 - An engagement exercise with candidates and agents at the local elections and people who worked at polling stations.

The purpose of these was to ensure full transparency, a reflective look at the

count itself and to get independent expert advice on how to make sure our elections are safe, accurate, secure, and professional.

- 3.2 We received an independent report into the Royston ward count from Peter Stanyon, the Chief Executive of the Association of Electoral Administrators and the most senior electoral administrator in England.

The report has provided 14 recommendations to improve our processes and concludes that there was no evidence of actual or attempted electoral fraud and that the incident was human error. He states that there was no single point of failure, but several issues independently and collectively contributed. He summarised, *“We are confident from our discussions with the Returning Officer and her staff that they are committed to delivering safe, secure and professional elections and that appropriate steps will be taken to ensure similar situations do not occur at future elections.”*

- 3.3 We have engaged with candidates and agents from the local elections in May 2022 and with people who worked at polling stations, postal vote openings and counting votes. We received 17 responses to our survey of candidates and election agents at the election and 136 responses from people who worked at the election. The feedback has identified areas for improvement, including:

- the location of some polling station
- the recruitment of people with relevant skills and experience
- the training of people, in particular, count staff
- the time it takes to open postal votes at the count
- the count room layout
- the use of the tannoy for announcements at the count
- checking processes to identify errors in results
- the process and location for sharing doubtful ballot papers and provisional results
- the availability of information, guidance notes and signage in various accessible formats to make the elections as accessible as possible.

4.0 Areas of learning and our improvement plan

- 4.1 The recommendations and feedback from the investigation, reviews and engagement exercise fed into an end-to-end review of how elections are delivered in Barnsley.
- 4.2 A task and finish group chaired by the Executive Director of Core Services is leading an improvement plan. This plan will be fully implemented by the end of 2022 so that all changes will be in place for the next scheduled local elections on 4 May 2023.
- 4.3 The improvement plan oversees the following workstreams:
- Election planning process.
 - Staff identification and recruitment.

- Location and equipment of polling stations.
- Communications and publicity.
- External contractors.
- Postal vote opening.
- Counting of the votes.

People are leading these workstreams from across the council who have expertise that can drive forward the delivery of our elections.

4.4 The main areas of our improvement plan review the:

- training of the people who volunteer to work at polling stations and the counting of the votes
- way communications work between the Returning Officer, her staff, candidates, and agents at the elections.
- postal vote opening process, including a redesign of the way postal vote openings at the count operate to make sure these are done without delay
- count room layout to make sure that there is plenty of space for each ward
- additional checks on the result of each ward before it's shared with candidates.

4.5 The timing of when the verification and counting of the votes take place has also been reviewed. The Association of Electoral Administrators' review of the Royston ward count suggested that the count taking place overnight might have contributed to the errors that occurred.

Candidates and election agents were asked about their preference for counting on the night of the election or the day after. There were concerns about counting in the day from people who worked in the daytime and their ability to be at the count to observe proceedings.

Our local elections in 2018 and 2021 were counted on the day following the election. In these elections, there were very few cases where a candidate could not observe the count in person or send a representative.

In response to this, and where circumstances allow, the verification and counting of the votes will now take place on the morning following the election. The Returning Officer and her staff will make sure that any candidates and election agents who cannot attend this in person due to work commitments will be able to appoint people to observe proceedings on their behalf.

4.6 It is clear from both the feedback received from candidates and agents and from the independent report that the time it took to process postal votes received at polling stations, a task which took four and a half hours to fully complete, was a contributing factor to the errors that occurred. 1,284 postal votes were received close to the close of poll and had to be processed, this represented a 50% increase on the equivalent figures from 2021 and 2019. This increase in volume was partly responsible for the time taken to process these postal votes but does not fully explain the delays. An evaluation of the processes has concluded that the delays were also in part due to insufficient

resources in some aspects of the process and in part due to some antiquated procedures which can be enhanced to speed up this process. The review mentioned in point 2.2 will be carried out to ensure that these issues can be corrected.

5 Recommendations

5.1 It's recommended that the Audit and Governance Committee:

- consider the assurances provided in this report to ensure the standards of delivery at future elections.
- recognises the reviews that have taken place and the implementation and delivery of the improvement plan.

6 Legal Implications

6.1 The area of elections and elections law is complex and encompasses the entire process upon which our democratic systems are based. The consequences of process failings could result in potential criminal prosecution for the most egregious of offences and failures to improve the method by which elections are delivered, which was not the case at Barnsley Council.

7 Local Area Implications

7.1 There are no implications.

8 Consultations

8.1 Consultation was carried out with the following:

- The Electoral Commission
- The Association of Electoral Administrators
- Candidates and agents from the local elections in May 2022
- People who worked at polling stations, postal vote openings and counting votes.

9 Compatibility with European Convention on Human Rights

9.1 All the steps undertaken are in line with the Representation of the People Act 1983 and the Local Elections (Principal Areas) (England and Wales) Rules 2006 and all connected legislation.

10 Reduction of Crime and Disorder

10.1 There are no implications.

11 Risk Management Considerations

11.1 There are no implications.

12 Employee Implications

12.1 There are no employee implications arising from this report.

13 Financial Implications

13.1 There are no employee implications arising from this report.

14. Appendices

None

15. Background Papers

None

Report Author: Peter Clark
Post: Elections Manager
Date: 23/09/2022

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Item 9

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

Audit and Governance Committee – 16th November 2022

STRATEGIC CONCERNS / RISK REGISTER

1. Purpose of the report

1.1 To introduce the next scheduled strategic risks for the Audit and Governance Committee meeting to consider as presented by the appropriate Executive Director / Service Director.

1.2 Three strategic risks will be considered at this meeting:

- Health Protection – Executive Director Public Health and Communities
- Partnership & Collaboration Governance – Executive Director Core Services
- Emergency Resilience – Executive Director Core Services

2. Recommendation

2.1 The Committee is asked to note the update.

3. Current Position

3.1 The Strategic Risk Register was reviewed by the Senior Management Team (SMT) on 30th August and continues to contain 15 risks. SMT determined that 6 risks be classified as **high** (red response rating*) and 9 risks be classified as **medium** (amber rating). No risks are classified as **low** (green rating) in relation to the level of response and intervention required.

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

3.2 The actions associated with the 3 risks to be considered in the meeting are included in the attached summary in Appendix 1.

Contact Officer: Corporate Governance and Assurance Manager
Email: alisonsalt@barnsley.gov.uk
Date: 2nd November 2022

Strategic Risks to be reviewed in the meeting – November 2022

| Risk Title | Risk Description | Impact | Status | Response Rating | SMT Owner |
|------------------------------------|--|--------|--------|-----------------|----------------------------------|
| Health Protection Emergency | <p>Risk Description: To continue working with regional and national partners to ensure a strong and robust local health protection system and leadership to implement effective outbreak management processes in place to monitor disease, prevent harm and protect the health of the population of Barnsley.</p> <p>Arrangements are in place and understood by all stakeholders and complied with, to deal with any health protection emergencies which may arise, and which require a Business Continuity response.</p> <p>Risk Assessment: Robust arrangements are required to deal with health protection emergencies - both those already known and those that may arise in the future. Such arrangements are flexible and responsive to deal with emerging threats as well as being able to immediately respond to emergency unforeseen issues.</p> <p>Action 1 All Health Protection Plans are reviewed and tested and reflect health protection issues. RAG rating – Green</p> <p>Action 2 Ensure that Health Protection Plans reflect the necessary multi agency arrangements to deal with the health protection emergency and that these are communicated and tested. RAG rating – Green</p> <p>Action 3 At suitable points in the planning, response and recovery process undertake proportionate debriefing and evaluation with a view to developing a "lessons learnt" from both exercises and incidents and track progress against any actions identified as part of the process. As necessary share lessons learnt with both South Yorkshire and Bassetlaw Health Resilience Partnership and South Yorkshire Local Resilience Forum. RAG rating – Amber</p> <p>Action 4 Council involvement in the UK Covid19 Inquiry. The Council may be required to submit evidence via various bodies including LGA, ADPH and ADASS or, where specifically</p> | Actual | Actual | Medium | ED Public Health and Communities |

| Risk Title | Risk Description | Impact | Status | Response Rating | SMT Owner |
|--|--|-----------|-----------|-----------------|------------------|
| | <p>requested by the Inquiry, as an individual organisation. The evidence may be either documentary or potentially oral. The Inquiry is expected to last for several years, and the Council may be repeatedly involved as the themes emerge. Key risks include:</p> <ul style="list-style-type: none"> • Failure to retain evidence – work is currently underway to archive all records relating to the Council’s Covid19 response • Loss of corporate memory – records will be indexed as the Inquiry progresses so that evidence can be identified when required without reliance on key individuals • Impact on business as usual for employees involved in the Inquiry process – due to potentially tight deadlines for evidence this has the potential to become all-consuming for some officers for periods of time • The Council being requested to be an individual witness due to higher death or community transmission rates during the pandemic <p>Rag rating - Amber</p> | | | | |
| <p>Partnership and Collaboration Governance</p> | <p>Risk Description: 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: Berneslai Homes, BPL, YPO, Integrated Care Partnership Board, Barnsley FC, BCVS, EHR, SCRMCA.</p> <p>Risk Assessment: Assurance - that all partnership and collaborative arrangements are understood and managed through a corporate framework to ensure consistency, good governance and a focus on the successful delivery of objectives. Particular focus is around the jointly agreed ambitions for Joint Commissioning going forward, the need for "grip and accountability" for the use of resources in the Better Care Fund and clarity of understanding of the impact of the fund on the health and social care system.</p> <p>Action 1 Development of a corporate framework and guidance to support partnership and collaborative working RAG rating – Amber</p> <p>Action 2 Assurance is required regarding the arrangements in place for each partnership and collaboration covering matters such as the make up of boards and their supporting</p> | Potential | Potential | Medium | ED Core Services |

| Risk Title | Risk Description | Impact | Status | Response Rating | SMT Owner |
|-----------------------------|--|--------|-----------|-----------------|------------------|
| | <p>governance, performance management arrangements, concerns and issues (risks) management, exit arrangements etc. utilising the new framework. RAG rating – Amber</p> <p>Action 3 Financial monitoring and reporting for Boards and Partnerships are included in the quarterly budget management process for DMT's/BU's RAG rating – Green</p> <p>Action 4 Ensure the new framework for the management and governance of partnerships and collaborations is woven into the annual governance review process for 2022/23 RAG rating – Amber</p> | | | | |
| Emergency Resilience | <p>Risk Description 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.</p> <p>Risk Assessment Robust mechanisms are required to deal with external issues both those already known and those that may arise in future i.e., ability to identify emerging threats as well as being immediately responsive to unforeseen issues. Risk assessments for civil contingencies are based on:</p> <ul style="list-style-type: none"> - South Yorkshire Local Resilience Forum Community Risk Register of Civil Emergencies - Risk assessment of potential business interruptions and mitigations through business continuity process - Developing general or specific contingency/emergency plans and capabilities to respond to incidents as and when they arise - Assessing the Council's preparedness against its core duties under the Civil Contingencies Act 2004 <p>Action 1 Business Continuity and Emergency Resilience Plans exist for all services and functions of the Council and these plans are reviewed and tested. The Council has a Corporate Resilience Plan which covers the general response to incidents with subordinate specific plans where necessary (e.g., on site reservoir emergency plans).</p> | Actual | Potential | Medium | ED Core Services |

| Risk Title | Risk Description | Impact | Status | Response Rating | SMT Owner |
|------------|---|--------|--------|-----------------|-----------|
| | <p>The principles of this plan have been used to manage the response to Covid19 and other incidents such as flooding, adverse weather and extreme heat in 2022/ Following agreement with SMT in December 2021 further resilience enhancement have been made such as the introduction of a tactical officer on call. 2022 has seen the refresh and restart of the general training and exercising programme following the essential focus on the Covid19 response. RAG rating – Green</p> <p>Action 2 Maintaining adequate governance and controls in respect of cyber security RAG rating – Green</p> <p>Action 3 Subject specific plans are developed for specific capabilities or risks including evacuation and shelter (due for review), flooding (reviewed summer 2021), reservoir emergencies offsite emergency plan (reviewed summer 2021 with a full review of the onsite emergency plans for Elsecar and Worsborough initiated November 2021)), adverse weather (reviewed spring 2022), large scale evacuation (reviewed summer 2021) and the death of a member of the Royal Family (reviewed autumn 2022) RAG rating – Green</p> <p>Action 4 The Council is one of eight core partners in the South Yorkshire Local Resilience Forum (SYLRF) and current chair of the SYLRF's Strategic Group and co-chair if the Tactical Group. The Council works with the Forum on developing training and exercising multi agency arrangements RAG rating – Green</p> <p>Action 5 All services have business continuity plans in place, with the response to Covid 19 increasing the robustness of these. These are due to be refreshed in autumn 2022 accompanied by a Power BI dashboard that allows SMT to see the relative priority of services along with their operational status in the event of a business interruption. RAG rating – Amber</p> | | | | |

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Item 10

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

INTERNAL AUDIT PROGRESS REPORT

1 Purpose of this report

The purpose of this report is to provide a summary of the Internal Audit activity completed, and the key issues arising from it, for the period from 27th June 2022 to 30th October 2022.

1 Background information

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

3 Recommendations

- 3.1 **It is recommended that the Audit and Governance Committee considers the assurances it needs on the effectiveness of the Authority's internal control, risk and governance arrangements through the work of Internal Audit by:-**
- i. **considering the issues arising from completed Internal Audit work in the period along with the responses received from management;**
 - ii. **noting the assurance opinion on the adequacy and effectiveness of the Authority's internal control framework based on the work of Internal Audit in the period;**
 - iii. **noting the progress against the Internal Audit plan for 2022/23 for the period.**

4 Local Area Implications

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

5 Consultations

- 5.1 All audit reports are discussed and agreed with the Audit Sponsor and Designated Operational Lead. Individual audit reports are provided to the appropriate Executive Director and/or Service Director to apprise him/her of key issues raised and remedial actions agreed.

5.2 No specific consultation has been necessary in the preparation of this quarterly report.

6 Compatibility with European Convention on Human Rights

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

7 Reduction of Crime and Disorder

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

8 Risk Management Considerations

8.1 The underlying purpose of the work of Internal Audit is to address and advise on key risks facing management and, as such, risk issues are inherent in the body of the report.

8.2 The Service's own risk register includes the following risks which are relevant to this report:

- Need to ensure ongoing compliance with public sector internal audit standards
- Implementing a new structure for IA that provides the right level of skill, expertise and experience
- Capacity issues - keeping up with the pace of change

8.3 All of these risks have been assessed and remain within the tolerance of the Service.

8.4 An essential element of the control (and on-going) management of these risks is the provision of update reports to the Audit Committee and the assurance this provides.

9 Employee Implications

9.1 There are no employee implications arising from this report.

10 Financial Implications

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

11 Appendices

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

12 Background Papers

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

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

Telephone No: 07786 525319

Date: 4th November 2022

Barnsley Metropolitan Borough Council

Internal Audit Progress Report

Audit and Governance Committee

16th November 2022

INTERNAL AUDIT PROGRESS REPORT 2020/21 27th June 2022 to 30th October 2022

Purpose of this report

This report has been prepared to inform the Audit and Governance Committee on the Internal Audit activity for the period 27th June 2022 to 30th October 2022, bringing attention to matters that are relevant to the responsibilities of the Committee.

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

2022/23 Internal Audit Plan Progress

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

Position as at 30th October 2022 – Audit Days Delivered

| Directorate | Original 2022/23 Plan days | Revised 2022/23 Plan days | Actual days (% of revised days) |
|---|----------------------------|---------------------------|---------------------------------|
| Place Health & ASC | 48 | 50 | 21 (42%) |
| Childrens Services | 63 | 65 | 42 (65%) |
| Core Services | 402 | 380 | 132 (35%) |
| Council Wide | 163 | 166 | 129 (78%) |
| Growth & Sustainability | 179 | 199 | 97 (49%) |
| Public Health & Communities | 28 | 29 | 20 (69%) |
| General Contingency | 17 | 11 | 0 |
| Barnsley MBC | 900* | 900 | 441 (49%) |
| Corporate Anti-Fraud Team | 645 | 645 | 343 (53%) |
| Barnsley MBC Internal Audit Total | 1,545 | 1,545 | 784 (51%) |
| Corporate Governance & Assurance | 255 | 255 | 135 (53%) |
| HolA role as DPO | 25 | 25 | 14 (56%) |
| Corporate Days (Council related activity) | 315 | 315 | 170 (54%) |
| External Clients | 885 | 885 | 348 (40%) |
| Total Chargeable Planned Days | 3,025 | 3,025 | 1,451 (48%) |

* as reported at the Committee's June 2022 meeting, the Internal Audit plan is currently under resourced by circa 180 days. This will be proactively managed throughout the financial year with Senior Management to ensure that resources continue to be focussed on the strategic priority areas.

Position as at 30th October 2022 – Plan Assignments

| Directorate | 2022/23 plan assignments | Assignments expected to be completed to date | Actual Assignments completed to Date | Actual assignments completed in Period |
|------------------------------|--------------------------|--|--------------------------------------|--|
| Place Health & ASC | 0 | 0 | 0 | 0 |
| Childrens Services | 3 | 0 | 0 | 0 |
| Core Services | 16 | 1 | 1 | 1 |
| Council Wide (Cross Cutting) | 4 | 2 | 2 | 1 |
| Growth & Sustainability | 6 | 3 | 2 | 2 |
| Public Health & Communities | 2 | 1 | 1 | 0 |
| Total | 31 | 7 | 6 | 4 |

NB – formal audits resulting in a report only - excludes advisory, grants etc where no report required. The Place related review (Highways Governance and Financial arrangements) is at final draft report stage.

Changes to the 2022/23 Internal Audit Plan

There have been 4 changes to the Internal Audit plan during this period. These are:-

New – Core Services: Housing Support Grant;

New – Childrens Services: Childrens Residential Homes (2);

New – Growth & Sustainability: Goldthorpe Town Centre Fund

Defer – Council Wide (Cross Cutting): Employees Performance and Development.

Final Internal Audit reports issued

We have finalised 4 audit reports in the period. The following table provides a summary of assurances, where applicable, and the number and categorisation of agreed management actions included in the reports:

| Directorate- Audit Assignment | Assurance Opinion | Number of Management Actions Agreed: | | | Total | Agreed |
|---|-------------------|--------------------------------------|-----------|----------|-----------|-----------|
| | | High | Medium | Low | | |
| Core Services: Annual Governance Review Process | Reasonable | 0 | 3 | 0 | 3 | 3 |
| Childrens / Core Services: SEND Safety Valve Programme (Advisory) | N/A | N/A | N/A | N/A | N/A | N/A |
| Growth & Sustainability – Active Travel | Reasonable | 0 | 5 | 2 | 7 | 7 |
| Growth & Sustainability – CRF Contract and Performance Management | Reasonable | 0 | 3 | 2 | 5 | 5 |
| Total | | 0 | 11 | 4 | 15 | 15 |

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

Internal Audit reports providing a limited or no assurance opinion

There were no audit reports issued during the period that had a limited assurance opinion.

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

| Audit Work Completed | Details | Contribution to Assurance |
|--|--|---|
| Adults: Social Care Funding Reforms Board Attendance and Digital Project Assurance | Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist to provide a robust framework upon which the Council can consider and then react/comply with the funding reform requirements. | The work contributes to assurance in respect to governance and financial management. |
| Adults: Integrated Care | Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist to provide a robust framework upon which the Council can consider and then react/comply with the joint care provision requirements. | The work contributes to assurance in respect to governance and financial management. |
| Adults: Social Care Governance Action Plan | To provide advice, support and challenge to management during the review of various services (e.g. carers, transition from children to adults). | The work contributes to assurance in respect to governance and financial management. |
| Childrens Services: Supported Families – Quarterly validation | Grant claim validation. | The work contributes to assurance in respect of financial management. |
| Core / G&S: Glassworks Board Attendance | Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist to provide a robust framework upon which the phase two scheme can be delivered (i.e. on time, in budget & to standard). | The work contributes to assurance in respect to contract management, governance and financial management. |
| Core / G&S: SEAM Board Attendance | Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist to provide a robust framework upon which the programme can be delivered (i.e. on time, in budget & to standard). | The work contributes to assurance in respect to contract management, governance and financial management. |
| Core / G&S: Community Renewal Fund Board Attendance | Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist to provide a robust framework upon which the pilot scheme can be delivered (i.e. on time, in budget & to standard). | The work contributes to assurance in respect to contract management, governance and financial management. |
| Core: HR Policy | To provide advice, support and challenge to management during the review of corporate policies and procedures (including development of a policy framework). | The work contributes to assurance in respect to governance. |
| Core: SAP Success Factors | To continue to support the project throughout its design and implementation. | The work contributes to assurance in respect to contract management, governance and financial management. |

| Audit Work Completed | Details | Contribution to Assurance |
|-----------------------------------|--|---|
| Core: Housing Support Grant | To independently validate the claim to be submitted to the Funding Body. | The work contributes to assurance in respect of financial management. |
| G&S: Glassworks Future Management | To support management in completing a draft management assurance framework to assist in self assessing the current governance arrangements and identify areas for improvement. | The work contributes to assurance in respect to contract management, governance and financial management. |
| G&S: Assurance - Berneslai Homes | Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist. | The work contributes to assurance in respect to governance and financial management. |

Other Internal Audit work undertaken

| Audit Activity | Description |
|---|--|
| Follow-up of Agreed Management Actions | Regular work undertaken to follow-up agreed management actions made. |
| Attendance at Steering / Working Groups | Information Governance Board Smart Working Board |
| Liaison, Planning and Feedback | Meeting and corresponding with Service and Executive Directors and Heads of Service regarding the review of the annual plan, progress of audit work, future planning and general client liaison. |
| Audit and Governance Committee Support | Time taken in the preparation of Audit Committee reports, Audit Committee Member training, general support and development. |
| Corporate Whistleblowing | General time taken in providing advice and the initial consideration of matters raised. Also includes the review of arrangements. |
| Corporate Matters | Covering time required to meet corporate requirements, i.e. corporate document management, service business continuity and health and safety. |

Work in progress

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

| Directorate - Audit Assignment | Audit Stage | | |
|---|----------------|------------------|--------------|
| | Audit Planning | Work in Progress | Draft Report |
| G&S – Highways Financial and Governance Arrangements | | | ✓ |
| Adults – Funding Reform (Advisory) | | ✓ | |
| Adults – Integrated Care (Advisory) | | ✓ | |
| Adults – ASC Governance Action Plan (Advisory) | | ✓ | |
| Childrens – Childrens Residential Homes (2) | | ✓ | |
| Childrens – Disabled Children Direct Payments | | ✓ | |
| Core – HR Policy Framework/ People Strategy (Advisory) | | ✓ | |
| Core / G&S – PRIP Contract (Advisory) | | ✓ | |
| Core – Income | | ✓ | |
| Core – Main Accounting | | ✓ | |
| Core – Treasury Management | | ✓ | |
| Core - Charity Accounts | | ✓ | |
| Council Wide – Data Retention and Records Management | | ✓ | |
| Council Wide – Strategic Risk, Concerns and Issues Management | | ✓ | |
| DPO Assurance – DPIA Follow Up | | ✓ | |
| G&S – Elsecar Heritage Trust | | ✓ | |
| G&S – Glassworks Management Assurance Framework (Advisory) | | ✓ | |
| G&S - Sustainable Warmth Grant | | ✓ | |
| G&S - Social Housing Decarbonisation Fund Wave 1 Grant | | ✓ | |
| PH - Information Governance - Suicide Related Cases | | ✓ | |
| Childrens / Core – Childrens Placement Sufficiency Plan | ✓ | | |
| Core – Purchase to Pay | ✓ | | |
| Core – Council Tax | ✓ | | |
| Core – Housing Benefits | ✓ | | |
| Core – Payroll | ✓ | | |
| Core – Fixed Assets | ✓ | | |
| Core – Insurance Arrangements | ✓ | | |
| Core - Programme/ Project Management - IT | ✓ | | |
| Core - Governance Review - Constitution | ✓ | | |
| DPO Assurance – Incident Management | ✓ | | |
| DPO Assurance – Cybersecurity | ✓ | | |
| G&S - Asset Management - Housing Stock | ✓ | | |
| G&S – Goldthorpe Town Centre Fund | ✓ | | |

Follow-up of Internal Audit report agreed management actions

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

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

| Implication Categorisation | Followed Up in Period | Completed | Not yet completed – Revised date agreed | Not yet completed – Awaiting management update |
|--|-----------------------|-----------|---|--|
| Place Health and ASC | | | | |
| High | 0 | 0 | 0 | 0 |
| Medium | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 |
| Growth & Sustainability | | | | |
| High | 0 | 0 | 0 | 0 |
| Medium | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 |
| Childrens Services (excl. Maintained Schools) | | | | |
| High | 0 | 0 | 0 | 0 |
| Medium | 4 | 4 | 0 | 0 |
| TOTAL | 4 | 4 | 0 | 0 |
| Maintained Schools | | | | |
| High | 0 | 0 | 0 | 0 |
| Medium | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 |
| Core | | | | |
| High | 1 | 1 | 0 | 0 |
| Medium | 15 | 10 | 5 | 0 |
| TOTAL | 16 | 11 | 5 | 0 |
| Public Health & Communities | | | | |
| High | 0 | 0 | 0 | 0 |
| Medium | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 |
| OVERALL TOTAL | 20 | 15 | 5 | 0 |
| % of TOTAL | | 75 | 25 | 0 |

Internal Audit performance indicators and performance feedback for Quarter 2 - 2022/23

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

| Ref. | Indicator | Frequency of Report | Target 2022/23 | This Period (Q2) | Year to Date |
|-----------|--|---------------------|----------------|------------------|--------------|
| 1. | <u>Customer Perspective:</u> | | | | |
| 1.1 | Percentage of questionnaires received noted "good" or "very good" relating to work concluding with an audit report. | Quarterly | 95% | 100% | 100% |
| 2. | <u>Business Process Perspective:</u> | | | | |
| 2.1 | Percentage of final audit reports issued within 10 working days of completion and agreement of the draft audit report. | Quarterly | 80% | 100% | 100% |
| 2.2 | Percentage of chargeable time against total available. | Quarterly | 73% | 67% | 69% |
| 2.3 | Average number of days lost through sickness per FTE | Quarterly | 6 days | 3.21 days | 3.99 days |
| 3. | <u>Continuous Improvement Perspective:</u> | | | | |
| 3.1 | Personal development plans for staff completed within the prescribed timetable. | Annual | 100% | 100% | 100% |
| 4. | <u>Financial Perspective:</u> | | | | |
| 4.1 | Total Internal Audit costs v budget. | Quarterly | Within Budget | Yes | Yes |

Head of Internal Audit's Internal Control Assurance Opinion

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

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

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

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

Consideration of our overall opinion takes the following into account:

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

Internal Audit, Anti-Fraud and Assurance Contacts

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

KEY TO INTERNAL AUDIT ASSURANCE GRADINGS AND CLASSIFICATION OF MANAGEMENT ACTIONS

1. Classification of Management Actions

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

2. Assurance Opinions

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

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Item 11

Report of the Data Protection Officer

AUDIT AND GOVERNANCE COMMITTEE - 16TH NOVEMBER 2022

DATA PROTECTION OFFICER ASSURANCE REPORT

1. Purpose of the Report

- 1.1 This report highlights the key areas of work of the Council's Data Protection Officer (DPO) to provide the Committee with information and assurances regarding the Council's compliance with the Data Protection Act 2018 and UK GDPR.

2. Recommendation

- 2.1 It is recommended that the Committee consider the report and the information and assurances within it and receive a further update in 6 months' time to contribute to wider assurances as part of the Annual Governance Review process.**

3. Background

- 3.1 The Council is required to appoint a DPO under the General Data Protection Regulations and Data Protection Act 2018. The key aspect of this role is to provide the Council with independent assurance regarding compliance with data protection law.

4. Assurance Update

- 4.1 The DPO has regular meetings with officers from the Information Governance Team and the Senior Information Risk Officer (SIRO) and reports to the Information Governance Board. The DPO also undertakes specific assurance reviews to support that independent assurance.
- 4.2 Overall, recent activity and general oversight, continues to provide a positive picture regarding compliance with UK GDPR. To support that, the Information Governance Board provides a clear focus on compliance and awareness. Strategic issues are escalated to the Senior Management Team as required thus ensuring data protection and general information governance matters are considered at the highest level.

- 4.3 The Information Governance Team have continued to provide regular reminders to all staff regarding various aspects of information governance, as well as mandatory training through the POD on-line training system. Such mandatory training has covered incident management, protecting personal data, subject access requests and a general UK GDPR reminder. The take-up of mandatory training is an area of particular focus of the Information Governance Board.
- 4.4 Compliance with the statutory timescales for responding to FOI and SAR requests is very high which reflects the work undertaken to support staff receiving such requests and the diligence of the Customer Feedback and Improvement and Information Governance Teams. Further work is continuing to improve the supporting system that will enable officers to respond to FOI and SAR requests more efficiently and effectively.
- 4.5 Phishing campaigns have also highlighted improved awareness amongst staff to spot any irregular emails and report them to IT. This threat is further mitigated by the comprehensive technical framework in place to prevent malicious emails and general cyber-attacks entering the Council's network and systems. However, it is acknowledged that whilst employee awareness is good and good technical measures are in place, attacks from phishing and whaling remain a high risk to the Council and rely on staff being constantly alert to the risk. Incidents at other councils highlight the significant risk associated with phishing and whaling attempts.
- 4.6 Significant work continues to be undertaken around cyber and IT security generally. A recent password testing exercise was undertaken to ensure high levels of awareness and security. It remains a priority of the Information Governance Team to constantly reduce the number of data incidents and help improve the timeliness of management actions to minimise the risk of incidents recurring. There has been a steady reduction in incidents over the last 3 years. An analysis of data incidents is presented to the IG Board for monitoring.
- 4.7 The DPO is regularly contacted to provide advice and guidance on data protection issues and particularly where the Information Commissioner's Office is involved in a matter.
- 4.8 The DPO undertakes or commissions independent reviews of various aspects of information governance. Those planned for 2022/23 are

DPO Assurance:

- CCTV review
- Incident management
- Cybersecurity
- DPIA review and compliance
- Information sharing agreements

Internal Audit:

- Data retention / records management
- Customer Feedback and Improvement Team follow-up

4.9 Additional review work will obtain assurances regarding:

- Redaction capacity development and effectiveness
- Review of SAR procedures and implementation of actions
- Data Sharing Agreement progress
- Detailed review of the IG risk register
- Mandatory training plans and take-up
- General use of IG related management information / dashboards

4.10 The DPO and Internal Audit will continue to monitor management's response to the issues raised and conduct further independent reviews and audits on a continuous rolling basis. These will be reported to the Information Governance Board and the Audit and Governance Committee.

4.11 As a key source of assurance for the Committee and to properly discharge the responsibilities of the DPO, the role requires independence from management, unfettered access to senior management and access to the necessary resources. These key requirements are in place.

4.12 As stated, overall, the Committee can be assured that whilst there will inevitably be data and information incidents there is 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 provides a robust basis to guide the Council to ensuring that data protection responsibilities are understood and complied with as effectively as is reasonably possible.

4.13 A section within the Annual Governance Statement is also included to provide the assurances from the DPO.

Contact Officer: Data Protection Officer
Email: DPO@barnsley.gov.uk
Date: 7th November 2022

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Item 13

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

Audit and Governance Committee – 16th November 2022

WORK PLAN 2022 – 2023

1. Purpose of the Report

- 1.1 To share with the Committee the current version of the Work Plan – Appendix 1 and to note any amendments to the plan.

2. Recommendation

- 2.1 **The Committee is asked to note the updated Work Plan.**

3. Updated Position

- 3.1 The work plan for 16th November meeting has had the following item added to the agenda:

- Report on Elections Issues – Sarah Norman Chief Executive

- 3.2 The work plan for 16th November meeting has had the following item removed from the agenda:

- Financial Regulations – these are undergoing a final round of consultation with subject matter experts and will be re-scheduled for presentation to the January meeting of the committee

Contact Officer: Corporate Governance and Assurance Manager
Email: alisonsalt@barnsley.gov.uk
Date: 7th November 2022

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AUDIT AND GOVERNANCE COMMITTEE – WORK PROGRAMME

2022/2023 Municipal Year

NOTE – all Meetings to commence at 2.00 p.m.

| | Mtg. No. | 1 | 2 | 3 | Dev. Mtg. | 4 | 5 | 6 | 7 |
|--|------------------|----------|----------|----------|-----------|----------|----------|----------|----------|
| Committee Work Area | Contact / Author | 01.06.22 | 27.07.22 | 14.09.22 | 12.10.22 | 16.11.22 | 18.01.23 | 15.03.23 | 26.04.23 |
| Committee Arrangements | | | | | | | | | |
| Committee Work Programme | AS | X | X | X | | X | X | X | X |
| Minutes/Actions Arising | WW | X | X | X | | X | X | X | X |
| Review of Terms of Reference | AS | | | | X | | | | |
| Self-Assessment/Effectiveness Review | RW | | | | X | | | X | |
| Committee Annual Report | RW/AS | | | | | X | | | |
| Internal Control and Governance Environment | | | | | | | | | |
| Local Code of Corporate Governance | SG/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 |
| Report on Elections issues | SN | | | | | X | | | |
| Anti-Fraud | | | | | | | | | |
| Annual Fraud Report | RW | X | | | | | | | |
| Corporate Anti-Fraud Plan | RW | X (Ex) | | | | | | | |
| Corporate Anti-Fraud Strategy | RW | | | | | | | X | |
| Corporate Fraud Team – Update Report | RW | | | X | | | | X | |
| Corporate Risk Management | | | | | | | | | |
| Risk Management Policy & Strategy | AS | | | | | | | | X |
| Annual Risk Management Report | AS | X | | | | | | | |
| Strategic Risk Register | AS | X | X | X | | X | X | X | X |
| Internal Audit | | | | | | | | | |
| Internal Audit Charter (Annual) | RW | X | | | | | | | |
| Internal Audit Plan | RW | X (Ex) | | | | | X | | X |

| | Mtg. No. | 1 | 2 | 3 | Dev. Mtg. | 4 | 5 | 6 | 7 |
|--|------------------|----------|----------|----------|-----------|----------|----------|----------|----------|
| Committee Work Area | Contact / Author | 01.06.22 | 27.07.22 | 14.09.22 | 12.10.22 | 16.11.22 | 18.01.23 | 15.03.23 | 26.04.23 |
| Internal Audit Quarterly Report | RW | | X | | | X | | X | |
| Internal Audit Annual Report (Interim / Final) | RW | | X (I) | X(F) | | | | | |
| IA Effectiveness Report / Update | RW | | | X | | | | | X |
| External Audit (Grant Thornton) | | | | | | | | | |
| Audit Finding Report (ISA260 Report) | GT | | | | | X | | | |
| External Audit Plan (2021/22) | GT | | X | | | | | | |
| Auditors Annual Report on 2021/22 VFM Arrangements | GT | | | | | | X | | |
| External Audit Progress Report/Update | GT | | X | X | | X | X | X | X |
| Financial Reporting and Accounts | | | | | | | | | |
| Financial Regulations | NC/SLo | | | | | | X | | |
| Medium Term Financial Strategy | 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 (inc. in the corporate finance update) | NC | | | | | | | X | |
| Treasury Management Policy & Strategy Statement (inc. in the MTFS update) | NC | | | | | | | X | |
| Designated Schools Grant (inc. in the MTFS update) | NC | | | | | | | X | |
| Other Corporate Functions contributing to overall assurance programme to be determined: | | | | | | | | | |
| Update on Glassworks | KMcA | | X (Ex) | | | X (Ex) | | X (Ex) | |
| Information Governance and Cyber Security update (twice yearly) | SJH | X | | | | X | | | |

| | Mtg. No. | 1 | 2 | 3 | Dev. Mtg. | 4 | 5 | 6 | 7 |
|--|-------------------------|-----------------|-----------------|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|
| Committee Work Area | Contact / Author | 01.06.22 | 27.07.22 | 14.09.22 | 12.10.22 | 16.11.22 | 18.01.23 | 15.03.23 | 26.04.23 |
| 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) | KMc | | | | | | | | |
| Ethical Framework (Annual) | SLa/RW | | | | | | | | |
| Equality and Inclusion (Annual) | MP/HD | | | | | | X | | |
| Partnerships (Annual) | NC/RW | | | | | | | | |
| Local Government and Social Care Ombudsman Annual Letter | MP | | | X | | | | | |
| Review of Peer Challenge Activity Across the Council | SLa | | | | | | | X | |
| Revised Constitution | SLa | | | | | | | | |
| Changes to Contract Procedure Rules | CA/MB | | | | | | X | | |

Strategic Risk Presentations

| Risk | SMT Lead | 01.06.22 | 27.07.22 | 14.09.22 | 12.10.22 (Dev. Mtg.) | 16.11.22 | 18.01.23 | 15.03.23 | 26.04.23 |
|---|----------|----------|----------|----------|-------------------------|----------|----------|----------|----------|
| Community Resilience | WL | X | | | | | | | |
| Safeguarding Children | CS | | X | | | | | | |
| SEND | CS | | X | | | | | | |
| Glassworks | MO'N | | | X | | | | | |
| Inclusive Economy | MO'N | | | X | | | | | |
| Partnership and Collaboration Governance | SLa | | | | | X | | | |
| Health Protection (CV19) | JB | | | | | X | | | |
| Emergency Resilience | SLa | | | | | X | | | |
| Safeguarding Adults | WL | X | | | | | | | |
| Responsibilities under the Care Act 2014 | WL | | | | | | X | | |
| Educational Outcomes Progress | CS | | | | | | X | | |
| Financial Sustainability | NC | | | | | | | X | |
| Threat of Fraud | SLa | | | | | | | X | |
| Organisational Resilience | SLa | | | | | | | | X |
| Zero Carbon and Environmental Commitments | MO'N | | | | | | | | X |

Training / Awareness Sessions

NOTE – Training session to commence at 1.00 p.m.

| Subject / Theme | Contact / Author | 01.06.22 | 27.07.22 | 14.09.22 | 12.10.22 (Dev. Mtg.) | 16.11.22 | 18.01.23 | 15.03.23 | 26.04.23 |
|--|-------------------------|-----------------|-----------------|-----------------|---------------------------------|-----------------|-----------------|-----------------|-----------------|
| Treasury Management Presentation | SL/PD/HI | | | X | | | | | |
| Statement of Accounts (30 mins) | SL | | X | | | | | | |
| Procurement | CA | | | | | | X | | |
| VFM | SL/PD | | | | | | | | |
| Council Plan | SLa | | | | | | | | |
| Climate and Sustainability Commitments | KMcA/SC | | | | | X | | | |
| People Strategy | MP/PQ | | | | | | | X | |
| Role of the Monitoring Officer | SG | | | | | | | | |
| Designated Schools Grant | NC | | | | | | | | |
| Partnership Governance | NC/RW | | | | | | | | |
| MCA – Understanding the Finances | NC | | | | | | | | |
| | | | | | | | | | |

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