

Public Document Pack



MEETING:	Audit and Governance Committee
DATE:	Wednesday 20 September 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

1. Declarations of Pecuniary and Non-Pecuniary Interest
2. Minutes (*Pages 3 - 10*)
To receive the minutes of the meeting held on 26 July 2023.
3. Report of Monitoring Officer into LGSCO Case (*Pages 11 - 14*)
4. Strategic Risk Register (*Pages 15 - 20*)
5. Annual Customer Complaints and Compliments Report 2022-23 (*Pages 21 - 40*)
6. Annual Health & Safety Report 2022-23 (*Pages 41 - 60*)
7. Annual Employee Sickness Absence Performance Management Report 2022-23 (*Pages 61 - 72*)
8. The People Strategy (*Pages 73 - 108*)
9. Annual Equality and Inclusion Report (*Pages 109 - 130*)
10. Internal Audit Effectiveness Report (*Pages 131 - 138*)
11. Corporate Finance and Performance Management Update (*Pages 139 - 170*)
12. External Audit Progress Report/Update (*Verbal Report*)
13. Final Committee Annual Report 2022-23 (*Pages 171 - 180*)
14. Audit Committee Work Plan 2023-24 (*Pages 181 - 188*)
15. 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.

16. Glassworks Management Assurance Framework (*Verbal Report*)

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, Richardson and Wray, together with Co-opted members Dr R Adams, Ms K Armitage, Mr G Bandy, Mr P Johnson and Mr S Wragg

Sarah Norman, Chief Executive

All Executive Directors

Wendy Popplewell, Executive Director Core Services

Neil Copley, Director of Finance (S151 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 12 September 2023

MEETING:	Audit and Governance Committee
DATE:	Wednesday 26 July 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Lofts (Chair), Barnard, Richardson and C. Wray together with Independent Members – Dr R Adams, Ms K Armitage, Mr G Bandy, Mr P Johnson and Mr S Wragg

15. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

Councillor Richardson declared a non-pecuniary interest as a member of the Local Pension Board.

16. MINUTES

The minutes of the meeting held on the 31 May 2023 were taken as read and signed by the Chair as a correct record.

17. DRAFT STATEMENT OF ACCOUNTS 2022/23

S Loach provided Members with the Draft Statement of Accounts 2022/23 which outlined the Council's corporate performance for 2022/23 financial year.

S Loach continued that the accounts were submitted with External Audit by the 31st May deadline which only 30% of all Local Authorities (94 of 314) completed. G Mills emphasised that Barnsley were in the minority for achieving the deadline.

The key messages from the Narrative report included:

General Fund

- Overall cumulative cost pressures of £10.5M
- Drawdown of reserves previously earmarked to balance position
- Consequently, overall general fund reserves reduced by £1.5M
- School related reserves increased by £4.1M
- Minimum working balance retained at £20M

HRA

- Overall overspend of £0.7M
- Overall reduction in reserves £3.7M

G Mills added that two members of the Grant Thornton Public Sector Audit team were leaving which in turn had affected some South Yorkshire audits. However, the team were in a position where they could report key findings and bring them to the November meeting, there were hopes to have the audit completed by the 30th November but it could be pushed back to December.

Members requested that averages were included in the narrative report when highlighting interest on loans and deposits. S Loach agreed that this could be updated.

Officers continued that the team had worked on the transformation programme through summer to address the 2024/25 gap and phase two would address the 2025/26 gap. In addition, the Council's medium term financial strategy was taken into consideration with hopes it would be completed in February 2024 for the Committees consideration.

K Armitage queried reduced pensions contributions and the Council's perspective. S Loach explained that in agreement with South Yorkshire Pensions the Council would negotiate reducing their contribution with the pensions scheme directly however it is was volatile area. Currently, this was not something the Council was looking to consider.

RESOLVED - That Members noted the Draft Statement of Accounts 2022/23.

18. DRAFT ANNUAL GOVERNANCE STATEMENT 2022/23

R Winter presented the Draft Annual Governance Statement 2022/23 and stated it was published on the 31st May alongside the draft accounts. R Winter continued that since the 31st May there had been refinements and adjustments made as the team liaised with officers to get an updated picture, the final draft would be brought the committee in November alongside the final accounts.

Dr R Adams queried the information in the report relating to actions being carried forward from previous years. R Winter explained that some actions in the plan had taken longer to complete due to a variety of reasons however from an audit perspective the approach taken with the AGS had been to provide transparency in all areas.

RESOLVED - That Members:

- Considered and commented on the draft AGS which reflected the governance arrangements in place and the actions arising from the annual governance review process.
- Agreed that the final AGS would be presented to the Committee at the November meeting alongside the consideration of the statutory statement of accounts, and thereafter to Full Council for approval.
- Would receive updates on the progress of the actions identified in the AGS action plan at meetings throughout the year.

19. AGS ACTION PLAN UPDATE

A Salt updated Members of the Committee with the Annual Governance Statement Action Plan which highlighted the issues identified following the Annual Governance Review (AGR) for 2021/22.

Dr R Adams queried the deadlines on the action plan and how slippage would be captured over long periods. A Salt explained that a rolling narrative could be used to track the actions.

A discussion was taken around the increase of SEND support need in the borough. A Salt explained that the increase was due to needs being identified earlier therefore highlighting the effectiveness of the strategy. N Sleight added that the team worked collaboratively with the SEND Oversight Board to ensure the children identified receive good quality education, health and social care.

RESOLVED - That Members noted the report and the progress made against each item listed in the Action Plan.

20. INTERNAL AUDIT INTERIM ANNUAL REPORT 2022-23

Members were provided with the Internal Audit Interim Annual Report 2022/23 which provided the Head of Internal Audit, Antifraud and Assurance's interim annual opinion on the adequacy and effectiveness of the Authorities governance, risk management and internal control arrangements based on the work of Internal Audit for 2022-23. Considering the overall results of Internal Audit work undertaken, together with management's implementation of agreed management actions, the interim opinion given was reasonable positive assurance.

G Bandy asked what it would take for the Council to receive a substantial assurance opinion. R Winter explained that audit coverage varied each year and so being able to plot an accurate trend or improvement was difficult. Also, and as a positive demonstration of the Council's openness, Internal Audit are often asked to look into areas where management have some concerns, that by default result in less positive overall opinions.

R Winter added that from the 1st July the Internal Audit team would no longer be serving South Yorkshire Police.

RESOLVED - That Members:

- Considered the interim opinion provided by the Head of Internal Audit, Antifraud and Assurance based on the work undertaken and completed relating to 2022-23 regarding the adequacy and effectiveness of the Authority's framework of governance risk management and internal control.
- Noted the key issues arising from the work of Internal Audit in the context of the Annual Governance Statement (AGS).

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21. INTERNAL AUDIT PROGRESS REPORT 2023/24

The Internal Audit Progress Report 2023/24 was presented to the Committee to provide a summary of the Internal Audit activity completed, and the key issues arising from it, for the period 1st April to 30th June 2023.

RESOLVED - That Members:

- Considered the issues arising from completed Internal Audit work in the period along with the responses received from management.
- Noted the assurance opinion on the adequacy and effectiveness of the Authorities internal control framework based on the work of Internal Audit in the period.
- Noted the progress against the Internal Audit plan for 2023/24 for the period.

22. STRATEGIC RISK REGISTER

R Winter presented the Committee with the Strategic Risk Register which included two main strategic risks owned by the Executive Director of Core Services:

- Organisational Resilience
- Emergency Resilience

Dr R Adams queried the metrics used to track staff wellbeing and leadership ability. W Popplewell explained that there was a delicate balance as management needed to recognise employees that were struggling and engage in conversation. This could be difficult to track, quantify and measure making it essential that leaders had the correct training and confidence to tackle these issues.

Dr R Adams asked how the training of leaders would ensure the risk changes from amber to green. W Popplewell explained that absence data in teams could be tracked (including mental health absences).

Councillor Lofts queried if the HR team collated any qualitative feedback around wellness. W Popplewell responded that absence monitoring and manager conversations were mainly used to track wellness.

A discussion was taken around the organisational changes and productiveness following the pandemic. W Popplewell explained that although officers were required to be in the office three days each week, managers and leaders were required to check in with their teams. Employees had benefited from the hybrid working system and the organisation had embraced the change.

Councillor Barnard queried the rate of absences and asked if it had decreased following the hybrid working system. W Popplewell stated that the absence rate was in line with the rest of the county, however in comparison to other Authorities Barnsley was considered to be lower.

A discussion was taken around recruitment and retention, officers explained that there was a balance to be considered as other authorities have different terms and conditions which may be more attractive to potential applicants in turn meaning agency staff were being considered. Councillor Wray asked if there was any analysis on which terms and conditions would benefit Barnsley specifically. W Popplewell stated that the main factor was working arrangements and flexibility, there are talks

to conduct interviews with employees related to the reasons why they chose to stay within the organisation.

RESOLVED - That Members noted the update.

23. TREASURY MANAGEMENT ANNUAL REPORT

S Loach presented the Treasury Management Annual Report which reviewed the treasury management activities carried out by the Council during 2022/23, in accordance with statutory guidance.

Key points to note include:

- The overarching treasury management strategy for 2022/23.
- The economic summary for the year.
- The updated borrowing and investment activities.
- The Council's Prudential and Treasury Indicators.

RESOLVED - That Members:

- Noted the latest expectations for interest rates.
- Noted the activities undertaken during the year to support the Council's borrowing and investment strategies.
- Noted the Prudential and Treasury Indicators.

24. CONTRACT PROCEDURE RULES UPDATE

M Barker presented the Contract Procedure Rules Update which requested the Committees approval to some interim amendments to the Contract Procedure Roles to support transformation activity prior to the completion of a more fundamental review being finalised.

Members raised concerns over the raise from £0 - £20,000 to £0 - £50,000, M Barker assured Members that there was an expectation for Executive Directors to prove there was value for money and the contracts would follow the Council's procurement rules meaning all decisions would be scrutinised.

Dr R Adams queried if the changes in framework were hoped to drive money into the local economy. M Barker explained that the framework was used where appropriate and that the team aims to build value in contracts which in turn means the consideration of local suppliers.

Councillor Barnard welcomed the increase to £50,000 as it would aid in reducing the workload from teams such as Area Councils. Councillor Lofts added that Area Council decisions were well recorded in terms of their audit trails.

RESOLVED - That Members approved the proposed amendments to the thresholds to enable these to be implemented while the further revisions to the full document are finalised.

Members noted that the thresholds would be revised as follows:

- **£0 - £50,000**
For contracts valued up to and including £50,000 an Executive Director shall proceed in a manner which ensures value for money and the efficient management of the service. Where possible this process shall prioritise the placing of orders with local businesses.
- **£50,001 - £70,000**
For contracts above £50,000 and up to and including £70,000 the Executive Director must seek to achieve competition and for that purpose invite at least three quotations via YORtender. Where appropriate at least two of the companies invited to quote should be local businesses.
- **£70,000**
All procurement above £70,000 in total contract value must be undertaken by the Strategic Procurement Team. For procurements above £70,000 to the FTS threshold for goods and services, an open tender procedure must be followed.

25. DRAFT COMMITTEE ANNUAL REPORT 2022/23

The Draft Committee Annual Report 2022/23 was provided to Members for their information, the report highlighted the role of the Committee and how it has discharged its responsibilities during 2022/23.

RESOLVED - That Members considered the draft Annual Report 2023/23 and subsequently recommend it for Full Council on 23rd November.

26. EXTERNAL AUDIT PROGRESS REPORT

G Mills, (representing the External Auditor) presented the External Audit Progress Report to the Committee explaining that his updates were included in the Draft Statement of Accounts 2022/23 (Item 3).

RESOLVED - That Members noted the update.

27. AUDIT COMMITTEE WORK PLAN 2023-24

The Committee received a report providing the indicative work plan for the Committee for its proposed scheduled meetings to 25th May 2024.

It was noted that the consideration of two children's services strategic risks had been rescheduled for the 22nd November meeting due to a diary clash of the Executive Director Children's Services.

In addition to this Members were informed that the Committee Effectiveness Review would be considered at the October development session. A questionnaire relating to the this would be sent out to Committee members for completion, the collective results would be shared and considered in October.

RESOLVED - That Members noted the updated work plan.

28. EXCLUSION OF THE PUBLIC AND PRESS

RESOLVED – That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act and the public interest not to disclose information outweighs the public interest in disclosing it.

29. QUARTER 4 2022/23: SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND) IMPROVEMENT PROGRAMME PROGRESS AND FINANCIAL POSITION

N Sleight provided the Committee with the Quarter 4 2022/23: Special Educational Needs and/or Disabilities (SEND) Improvement Programme Progress and Financial Position.

The report for 2023/24 would be reshaped to have a stronger focus on performance and impact, aligned to the Safety Valve monitoring requirements and the new SEND impaction framework.

RESOLVED - That Members:

- Considered the progress to date and the actions taken to ensure system-wide improvements to support children and young people with SEND.
- Noted the ongoing work to secure children's, young people's and parent/carer voice at all levels of the system.
- Noted the latest financial forecast in respect of the SEND/high needs block and actions being taken to mitigate future risk.

30. ANNUAL FRAUD REPORT 2022-23

R Winter presented the Annual Fraud Report 2022-23 which provided an account of council's antifraud related activity undertaken by the Internal Audit's Corporate Antifraud Team during 1 April 2022 to 31 March 2023.

National Antifraud Week runs from 13th to 17th November 2023, the team has plans to create a programme of activities to raise awareness both internally and externally.

RESOLVED - That Members:

- Considered and commented upon the Annual Fraud Report at part of their monitoring role.
- Continued their support in embedding a culture of zero tolerance and high levels of awareness regarding fraud and corruption.

31. GLASSWORKS UPDATE

An update on the Glassworks was provided to the Committee, officers explained that Internal Audit and management had collaborated to develop an assurance framework around how the centre was managed.

Additionally, the management team had worked on a self-assessment exercise to assess their effectiveness, the results would be collated, and an update would be provided in August.

RESOLVED - That Members noted the update.

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Chair

Item 3

REPORT OF THE MONITORING OFFICER

AUDIT AND GOVERNANCE COMMITTEE – 20th September 2023

LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN

1. Purpose of the report

- i. This report brings to the Committee's attention an update on the final requirements of the Local Government and Social Care Ombudsman (LGSCO) following an investigation into a complaint by Mr C and Ms B. The investigation acknowledged the findings of the Local Authority investigation.
- ii. The report is being brought to the Committee to comply with the Committee Terms of Reference.

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

2. Recommendations

- i. The Committee is asked to receive and consider the report, and acknowledge the actions already taken and plans to address the LGSCO's recommendations.
- ii. That the Committee note the requirement for the Council to make compensation payments totalling £3,000 to Mr. D and Ms B.

3. Background Information

- i. The LGSCO investigator completed their review into the matter on 14th June 2023. The complaint centred on the restriction's the Council placed on Mr C and Ms B around the time of their son's birth. Mr C was prevented from seeing Ms B for a month before the birth and was not allowed to attend the birth itself. Ms B and Mr C say this caused distress to both of them.
- ii. Ms B and Mr C also complained that the Council delayed investigating their complaint.
- iii. The complaint was registered by the Council in the financial year 2020-21.
- iv. The LGSCO acknowledged that before Ms B and Mr C approached them, the Council had investigated their complaint under the formal Children Act 1989

complaints procedure. This included an independent investigation at stage 2 and a review panel at stage 3.

- v. The LGSCO acknowledged that as part of that complaint investigation the Council accepted that it had not followed proper procedure and had prevented Mr C from attending the birth of his child, which it did not have the power to do.
- vi. The Council also accepted that there had been unacceptable delays in processing the complaint. The delays in complaint handling for this case were at:
 - Stage 2 – relating to a delay in the appointment of an investigating team. The Council now has different contract arrangements in place with a provider for external investigators, which should limit the possibility of delays occurring in future investigations.
 - Stage 3 – a delay in the panel being arranged due to the availability of attendees.

4. The Council agreed to:

- Apologise to Ms B and Mr C
 - Review a selection of open cases to ensure appropriate pre-birth plans were in place.
 - Share the outcomes of the complaint investigation with social care managers.
 - Make a payment of £3,000 to Ms B and Mr C to recognise their injustice, including from the delayed complaint investigation.
- i. The LGSCO determined that as the Council has already accepted fault in the areas Ms B and Mr C complain about, it would not be proportionate to reinvestigate their complaint and agreed the remedies offered were suitable and appropriate.
 - ii. As a result, there were no additional requirements made of the Council. The LGSCO have now published their decision which can be found by following the link.
<https://www.lgo.org.uk/decisions/children-s-care-services/child-protection/22-016-487>

5. Outcome

- i. In addition to the redress outlined above, the council has now apologised to Mr C and Ms B.
- ii. The Quality Assurance team have and continue to periodically review a selection of open cases to ensure appropriate pre-birth plans were in place

and taken action to raise awareness and promote training in relation to the Children Social Care pre-birth pathway.

- iii. The outcomes of the complaint investigation have been shared with social care managers to ensure learning is embedded.
- iv. Made a payment of £3,000 to Ms B and Mr C to recognise their injustice, including from the delayed complaint investigation.

6. Appendices

- i. None

7. Officer Contact:

Keeley Boud, Head of Service Safeguarding and Quality Assurance

Email: keeleyboud@barnsley.gov.uk

Date: 7th August 2023

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Item 4

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

AUDIT AND GOVERNANCE COMMITTEE – 20th SEPTEMBER 2023

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.
- 1.2 Two strategic risks will be considered at this meeting:
 - Zero Carbon – Executive Director Growth and Sustainability
 - Inclusive Economy – Executive Director Growth and Sustainability

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 5th September and there were no changes to the number or ratings given to the 13 strategic risks.

SMT determined that 4 risks remain classified as **high** (red response rating*) and 9 risks remain 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 these risks are included in Appendix 1.
- 3.3 SMT were appraised of the recently published National Risk Register (NRR). This reflects a more sophisticated understanding of the risk landscape following events such as COVID. The NRR is the external version of the National Security Risk Assessment (NSRA) which is the governments assessment of the most serious risks facing the UK. A copy of the NRR has been included on the Audit and Governance Committee Extranet Site for members' information.

Contact Officer: Corporate Governance and Assurance Manager
Email: alisonsalt@barnsley.gov.uk
Date: 7th September 2023

Strategic Risk to be reviewed in the meeting – 20th September 2023

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
Zero Carbon	<p>Risk Description: There are significant environmental, financial, reputation, business and community risks associated with our work to ensure the Council achieves its ambition to be Zero Carbon by 2040 and that the Borough can be zero carbon by 2045. Present delivery performance trajectory means will likely miss the targets without significant changes.</p> <p>Risk Assessment: Climate change poses a huge risk to society as well as the Council. Should governments, businesses and the public not succeed in maintaining global warming at a 1.5-degree temperature rise, then the consequences will be catastrophic for humanity's survival. Present strategic approach needs to be reviewed to redirect performance to meet the required target trajectories.</p> <p>Action 1 Develop the Positive Climate Partnership (PCP), complemented by a range of Networks and Forums, to take shared ownership of the agenda at a borough wide level, strengthening relationships with partnership members and links into Barnsley 2030. RAG Rating – Green</p> <p>Action 2 Convene Carbon Management Group within the Council to develop a coherent action plan across all Council operations to deliver net zero for the Council by 2040. RAG Rating – Amber</p> <p>Action 3 Maximise all opportunities to secure Govt/SYMCA funding to deliver a range of programmes to support both the Council's and the borough's net zero ambitions. RAG Rating – Amber</p> <p>Action 4 Ensure biodiversity net gain is at the heart of all our planning policies and work with developers to ensure our natural capital and resources are conserved and protected or replaced where necessary. RAG Rating – Amber</p>	Actual	Actual	High	Executive Director Growth and Sustainability

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
	<p>Action 5 Work with Berneslai Homes to develop a retrofit strategy for future investment in our social housing. Review the 30-year HRA business plan and explore funding opportunities using the Savills Asset Review completed in March 2022. Introduce a Retrofit pilot through the HRA capital programme for 2023-25. RAG Rating – Amber</p> <p>Action 6 Ensure that sustainability and low carbon remains a key principle in the Council's procurement strategies and social value requirements for key contracts and construction activities. RAG Rating – Amber</p> <p>Action 7 Undertake an assurance review of the service. RAG Rating – Green</p> <p>Action 8 Introduce Climate Adaption into our business planning. Work with Yorkshire and Humber Climate Change Group programme. RAG Rating - Green</p>				
Inclusive Economy	<p>Risk Description: The impact of Covid 19, Brexit and the Cost-of-Living Crisis collectively have had a significant impact on the local economy. Residents and Businesses are experiencing significant issues through supply chains and the cost-of-living crisis, in particular energy price increases.</p> <p>The Council needs to continue to work with partners to maximise the value of the borough's economy and to livelihoods through the Inclusive Economy Board and the suite of business support measures delivered through Enterprising Barnsley and our Employment and skills team. As well as the potential impact on the Glass Works and the town centre there are wider community implications for Barnsley, its principal towns and other urban centres with the risk of increased unemployment, redundancies, and low levels of job opportunities for young people and those furthest from the labour market.</p> <p>Ongoing work is needed to secure final lettings of the Glass Works, develop the principal towns' economies and to address retail contraction, in particular with the Alhambra, the finance / banking sector and major anchor businesses in the town centre. Further development is required of the town centre to address blighted</p>	Actual	Actual	Medium	Executive Director Growth and Sustainability

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
	<p>areas also which are identified in the URBED town centre plan. While we are now in recovery, the backdrop and risks have changed with increased risk of recession, constrained growth/ retail spend, rising cost of living and inflationary pressures, all of which impact on our most disadvantaged households. Significant work is needed to ensure that our economically inactive population are equipped to participate in the economy and improve their livelihoods as well as ensuring there are pathways and progression routes for people of all ages to get into, get on and thrive in work.</p> <p>Risk Assessment: While Barnsley has performed well in recent months, retaining and building on footfall in the town centres and principal towns, these gains could be lost through market forces (retail contraction), changing consumer habits, increased cost of living impacts affecting discretionary spend, the energy crisis and ongoing changes in the town centre fabric including the Alhambra going into receivership, and movement of key retailers in the town centre. All of this needs regular monitoring and scrutiny, as well as necessary mitigating action on an ongoing basis. The Inclusive Economy Board oversees this work on the TC and PTs (Inclusive Urban Centres) as well as our work to support those furthest from the Labour Market to access volunteering and other support and get into and get on in work through our More and Better Jobs strategy.</p> <p>Action 1 The Inclusive Economy Board oversees the delivery of our Inclusive Economy work, including the development of our inclusive urban centres, the 'good growth' strategy for the borough and the more and Better Jobs strategy. It meets every two months and is made up of key representatives from the business, community and voluntary sector as well as education reps and skills providers. It looks to address key issues in our economy through action as well as overseeing key initiatives in our inclusive economy work. The IEB reports into the B2030 Board. The membership of the IEB is being reviewed currently to ensure it is fit for purpose and the Inclusive Economy strategy and action plan being developed will ensure the work of the IEB has real impact. RAG Rating - Green</p> <p>Action 2 Assurance that we have the necessary performance data and metrics in place to identify trends and issues and to allow timely and responsive interventions; these are reviewed as part of the work of the Inclusive Economy Board. The Board review Labour Market Intelligence, updated stats on the economically inactive, skills data, town centre footfall data and a plethora of other metrics around business growth, inward investment, property etc</p>				

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
	<p>RAG Rating - Green</p> <p>Action 3 Our Enterprising Barnsley team and Employment and Skills team run a number of business support and employment support programmes specifically designed to support businesses and individuals impacted upon through the pandemic and cost of living crisis. These programmes have helped businesses to survive and to stabilise through more effective business planning and opened up entrance level jobs for young people. These programmes are now mainstreamed into the core EB offer for businesses and Employment and skills teams to support them through the next phase of economic turmoil and ensure our businesses and residents can continue to earn good livelihoods for themselves and their families. We have secured funding via SYCMA to reimagine and continue these services with match from base budget, enabling us to continue this successful service to end March 2025. RAG Rating - Green</p> <p>Action 4 The IEB was the focus of an Overview and Scrutiny Task and Finish Group who reviewed the work done to date and produced a report with recommendations. This report was brought into Cabinet and Council for review in Spring 2023 and has been reviewed by IEB Board. It will inform the development of an overarching Inclusive Growth Plan for the Borough going forward. A full response was submitted to Cabinet at its August meeting to further inform cabinet members around this work. RAG Rating - Amber</p> <p>Action 5 Develop an overarching Inclusive Economy Plan for the borough, to incorporate the Local Plan, the work of the Inclusive Economy Board on thriving urban centres and More and Better Jobs, as well as business support, business workspace and inward investment into the borough. A draft spec for the outsourcing of the strategy development work has been undertaken - currently this is being reviewed by the Service Director but will be brought into IEB in September for their input. RAG Rating – Amber</p> <p>Action 6 Deliver the Pathways to Work Commission with key lines of enquiry to identify key pathways to employment for those who are economically inactive or furthest away from the Labour market.</p>				

Risk Title	Risk Description	Impact	Status	Response Rating	SMT Owner
	<p>RAG Rating – Amber</p> <p>Action 7 Develop an Anchor institutions network to ensure core anchor businesses and organisations in the borough deliver optimal social value for Barnsley and are contributing to an inclusive economy. Hold an inception Anchors conference and two meetings per year of the lead members of the network. RAG Rating - Amber</p> <p>Action 8 Convene a 'Levelling Up for Barnsley' subgroup of IEB (with additional external members) to develop an anti-poverty action plan for the borough closely aligned to the Inclusive Economy Plan. Hold a 'Poverty Action' conference to identify our approach to tackling poverty across the borough going forward. RAG Rating - Amber</p>				

Annual customer complaints and compliments report 2022 - 2023



Barnsley – the place
of possibilities.



BARNSLEY
Metropolitan Borough Council

Introduction

We've achieved so many great things this year, it's our aim to make sure that we respond to and manage rising customer expectations and demands, but also recognise the opportunities this presents. To achieve this, we need to listen to what people are telling us, manage their expectations and continuously improve our services.

Our annual complaints and compliments report provides information on what our customers have told us about their experiences and expectations of the services they have received during 2022-23. It looks at the complaints and compliments that have been recorded by the council during the period 1 April 2022 to 31 March 2023, including those complaints received about Adult and Children Social Care services.

Not all customer concerns are dealt with as a complaint. Where a customer has contacted the service directly and their concerns are resolved, there is often no requirement to escalate this further through the complaint's procedure. However, they should always be informed of their right to make a complaint and of how to do this.

Customer complaints and compliments are important, and it's our aim to make sure that people feel able to provide us with this information and know how to do this. We aim to respond fairly, in partnership with people and reach a swift resolution where putting it right is at the heart of what we always consider. The Customer Resolution Team are responsible for the management, facilitation and collation of all customer complaints and compliments received for the council.

The council has two complaints procedures for managing complaints, one for Children's Social Care which has 3 stages and one for all other council services, including Adults Social Care, complaints which has 2 stages. For further information on either of these procedures please visit our website at <https://www.barnsley.gov.uk/have-your-say/complaints-and-compliments/>

Berneslai Homes manage the complaints and compliments received from housing tenants on behalf of the council. Information about the process, the numbers received, and how they have been handled can be found at <https://www.berneslaihomes.co.uk/contact-us/give-a-compliment-comment-or-complaint/>. The council keeps oversight of any housing complaints which may escalate to the Housing Ombudsman Service and the outcome of their enquiries or investigation.

Directorates

The complaints and compliments we receive from our customers are registered against the five main directorates of the council (as they were during 2022-23).

- **Core**
- **Growth and Sustainability**
- **Children's Services**
- **Place Health and Adults Social Care**
- **Public Health and Communities**

If you need help understanding this document please contact: The Customer Resolution Team, customerresolutionteam@barnsley.gov.uk

Key areas to note during 2022-23

- 96% of complaints have been resolved within statutory timescales.
- This year we're pleased to report that there has been an increase in compliments received compared to last year by 38. The number of compliments received also exceeds the number of complaints received. We know from speaking with services that we do receive lots of positive feedback, which could be compliments we could be recording.
- During 2022-23, we worked with services to promote the sharing of compliments so that these can be acknowledged and registered. We'll carry this on during 2023-24 so we can continue to learn and improve as well as understand what is working well.
- We've seen a decrease in the number of complaints we've received by a total of 305 complaints. There are many possible reasons for this such as using learning from previous complaints to make positive changes to our services. It's important that we continue to monitor the number of complaints we're receiving as this is an important indicator to tell us that people know how to make complaints to the council.
- Following a review of process, we've seen a reduction in the number of customers discontinuing with their concerns either by withdrawing their complaint or no longer wishing to engage with the process, with only 16 contacts not being continued with. It is disappointing that some of our customers do not continue with their complaints or withdraw them, and this may be for a variety of reasons not always known to us.
- 100% of customer complaints received were acknowledged within a 5 working day timescale, with 100% of Adults Social Care complaints being acknowledged within the statutory 3 working days.
- The number of complaints which are progressing to the next stage in our procedures has also decreased, albeit we've received a higher number of Stage 3 complaints in 2022-23 (however, these relate to complaints that we received during the previous year).
- The number of complaints received from the Local Government and Social Care Ombudsman has decreased by 8 which is positive to report.
- We've also seen an overall increase in the number of complaints that are escalating to the Ombudsman office. This is mainly related to complaints that are escalating to the Housing Ombudsman and are managed by Berneslai Homes. More information about Berneslai Homes' complaints can be found [here](#).

Glossary of terms

To help you with some of the terms we use in this report please see below a brief explanation for some of the keywords.

- **Complaint:** this is where someone has told us that they're unhappy about something we may have done, the services we're delivering or how we've delivered the services.
- **Compliment:** this is where someone has told us that they're happy and satisfied with something we may have done, the services we're delivering or how we've delivered the services.
- **Early resolution:** we want to resolve complaints as quickly as we can and some complaints don't always need an in-depth investigation. We try to resolve these types of complaints within 2 to 5 working days.
- **Formal investigation:** sometimes we may need to take an in-depth investigation into a complaint and require a bit more time to resolve the complaint. We've two procedures for managing complaints one for Children's Social Care which has 3 stages and one for all other council services, including Adults Social Care, complaints which has 2 stages. For further information on either of these procedures please visit our internet page at <https://www.barnsley.gov.uk/have-your-say/complaints-and-compliments/>

- **Timescales:**

Timescale	Children's Social Care Complaints (CSC)	All other Council Services (Corporate inc Adult Social Care)
Early Resolution	2 working days	2 to 5 working days
Formal Investigation - Stage 1	10 working days	25 to 60 working days
Formal Investigation/Review - Stage 2	25 to 65 working days	10 to 30 working days
CSC Review Panel – Stage 3	50 working days	-

- **Discontinued/withdrawn complaints:** these are complaints we've received but unfortunately, the person does not engage with us, the process or they have decided to withdraw their complaint. A complaint which is resolved should not be classed as withdrawn. We still share these complaints with the relevant service for their awareness, but no formal response is issued.
- **The Local Government and Social Care Ombudsman:** will consider complaints about councils and adult care providers. People can complain to them if they remain unhappy after having their complaint considered by us through our complaint procedure. For more information on what they do please visit their website at <https://www.lgo.org.uk/>

Learning from feedback

Learning from our investigations is important to us. During the investigations we undertake we look at what may have gone wrong, why and what we can do to improve the services we provide. These are a few examples of the learning identified for each Directorate from the complaint investigations and the improvements we're working towards achieving.

Core Services

- Areas our employees would benefit from further training.
- The review of identified new processes relating to Finance and Governance.
- Updating documentation to support our employees with good complaints management.

Growth and Sustainability

- Updating web information on the council's approach to defect repairs.
- Working with our employees on right-first-time collections.
- Consideration to be given to the assessment of priority for customer contacts in Highway Services.

Children's Services

- How we are communicating with our families and the timeliness of this.
- The timeliness of issuing Educational Health Care Plans to our families.
- Review of our Local Offer webpage in respect of parent and carer assessments.

Place Health and Adult Social Care

- Letters to be reviewed for clarity, conciseness, ease to understand and full representation of the information required.
- Reminder to be issued to our staff members on timeliness of issuing invoices, advice on splitting payments and employing personal assistants.
- Improvements to be made with checks to ensure that financial assessment include only current valid disregards.

Public Health and Communities

- Review of information provided on the pin on a map system and how these jobs are closed down.

Council overview - complaints and compliments

Compliments

Growth and sustainability	221
Public Health and Communities	87
Place Health and Adult Social Care	82
Core Services	39
Children's Services	23

Complaints

Growth and sustainability	183
Children's Services	86
Core Services	73
Public Health and Communities	37
Place Health and Adult Social Care	27

Complaints

406 complaints

(decrease on previous year)

27 complaints were statutory
Adult social care complaints

52 complaints were statutory
Children's Social Care complaints

327 complaints were corporate
complaints

24 complaints progressed to the
next stage of the procedure

7 Children's Social Care
complaints were considered at
Stage 3

259- early resolutions

147 - formal investigations

16 - discontinued or withdrawn

131 - Upheld

136 - Partially upheld

110 - Not upheld

6 - Inconclusive

7 - Pending

25 Local Government and Social
Care Ombudsman contacts

96% of complaints responded to
within timescales

82% complaints made directly by
the customer

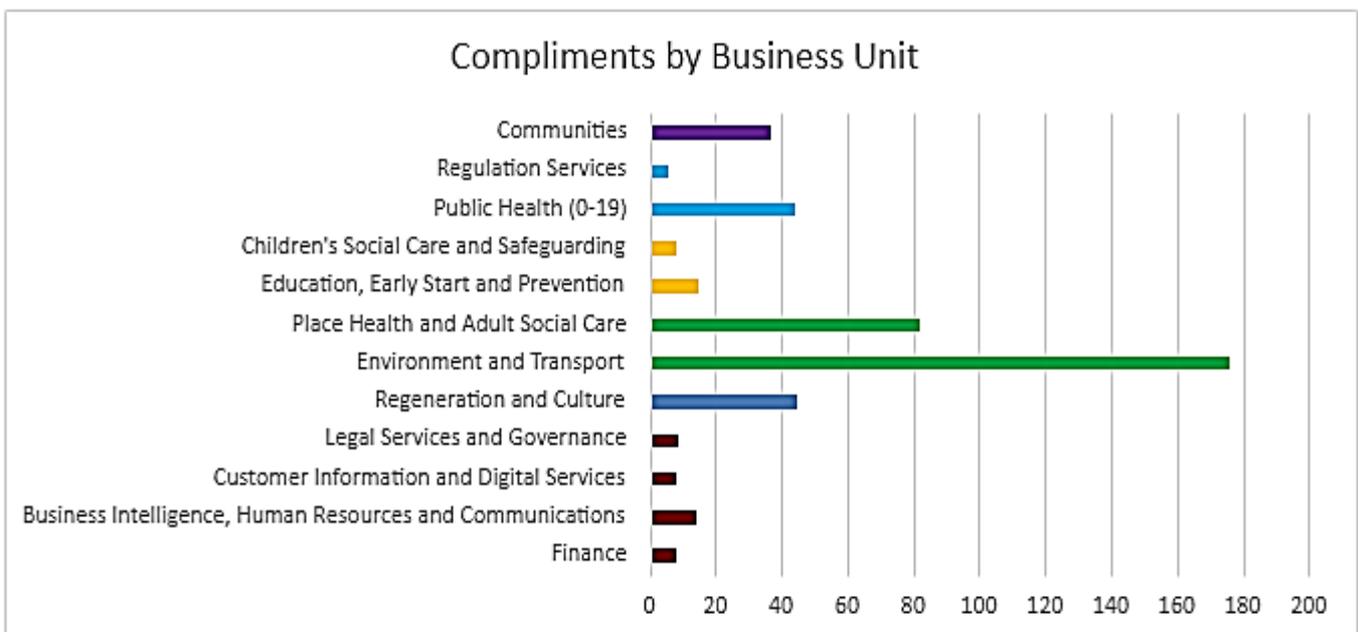
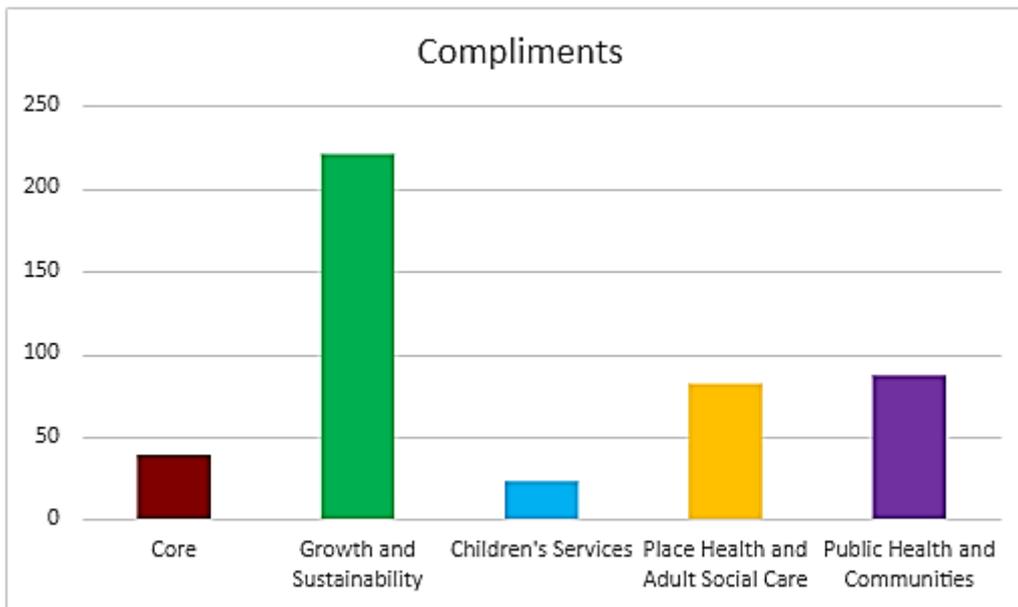
67% complaints made online.

Main trend: unhappy with how we
deliver our services (processes and
procedures)

Closer look at our compliments and complaints data

1. Number of compliments

There has been an increase in the number of compliments we've recorded this year, 452 compared to last year, 414. The Growth and Sustainability directorate received the highest number of compliments with 49% of the total compliments being received in this directorate alone (221). Most of the compliments we received related to our organisational value of 'We're proud'.



2. Number of complaints and resolution method

We received 406 complaints during 2022-23. 16 of these were discontinued by people either withdrawing their complaint or no longer wishing to engage with the process, leaving 390 complaints which received a resolution.

It's positive that the changes we've made to our process for dealing with discontinued complaints is working. We're seeing a significant reduction in the number of complaints which are being recorded as discontinued.

There has been a decrease in the number of complaints we received this year compared to last year's figure (711), even when compared with the number of discontinued complaints been discounted from the total number (501). Most complaints were resolved through early resolution this year, which is positive to note, with less complaints requiring formal investigation.

16 complaints were discontinued during 2022-23 either through people withdrawing their complaint or through not engaging with the complaints process further. These covered complaints about our employees, how we delivered our services and how we communicated with people. Following changes made in 2022-23, we've seen a significant reduction in the number of complaints being recorded as discontinued.

Directorate	Early resolution	Formal investigation	Total complaints
Core	61	12	73
Growth and Sustainability	141	42	183
Children's Services	32	22	54
Place Health and Adult Social Care	5	54	59
Public Health and Communities	20	17	37
Total	259	147	406



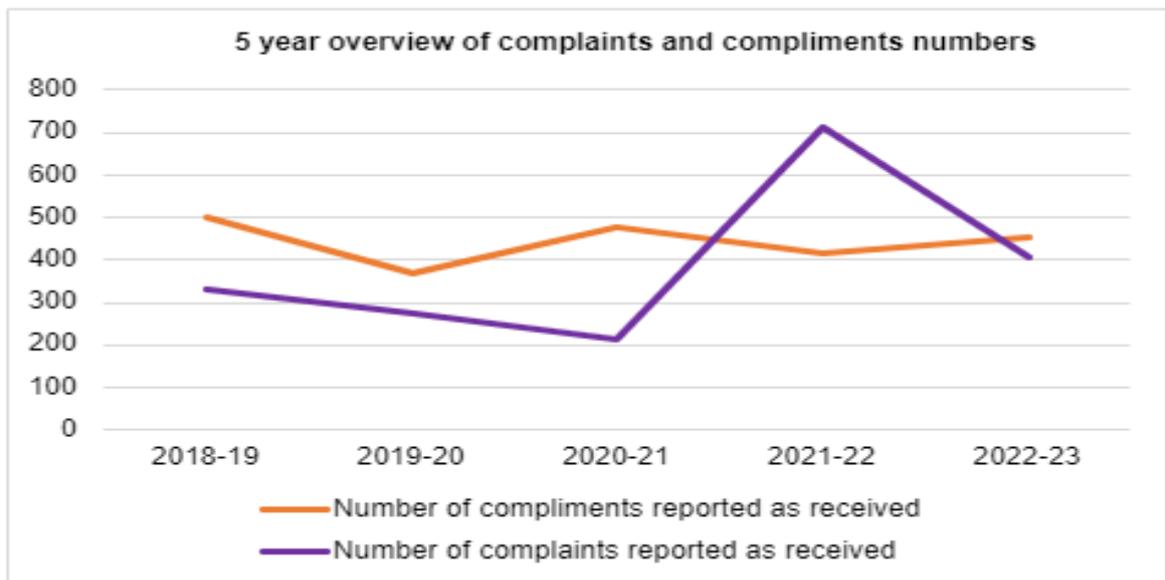
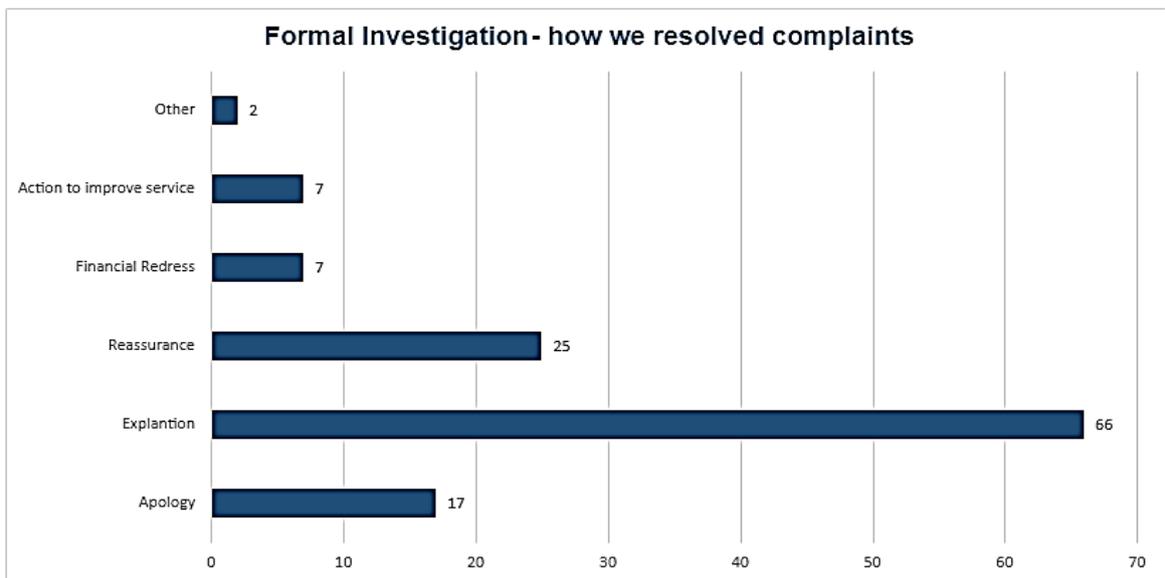
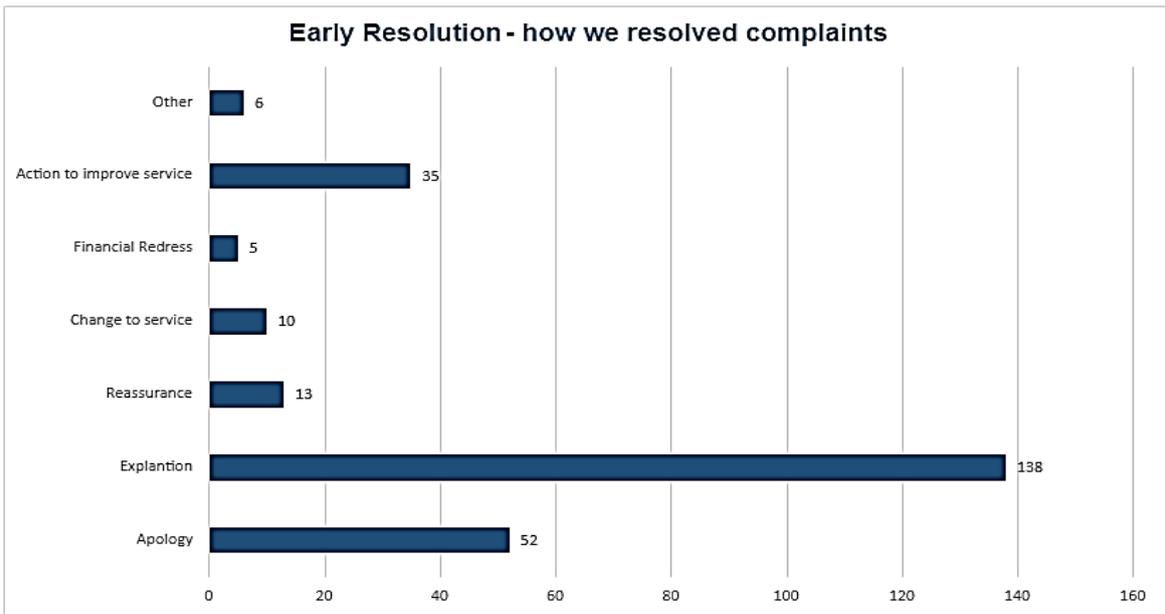
4 Children's Social Care complaints moved onto a stage 2 investigation of which 1 case was partially upheld and 1 case was not upheld. 2 cases were still ongoing at the time we produced this report.



7 Children's Social Care complaints (received in the previous year) progressed to stage 3 and 1 was upheld and 6 were partially upheld.



20 Corporate complaints moved to the review stage of the process and 1 was upheld, 4 were partially upheld, 14 were not upheld and 1 was still ongoing.

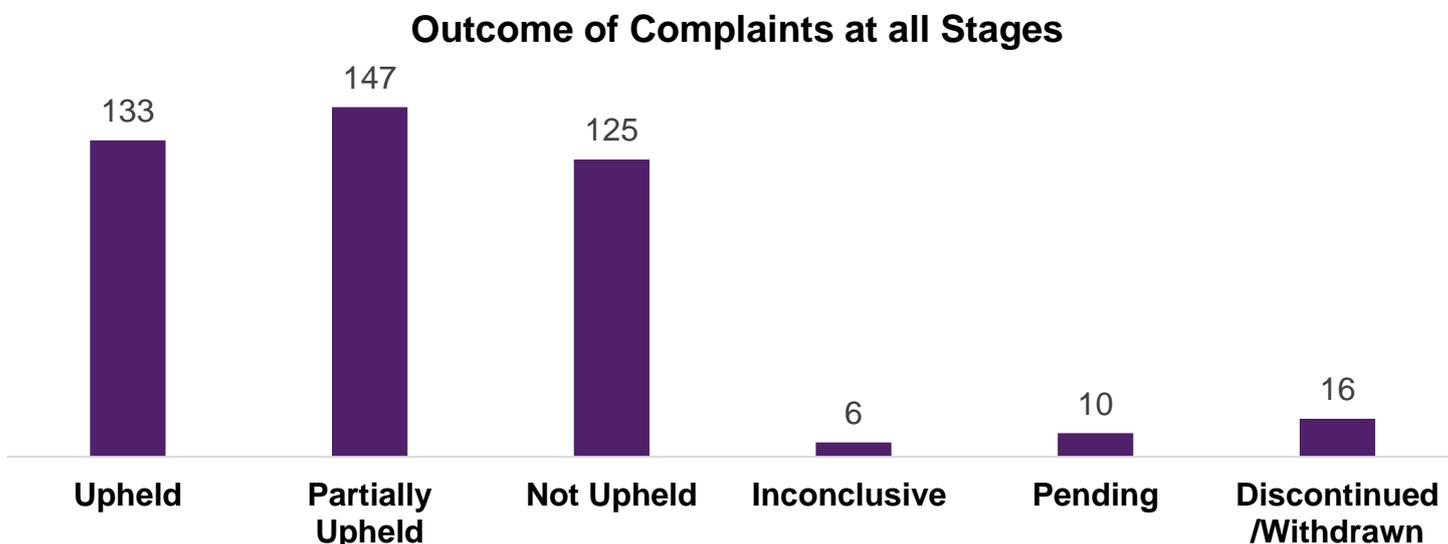


3. Type of complaint

Most of our complaints were about how we deliver our services (our processes and procedures) and how we're communicating with people. It's important that we know this information so we can look at ways we can improve in these areas where we agree that our services have fallen below the expectations of what people should be receiving.



We've either upheld or partially upheld most of the complaints we've received, agreeing that we need to improve and learn from what people are telling us. We've provided an explanation to them as a resolution to their complaint to explain what went wrong and what we'll do to address this.



Upheld: we agree with your complaint.

Partially upheld: we agree with some of your complaint.

Not upheld: we haven't found any evidence to support your complaint.

Inconclusive: we don't have enough evidence either way.

Pending: complaint still under investigation

4. Timescales

We resolved **96%** of all our complaints within timescales for all stages, and **98%** for those complaints considered at early resolution. With **96%** at formal investigation. This is unfortunately a slight decrease in performance upon last year's figure of **97%**.

We'll continue to work to improve meeting the timescales as this is both important to us and the people who use our services. Sometimes due to availability and the complexity of some complaints timescales are exceeded. We always aim to keep people informed when there will be a delay with their complaint investigation.

Early Resolutions	Outcomes				Total	Timescales		Total
	Upheld	Partially upheld	Not upheld	Inconclusive		Timescale met	Timescale not met	
Finance	15	14	16	1	46	46	0	46
Customer Information and Digital Services	3	6	4	0	13	13	0	13
Legal and Governance	2	0	0	0	2	2	0	2
Regeneration and Culture	5	8	6	0	19	19	0	19
Environment and Transport	61	39	22	0	122	121	1	122
Place Health and ASC	2	1	2	0	5	4	1	5
Children's Social Care	6	15	9	2	32	30	2	32
Public Health	0	1	0	0	1	1	0	1
Communities	9	5	5	0	19	19	0	19
Total	103	89	64	3	259	255	4	259

Formal Investigations	Outcomes				Total	Timescales		Total
	Upheld	Partially upheld	Not upheld	Inconclusive		Timescale met	Timescale not met	
Finance	3	2	1	0	6	6	0	6
Business Intelligence, HR and Comms	1	0	0	0	1	1	0	1
Legal and Governance	1	0	1	0	2	2	0	2
Regeneration and Culture	2	1	9	1	13	13	0	13
Environment and Transport	4	10	5	1	20	20	0	20
Place Health and ASC	6	8	5	0	19	17	2	19
Children's Social Care	6	11	12	0	29	28	1	29
Education, Early Start and Prevention	2	10	7	0	19	18	1	19
Public Health	0	0	0	1	1	1	0	1
Communities	3	4	6	0	13	12	1	13
Regulation	0	1	0	0	1	1	0	1
Total	28	47	46	3	124	119	5	124

*16 contacts discontinued/withdrawn and 7 pending a response



There were 24 complaints which continued onto Stage 2 of the Complaints Procedures. Of these 21 met the agreed/statutory timescale and 3 were pending at the time of reporting.



There were 7 children's social care complaints, from the previous year, that progressed onto Stage 3 in 2022-23. Unfortunately, none of these met the statutory timescale to arrange the panel within due to the availability of all attendees.

5. Ombudsman

We've had 25 contacts (20 enquiries and 5 investigations) from the Local Government and Social Care Ombudsman compared to last year's total of 36. Our annual review letter is expected to be received in July 2023, where it should outline our performance in the areas of:

- Complaints upheld
- Compliance with recommendations
- Satisfactory remedy provided

We've also included Berneslai Homes data in the table below.

Business Unit	Number of enquiries	Outcome status
Legal Services	1	Outside jurisdiction
Regeneration and Culture	6	2 outside LGSCO jurisdiction, 1 not enough evidence of fault, 1 LA to pursue, 1 no further action, and 1 out of time
Environment and Transport	3	2 not enough evidence of fault and 1 outside LGSCO jurisdiction
Adult Social Care	1	LA to pursue through complaints
Education, Early Start and Prevention	2	1 outside LGSCO jurisdiction & 1 not enough evidence of fault
Children's Social Care and Safeguarding	6	1 not enough evidence of fault, 1 discontinued investigation, 1 outside LGSCO jurisdiction, 1 no further action, and 2 pending
Communities	1	Out of jurisdiction
Berneslai Homes	10	Did not progress to investigation

Business Unit	Number of Investigations	Outcome Status	Remedy
Regeneration and Culture	1	Pending	
Adults Social Care	1	Fault with injustice	Apology, financial redress (£300). Learning for service/provider
Education, Early Start and Prevention	1	Pending	
Children's Social Care and Safeguarding	2	1 no fault and no injustice and 1 no fault but injustice caused	Apology and financial redress (£300)
Berneslai Homes	10	1 withdrawn, 1 reasonable redress, 7 no maladministration, 2 out of jurisdiction and 4 pending*	

6. Who, how, where?

82% of complaints were made by the person who was affected by the service. **18%** were made by someone who was representing or advocating for the person receiving the service. This could be a family member, an advocate, or someone who the person has agreed for them to act on their behalf.

An independent advocacy service is available for Children's and Adult Social care complainants through Dial Barnsley.

How the complaint was made	Number of complaints
Online	272
Email	59
In person	1
Telephone	50
Post	24
Via Advocate	0

Where the complaints are being received	Number of complaints
Into the Customer Resolution team	305
Into services	31
Council website	30
Contact Centre	19
Senior Management	10
Other	11

- The number of complaints made online has decreased from 70% to 67%
- We've had 15% more complaints being made via email than by telephone.
- Complaints received by telephone have slightly increased from 10% to 12%
- Slight increase in complaints being made by post, with 4% being made this way.
- The number of complaints received directly into the Customer Resolution Team has increased from 59% to 75%.

Focus on Core

Compliments

39 compliments
(55 previous year)

Highest business unit: Business Intelligence, Human Resources and Communications - 14

The experience has been a rewarding one and that the Customer Resolution Team have good customer service standards.

A really helpful, kind lady answered the phone, listened to my complications, and sorted out my problem, with understanding. We need more people in the workplace like that lady. Thank you for the perfect customer service. Much appreciated

Complaints

73 complaints
(slight decrease on previous year)

61 - early resolutions
12 - formal investigations
3 - discontinued or withdrawn

70% complaints made online.

89% complaints made directly by the customer.

1 Local Government and Social Care Ombudsman contact

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 25
Partially upheld - 22
Not upheld - 22
Inconclusive - 1

Most complaints were resolved through an explanation

100% of complaints responded to within timescales

1 complaint progressed. Partially upheld.

Someone told us that they were unhappy that we continued to get their personal details incorrect in our correspondence with them in relation to council tax. They were also unhappy that we had failed to take an additional amount owed, as we had instructed we would take, as part of an already agreed Direct Debit. Failure to do this had caused arrears which had had additional implications.

The council tax team responded to this complaint as an early resolution. They updated the personal details as well as making the necessary arrangements for the additional amount owed to be taken as instructed. The service tried to contact them to discuss their concerns and followed up the action taken with an email advising them to come back to them if they required any more information.

Focus on Growth and Sustainability

Compliments

221 compliments
(207 previous year)

I think you are excellent at doing your job and you clearly enjoy doing it. This is very evident in the way that you consistently carry out your duties and deliver on promised information.

Highest business unit: Environment and Transport - 149

We used the pet crematorium service at Cannon Hall and were treated with kindness and respect through what is a difficult time. I can't praise [staff member] enough for the way they looked after our pet, they made a difficult time feel a little easier. I would highly recommend the service. Thank you

Complaints

183 complaints
(decrease on previous year)

80% complaints made online.

10 Local Government and Social Care Ombudsman contacts

141 - early resolutions

42 - formal investigations

5 - discontinued or withdrawn

97% complaints made directly by the customer.

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 72
Partially upheld - 58
Not upheld - 42
Inconclusive - 2

Most complaints were resolved through an explanation

99% of complaints responded to within timescales

7 complaints progressed to next stage. 1 was upheld and 6 were not upheld

Someone told us they were unhappy that we had failed to complete a waste collection for a whole street. Despite reporting this, it happened again resulting in two missed collections.

The waste management service investigated this complaint as a formal investigation. An apology was given for the service they had received falling short of what the council expects. It was identified there were a number of issues which had impacted upon the collections relating to a miscommunication within the service, a vehicle breakdown, and a road closure at the time. The service acknowledged the issues connected to the collections and implemented additional controls, a site visit, as well as advising on where updates on service disruptions can be found on the council's website.

Focus on Children's Services

Compliments

23 compliments
(22 previous year)

I really appreciate everything you've done to help us, there aren't many people out there that care about doing their job, so I'm really glad we got to work with you because you're amazing.

Highest business unit: Education, Early Start and Prevention Services - 15

We cannot thank the adoption team enough for the help they gave us. Especially [staff member]. They went above and beyond in informing us and helping us when they could. They were just a phone call away when we needed to ask any questions and really put us at ease throughout the process. Thank you

Complaints

86 complaints
(decrease on previous year)

11 Local Government and Social Care Ombudsman contacts

50% complaints made directly by the customer (3 were made by children and young people)

32 - early resolutions

54- formal investigations

4 - discontinued or withdrawn

42% complaints made online.

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 14
Partially upheld - 36
Not upheld - 28
Pending- 2

Most complaints were resolved through an explanation

89% of complaints responded to within timescales

12 progressed to stage 2 .

7 progressed to stage 3.

A customer told us that they were unhappy that Children's Services had failed to respond to them in the agreed timeframe as well as failing to address the discrepancies they had raised in relation to a plan.

Children's Service investigated this complaint as a formal investigation.

The investigation identified that while a timeframe for response had been agreed, it had also been explained that unfortunately due to the nature of the role of social workers there may be a possibility that this is not always possible to adhered to. The investigation considered the discrepancies raised in relation to the plan but did not uphold this point.

Focus on Place Health and Adult Social Care

Compliments

82 compliments (67 previous year) **Highest business unit:** Adult Social Care

Reaching out to say thank you for the input you have with xx and their transition from child to adult's social care. You have set the ball rolling and sorted out everything which put my mind at ease. You are a fabulous social worker and Barnsley is very blessed to have you. Thank you once again

A customer told us that they had lost their emergency call pendant and within 30 minutes the responders arrived at their home with a new one. They said that the responders were lovely and like a breath of fresh air, they were laughing and joking with them. They said the laughter with them was better than any medicine. They described them as amazing, and they wanted to thank them for making their day. They said thank you all for the fantastic service.

Complaints

27 complaints
(decrease on previous year)

2 Local Government and Social Care Ombudsman contacts

48% complaints made directly by the customer

- 5** - early resolutions
- 22** - formal investigations
- 2** - discontinued or withdrawn

44% complaints made online.

Main trend: unhappy with how we communicated and consulted with them

Upheld - 8
Partially upheld - 9
Not upheld - 7

Most complaints were resolved through an explanation

87% of complaints responded to within timescales

1 complaint progressed to next stage. It was not upheld.

A complaint was received by a family member on behalf of the person in receipt of the service. They explained that they were unhappy with the fairer charging assessment decision in relation to the consideration of Disability Related Expenditure. They felt the Council had failed to follow the core principles within the assessment.

Adults Social Care responded to this complaint as a formal investigation. Following the investigation, the council did not uphold the complaint however, the findings did show there were things which needed to be addressed. **Page 36** this reason agreed to complete an up-to-date social care and financial assessment in line with the Care Act 2014.

Focus on Public Health and Communities

Compliments

87 compliments (63 previous year)

Highest business unit:

Public Health service - 44

What an amazing health visitor! This person is kind, professional, friendly, open and goes absolutely above and beyond. They are supportive beyond belief and they gave me the confidence as a parent with their honesty and encouragement.

Thank you so very much indeed, for your patience and help. I'm sending a compliment to Barnsley Council about our interaction, when life's so hard and difficult, people like you help without any issues to make things a bit easier, it makes all the difference

Complaints

37 complaints

(increase on previous year)

1 Local Government and Social Care Ombudsman contacts

95% complaints made directly by the customer

20 - early resolutions

17 - formal investigations

2 - discontinued or withdrawn

73% complaints made online.

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 12
Partially upheld - 11
Not upheld - 11
Inconclusive - 1

Most complaints were resolved through an explanation

97% of complaints responded to within timescales

3 complaints progressed to next stage. 1 was partially upheld and 2 were not upheld.

Someone told us that they were unhappy that we did not open a library at the time we had stated it would be open. They felt this did not demonstrate good customer services and caused an inconvenience to the customer.

The Communities Service responded to this complaint as an early resolution.

The investigation identified that due to unforeseen circumstances the library was unable to be opened that day and the processes in place to manage this type of situation was not fully operated on the day in question. An apology was issued and reassured the processes had been reviewed to ensure this would not happen again.

Performance review table

Directorate	Business Unit	Complaints Total			Complaint Outcomes	
		Total number of complaints reported in 2021-22	Total number of complaints reported in 2022-23	Increase/decrease	Total number of complaints upheld (full or in part) 2021-22	Total number of complaints upheld (full or in part) 2022-23
Core	Finance	59	54	Decrease	29	34
	Business Intelligence, Human Resources and Communications	4	1	Decrease	1	1
	Customer Information and Digital Services	8	14	Increase	2	9
	Legal and Governance	5	4	Decrease	3	3
	Total	76	73	Decrease	35	47
Growth and Sustainability	Regeneration and Culture	63	34	Decrease	29	16
	Environment and Transport	339	149	Decrease	224	114
	Total	402	183	Decrease	253	130
Place Health and ASC	Place Health Adult Social Care	49	27	Decrease	25	17
	Total	49	27	Decrease	32	17
Children's Services	Education, Early Start and Prevention	40	21	Decrease	17	12
	Children's Social Care and Safeguarding	116	65	Decrease	47	38
	Total	156	86	Decrease	64	50
Public Health and Communities	Public Health (0-19)	1	2	Increase	0	1
	Regulation Services	5	1	Decrease	0	1
	Communities	23	34	Increase	7	21
	Total	29	37	Increase	7	23
Total	All	712	406	Overall Decrease	391	267

PERFORMANCE REVIEW TABLE - COMPLIMENTS

Directorate	Business Unit	Compliments Total		
		Total number of compliments reported in 2021-22	Total number of compliments reported in 2022-23	Increase/decrease
Core	Finance	14	8	Decrease
	Business Improvement, Human Resources and Communications	27	14	Decrease
	Customer Information and Digital Services	9	8	Decrease
	Legal Services and Governance	5	9	Increase
	Total	55	39	Decrease
Growth and Sustainability	Regeneration and Culture	33	45	Increase
	Environment and Transport	174	176	Increase
	Total	207	221	Increase
Place Health and ASC	Adult Social Care	37	82	Increase
	Total	37	82	Increase
Children's Services	Education, Early Start and Prevention	9	15	Increase
	Children's Social Care and Safeguarding	13	8	Decrease
	Total	22	23	Increase
Public Health and Communities	Public Health (0-19)	60	44	Decrease
	Regulation Services	3	6	Increase
	Communities	30	37	Increase
	Total	93	87	Decrease
Total	All	414	425	Increase

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Health and Safety Report 2022-2023



Barnsley – the place
of possibilities.



Executive Summary

From April 2022 to March 2023, we've seen some improvements in our health and safety performance and also identified some areas where we've more to do. We've seen some positive indicators in 2022/2023 which are shown below (with comparative data for 2021/2022 shown in brackets):

- All of audits show a satisfactory level of compliance with our governance arrangements for health and safety.
- The RIDDOR reportable accident performance when compared to national statistics remains favourable (around 45% lower than national rates at 1.8 incidents per 1,000 employees in the Council compared to 3.2 incidents per 1,000 employees nationally).
- A decrease in the total number of employer's liability claims to 7 (9) with 4 (7) related to accidents and 3 (2) to work-related ill-health.
- An decrease in days lost due to violence and aggression to four (16).
- An improvement in compliance with requirements to develop risk assessments to 73% (64%).

Some negative indicators are also seen with these viewed in the context of comparison to 2021/2022:

- An increase in reported accidents to 74 (63) albeit remaining below pre-pandemic levels and mirroring increases in reportable accidents nationally.
- An increase in days lost due to accidents to 524 (302) albeit again remaining below pre-pandemic levels.
- An increase in RIDDOR recordable/reportable accidents to 13 (10) with 8 (5) over seven days injuries, 4 (4) over three-day injuries and 1 (1) specified 'major' injuries.
- An increase in reported incidents of violence and aggression to 123 (86) albeit again remaining below pre-pandemic levels.
- An under-reporting of near-miss accidents and presumed lower-level (and potentially all) incidents of violence and aggression.

We've outlined a number of opportunities for improvements along with proposals to address them:

Priority identified in 2022/2023	Action required in 2023/2024
1. Improvements in accident, violence and aggression and near miss reporting.	Implementation of an online incident reporting platform supported by a repeat of campaigns run in 2022/2023 on incident reporting.
2. Linked to year two of the service health and safety audit programme, Business Units to review and implement our occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.	The audit programme will continue in 2023/2024 and Business Units need to continue to review and implement the occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety. Those services already audited need to work through their audit action plan and maintain the management arrangements they have in place.
3. Whilst improvements have been made in 2022/2023 the need for Business Units to	Ongoing need for Business Units to ensure that all required risk assessments are completed, and risk

ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.

controls implemented and monitored following the guidance and templates available.

Whilst a welcome improvement has been seen in 2022/2023, the fundamental issue remains of in a minority of incidents employees having accidents where the manager cannot confirm that a risk assessment for the activity was in place. This requires services to implement the arrangements put in place for risk assessment.

Despite these negatives, reflecting our overall performance in this area, we haven't experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue.

We're proud to have achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.



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

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1. Introduction

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

We'd like to thank the Financial Services for their assistance and contribution to this Report and to employees for their continued efforts, assistance and contribution to our health and safety record.

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

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

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

2. Health and safety priorities 2022/2023

To focus health and safety efforts, performance targets were set for 2022/2023 based on performance in 2021/2022. The Corporate Health and Safety Policy includes the targets that:

1. All Business Units and/or Services will implement the Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.
3. To increase the number of reported 'near misses'.
4. To increase the number of reported lower-level incidents of violence and aggression.

3. Health and safety performance¹

Given the unusual nature of 2020/2021 and 2021/2022 comparison of data for 2022/2023 to previous health and safety performance may not be fully reflective of our current performance or an indication of future performance once operations return to a new normal. This performance variation from that expected based on previous years caveats the performance data in this report.

¹ Performance data excludes Berneslai Homes and academy/trust schools.

3.1. Accidents and incidents

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

3.1.1 Accidents to employees

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

Reported accidents increased by 17% but remain below pre-pandemic levels. Assurance from Business Units indicates that fewer accidents/incidents are occurring. Given the changes in work methods and greater emphasis on health and safety from spring 2020, work methods are likely to be improved. Several key points arise from the information in Figure 1 (see data with superscript references):

- (1) Days lost in 2022/2023 show an increase on 2021/2022 with three accidents each accounting for over 50 days of absence (slips and trips, manual handling and hit by moving object) and two accidents each accounting for over 120 days of absence (manual handling).
- (2) National incident rate figures for the total number of accidents are unavailable due to the HSE only compiling figures for accidents reportable to the enforcing authority under the RIDDOR legislation. The HSE's extrapolated incident rate is calculated by "scaling up" the HSE's annually published estimated figure for the reporting of accidents. The latest available national data is for 2021/2022 and the HSE acknowledge that non-fatal injury data "is subject to significant under-reporting". Therefore, current national "levels of reporting for employees is estimated to be at around a half"². To allow comparison with data in which due to robust absence management policies the assumed level of over seven-day accident reporting is 100%, the HSE figure (160 per 100,000 employees) is adjusted to per 1,000 employees and doubled.
- (3) Whilst the over seven-day incident and specified major injury rate are below the HSE national figures and this would be expected to continue in future years, some fluctuation in accident numbers and rates should be expected. Whilst we employ people and continue to directly provide a full range of services, there will be accidents and ill health and therefore a natural plateauing of performance should be expected.
- (4) In addition, for every one RIDDOR accident a further 189 near-miss accidents would be expected. Application of this indicates that for the 13 RIDDOR reportable/recordable accidents reported in 2022/2023, 2,457 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to around 0.5 for each employee per year). However, only four (with a further 13 reported locally at Smithies Lane Depot) such accidents were reported in 2022/2023 indicating a continued significant under-reporting of such incidents (albeit an increase on the nine reported in 2021/2022). Services are encouraged to report these incidents and the need for this continuing to be included in the health and safety training provided by the Health, Safety and Emergency Resilience Service). Therefore, an extremely valuable source of intelligence is being lost as analysis of the causes of near miss accidents would better inform risk control measures that would in turn lead to accident prevention. This highlights the need for reiteration of the need to report accidents/incidents rather than injuries – i.e. report all incidents which occur rather than solely those where an injury occurred.

² Source <https://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report>, page 12, accessed 11/05/2023) and <https://www.hse.gov.uk/statistics/tables/ridhist.xlsx>, RIDHIST, table 3, accessed 11/05/2023

The processes are in place to report such incidents and the need for their reporting is included in the baseline health and safety training provided by the Health, Safety and Emergency Resilience Service. Therefore, all departments are again actively requested at every opportunity to restate the need to report near miss accidents.

- (5) The reporting rate of accidents in 2022/2023 shows a declining in confidence in the level of accident reporting however, the results of service health and safety audits indicate that services have appropriate systems in place to report accidents. Whilst if it was 100% it would be unreliable to assume that all accidents are reported, this is an indication of the reporting of the vast majority incidents so that action can be taken to prevent recurrence.

The causes of accidents and the injuries sustained detailed in Figure 2 again stress the need for a “back to basics” approach to accident and incident prevention by the regular inspection of workplaces for hazards and risks and application of the risk control hierarchy – basic risk assessment and control. When considering the control measures required the ‘hierarchy of control’ must be considered by asking:

1. Can the work activity realising the hazards and risks be **eliminated**?
2. Have the hazards and risks been **reduced**?
3. Has exposure to the hazards and risks been **controlled**?
4. Have appropriate **safe systems of work** been implemented, including safe working procedures and appropriate information, instruction, and training?
5. Has appropriate **personal protective equipment** been issued?

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Directorate	Reported accidents (received by the Health, Safety and Emergency Resilience Service)	Lost time accidents (i.e. those which resulted in an employee recording absence from work)	RIDDOR 'recordable' over three-day accidents	RIDDOR 'reportable' over seven-day accidents	RIDDOR 'reportable' specified injury accidents	First aid accidents (those which resulted in an employee seeking first aid)	Medical treatment accidents (those which resulted in an employee attending hospital or their GP)	Days lost due to accidents
Public Health and Communities	3	0	0	0	0	1	0	0
Place Health and Adult Social Care	6	1	0	1	0	2	1	9
Growth and Sustainability	33	11	2	5	1	6	13	320
Children Services	5	1	0	1	0	2	1	52
Core	4	2	2	0	0	0	3	12
Primary Schools	22	1	0	1	0	7	7	131
Secondary Schools	1	0	0	0	0	0	0	0
Total	74	16	4	8	1	18	25	524
Incident rate per 1,000 employees*	16.4	3.6	0.9	1.8	0.2	4.0	5.6	
			HSE published RIDDOR incident rate ⁽²⁾⁽³⁾	3.2	1.2			
Accident reporting rate	74		13			91		81.3%
	Minor accidents (total – RIDDOR recordable/reportable)		Number of individual accidents which were RIDDOR recordable and/or reportable (i.e. excluding the duplications where a recordable accident was in addition reportable)			Expected number of minor accidents (where for every one RIDDOR recordable/reportable accident, seven minor injury accidents would be expected) ⁽⁴⁾		Estimated accident reporting rate ⁽⁵⁾ (reported minor accidents v. expected minor accidents)
2021/2022	63	12	5	4	1	13	13	302
			10					

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

$$* \text{ Incident Rate} = \frac{\text{Total Number of Accidents}}{\text{Number of Persons Employed}^3} \times \text{Unit Number of Employees (1,000)}$$

Main cause of accident	Number of accidents	Part of body	Number of accidents	Type of injury	Number of accidents
Slipped, tripped, or fell on the same level	19	Upper limb	29	Cut/laceration	17
Hit by a moving, flying or falling object	16	Lower limb	19	Sprain/strain	17
Injured while handling, lifting, or carrying	13	Back/trunk	11	Bump/bruising	13
Hit by something fixed/stationary	6	Head	5	No injury/near miss	6
Road Traffic Collision	5	No injury/near miss	4	Break/fracture	5
Injured by animal	5	Face	3	Burns	5
Tools/Machinery	5	Eyes	3	Other	5
Needlestick	3			Bite	3
Hazardous Substance	1			Foreign body	2
Fell from height	1			Dislocation	1
Total	74	Total	74	Total	74

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

³ Using a total headcount of 4,500 (corporate and maintained schools)

3.1.2 Specified injury analysis

One specified injury to an employee was recorded due to an accidents. In this case an employee was injured by a falling section of timber when undertaking arboricultural work.

The recording of specified injuries is based upon the outcome of an accident/incident rather than the root cause. Therefore an element of providence is involved in the occurrence of a specified injury. For example, the same slip or trip may result in a range of outcomes and therefore focussing solely on the outcome rather than the cause of the accident misses what should be the crux of the matter, robust risk management with a view to preventing injury, ill health or loss.

3.1.3 Accidents to non-employees

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made in relation to ‘persons not at work’: accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Accidents are only reportable if they happen ‘out of or in connection with work’. The fact that there is an accident at work premises does not mean that the accident is work-related – the work activity itself must contribute to the accident. In 2022/2023 four accidents were reported all relating to primary schools.

3.1.4 Aggression and violence to employees

Violent incidents are defined as:

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

The violent incident categories are: physical violence, aggression, verbal, sexual or racial abuse, and intentional damage to property. Figure 3 below details the number of incidents of violence and aggression by Directorate. Figures 4, 5 and 6 then categorises the accidents by type of incident, part of body injured and injury.

Directorate	Reported incidents of violence and aggression	Days lost due to incidents of violence and aggression
Place Health and Adult Social Care	8	0
Public Health and Communities	32	0
Children Services	8	0
Growth and Sustainability	27	0
Core	5	0
Primary Schools	43	4
Secondary Schools	0	0
Total	123	4
<i>2021/2022</i>	<i>86</i>	<i>16</i>

Figure 3: incidents of violence and aggression by Directorate

Several key points arise from the information in Figure 3:

- (1) An increase in the reported number of violent incidents in 2022/2023, with reported violent incidents increasing by a total of 37 from 2021/2022.
- (2) An decrease in days lost due to incidents of violence and aggression of 12 days.
- (3) There is a higher incidence of ‘violent’ incidents within Public Health and Communities, Growth and Sustainability and Schools. This disparity reflects the nature of the work carried out and encountering challenging clients. This reiterates the need for an assessment to be carried out on clients when receiving any service ranging from social care to compulsory education to ascertain their requirements from *both* the client’s and employee’s perspective. There is a need for ensuring that the resources available for clients are appropriate to their needs, whilst also ensuring that the safety of employees, who are entrusted with the provision of services for these clients, is not compromised.

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

- (1) Aggression and physical violence account for 81% with verbal abuse accounting for 12%.
Our firm ‘zero tolerance’ policy towards violence and aggression to staff has been used effectively in holding perpetrators to account. However, this policy needs to be reiterated to clients, customers, service users etc. by front-line services and incidents reported so that valuable information can be utilised in the risk assessment process.
- (2) It is likely that incidents of verbal abuse outweigh more serious incidents involving aggression or physical violence therefore indicating an under-reporting of such incidents and a potential incorrect tolerance of such behaviour by employees.
- (3) 49% of incidents resulted in no physical injury/impact on the employee albeit any potential non-physical impact is more difficult to quantify.
- (4) An decrease in days lost due to incidents of violence and aggression increasing from 16 to 4.
- (5) One incident involved aggression with a weapon.

Directorate	Aggression (1)	Physical violence ⁽¹⁾	Verbal Abuse ⁽²⁾	Behavioural difficulties	Harassment (including sexual and racial)	Total
Place Health and Adult Social Care	4	1	3	0	0	8
Public Health and Communities	17	2	9	0	4	32
Children Services	5	2	0	1	0	8
Growth and Sustainability	10 ⁽⁵⁾	15	1	1	0	27
Core	3	0	2	0	0	5
Primary Schools	12	29	0	2	0	43
Secondary Schools	0	0	0	0	0	0
Total/Overall	51	49	15	4	4	123

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	55
Upper Limb	29
Head/Face	22
Lower Limb	11
Back/Trunk	6
Total	123

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

Type of injury	Number of incidents
No physical injury	60
Bruise	22
Distress	16
Bite	13
Cut/Graze	8
Sprain / Strain	3
Dislocation	1
Total	123

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

3.2 Work-related ill-health

For several years data relating to work-related ill-health have been included in Health and Safety Reports. Sickness absence data is comprehensively reported via the Performance Management Framework and as data may vary depending on the date it was extracted from databases, where data is shown in different reports there may therefore be inconsistencies between published data. Therefore, detailed information relating to sickness absence will now only be included in Performance Management reports. However, broad-brush data is shown below in Figure 7 taken from the Council’s absence management dashboard⁴.

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

Year	Full-time equivalent absence days attributed to mental/emotional wellbeing related ill health	Full-time equivalent absence days attributed to musculoskeletal related ill health	Total absence days
2022/2023	13,393	2,958	16,351

Figure 7: absences attributed to mental/emotional wellbeing and musculoskeletal related ill health in 2022/2023 – data relates to Council Directorates only and excludes maintained schools

⁴ Accessed 10/05/2023

3.3 Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation and the basic building-block of the fundamental health and safety principle of the implementation of a safe system of work. The purpose of the risk assessment is to identify reasonable control measures to mitigate reasonably foreseeable risks. The internal accident recording form (HS2(E) Report of an accident to an employee) includes details of the risk assessments that relate to the work activities being undertaken at the time of the accident. The form asks managers and supervisors “had a risk assessment been carried out for the activity undertaken prior to the accident?” with a simple ‘yes/no’ response being given (the form additionally prompts managers to consider any wider risk assessments that were applicable such as workplace inspections, safe systems of work, care plans etc.). Subsequently the form asks, “has a risk assessment been reviewed/developed for the activity undertaken after the accident?” The response to these questions is logged by the Health, Safety and Emergency Resilience Service and is integral to its accident/incident recording and monitoring function, i.e. was there a risk assessment before the accident and after the accident was this reviewed or as necessary developed?

The information provided by managers and supervisors on the HS2(E) form has been collated below in Figure 8 which highlights:

- (1) A risk assessment had been undertaken for the work activity being carried out prior to the accident in 73% of incidents reported (80% corporately (increase from 64%) and 57% in schools (decrease from 60%)), an increase on the 63% reported in 2021/2022.
- (2) In 49% (an improvement on 85% in 2021/2022) of accidents the risk assessment was not initially reviewed which indicates a lack of ‘learning from the experience’. It is only by reviewing and, as necessary, revision of the risk assessment that action can be taken to prevent the recurrence of the incident.

Whilst an improved picture on 2021/2022, the reasons for managers/supervisors providing a negative response to questioning regarding the existence of risk assessments remain the same as those reported in past reports:

1. Managers/supervisors do not understand the importance of full and accurate completion of the accident form (the form becomes a disclosable document in the event of enforcement action or civil proceedings).
2. Time pressures mean that managers/supervisors do not check the existence of the risk assessments or know they exist.
3. The documents do not exist (however, evidence identified as part of the audit would not support this, see section 3.6).

The consequences of not carrying out risk assessments may include prosecution/enforcement action due to breach of statutory duty; an increased risk of injury/ill health to employees and others who may be affected by activities; increased losses; and decreased ability to defend any civil actions. Arrangements are in place to undertake a risk assessment and in view of this Business Units are requested to review their need for and application of risk assessment to ensure that the risks of all tasks undertaken by employees have been considered and reasonable precautions taken.

Directorate	Pre-accident Risk Assessment				Post-accident Risk Assessment			
	Number of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Number of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Number of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Number of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident
Place, Health and Adult Social Care	6	100%	0	0%	5	83%	1	17%
Public Health and Communities	2	67%	1	33%	2	67%	1	33%
Children Services	5	100%	0	0%	4	80%	1	20%
Growth and Sustainability	25	76%	8	24%	19	58%	14	42%
Core	3	75%	1	25%	2	50%	2	50%
Corporate subtotal	41	80%	10	20%	32	63%	19	37%
Primary Schools	13	59%	9	41%	6	27%	16	72%
Secondary Schools	0	0%	1	100%	0	0%	1	100%
Schools subtotal	13	57%	10	43%	6	26%	17	74%
Total/Overall	54	73%	20	27%	38	51%	36	49%
<i>2021/2022</i>	<i>37</i>	<i>63%</i>	<i>22</i>	<i>37%</i>	<i>9</i>	<i>15%</i>	<i>50</i>	<i>85%</i>

Figure 8: risk assessment analysis - responses provided to the question “had a risk assessment been carried out for the activity undertaken prior to the accident?” and the question “has a risk assessment been reviewed/developed for the activity undertaken after the accident?”

3.4 Enforcement

We haven't been issued with any formal notices or been the subject of any prosecutions from any of the enforcing authorities, namely the Health and Safety Executive (HSE, including notice of contravention), the Environment Agency or South Yorkshire Fire and Rescue Service. Any and all incidents could potentially result in some form of investigation and Business Units should always remain prepared to support any investigation as necessary.

3.5 Health and safety audits

Audit data provides 'active' information on the health and safety performance. During 2022/2023 the Health, Safety and Emergency Resilience Service has restarted a programme of health and safety audits. All audits carried are scored against a set criteria. The scores achieving each category are:

- Grade A – good – 90% or above: The Business Unit and/or Service or school have/has achieved a satisfactory standard in managing health and safety with only a few improvements required (i.e. very few or no gaps/weaknesses/non-conformances exist, and controls are effective).
- Grade B – improving – 70 – 89%: The Business Unit and/or Service or school is not achieving an acceptable level of managing health and safety with many improvements required (i.e. some minor gaps/weaknesses/non-conformances exist but generally strengths outweigh weaknesses and controls are generally effective).
- Grade C – less than satisfactory – below 70%: The Business Unit and/or Service or school have/has very serious weaknesses/non-conformances in the management of health and safety with significant improvements to be made within six months.

Figure 9 below shows the results of audits undertaken in 2022/2023 and the frequent opportunities for improvement identified.

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Standard achieved	Corporate		Schools		Overall	
	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	26	100%	17	100%	43	100%
Improving	0	0%	0	0%	0	0%
Less than satisfactory	0	0%	0	0%	0	0%
Total	26	100%	17	100%	43	0%
Common opportunities for improvement	1. Employees undertaking emergency resilience awareness training on POD		1. Obtaining appropriate hazardous substances (COSHH) assessments			
	2. Actions plans to be developed to address opportunities for improvement from audits and compliance monitoring		2. All employees working with hazardous substances need to be provided with suitable information, instruction and training			
	3. Developing and undertaking a compliance monitoring programme		3. Having an up-to-date inventory of hazardous substances			
			4. Annual testing of gas installations/appliances			
			5. Developing and undertaking a programme of health and safety monitoring			

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

3.5 Employers' liability claims (information provided by Finance)

A total of seven employers' liability claims, which represents a decrease of two claims from the nine received in 2021/2022. Figure 10 shows the annual number of claims received over the last five years.

Year	Number of accident claims	Number of disease claims	Total claims
2018/2019	13	5	18
2019/2020	8	5	14
2020/2021	6	4	10
2021/2022	7	2	9
2022/2023	4	3	7

Figure 10: Employers' Liability Claims 2018/2019 to 2022/2023

Of the seven claims reported during 2022/2023, four have resulted from accidents in the workplace with the remaining being industrial disease claims. The total estimated cost of the reported in year claims was £87,997. This represents an overall decrease of £48,160 over costs established in 2021/2022 (£136,157). Inclusive of the 2022/2023 movements, we currently have 22 ongoing employers' liability claims with total estimated reserves of £389,323. Of the outstanding claims, 12 have resulted from accidents and 10 from industrial diseases. Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	12
Noise induced hearing loss	9
Hand/arm vibration syndrome and/or vibration white finger	1

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

4. Health and safety performance assessment

4.1 Review of health and safety performance

Based on the information outlined above in section three, Figure 12 below considers the health and safety performance in 2022/2023 in comparison to the priorities/opportunities for improvement identified in 2021/2022.

Priority/opportunity for improvement from 2021/2022	Progress in 2022/2023	Action required in 2023/2024
1. Need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.	Within Council services 80% of accidents reported in the period had a risk assessment. This is an improvement on the 64% reported in 2021/2022 but there is still some way to go in 2023/2024. The service audits undertaken in the period do not indicate that risk assessments are not available.	Ongoing need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available. Whilst a welcome improvement has been seen in 2022/2023, the fundamental issue remains of in a minority of incidents employees having accidents

		<p>where the manager cannot confirm that a risk assessment for the activity was in place. This requires services to implement the arrangements put in place for risk assessment.</p>
<p>2. Specific campaigns to be developed and implemented to reiterate the reporting of all accidents (in particular near misses and lower-level violence and aggression) and incidents in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received. Options for moving reporting to an 'online' system will also be explored to provide employees with an app-based reporting choice.</p>	<p>Campaigns have been developed and implemented in conjunction with Communications and Marketing:</p> <ul style="list-style-type: none"> ● Employees <ul style="list-style-type: none"> ○ Reporting violence and aggression ○ Reporting near misses - includes a short video ● Managers <ul style="list-style-type: none"> ○ Undertaking risk assessments ○ Ensuring that services have suitable and proportionate health and safety arrangements in place <p>Despite this near miss reporting remains low and lower than would be expected. Whilst the number of instances of verbal abuse has increased this would anecdotally still remain below the levels which are experienced by employees. The level of physical violence reported has remained at a similar level but there has been an increase in reported aggression.</p> <p>An online incident reporting process has been developed in winter 2022 that will be phased in from spring 2023 - employees will be able to report concerns or accidents directly online.</p>	<p>These campaigns will be repeated in 2023/2024 to coincide with the launch of the online reporting platform.</p>

<p>3. Business Units to review and implement our occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.</p> <p>After largely being paused in 2020/2021 and 2021/2022 due to a focus on the pandemic the health and safety audit programme recommencing in 2022/2023.</p>	<p>The service audit programme recommenced in summer 2022 with a two-year programme with increased pass rating with a view to continuous improvement. During the period 46% of the programme was completed.</p> <p>Services have been supported at the pre-audit stage given the aim of the programme is to raise standards and give assurance. All audits have been satisfactory - there have been actions arising from these for services and each service audited has a prioritised action plan for improvement</p>	<p>The audit programme will continue in 2023/2024 and Business Units need to continue to review and implement the occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.</p> <p>Those services already audited need to work through their audit action plan and maintain the management arrangements they have in place.</p>
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Figure 12: progress against priorities/targets/identified opportunities for improvement

Whilst the above is intentionally critical with a view to continuous improvement, we've progressively improved and/or maintained its health and safety performance over many years. In recognition of this, we've again been awarded the Royal Society for the Prevention of Accidents (RoSPA) [now second highest with the introduction of the Patron's Award] achievement award for occupational health and safety – the Order of Distinction 2023. In addition, we've again been awarded an International Safety Award, by the British Safety Council for 2023. Whilst this report highlights a number of opportunities for improvement these peer-reviewed awards reflect our commitment to good standards of health and safety management and the efforts made by Business Units and services in this area.



4.2 Health and safety priorities for 2023/2024

Based on the above the health and safety priorities/targets for 2022/2023 will remain:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.
3. To increase the number of reported 'near misses'

4. To increase the number of reported lower-level incidents of violence and aggression

Health and safety priorities may also be reflective of legislative changes in 2022/2023. Health and safety legislation is issued in April and October of each year. In line with the Government's drive to reduce the 'burden' on organisations of legislation (including health and safety) minimal health and safety legislation has been issued in 2022/2023.

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Item 7

Title: Barnsley Council's employee sickness absence and performance management for 2022 - 2023

Report of: Service Director – Business Intelligence, Human Resources and Communications

Purpose of report

- To provide an update on our sickness absence and performance management for the financial year 2022 - 2023.
- To provide a comparison to the financial year 2021 - 2022.
- To provide assurance to the committee that our mitigating actions and improvements are either in place or being developed to support the health and wellbeing of our employees, reduce sickness absence levels and support effective performance management.

Council Plan priority: Enabling Barnsley – We're a modern, inclusive, efficient, productive and high-performing council.

1. Background

- 1.1. Our performance target for 2022 - 2023 was an average of no more than 7.5 days sickness absence per employee, per year.
- 1.2. Our performance target for 2022 – 2023 for performance and development reviews (PDR) completion was 95%.

2. Our position for 2022 – 2023

- 2.1. In the financial year 2022 - 2023, the average total days lost per employee was 11.09 days. This is an increase of 0.85 days lost per employee from 2021 – 2022. This figure includes absence due to infectious diseases such as COVID-19, which along with mental health were the two main reasons for absence in 2022 - 2023.
- 2.2. The tables below provide the average data for the financial years 2021 - 2022 and 2022 - 2023.

Average days lost per employee for the financial year 2021 – 2022

Directorate	Q1	Q2	Q3	Q4	Totals for 2021- 2022
Adults and Communities	1.80	2.59	2.86	3.04	10.29
Children's	2.84	3.63	3.71	4.36	14.54
Place**	1.59	2.41	3.34	2.87	10.21
Public Health	2.68	2.21	2.78	3.36	11.03
Core *	1.45	1.84	1.58	1.75	6.62
Total average days lost per employee	1.90	2.52	2.87	2.95	10.24

* Includes Customer Information and Digital Services, Finance including Catering, Business Improvement, HR and Communications, Corporate Health and Safety and Emergency Resilience, Legal Services and Elections, Governance, Members Services and Business Support

** NPS TUPE transferred into Place 1 April 2021.

Average days lost per employee for the financial year 2022 – 2023

Directorate	Q1	Q2	Q3	Q4	Totals for 2022- 2023
Adults and Communities	2.41	N/A	N/A	N/A	2.41
Place, Health & Social Care wef 1-7-23	N/A	3.70	3.53	3.65	10.88
Children's	3.84	2.93	3.83	3.55	14.15
Place (Growth & Sustainability wef 1-7-23)	2.47	2.64	2.41	3.10	10.62
Public Health	4.01	N/A	N/A	N/A	4.01
Public Health & Communities wef 1-7-23	N/A	2.66	3.27	2.20	8.13
Core *	1.80	2.24	2.43	1.78	8.25
Total average days lost per employee	2.66	2.72	2.92	2.79	11.09

On 1 July 2023 changes were made to some directorates following a restructure: Communities moved from Adults and Communities to Public Health. Adults became Place, Health & Social Care and Place changed its name to Growth & Sustainability.

* Core includes Customer Information and Digital Services, Finance including Catering, Business Intelligence, HR and Communications, Corporate Health and Safety and Emergency Resilience, Legal Services and Elections, Governance, Members Services and Business Support.

2.3. Our total number of days of absence in 2022 - 2023 was 35,366 days.

2.4. In 2021 – 2022 the total number of days of absence was 33,117 days.

- 2.5. The main reason for absence during 2022 - 2023 was mental health including stress, anxiety and depression. These absences amounted to 15,056 days.
- 2.6. In 2021 – 2022, the number of days of absence for mental health including stress, anxiety and depression was 12,112 days.
- 2.7. The second highest reason for absence during 2022 - 2023 was infectious disease, mainly due COVID-19. These absences amounted to 2,502 days.
- 2.8. Within this figure, 778 days was lost to Long COVID which affected 12 employees.
- 2.9. In 2021 – 2022, the number of days of absence for infectious diseases was 4,460 days. In 2022 - 2023 there was a steady decline of COVID cases from its peak at the end of 2021 - 2022.
- 2.10. Other reasons for absence in 2022 - 2023 were musculoskeletal (2,270 days), cancer (2,192 days), gastrointestinal (2,101 days), injury or fracture (2,036 days), heart and circulatory (1,902 days), cough, colds and flu (1,445 days), chest and respiratory (1,358 days) and back issues (1,270 days).

These figures have all increased since 2021 - 2022, with the exception of gastrointestinal and back issues that have seen a decrease in numbers.

- 2.11. In terms of PDR reviews at the end of the 2022 – 2023 year the completion rate was 75.6%. A decrease of 9.1% compared to the previous year 2021 - 2022 that had a completion rate of 84.7%.

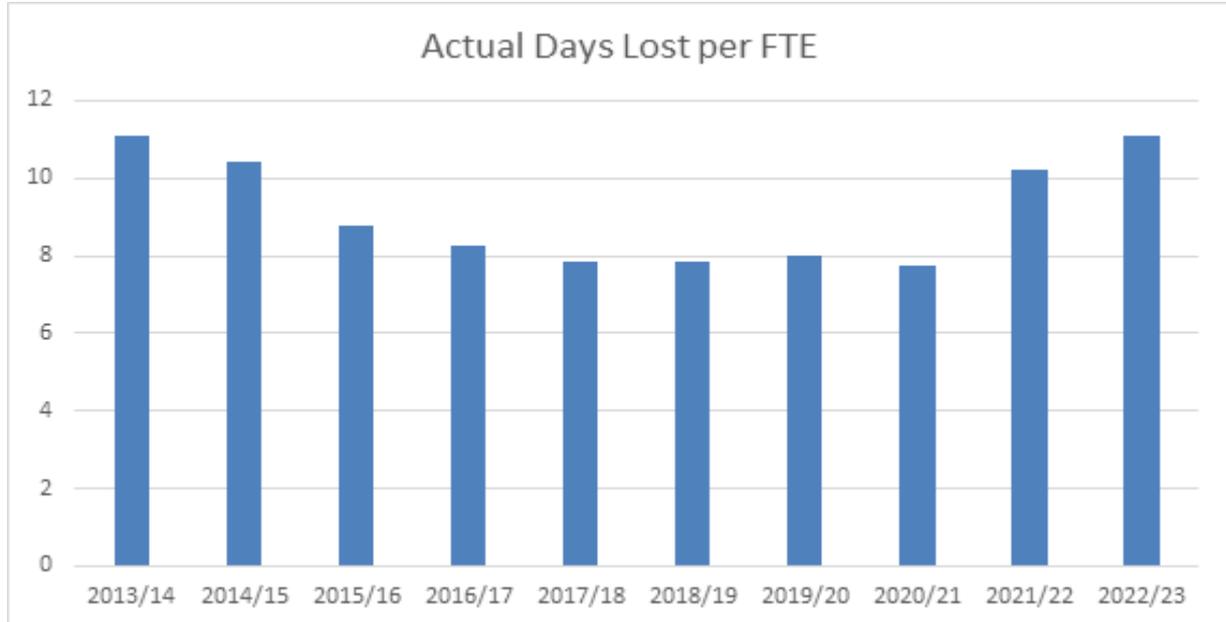
PDR completions per quarter for the financial year 2022 – 2023

Directorate	Q1	Q2	Q3	Q4
Adult Social Care	69.4%	71.7%	68.9%	90.4%
Children's Services	71.6%	69.8%	59.8%	62.2%
Growth & Sustainability	76.9%	59.5%	56.0%	77.4%
Core Services	77.7%	81.0%	65.9%	72.8%
Public Health & Communities	81.5%	73.5%	68.1%	82.8%
Total % of reported PDR completions per quarter	77.47%	69.4%	63%	75.6%

On 1 July 2023 changes were made to some directorates following a restructure. The PDR system has reverted the previous data to the new structure, as shown above.

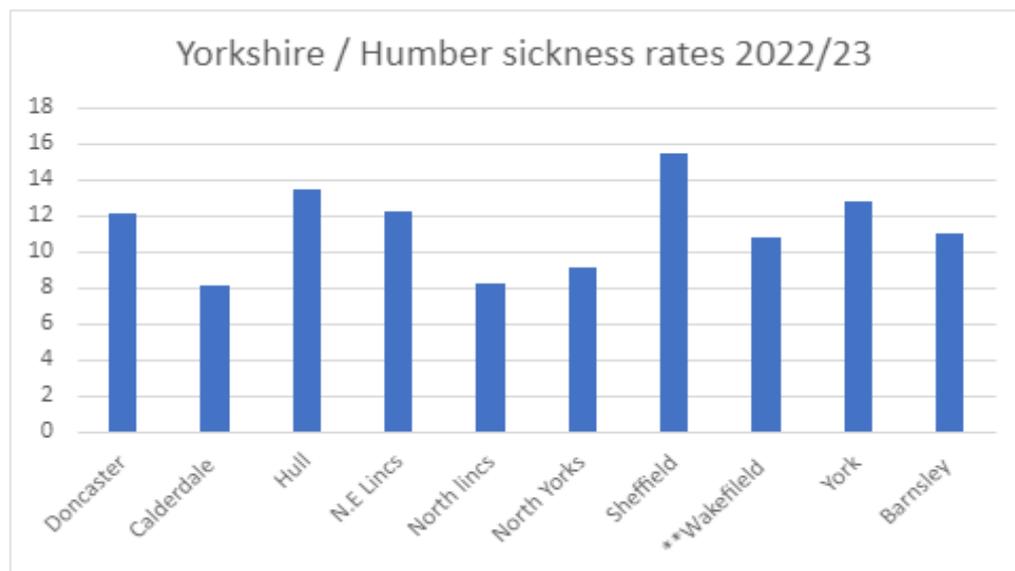
3. How do we compare?

This graph shows **BMBC actual days lost per FTE each year since 2013 – 2014.**



- 3.1. Our figures follow similar local and national trends in terms of showing the highest absence rates reported since 2013 - 2014.
- 3.2. How the council compares in Yorkshire/Humber can be seen below:

This graph shows **Yorkshire / Humber FTE days lost per employee 2022/23**



- 3.3. Whilst COVID absences have dramatically reduced in the period, all the above authorities report that mental health is the highest absence reason in 2022 - 2023.
- 3.4. The Office of National Statistics (ONS) records the percentage of working hours lost in the UK. Their sickness absence rate for 2022 increased by 0.4% to 2.6%, which is the highest rate recorded since 2004, when it was 2.7%. It was also an 0.7 increase on the 2019 pre-pandemic level.
- 3.5. The average sick days in the UK in 2022 was 5.7 days (ONS).
- 3.6. Public sector sickness is generally higher than in the private sector. This has been the case since 1995. An ONS report in 2022 found the days lost per worker in the private sector was 5.0 days, versus 7.1 days in local government and 10.7 days in healthcare.
- 3.7. The CIPD report entitled, 'Good Work Index 2023: North of England'ⁱ states in its key findings that public sector workers are more likely to feel the negative effects of work on their mental health and are more likely to feel excessive pressure and exhaustion at work.
- 3.8. The report states that the effect of work on both mental and physical health is relatively negative and has worsened in 2023 compared with previous years. This finding applies to public and non-public workers alike.
- 3.9. The report indicates that workers are also showing signs of a decline in engagement with work in 2023 compared with previous years.
- 3.10. On a more positive note, the report found that most people can take advantage of both formal and informal flexibility in their jobs.
- 3.11. The ONS¹ state that in 2023, the most prevalent health condition reported by the working-age population was depression, bad nerves or anxiety (5 million people, 12% of population). This was also the largest health condition for those who are economically inactive because of long-term sickness, with 53% (1.35 million people in 2023) reporting it as a health condition, higher than the 48% who reported it in January to March 2019.
- 3.12. The ONS states that more working-age people are self-reporting long-term health conditions, with 36% saying that they had at least one long-term health condition in (Jan to Mar) 2023, up from 31% in the same period in 2019 and 29% in 2016.

1

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/risingillhealthandeconomicinactivitybecauseoflongtermsicknessuk/2019to2023>

4. How we're managing:

Sickness absence

- 4.1. Managers use the absence reporting dashboard to help them manage sickness absences within their areas supported by HR Business Partners. Training on the dashboard is available via our learning platform, POD.
- 4.2. Managers automatically receive an email to tell them that an employee has hit a sickness absence trigger. This is entered onto the case management dashboard and managers tell HR when the case has been dealt with. HR Business Partners chase any outstanding cases on a regular basis.
- 4.3. Managers can refer employees to our Occupational Health Unit for support if they're absent due to mental health reasons.
- 4.4. The Head of HR and Organisation Development reports on sickness management to Senior Management Team (SMT) on a quarterly basis.
- 4.5. HR Business Partners attend Directorate Management Team meetings to talk about the number of outstanding sickness absence cases, providing advice and support to address any concerns.
- 4.6. We have reviewed and updated our Managing Attendance Policy to make sure the guidance is supportive of employees and robust in helping managers to manage sickness absences. Team briefings have been held outlining the changes, with all line managers attending mandatory training.
- 4.7. Data from the case management dashboard shows that a high percentage of sickness cases across the council (approximately 75%) have no further action taken. The revised policy and associated training are seeking to reverse this trend, with HR Business Partners working with managers to ensure that appropriate action is taken and offering training, advice and support where needed.

Performance management (PDR completions)

- 4.8. All managers can view the PDR completion status for employees in their team through a dashboard.
- 4.9. Regular updates on PDR completions are provided to directorate management teams throughout the year to encourage completions.
- 4.10. HR Business Partners provide advice and support to managers and employees where needed to ensure effective conversations are held and the PDR process is followed.

- 4.11. To ensure PDRs for 2022 - 2023 were completed by 31 March 2023, targeted reminders were sent before the PDR was due to close for both employees and managers. At the beginning of March 2023, reminders were also issued in communications such as Let's Talk and via the intranet.

5. Supporting our employees' wellbeing

Employee Assistance Programme

- 5.1. We continue to promote the Employee Assistance Programme (EAP) from Health Assured which includes a 24/7 helpline, App and a portal.

The EAP offers employees wellbeing information, mini health checks, weekly plans and an online chat facility.

- 5.2. During 1 April 2022 to 31 March 2023, our employees logged onto the app 432 times, accessed the portal 145 times, and made 70 calls including 9 live chats to Health Assured.

- 5.3. The breakdown of employees accessing the EAP app in 2022 – 2023 is 78% female and 18% male.

- 5.4. We know that the service appeals to all age groups. The age group that has accessed the App the most in 2022 – 2023 has been the 40-59 demographic.

The breakdown of ages is as follows: 40-49-year-old (32%), 50-59-year-olds (32%), 30–39-year-old, (18%), 21-29- year-olds (14%), and 60+ (4.3%).

- 5.5. The EAP is continually promoted in our internal communications and as part of our support for national mental health campaigns.

6. Culture of the organisation

- 6.1 The council was awarded the Silver South Yorkshire BeWell@work Award in May 2021. This is a continuous assessment and subsequently the Gold South Yorkshire BeWell@work Award has been achieved in May 2023.

The award provides a framework for businesses to work towards and build good practice in workplace health and wellbeing.

- 6.2 Employee survey results from 2022 - 2023 provided employee views on four areas of working life: change, wellbeing, work life balance and communication.
- 6.3 One response to the survey results has been to form a council Employee

Experience Group. This is a working group made up of volunteers from across the organisation. The group is overseen by the Head of HR and OD.

- 6.4 The Employee Experience Group's aim is to help improve employee engagement across the council, helping us shape the culture of our workforce so that it is empowered, engaged, skilled, innovative, happy and healthy.
- 6.5 The Employee Experience Group will help drive completion of Business Unit action plans and the corporate plan, with plans identifying areas of improvement and key priorities. HR Business Partners are also heavily involved in encouraging progress of these actions within their directorates.
- 6.6 We continue to promote our wellbeing agenda through weekly bulletins, our intranet news pages and the Well@Work intranet page. The Well@Work services include options around mental and physical health, lifestyle, working from home advice, Occupation Health and other health related signposting links.
- 6.7 The Employee survey carried out in 2022 had a 59% completion rate and found that:
 - 53.5% of respondents believe the council does enough to support health and wellbeing at work.
 - 43% of respondents know how to access the Employee Assistance Programme (EAP).
 - 64.4% of respondents believe that employee Health and Safety is given a high priority.

7. Other support for employees

- 7.1 'Let's Talk' employee sessions are held quarterly and provide updates around the Enabling Barnsley Programme, our financial position, people strategy and other important council issues. The sessions are a good opportunity for employees to ask questions, share thoughts and provide improvement ideas. All employees can book on to these sessions via POD.
- 7.2 A menopause awareness course is available on our internal learning platform (POD) for all employees. 64 employees completed this during 2022 – 2023. In 2021 – 2022, 134 employees completed the course, providing positive feedback on its impact. We encourage all managers to complete this too as this topic can affect everyone.
- 7.3 Following a successful pilot menopause café session in April 2022. Further café sessions were held, offering support to employees going through

menopause. This was an opportunity for people to talk to others and share experiences, stories, tips and offer support in a relaxed setting.

- 7.4 A 'Supporting Good Mental Health' policy was launched in 2022 - 2023. This new policy encourages employees to look after and talk about their mental wellbeing through the relevant council communication channels.

The policy promotes the flexible working policy and other policies to eradicate harassment, bullying or victimisation. It also sets out employee, management, and Human Resources' responsibility to support mental health in the workplace.

- 7.5 Workplace counselling is available and can be accessed through Occupational Health.

During 2022 – 2023, 274 employees accessed counselling support (excluding schools).

In 2021 – 2022, 252 employees accessed counselling support (excluding schools).

- 7.6 Our e-learning mental health courses are available on our internal learning platform (POD). These include courses on mental health awareness, emotional intelligence, email stress, personal resilience, suicide prevention, and managing mental health and wellbeing in the workplace.

In 2022-2023, 61 completed the course; Mental health Awareness BMBC – for all employees. 44 completed the e-learning course, Managing Mental Health and Wellbeing in the Workplace.

In 2021 – 2022, 255 employees completed these courses. There was a rise in completions of these courses between August and October 2021. COVID-19 Lockdown restrictions started to be lifted from June 2021.

- 7.7 We offer 'Know your Numbers' assessments (core health checks) and blood pressure checks to employees. Sessions have been held in Westgate and at the Smithies Depot during 2022 -2023.

- 7.8 We also offer POD training and face to face briefing sessions to help colleagues understand and conduct effective PDRs. An introduction to our PDR process is also included as part of induction training for all employees.

- 7.9 We have a group of trained Mental Health First Aiders (31 in total) in the workplace. The take-up of this support offer has been lower than expected, this may be due to many people undertaking hybrid working as part of their working week. Our Public Health services help promote the roles and the support that they can provide.

- 7.10 Online exercise classes for Pilates and yoga continue to be promoted.
- 7.11 A new Occupational Health Services provider has been commissioned and will come into effect in October 2023. A full range of occupational health services will be offered including an online referral portal for managers.

Additional services will include:

- pre-employment assessments to enable any adjustments or support to be put in place as soon as possible.
- assessments following manager referral e.g., relating to sickness absence or where advice is needed to help manage/support an employee that has a health condition and,
- undertaking health surveillance for those employees exposed to noise, vibration or fumes/dust where early identification of problems can minimise the risk of long-term health conditions developing.

8. Our future plans

- 8.1. We value our employees and want to demonstrate that we are committed to supporting them to lead healthy and fulfilling lives both inside and outside of work.

Our Wellbeing Stakeholder Group continue to identify and implement actions that support employee health and wellbeing which include:

- work with ICB to achieve Menopause Friendly Employer accreditation.
- encouraging discussions around mental health to continue to reduce any associated stigma.
- working with our EAP provider to support employees' mental health by providing emotional support, as well as financial and legal advice.
- promote Mental Health First Aiders across the organisation.
- continue to maintain the gold standard of the BeWell@work award.
- monitor employee mental health and wellbeing via surveys, focus groups etc.
- offer more 'Know Your Numbers' clinics in the workplace as a preventative measure.
- encouraging employees to remain active.
- introduce the new Occupational Health provider.
- continue our promotion of the PDR process.
- revise our council induction process including emphasis on health and wellbeing and PDRs.
- continue to talk about mental health and PDRs in one-to-one discussions.
- promote the access to work mental health support service to support employees who have a mental health condition that is affecting them at work.

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Date: September 2023

ⁱ <https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/2023-cipd-good-work-index-north-england-report-8407.pdf>

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Item 8

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: WENDY POPPLEWELL, EXECUTIVE DIRECTOR CORE

TITLE: 18-month review of People Strategy Action Plan and next steps

REPORT TO:	Audit & Governance Committee
Date of Meeting	20 September 2023
Cabinet Member Portfolio	CABINET SPOKESPERSON CORE SERVICES

Purpose of report

To update Audit and Governance Committee on the 18-month progress made against the People Strategy Action Plan and provide next step actions.

Council Plan priority

- Enabling Barnsley
- Learning Barnsley
- Growing Barnsley

1. INTRODUCTION

- 1.1 Following the launch of our People Strategy and associated action plan in January 2022, this report provides an 18-month review of progress and achievements against the People Strategy Action Plan (see appendix A). The report also considers our priority actions for the next 18 months.
- 1.2 The council is undergoing a significant period of transformation and the People Strategy will play an integral part in delivering change and meeting our 2030 ambitions as part of our Enabling Barnsley priority.
- 1.3 The People Strategy has three key themes:
 - Effective leadership, values and culture
 - Maximising organisational capacity and capability
 - Employee experience.
- 1.4 The People Strategy Action Plan is reviewed regularly by the council's People Board, whose remit includes understanding and developing our people, and ensuring they are in the best possible position to achieve our council objectives.
- 1.5 The Audit team is currently completing a review of the action plan and any recommendations will be implemented within appropriate timescales.
- 1.6 The People Board has confirmed the completion of the following actions during the first 18 months of the plan.

People Strategy Theme	Action	Note
Theme 1 Effective Leadership, Values and Culture	1.1 a) Review and update intranet content to provide staff with clarity around 2030, council plan and priorities	Action was completed in 2022 with appropriate links made
	1.1 b) Develop guidance to support employees to understand how to link council priorities to their own	Action was completed in 2022 with links made through PDR guidance
	1.1 c) Communicate priorities and achievements through staff bulletins, Let's Talk and Talkabouts	Regular communications shared weekly through Let's Talk newsletter and regular face to face/virtual events
	1.1 d) Embed the new vision, priorities, outcomes and values within the Barnsley Leadership and Future Leaders Programmes	Embedded in the IODA leadership programmes
	1.3 b) Promote our new values and behaviours – increase the percentage of staff understanding our Barnsley values and behaviours	Employee survey results have been shared with all employees. Individual Business Unit Action plans have been submitted to HR&OD (April 2023). The results show that 92% of employees know and understand our values and behaviours. HR&OD and Communications and Marketing are further promoting our values and behaviours during 2023
	1.4 a) Launch manager masterclasses	Programme rolled out as part of IODA leadership offer
	1.4 b) Embed the required areas of leadership focus into the Barnsley Leadership and Future Leaders Programmes, where appropriate	Action was completed in 2022 and embedded in the IODA leadership programmes
Theme 2 Maximising Organisational Capacity and Capability	2.1 a) Launch and promote the Manager Hub to provide clarity around a manager's responsibilities in relation to effective governance and management	The Manager Hub is now available to all managers and leaders to access appropriate policies and guidance
	2.1 b) Launch the new risk management system and check, challenge, review and cleanse risks on the system	Action was completed in 2022 with risk owners regularly updating risks with mitigating actions
	2.2 a) We have flexible, user friendly guides and protocols to support our employees at work	Completed employee policy framework setting out timescales for review of all policies, linked to the HR work plan
	2.7 a) Create a Digital Skills SharePoint site to encourage employees to help themselves, each other, and our customers	Digital skills hub has been launched and available to all council employees to learn and develop digital skills
	2.8 d) Increase the number of work placements available through the Kickstart programme	23 new entry apprenticeships identified from the apprenticeship register. Senior HR Business Partners are working to support services and encourage leads to recruit to these vacant positions
		Developed and implemented our first Learning at Work Week. This festival of

		learning showcased events with people offered the opportunity to attend bitesize learning activities to increase their knowledge. Over 40 sessions were delivered in one week, with 397 employees booked onto both work-related as well as personal upskilling events. Activities included change management and being commercially skilled, improving Excel skills, understanding automation and robotics as well as wellbeing events such as walks and yoga sessions
Theme 3 Employee Experience	3.1 a) Launch our workforce recovery plan	Action was completed in 2022
	3.1 b) Ensure opportunity for all employees to undertake recharge activities	Action completed in 2022 with ongoing promotion of wellbeing initiatives
	3.2 Develop commitment statements to make it clear about the responsibility of ourselves and how we'll help each other to stay well in this new world we're in	Action completed as part of a previous culture workstream
	3.3 c) Retain employee engagement in workplace initiatives	Achieved Gold Standard as part of Be Well @ Work. Work is ongoing to update the council's website
	3.4 a) Establish employee networks for BME, disabled, LGBT+ and women, each championed by a member of the senior management team	We have established a PROUD Network (LGBTQ+ employees), network for young employees and Menopause Café to help increase networking, learning and support
	3.4 c) Ensure future employee surveys include questions relating to inclusion	Item discharged at People Board in March 2023. Inclusion data will continue to be monitored throughout 2023 Employee Survey.
	3.8 a) Implement our Smart Working Programme	Hybrid working is now in place and detail has been communicated to services for monitoring

1.7 Work continues to monitor the People Strategy Action Plan, to ensure we meet the priorities agreed against the three themes. The table below demonstrates actions that have started and are ongoing against the action plan.

People strategy theme	Ongoing workstreams
Theme 1 Effective Leadership, Values and Culture	1.2 a), b) and c) We are continuing working with our customer services team to produce an in-person customer services training event
	1.2 a), 1.7 b) and 1.7 d) We have developed a draft framework for our mandatory and essential learning for all employees. This will be communicated to all employees over the summer 2023.
	1.4 We have commenced management essentials training with the first topic based on attendance management. The first pilot session took place in June, with a rollout plan scheduled for summer 2023
	1.4 b) We are scoping an interim training provider to deliver leadership training, utilising apprenticeship levy where feasible
	1.4 c) We are putting together a mentoring and coaching programme initially to support managers and leaders
	1.5 a) We will create a toolkit to support services in the development of networking groups. This will be hosted on the Manager Hub
	1.6 a) and b) Work is continuing to develop commercial awareness skills. Commercial Business Partners are supporting services with briefings
	1.6 a) and b) A Commercial Awareness SharePoint is being developed and will be launched with an e-learning activity and in person training
	1.7 a) We are working on an EDI action plan for 2023-24, ensuring compliance with our statutory obligations
Theme 2 Maximising Organisational Capacity and Capability	2.3 a), b) and c) We are reviewing our workforce development toolkit to enable services to commence workforce and succession planning
	2.7 b), c), d) and e) We will be launching a new Digital Microsoft programme, including deployment of Microsoft platforms, and learning pathways enabling our people to be more digitally skilled
	2.8 e) We have agreed to commence a rolling three-year programme on the National Graduate Development Programme, with recruitment to the scheme every year for the next three years.
Theme 3 Employee Experience	3.3 b) We are continuing to develop 'HR Management Essentials' and Change Management sessions will be rolled out during the period of transformation to better enable our managers to support their people
	3.3 c) We have devised a wellbeing event for employees, spread over two days, to be held at Smithies Depot in July inviting speakers and providing information from a wide range of health and wellbeing organisations to enhance mental and physical health and wellbeing
	3.6 a) After sharing the employee survey results and analysing the feedback received, we have established an Employee Experience Group. This group will help support engaging with our workforce and feeding back to our employees on their ideas and suggestions
	3.6 a) We are in the process of procuring a replacement to Investors in People. We will be using Best Companies to provide us with a new platform for engaging with our people and measuring success
	3.7 b) & c) We are working on our reward and recognition offer and have established a project group to review how we can best recognise and reward the good work of our employees

2. PROPOSAL

2.1 In terms of the next 18 months, we will continue monitoring and evaluating the People Strategy Action Plan, building on the progress we have already made.

Specific next step actions include:

People Strategy Theme	Proposals
<p>Theme 1 Effective Leadership, Values and Culture</p>	<p>1.4 As part of Enabling Barnsley a cultural change management programme will be developed and rolled out in 2023 to help reset our organisational culture and embed transformation and continuous improvement. Additionally, development workshops are taking place for a range of service areas, including Strategic Highways and Transport and Law and Governance to bring together teams and explore effective ways of working.</p>
	<p>1.4 c) and d) We are working on enhancing our leadership and management offer. This includes an interim leadership and management programme. In addition, HR will continue reviewing our employment policies under a policy framework, rolling out a programme of management essentials training</p>
	<p>1.6 We will launch and promote our Commercial Toolkit SharePoint site providing development sessions throughout the council enabling our managers and leaders to be more commercially aware</p>
<p>Theme 2 Maximising Organisational Capacity and Capability</p>	<p>2.5 a) We are working with our managers and leaders to upskill their knowledge and understanding in relation to a range of people related topics by developing some 'HR Management Essentials' learning. This is further enhanced by hosting another Learning at Work Week in 2024 making it an even bigger and better event than in 2023</p>
	<p>2.3 Review and promote a workforce development toolkit to help identify talent and succession planning</p>
	<p>2.7) Improving knowledge and skills, including digital skills, harnessing digital ways of working and reducing digital exclusion so we can better connect with our customers, communities, and partners</p>

Theme 3 Employee Experience	3.6 a) Continue supporting services by engaging with our workforce through regular communications and the work of the Employee Experience Group
	3.7 c) Develop and launch our revised Reward and Recognition offer
	Work is commencing to enhance our employee experience within the 'Modern Workplace' project. This will be supported by the new Microsoft offer
	3.8 a) Work is continuing to take advantage of the apprenticeship levy to support our people attain qualifications, whilst also offering new employees opportunities to upskill as part of their ongoing development
	To continue work in Children's Services providing support for recruiting and retaining employees, workforce planning, a service specific induction programme, and engagement with agency workers sharing benefits of joining the council as a permanent employee

2.2 Regular progress reports will be provided to the People Board who will oversee the delivery of the outcomes of the People Strategy Action Plan.

3 IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

- 3.1.1 The council is going through a significant period of change and the alignment of the People Strategy with our Commercial Strategy is key to our success. Engaging with our workforce and sharing our commercial imperatives is important to ensure everyone understands the context for change.
- 3.1.2 We will support our workforce through change and provide appropriate development solutions as part of Enabling Barnsley to help manage any risks and engage, listen and respond to the needs of our people.
- 3.1.3 There are no direct financial implications associated with this report as any costs will be consumed from within existing service budgets or from the corporate training budget if necessary. Any initiatives arising from the plan that have financial implications will be funded from within current council revenue resources, e.g., apprenticeships will be funded from the levy.
- 3.1.5 There will be training implications and costs associated with the upskilling of our workforce which will be met through the transformation exercise and covered under the contract with Microsoft.
- 3.1.6 Consultations have taken place with representatives of the Director of Finance (S151 Officer).

3.2 Legal

- 3.2.1 The People Strategy champions our aim for a diverse council with an inclusive

culture in accordance with the council's Equality Act duties ensuring a legally compliant workplace. The People Strategy aims to ensure the council is representative of the people it serves.

3.3 Equality

3.3.1 The strategy champions our aim for a diverse council and inclusive culture in accordance with the Public Sector Equality Duty. It also aims to ensure that our workplace celebrates difference, and every employee feels safe, respected and valued. Key actions within the strategy include:

- ensure all employees champion equality and diversity, being compassionate, supporting others and treating each other with respect
- our recruitment and selection process is fair, simple and inclusive, using recruitment diversity data to understand and address any potential barriers for applicants and areas of underrepresentation
- establish employee networks for BME, disabled, LGBTQ+ and women
- improve workforce diversity declaration rates so we can better report and understand issues experienced by groups of employees
- update equality and diversity training to include a stronger focus on leading and managing diverse teams, using positive action under s159 of the Equality Act when appropriate.

3.3.2 An Equality Impact Assessment Pre-screening has been completed determining a full EIA is not required.

3.3.3 Equality Impact Assessments have been and will continue to be completed relating to individual projects arising because of the strategy as appropriate, for example implementation of Microsoft 365 and SAP SuccessFactors solution.

3.4 Employee

3.4.1 The People Strategy demonstrates the value we place on our people, their ideas, and innovation, with many ways of involving, empowering, and collaborating with colleagues through its implementation and delivery.

3.4.2 It helps ensure we are an inclusive organisation, where wellbeing and a people-centred culture promotes employee health, safety, engagement, respect, motivation, and productivity.

3.5 Customer and Digital

- 3.5.1 The strategy will support employees to understand and practise what good customer service looks like and how they all have a part to play in delivering this professionally by doing what we say we will do and 'getting it right' the first time.
- 3.5.2 Alignment of the People Strategy with our Customer Experience and Digital Strategies remains important for our success. Engaging our people to help enhance customer experience through digital support can improve accessibility and support, foster innovation and agility, and promote good customer relations, whilst creating efficiencies for the council.
- 3.5.3 The strategy aims to improve our employee and Member knowledge and skills, including digital skills, harnessing digital ways of working and reducing digital exclusion so we can better connect with our customers, communities, and partners.

3.6 Communications

- 3.6.1 We will continue to communicate and engage with employees, so they understand actions we have implemented under the strategy and what further actions we are working to achieve. We will continue to involve and empower them to contribute ideas and suggestions to influence and make changes and improvements.
- 3.6.2 A communication plan has been developed to ensure employees understand and embrace the key themes in the People Strategy. A two-page visual pdf document has been created and shared through the council website detailing how we support our workforce through the council priorities.
- 3.6.3 An Employee Experience Group has been formed and they will be feeding into the People Board and SMT through the volunteers who make up the group, to help communicate and implement council initiatives and provide real time feedback from colleagues across services.

4. Consultation

- 4.1 The People Board has been established and has oversight of the People Strategy Action Plan.
- 4.3 The Trade Unions were consulted and approved the People Strategy and Action Plan.

5. LIST OF APPENDICES

Appendix 1: People Strategy Action Plan

Report Author: Emma Hardwick / Phil Quinn
Post: Senior HR/OD Business Partner / Head of Service HR&OD
Date: 11.09.23

Theme 1: Effective leadership, values, and culture

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
Page 81 work together towards a common vision and values that are understood by all	1.1 Our employees own and understand our vision for the future and are clear how they contribute to delivering it	a) Review and update intranet content to provide staff with clarity around 2030, council plan and priorities	% of employees who are aware of and understand vision and values and how they contribute to them	Jo Cooper	Mar-22	Actions a-d completed.
		b) Develop guidance to support employees to understand how to link council priorities to their own	(employee survey)			
		c) Communicate priorities and achievements through staff bulletins, Let's Talk and Talkabouts				
		d) Embed the new vision, priorities, outcomes and values within the Barnsley Leadership and Future Leaders Programmes		Lesley Glanville		

Theme 1: Effective leadership, values, and culture

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates	
<p style="text-align: center;">We work together towards a common vision and values that are understood by all</p>	<p style="text-align: center;">1.2 Our employees 'get it right' the first time and deliver excellent customer service</p>	a) Build customer service standards and related performance indicators into 121s and PDRs for all employees involved in a customer's journey	Reduction in repeat / avoidable contact	Helen Weldon / Claire Dobby / Sarah Moses	9.6.23	<p>1.2 (a) UPDATE: June 2023 Paper being presented to the People Board in July 2023.</p>	
			Improved quality of service				
		b) Ensure all employees involved in a customer's journey can use customer feedback and data to identify when and how things go wrong and are involved in identifying and influencing changes and improvements	Increased customer satisfaction		2023/24		<p>1.2 (b) UPDATE: June 2023 L&D manager has been working closely with the Customer Services Team to identify training offer continuing developing a full learning event. An E-learning event is now available on the Learning Management System - POD</p>
			Reduction in complaints				
	c) Review the customer service training offer available through POD, launch and promote		Sarah Moses	9.6.23	<p>1.2 (c) UPDATE: June 2023 - Events have now been launched on POD – item suggested discharged</p>		
<p style="text-align: center;">1.3 Our values and behaviours reflect our new vision, priorities and ways of working</p>	a) Establish an employee task and finish group to review and update our values and behaviours	Values and behaviours revised	Lesley Glanville / Jo Cooper	2023/24 - Outstanding 1.3a(1.3b discharged)	<p>1.3(a) UPDATE: May 2023 - Update presented to SMT in June 2023 - linked into the Enabling Barnsley (Culture and Transformation) work.</p>		

		b) Promote our new values and behaviours	<p>% of employees who are aware of and understand vision and values</p>			<p>1.3 (b) UPDATE Feb 2023 - Employee survey results now been shared, and action plans submitted to HR/OD (April) (1.3 a & b) UPDATE 23.2.23 1.3 (b) item discharged but there are revised employee values and behaviours (see 1.3 (a)) Not discharged due to additional work to be undertaken under transformation and staff survey.</p>
			<p>(employee survey)</p>			

Theme 1: Effective leadership, values, and culture

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 84</p> <p>We have strong, resilient, influential and transformational leaders and managers</p>	<p>1.4 We have strong, resilient, transformational and inclusive leaders and managers who encourage and empower others to be innovative and lead the way</p>	a) Launch manager masterclasses	Responses from employee survey relating to leaders and managers	Senior OD Business Partner / Lesley Glanville		Actions a and b completed.
		b) Embed the required areas of leadership focus into the Barnsley Leadership and Future Leaders Programmes, where appropriate	Investors in People assessment feedback report	Lesley Glanville		Actions a and b completed.
		c) Commission additional programmes to further develop leadership and management skills	Health and Social Care Academy launched		Ongoing - see 1.4(e) row 19 below	1.4 (c and d) UPDATE: June 2023 new interim Leadership Programme being scoped out. Work ongoing to also include management requirements as well as coaching and mentoring from July 2023 onwards. SHRBP's are undertaking a review of all policies and will be delivering 'management essentials' events thereafter. The first one being Attendance Management rolling out during summer 2023.
		d) Implement a coaching culture, supporting managers to gain the skills they need to have effective coaching conversations with others	Workforce ambitions across health and care clearly defined	Senior HR&OD Partners / Lesley Glanville	Autumn 2023	1.4 (c & d) UPDATE: June 2023 see above
		e) Develop shared workforce ambitions across health and care		Senior HR&OD Partner	Ongoing	Update: June 23 A meeting will take place with procurement, to review next steps for the leadership programme and procurement process. Action (e) to be picked up as part of the social care academy work/ICS programme.

	1.5 Our leaders take an active role, building collaborative working relationships and influence across the place, regionally and nationally	a) Promote and encourage networks and identify opportunities to build collaborative relationships and influence across the place, regionally and nationally	Profile of Barnsley is raised	Senior HR Business Partners	Ongoing	1.5 (a) UPDATE: March 2023 OD networking and signposting with DCC and RMBC across the Organisation.
			Increase in grants and funding opportunities available to Barnsley			1.5 (a) UPDATE: March 2023: We have started work on protected characteristic networks and there is a young person's network now in place.
			Improved performance and service delivery			1.5 (a) UPDATE: - LG to develop a networking guide / tool to consider and promote throughout the council. This will be promoted to all managers and will be saved on the Managers Hub for reference.
			Improved outcomes for the borough			1.5 (a) UPDATE: - once networking guide / tool developed this will then be supported by training, which will be developed and delivered from the L&D Team.

Theme 1: Effective leadership, values, and culture

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p style="text-align: center;">We have a commercially skilled workforce that drives better behaviours, decision making and improved commercial results</p>	<p style="text-align: center;">1.6 Our employees and elected members are commercially skilled</p>	<p>a) Develop and implement a commercial toolkit and commercial training package</p>	<p>Commercial toolkit and training package launched</p>	<p style="text-align: center;">Cat Pantry / Sarah Moses</p>	<p style="text-align: center;">TBA</p>	<p>1.6 (a &b) UPDATE: June 2023 - eLearning awaiting approval by Director of Finance. A SharePoint site is to be launched throughout the council offering a pool of resources to help our people be more commercially aware. In person events will also be launched.</p>
		<p>b) Refresh and formalise a co-ordinated, modular programme of learning</p>	<p>Improved commercial results</p>			
<p style="text-align: center;">Leaders at every level support and champion our aim for a more diverse organisation and inclusive culture</p>	<p style="text-align: center;">1.7 Our workforce is diverse and inclusive</p>	<p>a) Develop a three-year internal equality, diversity and inclusion action plan, which includes a commitment from senior leadership to create a more diverse and inclusive organisation</p>	<p>Workforce diversity data</p>	<p style="text-align: center;">Mark Hempshall</p>	<p style="text-align: center;">TBA</p>	<p>1.7 (a and b) UPDATE: May 2023 - The EDI team now sits within the newly established 'Office of the Chief Executive', which emphasises the organisation's commitment to improving our performance in this area. SRO will be Wendy Popplewell. Whilst a three-year plan is needed, work will initially focus on creating a SMART plan for 2023-24, which will detail a handful of key actions for delivery over the next 12 months. Within this will be a commitment from senior leadership to create a more diverse and inclusive organisation and ensuring that we are compliant with our statutory obligations.</p>
	<p style="text-align: center;">Our governance culture promotes, diversity, continuous improvement and action</p>	<p>b) Organisation Development Board to monitor and review progress against the plan, identifying and championing actions to address any areas for improvement</p>	<p>Employee / pulse survey results</p>			<p>1.7 (b) UPDATE: May 2023 - OD Board now renamed the People Board. Work ongoing in EDI, newly formed networking groups have started, mandatory learning activities to be created and work ongoing throughout the services taking place - CS Neurodiversity training recently commissioned in CS.</p>

	<p>Our employees are valued and can contribute to our success</p>	<p>c) Create a corporate diversity dashboard for managers to track progress in their area against key performance indicators and equality data</p>			<p>1.7 (c) UPDATE: Ongoing - Due to delays with Success Factors</p>
		<p>d) Update equality and diversity training to include a stronger focus on leading and managing diverse teams</p>			<p>1.7 (d) UPDATE: JUNE 2023 Report re mandatory training to be presented to People Board in July with the request for mandatory EDI training. Equality Training proposal is being put to the PB for consideration that all staff will complete as part of a new starter package and for all existing staff every 3 years. Staff who do not have access to network drivers - G&S management are being consulted with to determine how they see what offer they would like.</p>

Theme 2: Maximising organisational capacity and capability

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p>We have effective and efficient solutions, plans, frameworks and resources in place to support the delivery of the priorities set out in our council plan</p>	<p>2.1 Our governance arrangements are strong and our managers comply and are accountable</p>	a) Launch and promote the Manager's Hub to provide clarity around a manager's responsibilities in relation to effective governance and management	Manager's Hub launched	Amanda Glew	November 2021.	Actions a and b completed.
		b) Launch the new risk management system and check, challenge, review and cleanse risks on the system	All services have relevant issues and risks recorded on the risk management system	Alison Salt		Actions a and b completed.
		c) Implement the Integrated Governance Assurance Framework to provide clarity about corporate and business unit / service specific areas of compliance and reporting arrangements	Integrated Governance Assurance Framework in place	Rob Winter / Alison Salt	Apr-24	UPDATE: May 2023 - on track for March 2024.
All services are completing quarterly reviews	UPDATE: May 2023 2.1 (c) - A formal launch is anticipated later in the year due to consultation periods.					

		d) Review the training offer to ensure it aligns to the new Governance Assurance Framework and there is consistency of language to support understanding and accountability	Training offer revised and refreshed	Rob Winter / Alison Salt	Apr-24	UPDATE: May 2023 - as above. 13.3.23 2.1 (d) Dependent on 2.1 (c) above
	2.2 We have flexible, user friendly guides and protocols to support our employees at work	a) Undertake a review of corporate policies on the manager and employee hubs and, where appropriate, change to user friendly guides and protocols	Review undertake and updates completed	Senior HR Business Partners.	Schedule in place for August 2022	Completed Policy Framework setting out timescales for review of all policies developed and now in place, linked to the BAS Work Plan

Theme 2: Maximising organisational capacity and capability

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 90</p> <p>We have effective and efficient solutions, plans, frameworks and resources in place to support the delivery of the priorities set out in our council plan</p>	<p>2.3 We have a strategic and consistent approach to workforce and succession planning</p>	<p>a) Revise the workforce planning toolkit and guides</p>	<p>New workforce planning guide and toolkit available on the Manager's Hub</p>	<p>Erica Greaves and Felicia Brookes</p>	<p>Sep-23</p>	<p>2.3(a) UPDATE: June 23 - Reviewing workforce toolkit organisational wide.</p>
		<p>b) Add to the 'Managing Planning and Performance' section of the Manager's Hub</p>	<p>No of services who have workforce plans in place</p>			<p>2.3(b) UPDATE: June 2023 - Once 2.3 (a) is completed, a roll out will ensue after the Summer 2023 – SHRBP's to review the toolkit, develop and make enhancements and roll out across the council.</p>
		<p>c) Provide support to services and teams as appropriate to undertake effective workforce planning</p>	<p>Improved recruitment and retention rates</p>			<p>2.3(c) UPDATE June 2023 Once (a) and (b) completed support via SHRBP's will take place</p>
	<p>2.4 Our organisation is flexible and utilises resources effectively through effective business continuity planning</p>	<p>a) Develop an end to business continuity process to ensure we can efficiently plan and respond to emergency situations and provide the resources needed to maintain critical services</p>	<p>Corporate business continuity priorities will include information on all services</p>	<p>Simon Dobby</p>		<p>2.4 (a) UPDATE: Feb 2023 - Awaiting initiation by IT</p>
		<p>b) Review resource planning for general and specific</p>	<p>Service business continuity plans are</p>			<p>2.4 (a) UPDATE: Feb 2023 - Awaiting initiation by IT</p>

emergency response arrangements	maintained on an ongoing rather than periodic basis
c) Provide information, instruction, training and exercising to ensure employees are prepared for and able to competently perform any emergency response role assigned	Robust resourcing plans for emergency response are in place
d) Revise job profiles to include a responsibility to ensure continued service delivery and support critical functions in emergency situations or as directed by management	All job profiles include a responsibility to support service delivery and critical functions

2.4 (a) UPDATE: Feb 2023 - Awaiting initiation by IT
2.4 (a) UPDATE: Feb 2023 - Awaiting initiation by IT

Theme 2: Maximising organisational capacity and capability

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
We have effective and efficient solutions, plans, frameworks and resources in place to support the delivery of the priorities set out in our council plan	2.5 Our organisation has good change management practice	a) Develop and implement a change management framework to support managers and project managers to deliver change management effectively	Change management framework launched	Sarah Pennington-Waddams	Ongoing	2.5(a) UPDATE: June 2023 - A change management guide for managers has been developed and will be released as part of the OD and Culture Transformation Plan. To complement this, a series of training sessions will be available. All events will form part of the 'HR Management Essentials' training programme.
			Employee / pulse survey results			
	2.6 Our HR process interactions are simple, efficient and available at any time, from any location or device	a) Implement SAP Success Factors modules for Employee Central, Recruitment and Onboarding, Learning and Performance and Goals.	Success Factors modules successfully implemented	Phil Quinn	2023/24	2.6 (a) UPDATE: March 23 - A quality assurance exercise is being undertaken. The report findings will be shared with SMT to help inform decisions regarding next steps with the implementation of Phases 1, 2 and 3 of the solution
						UPDATE: 14.11.2022 - Project Plan for Phase 1 is currently being revised.
	2.7 Our employees and elected members are digitally skilled and utilise digital ways of working	a) Create a Digital Skills SharePoint site to encourage employees to help themselves, each other and our customers	Digital Skills site launched	Digital Skills Working Group		Action completed.
		b) Review and refresh the digital skills training offer, targeting those areas of the workforce where digital skills development is needed	Revised digital skills training offer is in place	Sarah Moses/Emma Hardwick and Kerry Robinson	Ongoing	2.7 (b) UPDATE: June 2023 Work taking place between OD and Innovation Team to understand more from the Pathways and Certifications Microsoft are offering.

<p>c) Build required levels of digital competency into job profiles to provide clarity about what's needed for different roles</p>	<p>Employee / Pulse survey results</p>	<p>Sarah Moses / Anne Marie Tolan</p>	<p>Ongoing</p>	<p>2.7 (b) UPDATE: June 2023 Microsoft contract now signed. Microsoft are working through needs of the council.</p>
<p>d) Enable the development of Digital skills through the deployment Microsoft Learning Pathways and learning application</p>	<p>Reduction in Service Desk calls</p>	<p>Sarah Moses / IT? (IT) Kerry Robinson</p>		<p>2.7 (d & e) UPDATE: June 2023: Microsoft currently on-site demonstrating capability of software</p>
<p>e) Integrate learning platforms into Teams with Viva Learning</p>	<p>Reduction in data breaches Microsoft Learning Pathways implemented Learning Platforms integrated into Teams with Viva Learning</p>	<p>Sarah Moses / IT? (IT/IG) Kerry Robinson</p>	<p>Ongoing</p>	<p>2.7 (d & e) Update: June 2023: See above</p>

Theme 2: Maximising organisational capacity and capability

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p>We have effective and efficient solutions, plans, frameworks and resources in place to support the delivery of the priorities set out in our council plan</p>	<p>2.8 We attract, recruit and retain talent through work placements, employment schemes, apprenticeships and graduate programmes</p>	a) Revise the workforce planning toolkit and relaunch	Workforce planning toolkit revised and relaunched	Erica Greaves and Felicia Brookes	Sep-23	2.8 (a) UPDATE: June Toolkit drafted and to be reviewed by Erica Greaves and Felicia Brookes. HRBPs to then 'test out' with services. Once tested, the Toolkit can be saved onto the Manager Hub and launched. (See 2.3 for further updates)
		b) Provide support to services and teams as appropriate to undertake effective workforce planning	No of apprenticeship opportunities available	Senior HRBPs	Ongoing	2.8 (b) UPDATE: June 2023 update: See above
		c) Increase the number of apprenticeship opportunities available to new entrants	% apprenticeship starts	Lesley Glanville / Emma Hardwick and Senior HRBPs	Ongoing	2.8 (c) UPDATE: - lead changed from AOG to LG and EH (along with Senior HRBPs) for work to be undertaken to increase the number of apprenticeships throughout the council - see 2.8 (a & b) and this also links in to 2.3 - workforce planning. Corporate OD offer presented to all services to encourage apprenticeships first approach.
		d) Increase the number of work placements available through the Kickstart programme	No of Kickstart placements available	Neil Wilkinson	Discharged	Further to this, 23 new entry apprenticeships have now been identified from the apprenticeship register which have still not been recruited too. Work will take place with Senior HR Business Partners to look at these vacant apprenticeships and identify what can be done to support BU's and encourage more to be done to recruit to these vacant apprenticeship's positions on the council structure.

			% Kickstart placements filled	Lesley Glanville	Discharged	Update required
		e) Continue to offer graduate placements through the National Graduate Placement Programme	No of graduates on NGDP programme PIs relating to apprentices, work placements and graduates into employment	Lesley Glanville	Ongoing	2.8 (e) UPDATE June 23: Awaiting results of successful graduates confirming offers. NGDP acceptance results due out 7.7.23.
2.9 Our recruitment and selection process is fair, simple and inclusive	a) Undertake an end-to-end review of our recruitment processes as part of the implementation of Success Factors	Recruitment PIs	Tracy Bell / Emma Hardwick / Sarah Moses	Ongoing	2.9 (a) UPDATE June 23: Recruiting Team still getting to grips with the data and what this means. Work is being undertaken to review the Corporate Induction Process to make the onboarding and induction more efficient and effective. EH and SM overseeing	
	b) Use recruitment diversity data to understand and address any potential barriers for applicants and areas of under-representation	Workforce diversity data	Tracy Bell / Mark Hempshall	Jun-23	2.9 (b) UPDATE June 23: Total Jobs have a free screening tool which can be used to review wording on equality and neutrality of wording - Kirklees currently using it - not yet utilised in BMBC. Implementing similar process to Care Leavers and Veterans as we do Disability candidates in that if they meet essential criteria on applications they will be automatically offered an interview.	

Theme 3: Employee Experience

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p>We are an inclusive organisation where wellbeing and a people-centred culture keeps employees healthy, safe, engaged, motivated and productive</p>	<p>3.1 We support our employees to recover from the COVID-19 pandemic</p>	<p>a) Launch our workforce recovery plan</p>	<p>Employee / Pulse Survey results</p>	<p>Michael Potter</p>		<p>Actions a and b completed</p>
		<p>b) Ensure there is opportunity for all employees to undertake recharge activities regardless of where they work</p>		<p>SMT</p>		
	<p>3.2 We have a positive digital culture</p>	<p>c) Develop commitment statements to make it clear about the responsibility of ourselves and how we'll help each other to stay well in this new world we're in</p>	<p>Digital commitment statement developed and launched and Employee / pulse survey results</p>	<p>Kay Welbourne</p>		<p>Action a completed as part of Culture Change work</p>
	<p>3.3 We support our employees to lead healthy and fulfilling lives both inside and outside of work</p>	<p>Develop a health and wellbeing action plan to: a) Reduce stigma in the workplace around mental health</p>	<p>Reduction in sickness levels</p>	<p>Tracey Priestley</p>	<p>Ongoing</p>	<p>3.3 (a & b) UPDATE: June 2023 Data from EAP annual stats show about 3% of employees called the helpline, 5% used the website / portal and about 10% have downloaded the EAP app. Ongoing work to promote usage of the service. Feedback/results from Employee Survey shared with employees and their managers. Managers discussing results with employees to develop local action plans. This was included in the recent Let's Talk events where employees were given info about the results and asked to comment on what else the Council could do to improve wellbeing</p>

b) Reduce levels of sickness across the council	Health and wellbeing training completed
c) Retain employee engagement in workplace initiatives	Completion of health and wellbeing surveys
d) Support employees physical and mental health	
e) Become an employer of choice	Results from employee surveys / employee forums / external assessments

	3.3b) UPDATE June 2023 - Pilot HR Absence training delivered, and a review is taking place based on feedback received. A rollout is planned on the recent changes to the Attendance Management Training.
Ongoing	3.3 (c) UPDATE June 2023 – Achieved gold standard Be Well @ Work Award reassessment for all of the work undertaken to help and support our workforce. A 2 day ‘Wellbeing event’ is taking place at Smithies Depot to engage with our operational workforce. In addition, a drop in a health and wellbeing information day hosted by Macmillan to be held in Westgate in June.
Ongoing	3.3 (d) Update: June 23 Occupational Health contract following procurement route with new contract to be in place by September 2023. OH contract currently listed on Yortender. This will bring core OH service, e.g. manager referral / pre-employment assessments, and health surveillance into one contract.
Ongoing	3.3 (e) UPDATE: June 23 - will be able to add latest Be Well @ Work result to recruitment website showing continued development in this area. Engaging with the workforce to find out what more the council could do to improve wellbeing. Managers and services have been provided information from Employee Survey to help with this exercise.

Theme 3: Employee Experience

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> We are an inclusive organisation where wellbeing and a people-centred culture keeps employees healthy, safe, engaged, motivated and productive </p>	<p style="text-align: center;"> 3.4 Our workplace celebrates difference, and every employee feels safe, respected and valued </p>	a) Establish employee networks for BME, disabled, LGBT+ and women, each championed by a member of the senior management team	Employee networks established	Mark Hempshall	Ongoing	<p>3.4 (a) UPDATE: PROUD, Young Person Network, Menopause Café all now launched, and work is continuing engaging with the networking groups.</p>
			Improved demographic data captured			
		b) Through an effective communication campaign and the implementation of Success Factors, improve employee declaration rates so that we can better report and understand issues experienced by groups of employees	Employee / pulse survey results show breakdown across characteristics	Mark Hempshall/Tracy Bell	Ongoing	<p>3.4 (b) UPDATE this is work ongoing with the recruiting team. Work is being undertaken to determine declarations of protected characteristics within our workforce. HR will be undertaking a piece of work to scope out the information and once collected this will inform next step actions.</p>
			Workforce diversity data			
			Recruitment and retention data			
		c) Ensure future employee surveys include questions relating to inclusion	Leaver's data	Mark Hempshall / Phil Quinn	Discharged	<p>3.4 (c) Update: March 2023 Need to monitor this action through leavers data. Action: re inclusion will continue to be monitored with 2023 Employee Survey.</p>

3.5 We effectively lead and manage health and safety	a) Revise and relaunch the Health and Safety Standard for 'Monitoring Health and Safety'	Managers can evidence monitoring undertaken including opportunities for improvement identified and actions undertaken to address them	Simon Dobby	Ongoing	3.5 (a) UPDATE March 2023 as part of an action plan being developed based on the employee survey.
	b) Communicate and promote the standard to ensure those in a position of responsibility are aware of monitoring requirements	Percentage of services achieving a good rating on audit		Ongoing	3.5 (a) UPDATE March 2023 - see above.
	c) All services to co-operate with the Council's health and safety audit programme			Ongoing	3.5 (a) UPDATE March 2023 - see above.
	d) All services to implement the Council's Occupational Health and Safety Management System to a standard that will meet the			Ongoing	3.5 (a) UPDATE March 2023 – see above

		<i>'good'</i> rating on audit.			
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Theme 3: Employee Experience

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p>We are an inclusive organisation where wellbeing and a people-centred culture keeps employees healthy, safe, engaged, motivated and productive</p>	<p>3.6 Our employees know what's going on, what we're working to achieve, the contribution they make and can get involved and influence</p>	<p>a) Through various internal communications channels and opportunities, including staff bulletins, Talkabouts, Let's Talk, employee surveys and blogs, improve engagement with employees and elected members so they see the connection between their role and our vision, values, and priorities, understand where we're heading and can get involved and influence changes and improvements being made</p>	<p>Employee / pulse survey results</p>	<p>Jo Cooper / Helen Weldon / Phil Quinn</p>	<p>Ongoing</p>	<p>3.6 (a) UPDATE: An implementation plan drafted with the revised values and behaviours wording to be presented to Sarah and SMT.</p>
		<p>a) Review and refresh our approach to employee recognition, e.g. long service awards</p>	<p>Investors in People and Member Development Charter assessments</p>			<p>Phil Quinn / Anne Marie Tolan</p>

3.7 Our employee benefits offer helps to attract and recruit high calibre candidates, retain our best employees, improves employee wellbeing and engagement and promotes Barnsley Council as an employer of choice

<p>b) In consultation with employees, develop a proposal for a future employee benefits offer</p>	<p>Revised employee benefits offer in place</p>
<p>c) Implement a revised employee benefits package including salary sacrifice schemes and increasing the local offer to employees</p>	<p>Responses from employee / pulse surveys</p>
	<p>Take up of benefits and rewards</p>
	<p>Recruitment and retention data</p>

<p>Dec-23</p>	<p>3.7 (b) UPDATE: June 23 - Options for proposed improvements to Reward and Recognition put forward and agreed with BLT. Currently, Reward and Recognition Task Group are working on the following areas: -</p> <ol style="list-style-type: none"> 1. Revising the LSA to include incremental recognition for set periods of service. 2. Developing a manager’s toolkit for low-cost Reward and Recognition, 3. Developing guidance to hold Directorate Employee Excellence Awards, 4. Revising a new monthly employee recognition award, 5. Including Reward and Recognition training within a New Managers Induction.
<p>Dec-23</p>	<p>3.7 (c) UPDATE: June 23 - Several new local offers secured & promoted. Team to continue sourcing further offers. Work being undertaken re the Salary sacrifice schemes and updating the terms and conditions. New Reward and Recognition Task and finish group set up to look at improvements and different options available on how we promote R&R (See answer for 3.7 b)</p>

Theme 3: Employee Experience

Outcome	Key deliverable	Key actions	Measure	Lead	Timescale	Progress updates
<p>We are an inclusive organisation where wellbeing and a people-centred culture keeps employees healthy, safe, engaged, motivated and productive</p>	<p>3.8 We are efficient, productive and high performing</p>	a) Implement our Smart Working Programme	Results from external audits	Ben Potts	Discharged	Sep 22 - Ongoing review with report due in November to SMT & Cabinet. UPDATE REQUIRED. Discharged as hybrid working now in place
		b) Develop an employee charter to set out what prospective and existing employees can expect from the organisation and what they need to bring in return	Performance against critical success factors	Lesley Glanville	Ongoing	3.8 (b) UPDATE: SF is currently on hold (March) EH and LG to work on this as the Hybrid ways of working has now been finalised.
		c) Review, refresh and improve our performance review process	External Audit annual VfM Report	Emma Hardwick	Ongoing	3.8 (c) UPDATE: SF delay has impacted on Phase 2 - with Head of HR/OD. Still SF dependant, but that we are in early considerations of what we want to achieve in future for PDR and will be undertaking some feedback sessions with staff and managers before 31.03.24.
		d) Review and improve our learning and development programme to ensure it is accessible to all, supporting our employees and Members to gain the skills they need now and for their professional development	Achievement of income targets	Emma Hardwick	Ongoing	3.8 (d) UPDATE: June 23 - all DMT's attended except of Children's Services. Work to continue promoting the benefits of apprenticeships with services. Looking into utilising the levy to support and Management and Leadership programme, work ongoing with L&G to determine what qualifications can be offered in the Legal career pathway.

		e) Take an 'apprenticeship first' approach to workforce development using apprenticeships as a route to develop employees where available and appropriate	Customer satisfaction / feedback	Lesley Glanville	Ongoing	<p>3.8 (e) UPDATE: June 2023 - see above.</p> <p>OD looking into the comms and how managers can support this - SHRBP's to check when at DMT's with management.</p> <p>EH attended service meeting throughout May to share the vision of the apprenticeship first approach.</p>
		f) Deploy Microsoft Viva and Workplace Analytics to improve the digital employee experience, enabling them to work effectively together and work smarter	Performance review completion rates Employee / pulse survey results Increase in Apprenticeship starts Reduction in levy clawback	Kerry Robinson	Renewed	<p>3.8 (f) UPDATE: May 2023 - KR confirmed Microsoft Contract signed. Work to enhance employee experience will be defined within the 'Modern Workplace' project new Microsoft packages to be rolled out as part of a corporate package</p>

People Strategy
Action Plan Update
September 2023

People Strategy

We launched the People Strategy 2022 – 2025 in January 2022.

The strategy is key to supporting our aim to 'Be Even Better' and work towards the 'Enabling Barnsley' priority as part of our 2030 vision.

The strategy is divided into three key themes:

1. Effective leadership, values and culture
2. Maximising organisational capacity and capability
3. Employee engagement

People Strategy

Achievements to date include:

- Awarded council of the year at the LGC awards and LA of the year at MJ Awards
- Achieved gold standard accreditation for well-being through Be well @ Work
- Launched Employee Experience Group to share and implement ideas, demonstrating a 'you said, we did' ethos
- Agreed and implementing longer notice periods for middle managers
- Launched a successful 'Learning at Work Week', hosting over 40 events with nearly 400 bookings demonstrating our commitment to enabling a learning culture
- Established Menopause Café, PROUD (LGBTQ+), and Young Employee networking groups
- Workforce planned implemented in Place Health and Adult Social Care and Children's Services
- Commenced roll out of 'Management Essentials' training, starting with absence management
- Recruited a cohort of commercially skilled business partners and rolling out a toolkit to support our services in becoming more commercially aware
- Committed to enabling a digitally skilled workforce by working with Microsoft over the next twelve months
- Commenced a rolling programme for placements on National Graduate Development Programme
- Development of Carers' Charter
- Provided HR wrap around support to attract, recruit and retain our Children's Services workforce
- Supporting services with development sessions on improving relationships and collaborative ways of working.

People Strategy

Our next steps will be to:

- Audit review of action plan and implementation of findings
- Commence roll out of innovation and culture workshops
- Review and roll out workforce development planning toolkit
- Continue reviewing HR policies and rolling out more 'Management Essentials' training (managing attendance), building on current and new manager and leadership skills
- Commission interim leadership and management training programme
- Design and implement a coaching and mentoring scheme
- Roll out political acumen and digital skills training and utilise Microsoft software to ensure delivery of efficient ways of working
- Enhance our health and well-being offer and ensure we maintain gold standard accreditation
- Commission Best Companies for our employee engagement survey
- Continue to embed engagement activities with our workforce, empowering our people to be innovative
- Support OD events with services to continuously improve our workforce.

Equality & Diversity Annual Report

2021/22



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Contents

- 1. Introduction
- 2. Service User Diversity Report
 - Children’s Social care
 - Early Help
 - Education
 - Youth Justice
 - Adult Social Care
 - Drug and Alcohol Treatment Services
 - Adult skills and Community Learning

Workforce Profile

Progress against our equality objectives



1. Introduction

Our Annual Equalities report provides an overview of how we are meeting the Equality Act 2010 and associated Public Sector Equality Duties (PSED).

The Equality Act 2010 and associated Public Sector Equality Duties (PSED) require the Council to have due regard to three areas in the way it works:

- To eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010.
- To 'take forward (advance) equality of opportunity' between people who share a protected characteristic and people who don't.
- To 'foster good relations' between people who share a protected characteristic and people who do not share it.

As a Local Authority, we understand that it is imperative to assess the potential impacts on the range of external and internal activities on diverse groups of people across Barnsley. This involves looking at evidence, engaging and building relationships with all communities, employees, partnerships, customers, stakeholders, and service providers across the Borough. Our equality objectives demonstrate the Council's commitment to challenging inequality and promoting a fair and inclusive Barnsley.

We have based our equality objectives on five of the priorities and outcomes within our Council Plan 2021-24.

1. Healthy Barnsley: People live independently with good physical and mental health for as long as possible.
2. Learning Barnsley: Children and young people achieve the best outcomes through improved educational achievement and attainment.
3. Growing Barnsley: People have a welcoming, safe and enjoyable town centre and principal towns as destinations for work, shopping, leisure and culture.
4. Sustainable Barnsley: People live in great places, are recycling more and wasting less, feel connected and valued in their community.
5. Enabling Barnsley: We are a modern, inclusive, efficient, productive and high-performing council.

Progress against our priorities and outcomes is measured and monitored through our critical success factors which can be viewed via the new council performance dashboard. Which can be found [here](#)

2. Service User Diversity Report

The service user diversity report provides a breakdown of the protected characteristics of the people who use our services (often referred to as equality monitoring data). The protected characteristics are: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage. This report provides an update to the 2020/21 service user diversity report and includes information across our people-based services.

Why we are publishing this report ?

Annually collating and publishing information about our service users and workforce by protected characteristic is a legal requirement. Publishing equality information about our customers promotes transparency and allows the Council to demonstrate how it is meeting the aims of the general duty

How we collate equality monitoring data about service users and how we use equality monitoring data

When service users use Council services or take part in any engagement activity, they will often find an option to complete an equalities monitoring form. They are then asked to complete a number of questions about themselves. Gathering this information allows the Council to identify which communities or groups they might belong to. All information is confidential and the General Data Protection Regulations (GDPR) will apply.

Our equality monitoring data helps us to understand who is and isn't accessing our services and how well service users' needs are being supported by them. This enables the Council to plan, deliver and make improvements to our services so that they meet the needs of all the different communities living in Barnsley.

Gaps in data

We aim to gather service user information covering all the protected characteristics: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage. We acknowledge that there are still gaps in information both by Service area and protected characteristic. We recognise that there are gaps across the protected characteristics of sexual orientation; religion and/or belief, and gender reassignment which are often considered to be sensitive. People can be reluctant to provide this information and therefore we have higher levels of "prefer not to say" against these characteristics.

Key Findings and Improvement Actions

We know that we have significant gaps in the provision of equalities monitoring data, and we have already started to make some improvements, for example we are now collecting equality monitoring data for customer complaints and compliments. We have in the last 12 months implemented new systems for both Education and Children's Social care and this will allow us to strengthen the equality monitoring data and report on data not previously captured, for example ethnicity for children with an Education and Health Care Plan. We are also undertaking significant development work on our Adult Social Care system, which will also provide an opportunity to review equalities monitoring data. We will be looking to include a broader range of services in our 2022/23 report including Libraries, Public Health Nursing Service, Blue Badge Scheme.

We also know that we need to improve the quality of equality monitoring data both in terms of filling gaps and in the types of data we collect. We will ensure that our equalities monitoring guidance is fit for purpose and that we are collecting the very latest categories of data, for example most services do not collect data in respect of transgender and non-binary identifiers. We need to improve the collection of data on sexual orientation and religion and belief.

There is inconsistency across Council ICT systems in relation to the types of characteristics for which data is collected and the way that data is classified meaning it may be difficult for our employees to record the information that they capture about people using our services against the appropriate category. In some cases, we are able to configure systems ourselves or our software providers can make adjustments to systems. In others, changes may not be possible. It would be useful to undertake a systems audit over the next 12 months to ensure that where we can develop systems, this work is undertaken so that people's characteristics are appropriately recognised, classified and recorded.

We are in the process of updating our equality and diversity action plan and the following improvement actions will be monitored through this process.

- Page 113
- Action 1: Review and republish equalities monitoring guidance to ensure that we are capturing all appropriate characteristics.
 - Action 2: Work with Services to ensure that we can capture appropriate equalities monitoring data across all services and improve recording.
 - Action 3: Undertake a systems audit to ensure that system developments are made and we can ensure that people's characteristics are appropriately recognised, classified and recorded.

Key Demographics from the 2021 Census for Barnsley

The census happens every 10 years and gives us a picture of all the people and households in England and Wales. Answers to census questions help organisations make decisions on planning and funding public services in our area, including transport, education and healthcare. The most recent Census data available is for 2021, when Census Day was on Sunday 21 March 2021.

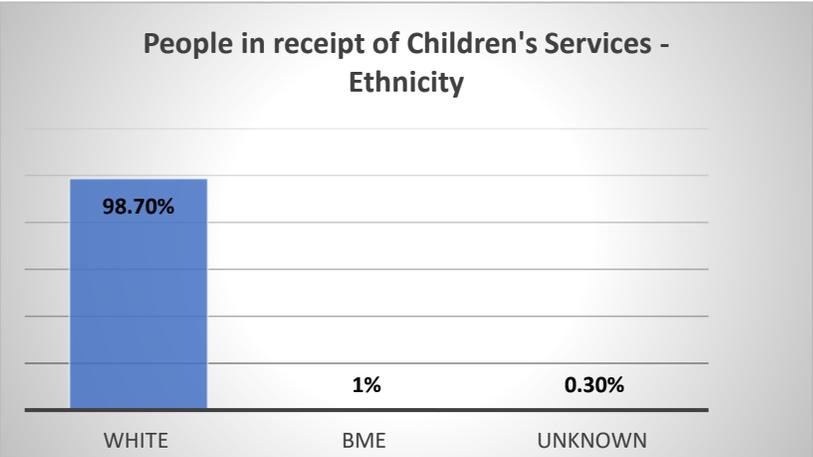
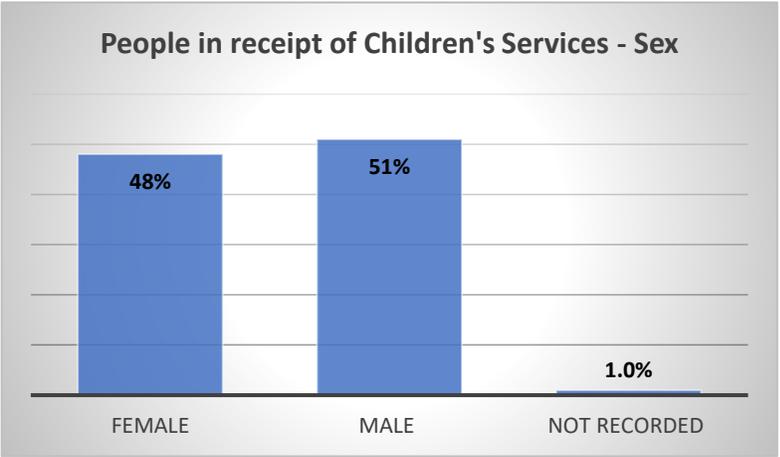
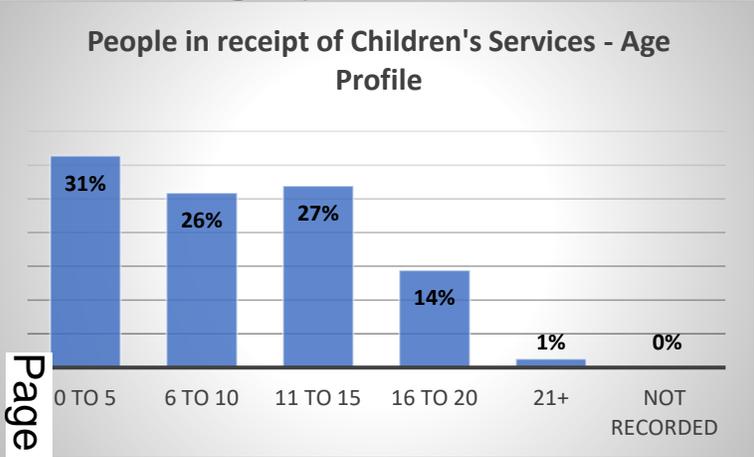
- Barnsley has a population of 244,600
- 49% of residents are Male, and 51% are Female
- 97% of residents in Barnsley are White
- 3% of residents are BME
- 22% of residents are aged 19 and under
- 19% of residents are aged 65+
- 22% of residents have a disability or long term illness

Custom area profiles for all census data can be found here <https://www.ons.gov.uk/visualisations/customprofiles/draw/>

Diversity data by Service

Children’s Social Care

This is based on Children and Young People with an allocated primary worker at any point in the year (2021/22). This includes those open for assessment, Disabled Children’s Team Tier 2 and Adoption support and care leavers, as well as those on a Child in need Child Protection or Looked After Child plan. We do not currently record non-binary and transgender categories for Children and Young People or sexual orientation.



Page 115

What does the data tell us?

- As at March 2022, 1,654 Children and Young People were Children in Need, with 350 Looked After Children and 279 on a Child Protection Plan.
- 48% are female and 51% are male, showing that there are no significant differences in sex.
- 98.7% of children are white, and 1% are BME.
- Going forward, we need to begin to look at capturing additional categories of data for Children and Young People in respect of gender and sexual orientation.
- 13% of Children and young people in receipt of Children’s Social Care have a declared disability (595). We would expect this since there is a dedicated service for children with disabilities.



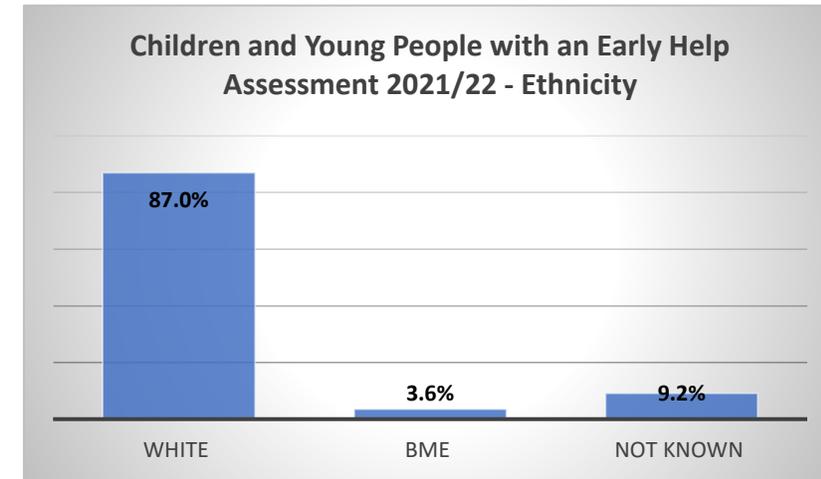
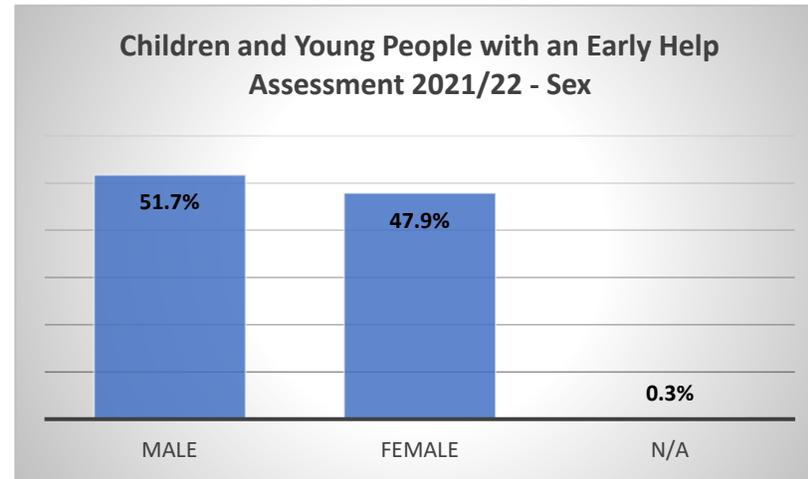
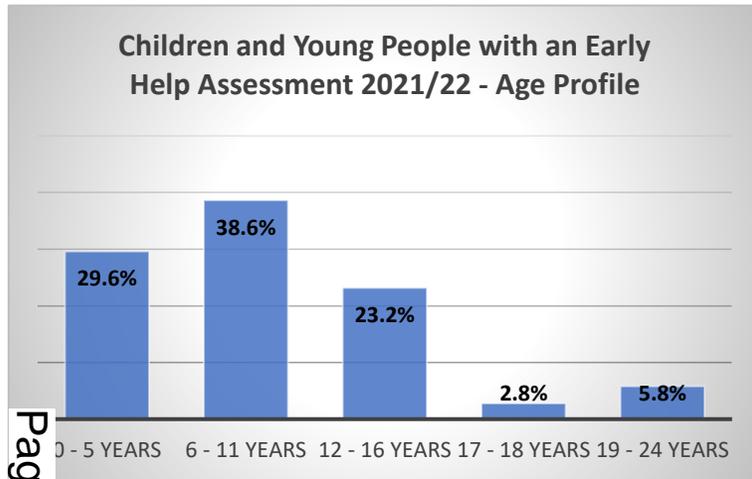
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Early Help

The data was collated for all 2,346 Children and Young People who had an Early Help Assessment (EHA) in the 2021/22 period.



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What does the data tell us?

- Nearly 70% of all Children and Young People undertaking an early help assessment in 2021/22 were aged between 0 and 11 years old.
- Slightly more males than females had an EHA in 2021/22, this is out of line with the Barnsley Profile. We do not currently collect information on transgender and non-binary characteristics in relation to children and young people, however we want to consider this as an improvement action.
- 3.6% of Children and Young People with an Early Help Assessment were BME, this is broadly in line with the BME Population for Barnsley.



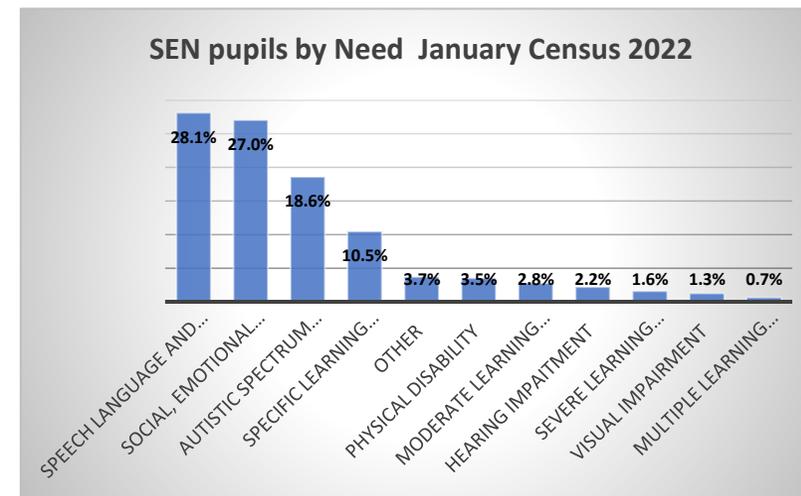
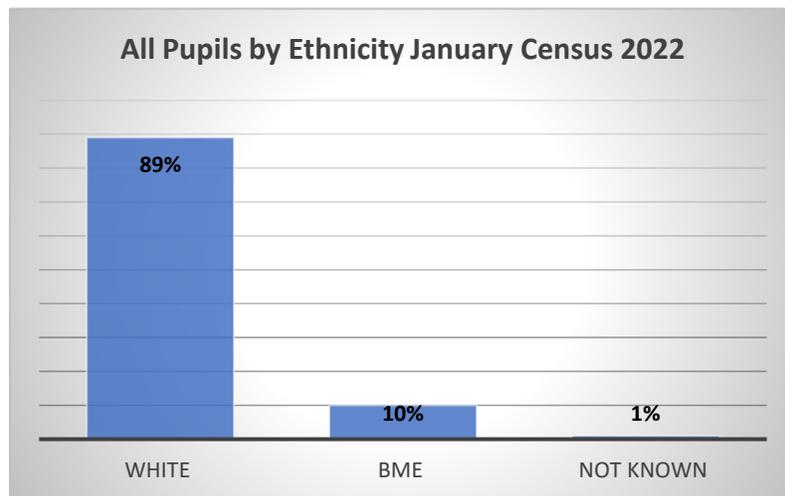
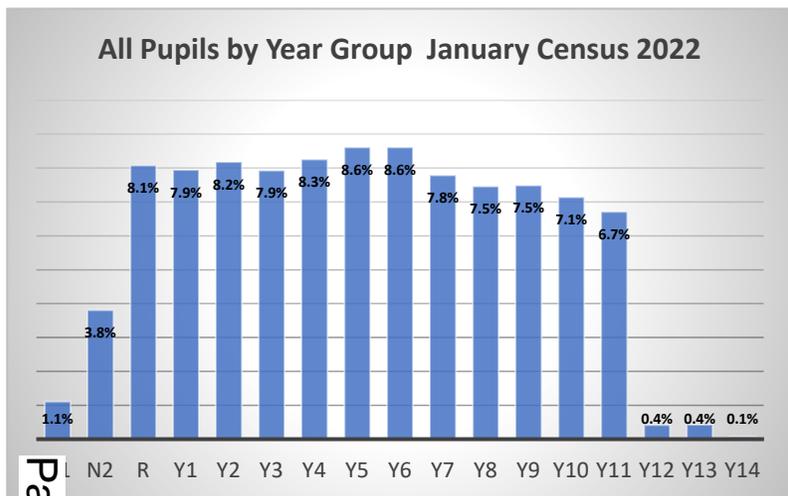
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Education – Schools

Information about Gender and Race is collected in the school census that takes place in January each year. The data below reflects the latest information available from the January 2022 school census when there were 35,125 students on roll.



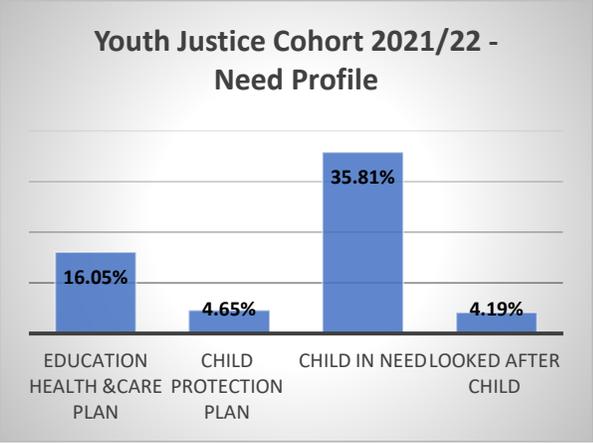
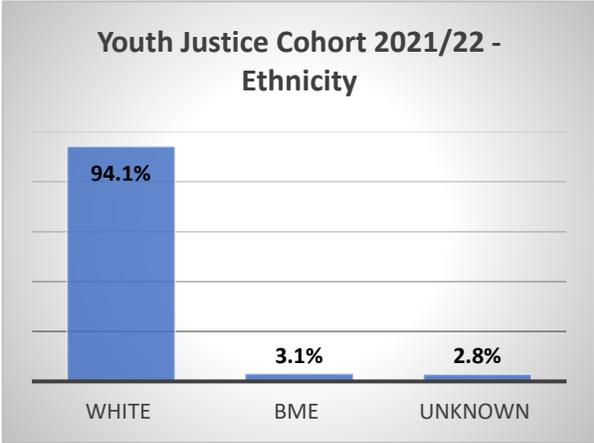
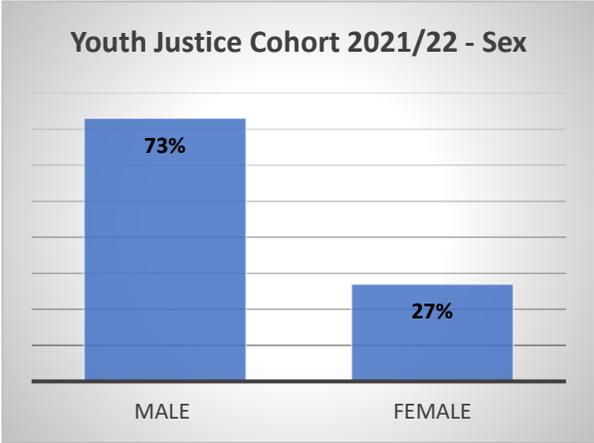
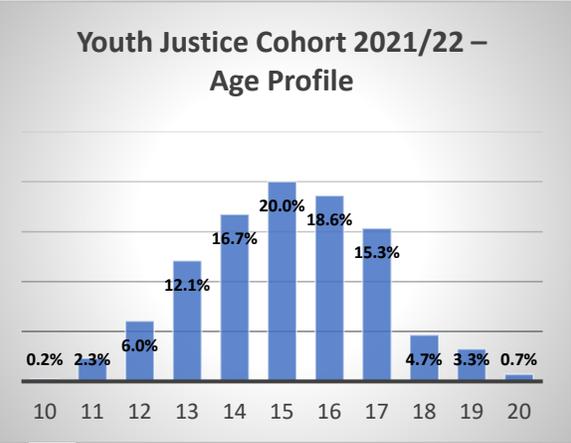
Page 117

What does the data tell us?

- Children in years 5 and 6 had the highest percentage of pupils, which may have an impact on secondary school intakes and class sizes.
- 51% of pupils on roll were male and 49% were female, this is broadly reflective of the Barnsley population.
- 10% of Barnsley pupils were BME, which is significantly higher than the Borough (3% BME).
- 28% of pupils were eligible for free school meals, we expect this to increase further with the cost of living pressures .
- 4,213 (15%) of pupils are registered as having Special Educational Needs, Speech Language and Communication Needs and Social Emotional Mental Health Needs are the top 2 SEN needs. 2,314 pupils were on an Education Health and Care Plan.
- 280 pupils were in alternative provision 80% of these were male and 20% were female, with 3.9% BME. The largest proportions were in KS3 and 4 (accounting for 62.4%) .
- For Suspensions & Exclusions – Mass shut downs due to the pandemic have impacted on this and numbers are too low to report due to suppression. We will report the Autumn 2022 data in the next update.

Youth Justice

This cohort of 430 includes all young people who had an intervention with the Youth Justice Service during the 2021/22. Young people who had an outcome (whether it be court or out of court) between April 21 and March 22 are included.

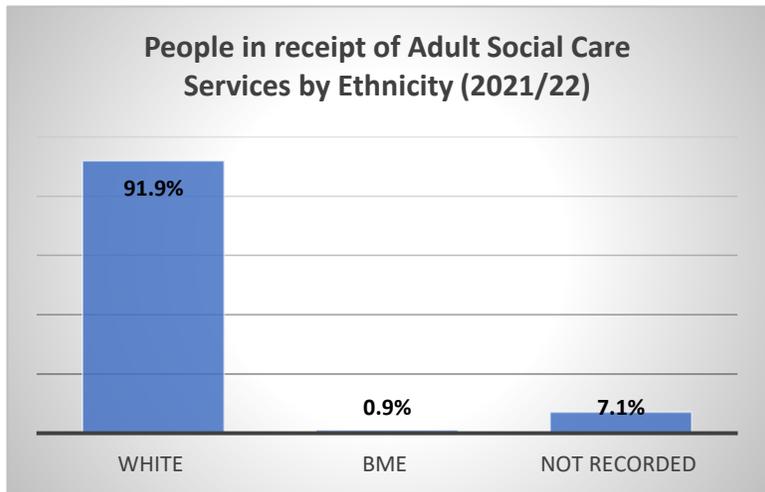
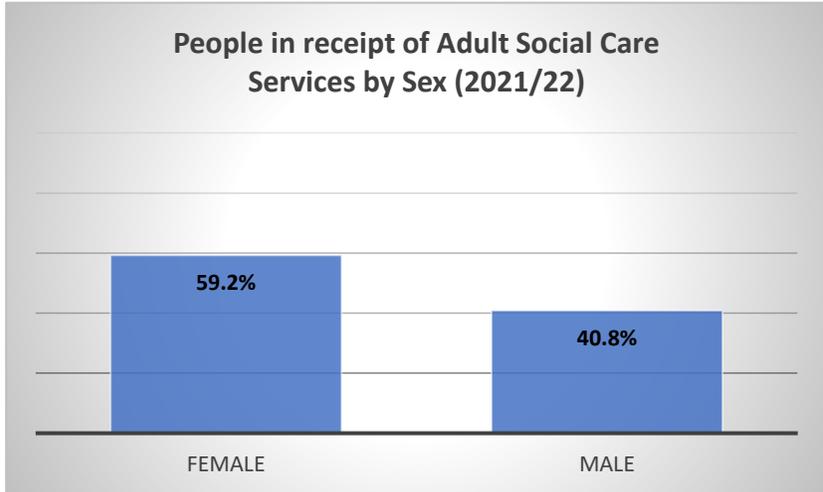
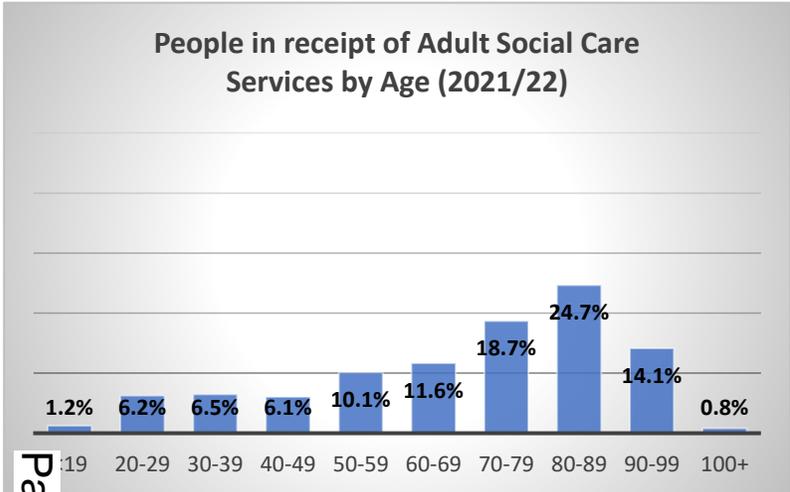


Page 118 : does the data tell us?

- 0.7% of young people in the Youth justice cohort for 2021/22 were aged between 14 and 17, the highest numbers in the cohort were aged 15 and 16.
- Males account for the majority of the cohort at 73%. This is in line with what we know nationally about males being over represented in the Criminal Justice System, and is out of line with our local profile (51% female, 49% male).
- 94.1% of the cohort were white, and 3.1% BME, which is in line with the BME population for Barnsley.
- 16% of young people in the cohort were on an Education Health and Care Plan, and therefore are considered to have Special Educational Needs or Disability (SEND), 35.8% are known to Children’s Social Care as a child in need. 4.6% are have a Child Protection Plan and 4.2% are Looked after Children.
- We need to begin to look at capturing additional categories of data for Children and Young People in respect of gender and sexual orientation.

Adult Social Care

In the 2021/22 period there were 4,760 adults in receipt of Adult Social Care in Barnsley.



Page 119

What does the data tell us?

- The highest proportion of adults in receipt of service for 2021/22 were aged between 80 and 89 (24.7%), followed by people aged 70-79 (18.7%).
- Significantly more females than males were in receipt of service (59.2% v 40.8%). This does not align with the general population split in Barnsley (51% Female and 49% Male). To date we have not collected data in relation to transgender or non-binary individuals, which is an improvement action.
- 0.9% of adults in receipt of a service were BME, compared to 3% of the general population in Barnsley suggesting that they may be underrepresented in this cohort.
- We do collect data on religion and belief and sexual orientation. However, sexual orientation was not recorded in 67.4% of cases and religion and belief was not recorded in 41.5% of cases. This is a clear area for improvement.



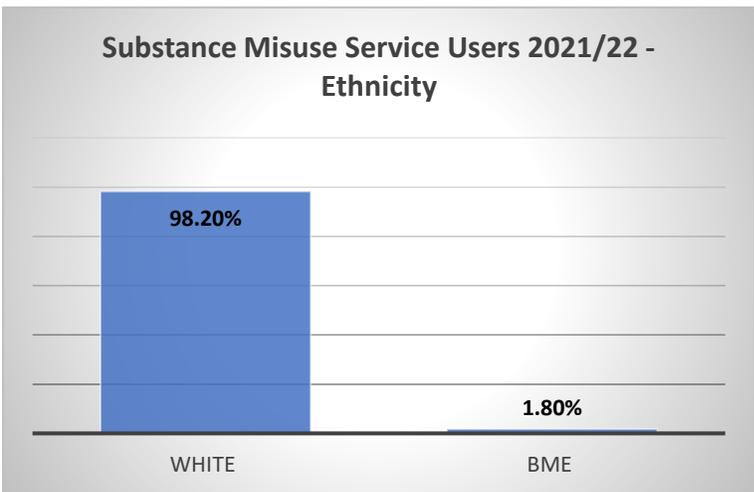
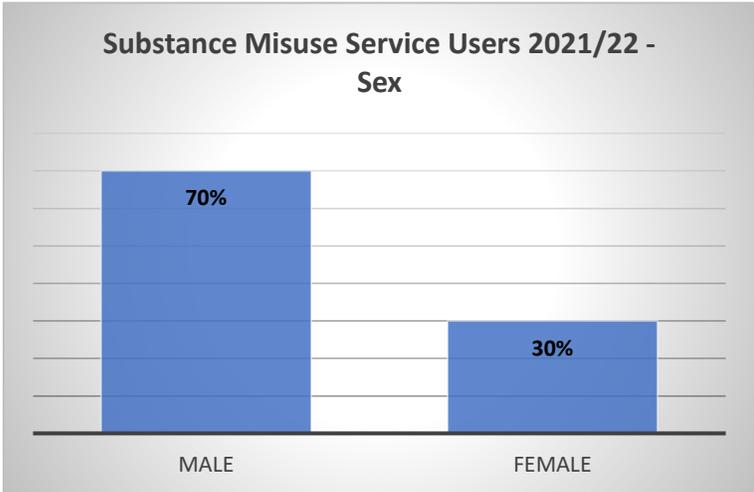
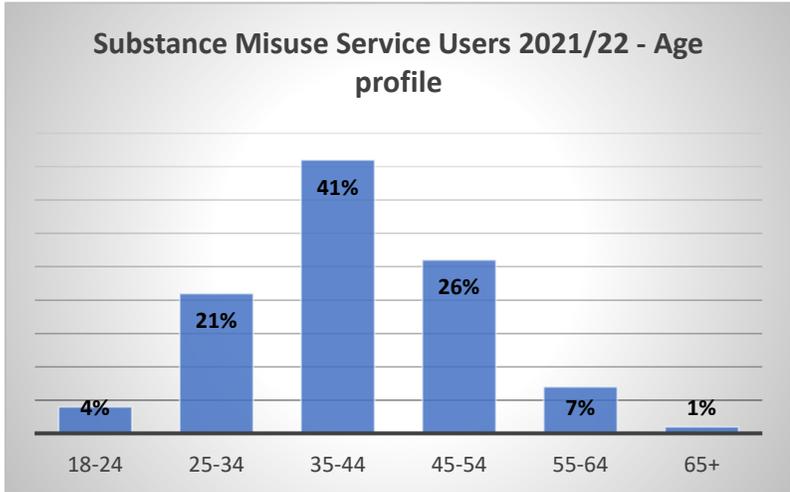
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Drug and Alcohol Treatment Services

Data was captured for all service users of our drug and alcohol treatment services in 2021/22. The equalities monitoring for this cohort is very robust, with very few “not known” categories.



Page 120

What does the data tell us?

- The Substance Misuse Service is only available to residents aged over 18, as young people under the age of 18 years are seen by the Young Peoples’ Substance Misuse Service. Barnsley figures appear to be similar to the national averages for all ages apart from 35-44, this age group appears to be slightly higher.
- The proportion of men accessing services is significantly higher than females (average 70/30 split). This appears to fit with national figures of women accessing treatment, but is not representative of the general gender demographic of Barnsley. As with other services we do not capture data around non – binary and Transgender.
- In 2021-22, individuals accessing treatment services were predominantly White British at 94%, which is significantly higher in comparison to national figures. The 2021-22 Barnsley Recovery Step figures show a total 1.3% of service users were classified as BME. This is still significantly lower than the general ethnicity breakdown of Barnsley residents.
- 33% of service users identified as having a disability in 2021-22 In comparison to national figures, Barnsley appears to consistently have a higher rate of service users who identify as disabled, this is higher than the rate of disability in Barnsley population in general.



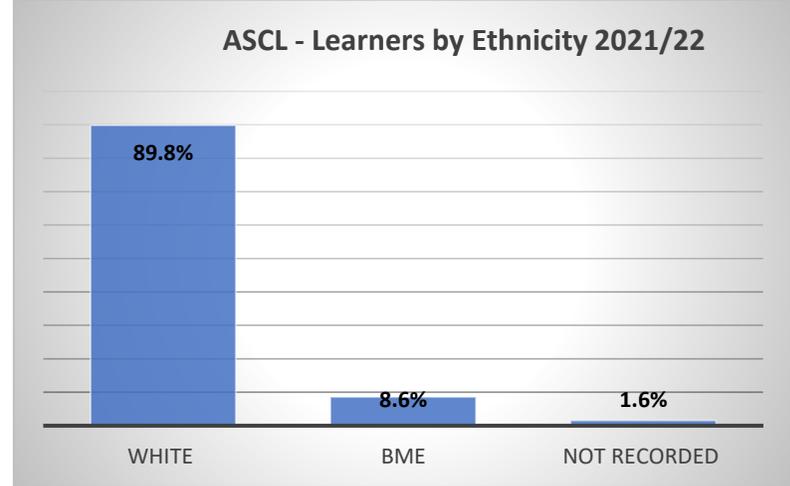
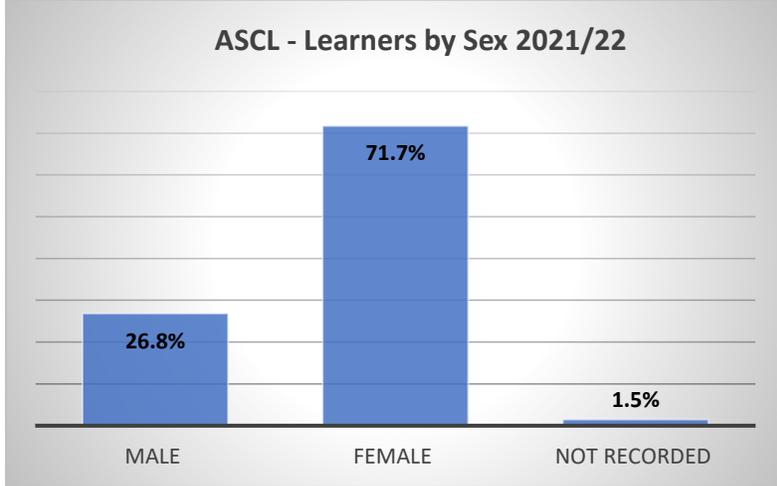
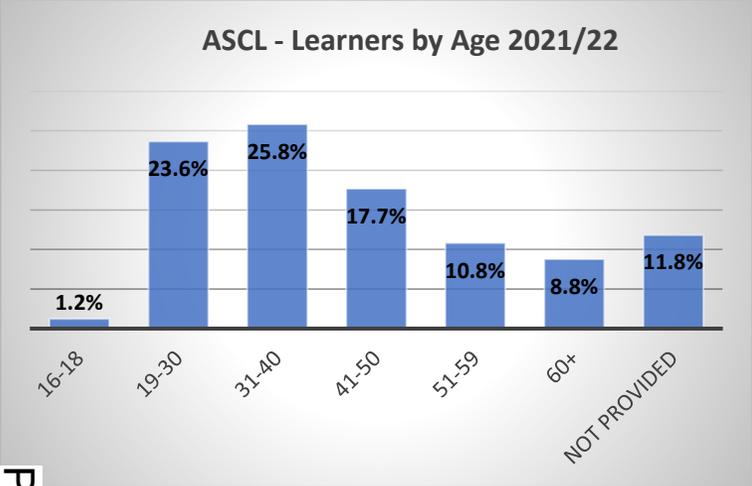
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Adult Skills and Community Learning (ASCL)

The data below represents the 1,573 learners working with ASCL during academic year 2021/22.



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What does the data tell us?

- most half of learners were aged between 19 and 40 years.
- 71.7% of learners were female, this is significantly higher than the proportion of females in the general population of Barnsley (51%), suggesting that men are severely under represented in this cohort.
- 8.6% of learners were BME, again this is significantly higher than the General BME population in Barnsley (3%), suggesting that the service are recruiting more traditionally harder to reach groups.
- A significant proportion (47%) have a declared disability, again this is higher than the general population (22%) suggesting that people with higher support needs are accessing the service, which is positive.



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3. Workforce Profile

We recently held an employee survey which asked for demographic information about our workforce. From a workforce number of 3,222 employees, we believe that this data currently gives us the most accurate demographic profile of our workforce.

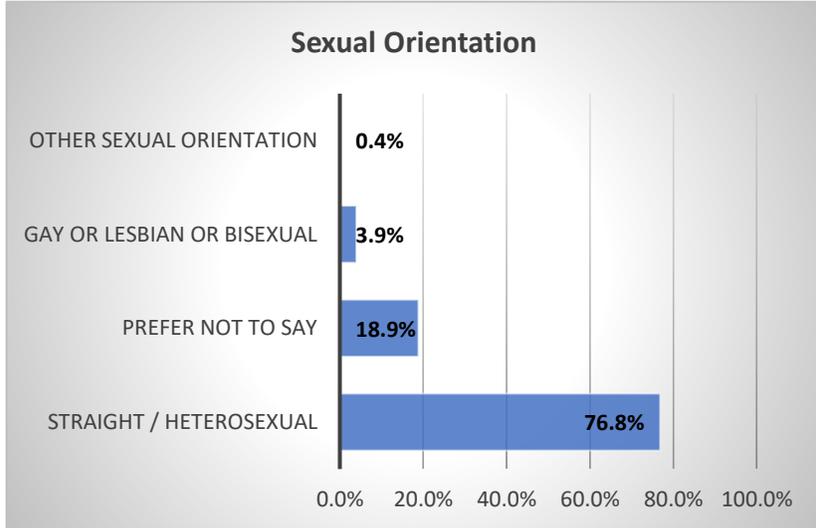
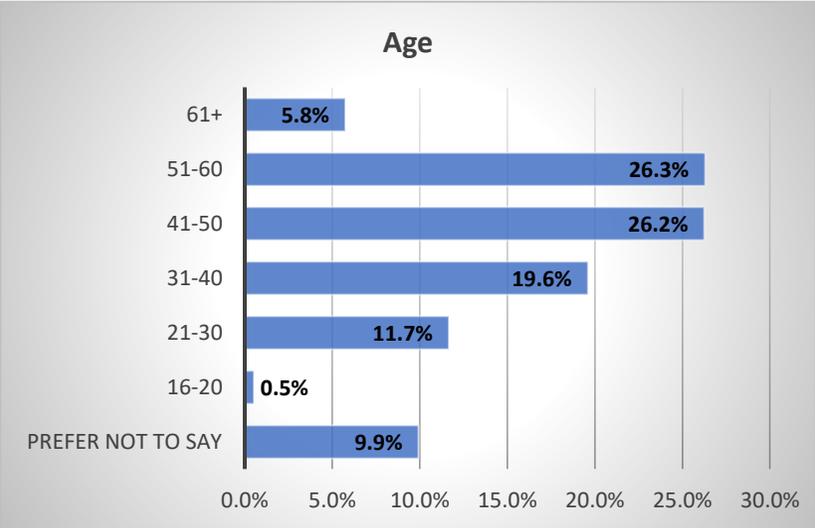
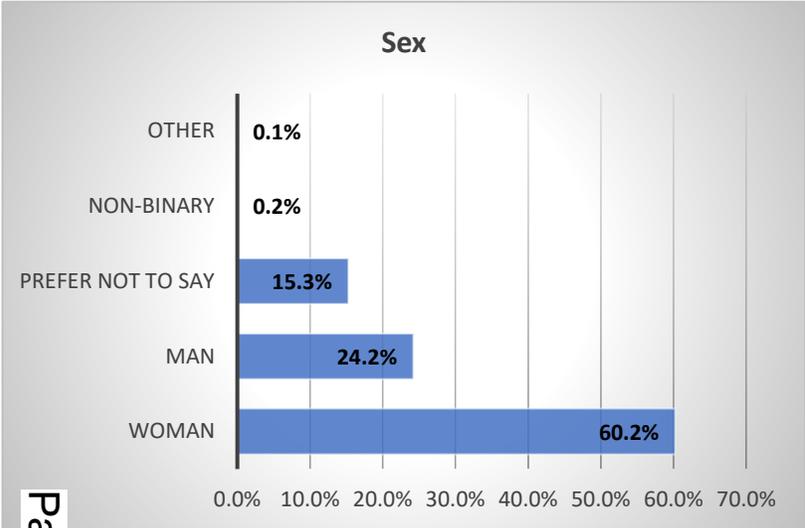
We are in the process of updating our current HR management system. Employees will be able to access the system via self-service, providing the opportunity to keep their own personal data up-to-date which will help to improve the currency and quality of the data we capture and report on about our workforce.

We recognise that the data held in our current HR management system needs to be better and we have plans in place to improve this. We will collect data covering all the protected characteristics: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage for existing employees through a one off data collection exercise and we will also ensure that we have mechanisms in place to capture this data for new starters.

We are in the process of updating our equality and diversity action plan and the following improvements actions will be monitored through this process.

- Page 122
- Action 1: Develop and launch new HR Management System with self serve capability to ensure maximum opportunity to capture equality monitoring data.
 - Action 2: Undertake a one off data collection exercise to capture up to date and appropriate data about our employees ensuring employees are aware of why we are collecting it and some of the benefits to providing it (to reduce “prefer not to say”).
 - Action 3: Ensure that improved systems are in place to capture this data for new starters in the organisation.
 - Action 4: Further work to identify the reasons why employees might not disclose information about different characteristics.

Employees by Sex, Age and Sexual Orientation



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What does the data tell us?

- 0.2% of all employees were female, this is significantly higher than the Barnsley total (51%). Further work is needed to establish the spread of males and females across service areas to understand how we can make those areas more representative.
- Over 50% of employees are aged between 40 and 60 years old. The highest proportion are between 51 and 60. We need to ensure that wellbeing interventions are tailored to this cohort and that succession plans are in place to ensure that we retain the knowledge within the organisation.
- 3.9% of employees identified as Gay, Lesbian or Bi-sexual with 0.4% identifying as other sexual orientation. Almost 19% opted not to say. This warrants further investigation to determine some of the barriers to declaration.

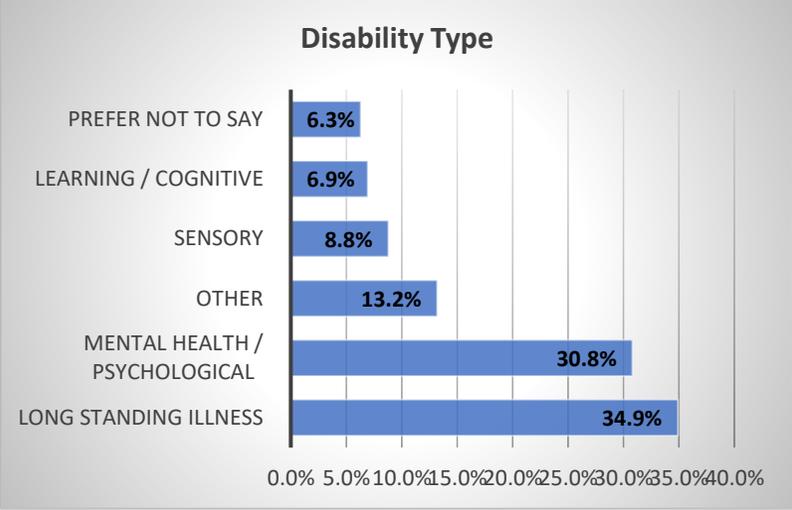
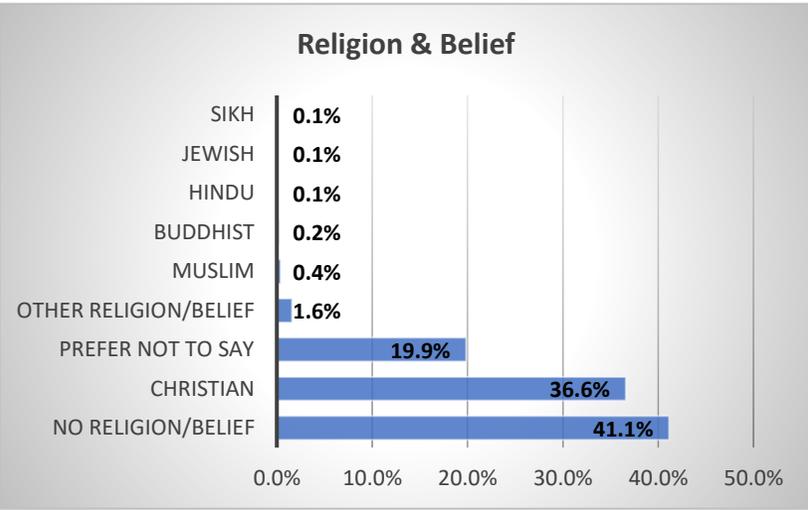
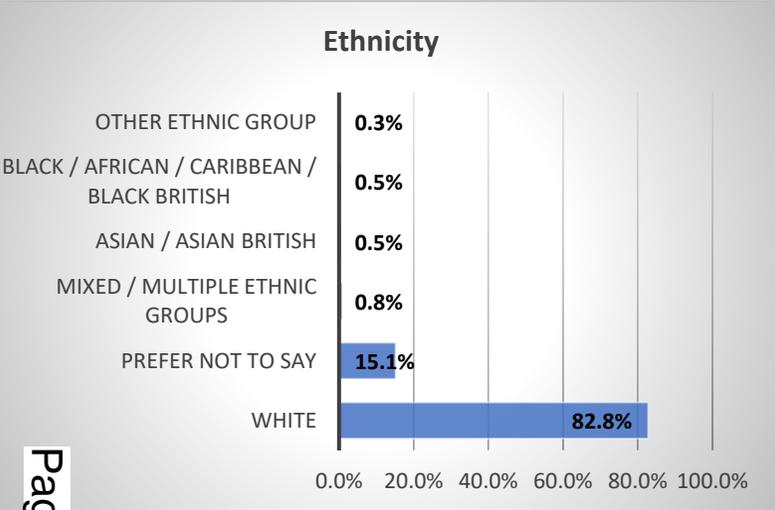


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Employees by Ethnicity, Religion and Belief and Disability



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What does the data tell us?

- 82.8% of all employees are white, with 1.3% BME. These are both lower than the general population. However, it is important to note that 15% did not disclose their ethnicity, which requires further investigation.
- 41.1% of employees have no religion or belief, followed by 36.6% identifying as Christian. Again there was a high proportion (20%) who opted not to disclose.
- 8.3% declared that they have a disability. This is significantly lower than the Barnsley average of 22%. However, it is important to bear in mind that a proportion of the Borough wide total will not be able to work due to their disability therefore caution should be exercised when comparing. Again, non-disclosure rates were high at 15.1%.



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Inclusivity

In the Employee Survey we asked questions designed to understand how inclusive we are as an organisation. Some of the key findings were:

- 78% of employees feel comfortable discussing their background, beliefs, and cultural experiences with their line manager / supervisor (6.8% disagree / strongly disagree).
- 84.5% of employees feel comfortable discussing their background, beliefs, and cultural experiences with their colleagues (6.1% disagree / strongly disagree).
- 88.1% of employees believe they have the skills and knowledge to consider competently equality, diversity and inclusion issues in their work.
- 84.5% of employees know how to report instances of harassment or discrimination and 72.6% believe that appropriate action will be taken if an instance of harassment or discrimination was reported, 8.3% do not.
- A number of themes emerged when we asked what we could do to improve inclusivity. The top three themes were improved training, development of employee networks and review of good practice recruitment processes, which will form part of our action plan.

4. Progress against our Equality Objectives

Objective 1 Healthy Barnsley: People live independently with good physical and mental health for as long as possible.

Reablement

The Reablement service provides support to regain living skills, confidence and independence to live at home. They provide short-term support to enable people to complete day-to-day activities safely, allowing them to remain independent at home for longer. The number of people accessing reablement services has positively increased over the last year. 1,161 people have accessed reablement in 2021/22, this is an increase of 62.8% compared to the previous year and above the target of 1,000.

Trans Barnsley

The Suicide Innovation Fund has enabled the Recovery College to set-up a support group for people who identify as Trans, which aims to provide a safe and confidential space where trans people can receive the support they need to reduce the risk of suicidality or suicide ideation. The support available ranges from psychological support to advice on benefits, housing and employment and information relating to surgical and medical interventions. The project also provides support to family and friends.

Feeding Barnsley

Good Food Barnsley is a broad coalition between the private, public and 3rd sectors. It is a joined-up movement and partnership of fantastic minds and resources that work towards a shared vision of building a better Barnsley where everyone has the right to the food they need to thrive. It is a genuine partnership to promote healthy sustainable food, tackle food insecurity and diet-related ill health, educate, and build community food knowledge, skills, and resources and to demonstrate the positive impact this is having on increasing citizen independence in our communities.

Team Talk

The Suicide Innovation Fund has funded the 'Team Talk' initiative, run by Reds in the Community. This initiative provides a safe space for men to discuss a variety of topics with other men, informally, with the aim of improving their mental wellbeing. A total of 20 people have engaged with the project over a total of 44 sessions and an increased number of people reported a positive change in their mental wellbeing since engaging with the project.

Collaborative Cold Weather plan

Our Collaborative Cold weather group is supported by key agencies working across the borough to help reduce the impact of cold-related ill health and excess winter deaths. Together we have developed a plan which focuses on the main contributory factors.

Take a seat Barnsley

A Seat Barnsley has been created in response to feedback from older people who expressed a need for more seating to enable them to get out and about. The location, design and size of the seats vary across the borough. Some are outdoors, some urban, some rural, whilst others may be in shops or indoor areas. The aim is to encourage people to get out and about more by providing suitable stopping places to rest and socialise along the way. There are now 16 locations across the borough.



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Objective 2 Learning Barnsley: Children and young people achieve the best outcomes through improved educational achievement and attainment.

Children and Young people with Special Educational Needs and Disabilities

Work has been undertaken with schools to ensure they are correctly identifying the level of Special Educational Needs and Disabilities (SEND) provision and support for children and young people at the earliest opportunity. As a result, Barnsley has positively increased the number of children and young people receiving SEN support to 10.9%.

Students with an Education Health and Care Plan made significant improvements in EYFS and are performing substantially higher than the national average. Pupils with SEND saw an improvement in Year one Phonics outcomes in 2022 compared to 2021 and outperformed this group nationally. The expected standard in reading, writing and maths at Key Stage two was equal to the national average in 2022. The attainment 8 score of pupils with SEND improved in comparison to 2019 and more CYP achieved a standard pass in English and maths.

Care Leavers in Education Employment or Training

68.2% of care leavers were in education, employment or training, around the time of their birthday. Although performance is slightly lower than 2020/21 (71.2%), it remains above target (65%), and significantly above both the national (52%) and statistical neighbour (50.1%) averages for 2020/21.

Apprenticeship Pay Gap

We have bridged the gap in pay for young people transferring to an apprenticeship from the Youth Employment Programme with the council. This decision, has allowed young people to progress onto an apprenticeship opportunity with the council at National Minimum Wage, the same rate of pay as they were receiving on the Youth Employment Programme. The current pay rate for new apprentices to the council is £6.56 per hour, reverting to the National Minimum Wage relative to age after 12 months. This is significantly above the minimum apprentice rate set by Government of £4.30 per hour. It is the intention to support all young people taking part in the Youth Employment Programme to move onto either paid employment or apprenticeships both internal and external from the council.

The Power of Learning on Mental Health

The Wellbeing Team within Adult Skills and Community Learning are working hard to support learners in developing improved wellbeing and mental health. Through creative activities including art, sugarcraft and sewing as well as positive thinking classes, learners develop new skills, become more active, connect with and support others and learn to pay attention to the present. Research and experience shows us this can have an amazing impact. In her recent feedback, one learner told us;

“If I can do it anyone can, from not seeing a future and wanting to end my life at worst, to feeling life has never been better this is who I am and what I want to do.”

The barriers created by mental ill health and wellbeing issues can have an enormous impact on our lives and now, more than ever before, we need to be supporting those in our community to find the strength to work towards overcoming them. Every step a learner takes makes a difference from growing the confidence to converse with others, to developing the motivation and resilience needed to move on to further learning or employment.



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Objective 3 Growing Barnsley: People have a welcoming, safe and enjoyable town centre and principal towns as destinations for work, shopping, leisure and culture.

Glassworks Development

The new Glass Works Square has significantly enhanced the accessibility and connectivity of Barnsley Town Centre. Footfall showed positive trends across 2021/22 with the annual target being achieved and surpassed, and the figure for June 2021 was the highest we've had for June in a number of years.

AccessAble

AccessAble Surveyors completed an annual review of Barnsley's access guides, creating 13 new guides in 2021-22 (264 total). These guides provide disabled people with details of what a place is like in, and around, different venues and sites across the Borough and are available (free of charge) through the [website](#) or the AccessAble app.

Disability Equality forum

Barnsley's disability equality forums (['My Barnsley Too'](#) and ['Thursdays Voice'](#)) have moved their meetings to a venue in the town centre. This has had a positive impact on members as they have become more confident in visiting the town centre and now regularly visit the library or market kitchen cafes for lunch after the meetings.

Click & Collect Barnsley

Click & Collect Barnsley is a project aimed at encouraging the people and businesses of Barnsley to adapt and capitalise on people's changing retail habits. Refrigerated and ambient collection lockers have been installed in Barnsley Markets and collection hubs set up at libraries across the borough. Shoppers can order from independent retailers through the ShopAppy website – be it fresh meat and fish, vegetables, clothes, jewellery, artwork and much more, and collect their items at a time and location that's convenient to them.

BMBC Housing Acquisitions programme

Last financial year's acquisitions programme was hugely successful, with the £3M budget fully utilised acquiring 28 properties across of a range of property types in areas of housing need. A third of these were highly energy-efficient new-build homes. In addition to increasing the overall provision of affordable housing stock within the borough, one of the key objectives of the programme is to add properties for which there is a specific need not met by the existing stock profile.

Barneslai Homes has a particular demand for larger family homes, larger bungalows and properties which are suitable for adaptation. These property types featured in last year's acquisitions and will continue to be a key focus for this financial year.



My Barnsley Too
A Forum for Disability Equality



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Objective 4 Sustainable Barnsley: People live in great places, are recycling more and wasting less, feel connected and valued in their community.

Community Fridge

Mapplewell Village Hall saw the launch of an exciting new initiative, with Barnsley's first Community Fridge. which is a brilliant project centred around the reduction of food waste. has successfully re-distributed food to a diverse range of Barnsley's residents and diverted approximately 100kg of food from landfill per day since it opened.

Better Access for disabled residents to our Household Waste and Recycling Centres

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listened to feedback provided by disabled residents and changed our processes to allow the use of larger vehicles in our Household Waste and Recycling Centres. This positively increased access to recycling and household waste facilities for disabled residents as they often need larger vehicles to accommodate equipment.

Warm Homes Team

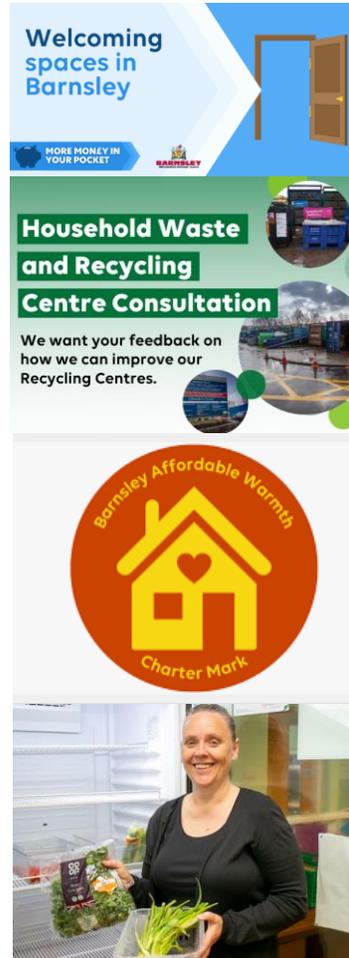
The Council has a Warm Homes Service which has been established to provide advice and assistance relating to warm homes, energy debt, home improvements and retrofit. The Council has been successful in its bids to the BEIS Local Authority Delivery (LAD) housing retrofit programmes and has, to date, secured over £7m to offer housing retrofit measures to improve the thermal and energy efficiency of homes in the private sector. This funding is targeted at households in fuel poverty (using BRE and other business intelligence data), taking a fabric first approach to adequately insulating homes and reducing energy usage and carbon emissions.

Recycling Campaign

An awareness raising campaign was developed to increase the recycling of pots tubs and trays. Pictures and imagery were used to increase the accessibility of this information for people who may face barriers to reading information in written English (including limited English speakers and some disabled people).

Welcoming Spaces

We have developed a network of Welcoming Spaces which will be available to people wishing to use them over the winter months, until 31 March 2023. We are using our own buildings, such as libraries, museums, family centres, and Berneslai Homes buildings to provide welcoming, warm, and inviting spaces for anyone who's feeling the cold. People can go there to get warm, stay warm and join in any of the regular activities or events which are being provided. It's also an opportunity to find out about other free resources, such as the Library Service's free e-books, e-magazines, online newspapers, and free internet and Wi-Fi, which will support families during the cost-of-living crisis.



Enabling Barnsley: We are a modern, inclusive, efficient, productive and high-performing council.

Black History Month

We joined communities across the country, in celebrating Black History Month in October 2021. The theme - 'Proud to Be' - invited black people of all ages and backgrounds to share the history they are making in their own ways as well as the pride they have in their heritage and culture.

We brought Black History Month to Barnsley, kickstarting festivities with a range of online and in person celebrations. Some of these included a special tour of Experience Barnsley and a free screening of hidden figures at the lightbox (with special guest Bruce Dyer, a former Barnsley FC player)

LGBTQ+ History Month

In February 2022, we celebrated LGBTQ+ History Month by sharing a variety of content on social media, successfully increasing our reach (3%) and engagement (26%) on the previous year. We also published two articles internally to raise awareness amongst employees and promote our online equality, diversity and inclusion courses, including Trans Awareness.

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Menopause

On 18 October, colleagues came together in support of Menopause Awareness Day. We used this week to educate everyone about the menopause and improve the often 'taboo' perception of the topic. We want to support all employees who may be affected by the menopause. We have developed a short e-learning course covering what the menopause is, what symptoms women can experience, how these can be managed at work and what adjustments could be put in place. You can also hear some real menopause journeys. We strongly encourage anyone with a people management responsibility to undertake this course to educate themselves, to support their colleagues if they are going through the menopause.

People Strategy

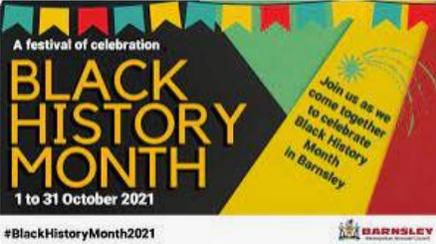
We developed a 'People Strategy' which focusses on supporting our employees to be the best they can be, making sure they have the support, opportunities and inclusive culture they need to thrive. The three key themes of the strategy are 'Effective leadership, values and culture', 'Maximising our capacity and capability' and 'Employee experience'.

Kickstart Scheme

The Kickstart Scheme provides funding to employers to create jobs for 16 to 24 year olds on Universal Credit. Since the Kickstart scheme began, the council have created 50 25 hours per week placements are funded through the Department for Work and Pensions and topped up by the council. We have already experienced the benefits of having enthusiastic young people in our services. Each of our Kickstart placements has been a valuable addition to the team, with some going on to be permanent team members. Kristopher Elsey said, "Courtney has settled in really well thanks to her work ethic and fantastic attitude. She has become a valued team member helping assist with day-to-day tasks. Courtney is a testament to the Kickstart programme, and I would not hesitate to take on anyone else from the programme in the future."

Translation & Interpretation Services

From 1 April 2021, AA Global became our sole provider for all translation and interpretation services. For the first time we have awarded the contract to a single company for all of our assignments to ensure the best service for our customers from one single source.



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BARNSELY Metropolitan Borough Council

Item 10

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

AUDIT AND GOVERNANCE COMMITTEE – 20th SEPTEMBER 2023

ANNUAL REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT

1. Purpose of the Report

- 1.1 The purpose of this paper is to inform the Committee of the current position in terms of implementation of the agreed actions reported to the Committee at its September 2022 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).

2. Recommendation

- 2.1 **Members consider and assess the proposed QAIP Framework which sets out how it will meet the requirements set out in the PSIAS.**
- 2.2 **That the Committee receives an annual update report on the delivery of the QAIP.**

3. Background Information

- 3.1 Revised Public Sector Internal Audit Standards (PSIAS) came into effect from April 2017. Within those standards is the requirement for the Head of Internal Audit to develop and maintain a Quality Assurance and Improvement Programme (QAIP).
- 3.2 The particular standard in the PSIAS is 1300 - *Quality Assurance and Improvement Programme*. This states that:

“The Head of Internal Audit must develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit activity”.

Guidance in relation to this states that:

“A quality assurance and improvement programme is designed to enable an evaluation of the internal audit activity’s conformance with the Standards and an evaluation of whether internal auditors apply the Code of Ethics. The programme also assesses the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement. The Head of Internal Audit should encourage [Audit Committee] oversight in the quality assurance and improvement programme”.

- 3.3 Whilst the 2017 PSIAS formalised this as a specific requirement, previous Internal Audit standards and professional requirements ensured that Heads of Internal Audit had effective quality assurance arrangements in place. This incorporated the duty to undertake an annual self-assessment and an independent external assessment against the PSIAS once every five years. An independent external assessment was undertaken during 2021 and reported to the Audit & Governance Committee in September 2021. This assessment confirmed that the Internal Audit function was in full conformance with the PSIAS.
- 3.4 It is important for the Internal Audit Team and client organisations that the requirements of professional standards are met and are seen to be met. A framework has been developed to ensure all aspects of the PSIAS are considered and factored into how the Internal Audit function is resourced, managed, audit work is identified and delivered, and personal professional standards are met. A self-assessment against the PSIAS will be undertaken, once the Service's Transformation Review has been concluded and any changes embedded, to measure and evidence compliance with the PSIAS. The outcome will be reported into the Audit and Governance Committee in due course.
- 3.5 The full PSIAS covering the QAIP is attached as Appendix 1. Note that the PSIAS refers to the *chief audit executive* as a generic term for the officer responsible for the Internal Audit function. The job title 'Head of Internal Audit' is most commonly used in the public sector. Also, the term '*board*' is used which in the public sector context is the audit committee. CIPFA have produced a Local Government Application Note (LGAN) to provide guidance to ensure consistency in how the PSIAS are interpreted specifically in a local government context.
- 3.6 The key framework of the QAIP are shown in the table below. A more detailed analysis of the PSIAS is shown at Appendix 2 alongside the actions being undertaken or planned below.

Key Standard 1300 Requirements	Action / Current Position
<i>Internal Assessments:</i>	
Ongoing monitoring of the performance of the internal audit activity.	Processes are in place as part of audit management arrangements.
Periodic self-assessments or assessments by other persons within the organisation with sufficient knowledge of internal audit practices.	An EQA was undertaken during 2021 and this included the Assessor circulating and collating the responses from a number of key IA clients (BMBC and external).
<i>External Assessments:</i>	
External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation.	An EQA was undertaken during 2021.
<i>Reporting on the Quality Assurance and Improvement Programme:</i>	
The chief audit executive must communicate the results of the quality assurance and improvement programme to senior management and the	Internal Audit report to SMT at its quarterly performance meeting. Reported to the Committee at its

Key Standard 1300 Requirements	Action / Current Position
board.	September 2022 meeting and this report is providing an updated position.
Use of “Conforms with the International Standards for the Professional Practice of Internal Auditing”:	
Indicating that the internal audit activity conforms with the <i>International Standards for the Professional Practice of Internal Auditing</i> is appropriate only if supported by the results of the quality assurance and improvement programme.	The EQA undertaken in 2021 confirmed full compliance.
Disclosure of Non-conformance:	
When non-conformance with the <i>Code of Ethics</i> or the <i>Standards</i> impacts the overall scope or operation of the internal audit activity, the chief audit executive must disclose the non-conformance and the impact to senior management and the board.	Not applicable – the EQA confirmed full compliance.

- 3.7 In order to ensure continuous improvement and focus on quality and conformance, the Internal Audit Manager has been designated the responsibility to maintain and manage the QAIP and general quality process. The Action Plan is updated and discussed with the Head of Internal Audit, Anti-Fraud and Assurance on a quarterly basis.
- 3.8 The following actions are undertaken on an annual basis (and then as and when required during the financial year):-
- a) Each member of the team completes an annual declaration of interests form, to identify any potential areas of conflict for which they will not be assigned Internal Audit work. This is a Code of Conduct and PSIAS requirement, to demonstrate Internal Audit’s continued independence and objectivity.
 - b) Each member of the team has a Personal Development Review on an annual basis, with learning and development opportunities identified being monitored on a 6 monthly basis (mid year PDR) and 1:1 meetings that are scheduled every 2 months.
- 3.9 Clearly, ensuring an internal audit function meets all its professional standards is vitally important to provide client organisations with the best possible service. However, faced with increasing pressure on audit days it is equally essential to balance the input of resources to manage quality and professional standards compliance against actually delivering the audit function. A key role of the Head of Internal Audit, Anti-Fraud and Assurance and the Internal Audit Manager is to constantly review this balance.

4. List of Appendices

- Appendix 1 - Public Sector Internal Audit Standards - Extract
- Appendix 2 - Updated QAIP Action Plan

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Head of Internal Audit, Anti-Fraud and Assurance

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PUBLIC SECTOR INTERNAL AUDIT STANDARDS - EXTRACT

1300 Quality Assurance and Improvement Programme

The chief audit executive must develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit activity.

Interpretation:

A quality assurance and improvement programme is designed to enable an evaluation of the internal audit activity's conformance with the *Standards* and an evaluation of whether internal auditors apply the *Code of Ethics*. The programme also assesses the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement. The chief audit executive should encourage board oversight in the quality assurance and improvement programme.

1310 Requirements of the Quality Assurance and Improvement Programme

The quality assurance and improvement programme must include both internal and external assessments.

1311 Internal Assessments

Internal assessments must include:

Ongoing monitoring of the performance of the internal audit activity.

Periodic self-assessments or assessments by other persons within the organisation with sufficient knowledge of internal audit practices.

Interpretation:

Ongoing monitoring is an integral part of the day-to-day supervision, review and measurement of the internal audit activity. Ongoing monitoring is incorporated into the routine policies and practices used to manage the internal audit activity and uses processes, tools and information considered necessary to evaluate conformance with the *Code of Ethics* and the *Standards*.

Periodic assessments are conducted to evaluate conformance with the *Code of Ethics* and the *Standards*.

Sufficient knowledge of internal audit practices requires at least an understanding of all elements of the International Professional Practices Framework.

1312 External Assessments

External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. The chief audit executive must discuss with the board:

The form of external assessments.

The qualifications and independence of the external assessor or assessment team, including any potential conflict of interest.

Interpretation:

External assessments may be accomplished through a full external assessment, or a self-assessment with independent external validation. The external assessor must conclude as to conformance with the *Code of Ethics* and the *Standards*; the external assessment may also include operational or strategic comments.

A qualified assessor or assessment team demonstrates competence in two areas: the professional practice of internal auditing and the external assessment process. Competence can

be demonstrated through a mixture of experience and theoretical learning. Experience gained in organisations of similar size, complexity, sector or industry and technical issues is more valuable than less relevant experience. In the case of an assessment team, not all members of the team need to have all the competencies; it is the team as a whole that is qualified. The chief audit executive uses professional judgment when assessing whether an assessor or assessment team demonstrates sufficient competence to be qualified.

An independent assessor or assessment team means not having either an actual or a perceived conflict of interest and not being a part of, or under the control of, the organisation to which the internal audit activity belongs. The chief audit executive should encourage board oversight in the external assessment to reduce perceived or potential conflicts of interest.

Public sector requirement

The chief audit executive must agree the scope of external assessments with an appropriate sponsor, e.g. the accounting/accountable officer or chair of the audit committee as well as with the external assessor or assessment team.

1320 Reporting on the Quality Assurance and Improvement Programme

The chief audit executive must communicate the results of the quality assurance and improvement programme to senior management and the board. Disclosure should include:

The scope and frequency of both the internal and external assessments.

The qualifications and independence of the assessor(s) or assessment team, including potential conflicts of interest.

Conclusions of assessors.

Corrective action plans.

Interpretation:

The form, content and frequency of communicating the results of the quality assurance and improvement programme is established through discussions with senior management and the board and considers the responsibilities of the internal audit activity and chief audit executive as contained in the internal audit charter. To demonstrate conformance with the *Code of Ethics* and the *Standards*, the results of external and periodic internal assessments are communicated upon completion of such assessments and the results of ongoing monitoring are communicated at least annually. The results include the assessor's or assessment team's evaluation with respect to the degree of conformance.

Public sector requirement

The results of the quality and assurance programme and progress against any improvement plans must be reported in the annual report.

1321 Use of "Conforms with the International Standards for the Professional Practice of Internal Auditing"

Indicating that the internal audit activity conforms with the *International Standards for the Professional Practice of Internal Auditing* is appropriate only if supported by the results of the quality assurance and improvement programme.

Interpretation:

The internal audit activity conforms with the *Code of Ethics* and the *Standards* when it achieves the outcomes described therein. The results of the quality assurance and improvement programme include the results of both internal and external assessments. All internal audit activities will have the results of internal assessments. Internal audit activities in existence for at least five years will also have the results of external assessments.

1322 Disclosure of Non-conformance

When non-conformance with the *Code of Ethics* or the *Standards* impacts the overall scope or operation of the internal audit activity, the chief audit executive must disclose the non-conformance and the impact to senior management and the board.

Public sector requirement

Such non-conformances must be highlighted by the chief audit executive to be considered for inclusion in the governance statement.

Action Plan

	Continuous Improvement Area	EQA Rationale / Action	Priority	Lead Officer	Timescale	Current Status
1	Data Analytics	“The Council is developing its own data analytics processes, but it is likely to be some time before this is fully functional and as such the Head of Audit, Anti-fraud and Risk should consider obtaining a suitable application as an interim measure. There are a number of applications on the market that can be considered. BIAS is aware of the benefits achievable from developing their data analytics capability and have already explored the development of Power BI. However, until this is developed, suggest exploring the functionality available in the specialist applications on the market.”	Advisory	HoIA	31 st March 2024	<p>Partially Completed – Explored specialist applications on the market and researched via CIPFA, IIA and similar IA services. Concluded the best option is Excel (most IA Services contacted are utilising this option).</p> <p>The use of Data Analytics forms part of the Service’s Transformation Review plan. A Principal Auditor is leading a small working group to develop and implement by 31st March 2024.</p>
2	Dissemination of Information	“Once the review of the internal audit pages on the Council’s intranet is complete, the Service should consider using the intranet as a means of disseminating briefings to officers on topics such as good practice found during audits that could be adopted by other units in the organisation, or emerging risks that may have a wider impact on services that are peripheral to the services likely to be effected by the risk.”	Advisory	HoIA	31 st March 2024	<p>Partially Completed – the Intranet has been updated in terms of the IA purpose, contact details and links to key documents etc.</p> <p>Further development of communications / dashboards etc forms part of the Service’s Transformation Review plan. A Task & Finish Group has been established to develop the approach and templates ready to launch by 31st March 2024.</p>

Item 11

BARNSLEY METROPOLITAN BOROUGH COUNCIL

REPORT OF: The Director of Finance (Section 151 Officer)

TITLE: CORPORATE FINANCE PERFORMANCE Q1 2023/24

REPORT TO:	Cabinet
Date of Meeting	
Cabinet Member Portfolio	Cllr Franklin - CORE
Key Decision	
Public or Private	Public

Purpose of report

To consider the financial performance of the Authority during the first quarter ended 30th June 2023 and assess the financial implication against the Council's Medium-term Financial Strategy (MTFS).

Council Plan Priority

All

Recommendations

That Cabinet:

CORPORATE FINANCE PERFORMANCE

- 1. Note the £17.5M projected cost pressure on the Council's 23/24 General Fund budget and the plans to bring this into balance by year end as identified within the body of the report.**
- 2. Approve a formal moratorium on all expenditure, to include added scrutiny of procurement spend and recruitment, to help mitigate these pressures.**
- 3. Receive further updates from Executive Directors on the delivery of their service reviews / efficiencies and future spending plans, ensuring that these are managed within agreed resource envelopes.**
- 4. Agree to use the £7.4M provision set aside within the 23/24 budget to partly offset the forecast pressures, with the remainder (should this position not improve), being funded from a reprioritisation of existing earmarked reserves.**

5. Note the current forecast pressure of £0.8M on the Housing Revenue Account.
6. Approve the accounting write-off of historic bad debts totalling £0.969M as detailed in the report [NB: all debts remain liable for collection].

CAPITAL PROGRAMME PERFORMANCE

7. Note the forecast position on the Capital Programme (paragraphs 2.11 to 2.17 refer).
8. Note scheme slippage totalling £3.6M.
9. Note total variation in scheme costs totalling £1.2M, including a cost variation on the Billingley View new build HRA scheme and agree to vire resources from underspends elsewhere within the programme to fund these cost variations.
10. Approve new schemes to be released into the programme totalling £43.6M in line with the agreed 2023/24 Capital Programme.

TREASURY MANAGEMENT

11. Note the key messages from the Council's Q1 Treasury Management activities (paragraphs 2.18 – 2.28 refers).

1. INTRODUCTION

- 1.1 The Council's 23/24 budget was agreed by Full Council on 23rd February 2023. This was predicated on the delivery of several key assumptions (highlighted below), whilst also highlighting significant emerging risks that would also require addressing over the planning period. As such, the updated MTFs set aside one-off resources to temporarily mitigate these anticipated pressures pending the development of a transformation and efficiency plan to address the anticipated budget gaps on a sustainable basis over the medium term.

2. PROPOSAL

Overall General Fund Position to the Quarter Ending June 2023

- 2.1 The table below summarises the Council's forecast financial performance for 2023/24.

Directorate	Approved Net Budget 2023/24	Projected Net Outturn 2023/24	Variance
	£000	£000	£000
Children's	53,327	64,261	10,934
Growth & Sustainability	58,063	59,892	1,829
Place Health & Adult Social Care	54,993	54,993	-
Public Health & Communities	10,543	10,046	(497)
Core Services	24,373	26,073	1,700
Service Totals	201,299	215,265	13,966
Corporate / General Items	33,545	37,045	3,500
TOTAL General Fund	234,844	252,310	17,466*

HRA	0	757	757
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*to be funded via

- 2.2 The current forecast is for a year-end cost pressure in the region of £17.5M. This is significantly more than anticipated at budget setting time and predominantly relates to further additional pressures being experienced in Children's Social Care.
- 2.3 Detailed explanations on each Directorate's position are highlighted below at paragraph 2.12. However, in summary the main pressures are as follow:

Pressure	£M	
Children In Care (LAC/Other)	8.3	
Children's Development Plan	2.6	
Sub Total – Children's Directorate		10.9
Commercial Income	0.8	
Home to School	0.6	
Additional Waste Costs	0.4	
Sub Total - Growth & Sustainability		1.8
Additional legal (Childrens SC related) costs	1.3	
Children's Development Plan (Legal /BI)	0.5	
Sub Total - Core Directorate		1.8
Employee Pay	3.5	
Sub Total - Cross Council Pressures		3.5
Total Cost Pressures		18.0
Underspend within public health / other		(0.5)
Net Cost Pressure		17.5

- 2.4 To help mitigate the above cost pressures it is recommended that a formal moratorium on expenditure be implemented, including tighter controls on procurement and recruitment expenditure.
- 2.5 However, it is unlikely that the above will address the £17.5M cost pressures in full, so in line with the agreed financial strategy, these pressures will need to be addressed in year from the £7.4M reserve set aside as part of the 23/24 budget setting process, with the remainder (currently £10.1M) being funded from a re-prioritisation of existing earmarked reserves.

- 2.6 It is likely that some of these pressures will continue over the medium term, so it remains imperative that the development and delivery of a transformation and efficiency plan to address the anticipated budget gaps over the medium term, is progressed.
- 2.7 Therefore, it is recommended that Executive Directors provide regular updates on actions to mitigate the above costs moving forwards including an update on delivery of their service reviews (transformation) and future spending plans, ensuring that these are managed within agreed resource envelopes.

Corporate Resources

- 2.8 The above position (as reported in the table at paragraph 2.1) excludes any impact in relation to the collection of core taxation income (Council Tax and Business Rates). The Council Tax collection rate is currently forecast to be 96.28%, which is 0.22% below the stretch target of 96.5% [due to the impact of the cost-of-living crisis on household incomes and the ability to pay Council Tax and other bills]. Collection below 95% would result in a financial pressure over and above that reported in this report and therefore this position will be closely monitored throughout the remainder of the year.
- 2.9 Business Rates collection is also slightly below target at 97.82% compared to the stretch target of 98% [due to the ongoing impact of inflation and supply chain issues on business cashflow and ability to meet business costs including business rates]. Similar to Council Tax, this position will be closely monitoring throughout the remainder of the year.
- 2.10 Overall, the current arrears (debt) position as at the end of June stood at £21.585M, a net increase of £2.0M since the start of the year. The Council's overall bad debt provision has also been revised to reflect current arrears. Approval is now sought to write off historic debts [in accounting terms] of £0.969M which have become uneconomical to pursue any further at this time [NB: all debts remain liable for collection].

2023/24 Efficiency Proposal Update

- 2.11 The following table provides an update against the agreed 23/24 efficiency proposals.

Directorate	Target £	Already Delivered £	To be Delivered £	Progress
CHILDRENS SERVICES				
Education, Early Start and Prevention	283,000	283,000	-	Fully delivered
Children's Social Care and Safeguarding	479,600	249,600	230,000	Savings attached to the new residential care home and student placements is yet to be delivered
Total Children's	762,600	532,600	230,000	
GROWTH & SUSTAINABILITY				
Regeneration & Culture	1,540,000	1,040,000	500,000	The efficiency savings attached to Gateway Plaza is unlikely to deliver in full during this year
Highways & Engineering	200,000	200,000	-	

Total Growth & Sustainability	1,740,000	1,240,000	500,000	
PLACE HEALTH & ADULTS				
Adult Social Care	3,010,000	3,010,000	-	Fully delivered
Total Place Health & Adults	3,010,000	3,010,000		

PUBLIC HEALTH & COMMUNITIES				
Public Health	700,000	700,000	-	Fully delivered
Communities	360,000	360,000	-	Fully delivered
Public Health & Communities	1,060,000	1,060,000	-	
CORE				
Finance	190,000	190,000	-	Fully delivered
Business Improvement, HR & Comms	275,000	275,000	-	Fully delivered
Customer Information & Digital Services	299,000	299,000	-	Fully delivered
Total Core	764,000	764,000	-	
TOTAL	7,336,600	6,060,600	730,000	

DIRECTORATE UPDATES

2.12 The following detailed updates have been provided by Executive Directors.

Executive Director's Summary for Children's Services

Highlights

The latest approved budget for 23/24 for the Children's Directorate is **£53.327M**. The Directorate is forecasting an outturn of **£64.261M** as at the end of Quarter 1, resulting in a forecast cost pressure of **£10.934M**. Key pressures include:

- Children in Care (LAC/Other) £8.3M
- Childrens Development Plan £2.6M

Quarter 1 position to the end of the quarter ending June 2023

Children's Directorate	Approved Net Budget	Projected Net Outturn	Variance		Devt Plan Costs	Other BAU Costs
	£'000	£'000	£'000		£'000	£'000
Education, Early Start & Prevention	11,654	11,501	-153		-131	-22
Children Social Care	37,097	48,184	11,087		2,772	8,315
Sub-Total	48,750	59,685	10,934		2,641	8,293
Schools	4,576	4,576	0		0	0
Total – Children's	53,327	64,261	10,934		2,641	8,293

Explanation of Key Variances

Education, Early Start & Prevention (Underspend of £0.153M)

An overall underspend of **-£0.153M** is forecast for the Business Unit and mainly relates to staff vacancies in several service areas.

The Q1 forecast position includes a Development Plan underspend (£0.131M) mainly relating to the delay in recruiting to posts across Early Start and Family Services and Commissioning (included in the development cost below).

The following explains the key operational variances in Q1:

Inclusion Services (overspend of £0.174M):

- The overspend mainly relates to increased Mediation contract costs (£0.030M) and the use of agency staff (£0.146M) to deal with EHCP demand pressures within the SEND Assessment & Review team.
- The overall cost pressure has been offset by vacant posts across Inclusion Services; particularly within the Education Psychology Service (-£0.045M) where there has been difficulty in recruiting qualified psychologists.

Education and Partnerships (underspend of £0.141M):

- The underspend relates to an expected reduction in expenditure on externally procured professional support for schools and staff vacancies within School Improvement (-£0.054M) and Education Welfare (-£0.091M). This is slightly offset by a shortfall in trading income with schools in the Schools Governor Development & Clerking Service.

Early Start and Family Services (underspend of £0.077M)

- The underspend is mainly due to staff turnover and slippage in recruitment to vacant posts in the Family Centres and Targeted Youth Support teams. This is partially offset by a reduction in the family centres childcare income.
- The forecast position above assumes that the carried forward Family Hub Grant from 22/23 (£0.654m) would be fully expended by end of October 2023 – to avoid any risk of claw back.

Other Variances (overspend of £0.008M):

- A net overspend has been reported within Strategic Management relating to historical pension payments offset by an underspend on commissioning.

BU3: Children Social Care (overspend of £11.087M)

An overspend position of **£11.087M** is currently forecast for the year – a significantly worse position than predicted at the start of the financial year. The latest forecast overspend is due to significant cost pressures in LAC placements, Children Disability Service and increased agency spend relating to the Children's Services Development Plan.

The forecast outturn includes costs (£2.391M) of implementing the following range of actions included in the Development Plan aimed at improving and strengthening Children's Services:

- addressing caseloads / capacity pressures by the use of agency staff across teams to cover vacancies / absences.
- creating a variety of additional permanent staffing roles across the business unit to further develop the service, quality, compliance, and outcomes for children.
- Improving our local offer and support to Care Leavers.

The following explains the key cost pressures across children social care for Q1.

Children in Care (overspend of £8.314M):

The forecast overspend mainly relates to LAC placement costs and reflects an increased number of placements in residential care homes as well as the continued competitive pressures in the children's care home provider market. The Council continues to face challenges (increasing numbers and costs) in placing young children, especially those with complex / multiple needs:

- LAC population: - Barnsley's LAC number at the end of Q1 is 412, a net increase of 10 since the end of March 2023. The increase in LAC is mainly due to foster care and residential care placements, offset by reduction in kinship type placements (e.g. adoptions). It should be noted that residential care placement moves (due to breakdowns) and changes due to complexity of needs are significant factors for the increased forecast costs reported.
- External residential care (+£7.484M): - a rise in the number of placements (and costs) in external residential children's homes continues to exert pressure on resources – with an overspend of £7.5M forecast for the year.

There are currently 77 young people placed in external care homes (including 34 in semi-independent accommodation) at the end of Q1, compared to the planned number of 65 for the financial year.

The forecast cost pressure includes the cost of 2x secure welfare / remand placements (unit cost of £13k/week); an increasing number of high-cost placements above the average weekly cost of £5k; and a significant increase in the numbers of children placed in semi-independent accommodation with higher-than-average weekly fees.

The high unit cost of some placements reflects competitive pressures in the care market, particularly for young people with complex needs. It is also evident that the change to regulated provision of a number of semi-independent homes has contributed to the increase in the weekly cost charged by providers.

- Foster care: (+£0.225M)- projected cost pressure mainly due to an increase in the number of children in foster care – 305 at the end of Q1 compared to the planned average for the year of 275 (the increase mainly relates to independent foster agency placements and connected carers). The above increase and cost pressure was slightly offset by a forecast reduction in placements with in-house foster carers.
- Other placement costs: (-£0.291M) - A budget underspend of £0.3M is forecast on Special Guardianship Orders, Adoption Support and Advance S38(6) support payments prior to issuing formal court care orders.
- Other Children in Care budgets (+£0.896M): Staffing cost pressures are currently forecast across the Children in Care social worker teams (including fostering) and the Council owned homes (Spring Lane and Newsome Avenue). Most of these pressures relate to the use of agency staff (to address increased caseloads; cover staff vacancies / absences) and also the outcome of job evaluation of staff at both Council owned homes.

Childrens Development Plan Phase 2 - £2.642M

As previously reported, there are further cost pressures associated with the Children's Development Plan. Costs associated with Phase 2 of the plan are highlighted below:

- Future Directions (overspend of £0.495M) - The overspend is mainly due to increased staffing costs (personal advisers) and the use of agency staff to cover vacant posts approved as part of the Phase 2 development plan. The forecast position also includes additional spend (£0.150M) associated with the improved local offer to care leavers.
- Assessment & Care (overspend of £1.481M) A net overall pressure of £1.5M is forecast mainly on staffing costs (across the Integrated Front Door and Children Young People Teams) due to the use of agency / project teams to address increased caseloads, vacancies, long term staff absences and new posts approved in the Phase 2 Children's Development Plan.
- Safeguarding & Quality Assurance (overspend of £0.121M) The forecast overspend is mainly attributable to additional staffing costs as well as increased use of agency staff to cover absences, vacancies and to provide extra capacity where needed.
- Children's Disability & Short Breaks (overspend of £0.658M) The forecast overspend includes an increase in direct payment costs (£0.147M); additional staffing costs agreed as part of the Phase 2 Development Plan (£0.356M); and a reduction in continuing care funding to meet identified health needs (£0.114M). Work is ongoing to address the low level of health contribution – part of the commissioning actions been implemented in the LAC Sufficiency Plan.
- Other (underspend of £0.113M) There are minor underspends elsewhere mainly as a result of delays in recruitment in Early Help.

Schools Dedicated Schools Grant (DSG)

The latest DSG budget for 23/24 totals £101.6M, comprising of £64.3M delegated to schools and £37.3M retained centrally by the Council. The following outlines the forecast position for the schools' budgets:

Schools Delegated budgets (underspend of £1.4M)

The schools delegated budget consists of funding allocated directly to schools and includes formula funding, high needs, and early years funding. The latest reported schools position shows a projected surplus of £1.4M for the year. This balance is held by schools so isn't included in the Council's outturn reported above as under the DSG grant conditions surplus balances at year end will be carried forward and earmarked for spend by schools. It is expected that a reduction in school surplus balances will be seen as schools continue to raise sustainability concerns relating to cost of living pressures, rising inflation and energy costs.

Schools Centrally Retained budgets (overspend of £2.6M)

This consists of schools' budgets retained by the Council and managed on behalf of schools. An overall DSG overspend of £2.6M is currently forecast, which relates to the SEND/High Needs funding block. The latest forecast is in line with the planned deficit for the year, although there are a number of identified risks that have emerged and could put pressure on the deficit position including:

- Increased inflation and fee rates are beginning to impact on forecast cost projections.
- Increasing number of requests for additional funding from schools and settings.
- Increasing number of placements directed following tribunal appeals.

The latest overall financial risk to the system is forecast at £15.2M comprised of the cumulative £12.6M deficit carried forward from 22/23 plus the above forecast deficit estimate for the year of £2.6M. Further payments from the Safety Valve Programme are expected in future to fund this cost.

Approved Savings Position

The Directorate has total approved savings of £0.762M to deliver in 23/24 including:

- £0.170M - budget adjustment following the decommissioning of the MST contract.
- £0.068M - Maximising the use of the supporting families grant.
- £0.045M - Targeted Youth – deletion of vacant post.
- £0.200M - LAC placements (developing a new children's care home).
- £0.249M - LAC placements (increase in in-house foster carers).
- £0.030M - Safeguarding (increase in student placement income).

A £0.230M shortfall is currently forecast against the delivery of the approved savings target, due to the following: slippage on developing a new children's home (£0.200M) and reduced student placement income (£0.030M).

Current Actions and Risks

Children's Social Care

A key risk facing children's social care is the continued increase in service demand and caseloads and the increasing use of agency staff. It is envisaged that the Development Plan (and associated investment) will positively address this issue over the medium term.

Increasing LAC numbers and costs continue to exert pressure on resources. Implementing the commissioning actions set out in the refreshed LAC Placement / Sufficiency Plan continues to be the focus of the service. These will ensure that the right children are placed in care and in the right placements to meet their needs (in family type placements where possible).

The following are the key actions and outcomes within the LAC sufficiency plans over the medium term (2023 – 2026):

- Reduction in LAC numbers over the medium term through the planning for permanency initiative, stabilising services and development of Edge of Care and / Family Group Conferencing services (which is envisaged would prevent escalation to children social care)
- Increase in the number of in-house foster carers;
- Reduction in numbers of children placed with IFA carers;
- Accelerate the procurement or development of new Council owned children's homes;
- Bring back into use Spring Lane children's home;
- Reduction in the number of residential care placements – through frequent reviews, step downs and planned moves;

- Improve the level of continuing care funding for high cost looked after children placements (and those with disabilities);
- Improved commissioning / contract management / procurement approaches of high-cost placements e.g., block booking of beds.

Education, Early Start, & Prevention

Rising EHCP numbers and demand for SEND support may continue to pose financial / sustainability risks in the current year and beyond. The development of the DSG management plan and the commencement of the Safety Valve Programme will help address the sustainability issue over the medium term.

SECTION 2 – Executive Director’s Summary for Growth and Sustainability

Highlights

The latest approved budget for 2023/24 for the Growth and Sustainability Directorate is **£58.063M**. The Directorate is forecasting an outturn of **£58.892M** as at the end of Quarter 1, resulting in cost pressures of **£1.829M**. Key Cost Pressures include:

- Commercial Income (rents) £0.8M
- Home to School Transport £0.6M
- Waste Disposal £0.4M

The Council’s Housing Revenue Account is also reporting cost pressures of £0.8M

Quarter 1 position to the end of the quarter ending June 2023

Directorate	Approved Net Budget 2023/24	Projected Net Outturn 2023/24	Variance
	£'000	£'000	£'000
Regeneration & Culture	19,022	19,901	879
Environment & Highways	39,041	39,991	950
Total Growth & Sustainability	58,063	59,892	1,829
Housing Revenue Account	79,054	79,811	757

Key Variances

Regeneration & Culture – Overspend of £0.879M:

An operational overspend of £0.879M is forecast at Quarter 1. The key variances to note are as follows:

- Property services is forecasting an overspend of £0.979M predominately relating to an underachievement of commercial rents (£0.829M) mainly relating to Gateway

Plaza, Business Centres and Investment Properties. There has also been an increase in the costs associated with the set up and dismantling of the outdoor Market Gazebos (£0.150M).

- Economic Development – underspend of (£0.100M) due to early savings realised from the Service Review exercise.

Environment & Highways – Overspend of £0.950M:

An operational overspend of £0.950M is forecast for the year. The key variances are:

- Home to School – Home to School transport is forecasting an overspend of £0.550M. There are several issues contributing to this overspend. Forecast pupil numbers have increased from 726 in 22/23 to a forecast 844 in 23/24. Furthermore, inflationary pressures on external contractor costs are increasing and there is less taxi provision in the external market due to driver shortages. The Service is also experiencing difficulties in recruiting drivers for its internal provision.
- Waste Disposal – Legislation changes regarding Persistent Organic Pollutants (POPs), meaning they need to be disposed of differently, together with the continued decline in the mixed recyclates market has increased the cost of disposals by £0.400M. The service is currently exploring options to mitigate this whilst also awaiting further information from Central Government.

Housing Revenue Account Service - Outturn £0.757M

The HRA is reporting an increased call on reserves to fund a projected overspend of £0.757M.

- It is anticipated that the HRA will incur an increase in disrepair claims from tenants totaling c£0.5M based on the estimated value of claims in the system to date. Fuel cost payments to Berneslai Homes (via the management fee) are also expected to increase by £0.2M mainly as a result of the Biomass fuel contract price increase.
- Dwellings rents and other income are projected to achieve the budgeted level of income.
- A balanced position is forecast on the Repairs and Maintenance budget. The responsive repairs budget has been realigned to reflect the volume of work experienced in the last financial year and uplifted to reflect an anticipated CPI contract inflation uplift. Berneslai Homes is undertaking detailed monitoring under their delegated powers to deliver responsive repairs on budget and ensure all resources are utilised in an efficient way to deliver value for money and ensuring our tenants are safe and that stock is maintained to the agreed decency standards.

Approved Savings Position

The Directorate has total approved savings of £1.740M to deliver in 23/24 and including:

- £0.350M – Fees & Charges increases
- £0.300M – Strategic Transport Fees
- £0.170M – Glassworks Cultural units – no longer in use
- £0.050M – Right to buys
- £0.100M – Multi-function device contract renewal

- £0.200M - Barnsley NORSE Contract
- £0.500M – Gateway Plaza (currently undelivered)

The £0.500M approved saving in relation to Gateway Plaza, as indicated above will not be fully achieved in this financial year, work is ongoing by the service to resolve the issue. Additionally, there is a £0.070M approved saving in relation to a review of industrial properties, work is currently ongoing on this work stream to determine achievability. All other efficiencies remain on track to deliver in full.

Current Actions and Future Risks for the Directorate

The current outturn position for the Directorate shows a Business-as-Usual overspend of £1.8M. The Directorate continues to work hard to bring forward necessary mitigations for all pressures and deliver a balanced budget. Action plans have been collated and will be implemented over the coming months. The key current actions and risks to note are as follows:

- The current socio-economic climate and the cost-of-living crisis are putting pressure on services throughout the Directorate. Energy and fuel costs have seen unprecedented price rises but are currently forecast to be contained within approved resources. However, this could change dependent on consumption and how the flexible utility tariffs work in practice. An energy group has been established to closely monitor the situation as well as working with Utilidex on improving reporting and sensitivity analysis.

Regeneration & Culture

- Work continues to deliver the recently approved Asset Management Strategy, which is expected to deliver significant efficiencies (£5.8M FYE over 5 years). This programme includes ensuring buildings are fully utilised, reviewing the operating cost of buildings and implementing interventions to reduce costs, and undertaking a programme of rationalisation and disposal of surplus assets.

Environment & Highways

- A Home to School transport action plan is in place to review routes, bring more in-house, increase travel training etc. A dashboard is being prepared to provide details over the delivery of mitigations put in place. In addition, an external consultant is to be temporarily tasked to undertake a full end-to-end review of the processes and give an independent view on current financial pressures.
- The Waste Collection service is currently exploring options to mitigate the increased costs relating to the disposal of upholstered furniture (Persistent Organic Pollutants) following the introduction of Government legislation.
- The winter maintenance budget has overspent for the last five years and there remains a risk that this will happen again. The service is currently in the process of collating more detailed data to assist in a review of spend and to assist with forecasting.

HRA

- There are wider strategic risks to note in relation to the finances and business plan for the HRA such as damp / mold, hardship fund, emerging Government legislation,

BHS, disrepair claims, new IT system, responsive repairs, inflationary pressures, stock condition surveys and developing strategies including but not limited to – Asset Management, New Build / Housing Growth, Stock decarbonisation. BH are currently working in conjunction with the Council on these to assist in mitigating cost pressures.

SECTION 3 - Executive Director's Summary for Place Health and Adult Social Care

Highlights

The latest approved budget for 2023/24 for the Place Health and Adult Social Care Directorate is **£54.993M**. The Directorate is forecasting an outturn of **£54.993M** as at Quarter 1, resulting in an overall forecast balanced position for the year.

Quarter 1 position to the end of the quarter ending June 2023

Directorate	Approved Net Budget 2022/23 £'000	Projected Net Outturn 2022/23 £'000	Variance £'000
Older People	34,540	34,473	(67)
Working Age Adults	29,603	29,670	67
ED / SD Management	(9,150)	(9,150)	-
Total for Directorate	54,993	54,993	-

Adult Social Care – Balanced Position

The Place Health and Adult Social Care Directorate is reporting an overall balanced position as at Quarter 1. However, this position includes an increase in the cost of homecare provision offset by staffing vacancies / turnover elsewhere across the Directorate.

The key operational variances for the Directorate are as follows:

Older People (underspend of -£0.067M)

- ***Locality Teams*** – an overspend position totaling £0.127M is currently forecast for the Assessment and Care Locality Teams. This overspend relates to increased uplift in homecare fee rates (£0.275M), partly offset by staffing vacancies / turnover (-£0.085M) and reduced non-staffing spend (-£0.063M) across the service.
- ***Reablement*** – a forecast underspend of (-£0.164M) is reported, which relates to staff turnover and vacancy savings on support worker posts – a reflection of the continued difficulty of recruiting and retaining care workers / staff.
- ***Assisted Living Technology*** – a forecast underspend (-£0.030M) is reported for the year, which relates to staffing underspends.

Working Age Adults (overspend of £0.067M):

- Specialist / Mental Health teams – an overall overspend of £0.128M is reported across the Specialist and Mental Health teams. This relates to the increased uplift in homecare fee rates paid to providers (£0.225M) partly offset by vacancies / staff turnover across the service totaling (-£0.097M).
- In-house Day Services / Shared Lives Team – a forecast underspend of £0.061M is reported across these services due to staff turnover / vacancy savings.

Approved Savings Position

The Directorate has total approved savings of £3.010M to deliver in 23/24 including:

- £1.350M - Review of the ASC operating model (Reablement and Front Door)
- £0.320M - Targeted reviews of high-cost care packages
- £0.200M - ACSES Contract - TUPE costs reduction
- £0.840M - Maximising the use of grant funding (e.g., Winter Pressures / DFG)
- £0.300M - Direct Payments - surplus balances claw back

All the above savings are currently forecast to be delivered in full.

Current Actions and Future Risks

Whilst the current outturn forecast shows a balanced position, work is ongoing to manage emerging risks and changes in the care market and operating landscape. The following outline some of the issues / risks facing the Directorate over the medium term:

- Adult social care continues to respond to the pressures / challenges facing the NHS in relation to **hospital discharges**. Government grant funding has been used to enhance capacity in the care market and within adult social care services to facilitate discharges from hospital and ensure support at home or in the community.
- **Staff workforce** challenges (in terms of recruitment / retention) continue to be evident in the year so far. The Government has recently launched a Call for Evidence to develop the first ever national care workforce pathway for adult social care. This 'pathway' would set out the skills, knowledge and behaviours that people working in adult social care need to deliver high-quality, personalised, compassionate care and support.
- Barnsley Place faces significant **financial pressures across the health and care system**, in relation to increased demand on NHS services and delivery of efficiencies. It is unclear what impact the actions / measures been implemented by the Barnsley ICB would have on the Council's financial position. However, it does present opportunities for ensuring value in the way services are delivered and resources deployed.
- The Council is embarking on a significant **Service Review** programme, with adult social care expected to transform its services and deliver efficiency savings by 2026. This would bring the total savings to be delivered by 2025 to £4.4M (made up of £3M in 23/24; £1.2M in 24/25; and £0.2M in 25/26). The Better Lives Programme continues to form the focal point for improving adult social care provision and for delivering savings.

SECTION 4 - Director's Summary for Public Health & Communities

Highlights

The latest approved net budget for the Public Health & Communities Directorate is **£10.543M**. The Directorate is projecting a **Page 152** underspend for the year of **£0.497M**

Quarter 1 position as at the end of June 2023

Directorate	Approved Net Budget 2023/24 £'000	Projected Net Outturn 2023/24 £'000	Variance £'000
Communities	6,845	6,448	(397)
Public Health	3,698	3,598	(100)
Total for Directorate	10,543	10,046	(497)

The Public Health and Communities Directorate is currently reporting a lower than anticipated position of £0.5M at the end of Quarter 1. Key variances include:

Communities – Underspend of £0.397M

An underspend of £0.397M for the Communities Business Unit is currently forecast and is mainly due to staffing vacancies and turnover.

Public Health – Underspend of £0.100M

An underspend is also currently forecast within Public Health (£0.100M). This relates to an underspend on Integrated Sexual Health contracts (£0.040M) and staff vacancies within Regulatory Services and Health Improvement (£0.060M).

Approved Savings Position

The Communities Business Unit is currently going through a Service Review, efficiency savings of £360K have been achieved in 23/24 and further efficiency savings of £170K are to be delivered in 24/25.

The Public Health Business Unit implemented their initial service review activity during 22/23 achieving £0.700M of savings.

Current Actions and Future Risks

- Government requirement to provide long-term accommodation for rough sleepers; locally there are several pressing issues, a lack of affordable housing, under supply of social housing & the changing landscape in the private rented sector.
- New Burdens Domestic Abuse Bill and Protect Duty - the Government has placed new duties on local authorities to ensure families can access the right support in safe accommodation when they need it.

- There are currently issues with recruitment and retention across the Directorate and this is expected to be an ongoing problem for the rest of the financial year. A plan is currently in place to train existing staff to be able to complete roles.

SECTION 5 - Executive Director's Statement for Core

Highlights

The latest approved budget for 2023/24 for the Core Directorate is **£24.373M**. The Directorate is forecasting an outturn of **£26.073M** as at the end of Quarter 1, resulting in an overspend of **£1.700M**. Key variances include:

- Cost (Legal/BI) associated with the Childrens Development Plan £0.5M
- Other Legal Costs (CSC) £1.0M
- Income shortfall £0.2M

Quarter 1 Position to the end of the quarter ending June 2023

Core Directorate	Approved Net Budget 2023/24 £'000	Projected Net Outturn 2022/23 £'000	Variance £'000
CID	7,530	7,428	-102
Finance	5,036	5,036	-
Business Imp, HR & Comms	4,907	5,218	311
Law & Governance	6,900	8,391	1,491
Total – Core	24,373	26,073	1,700

Key Variances

Cost pressures totaling £1.700M are currently forecast within the Core Services Directorate. Key variances include:

Customer Information & Digital Services - underspend of £0.102M

The underspend is primarily due to staff vacancies (-£0.426M), offset by an increase in the cost of the Council's WiFi and SAP support contracts with Absoft (£0.272M) and other minor variances of £0.052M.

Financial Services – Balanced Position

Whilst an overall balanced position is currently projected within Financial Services, an overspend on Catering Services (£0.270M) is anticipated due to the rising cost of food

together with the loss of income from the South Yorkshire Police audit contract (£0.127M). These pressures have been fully mitigated via the early implementation of transformation service reviews savings within Internal Audit and Procurement (£-0.105M) and an underspend on staffing costs across the BU (-£0.292M) due to delays in recruitment.

Business Improvement, HR and Communication – Overspend of £0.311M

An overspend of £0.311M is currently forecast predominately relating to the cost of additional staffing and IT costs within the Business Improvement service to support the Children's Development Plan.

Law and Governance – overspend of £1.491M

Law and Governance is forecasting an overspend of £1.491M. This predominately relates to the use of barristers and other external legal support to address the rising number of complex children in care caseloads (£0.988M) combined with the use of locum (agency) solicitors to temporarily fill vacant positions pending recruitment (0.275M). The business unit is also providing additional legal and business support to help deliver the Children's Development Plan (£0.228M).

Approved Savings Position

The Directorate had total approved savings of £0.764M to deliver in 23/24. All savings have either been delivered in full or are on target to be delivered by the end of 23/24.

Current Actions and Future Risks

MTFS / Transformation – The current MTFS position requires transformation and efficiencies to be delivered from all services across the Authority. The following Core Services will be reviewed in the first tranche with an implementation date of 1st April 2024.

- Customer Information & Digital – Service Design & Compliance
- Law & Governance - Business Support
- Law & Governance - Legal Services
- Law & Governance – Governance
- Internal Audit, Anti Fraud & Assurance
- Strategic Procurement & Contract Management

Technology - The delivery of the Cloud Enrolment for Dynamics will be key in supporting the workforce to operate with the right infrastructure, which should enable a rationalisation of other contracts, licences and systems across the Authority.

Customer Information and Digital Services - Uncertainty remains regarding the increased cost of software licenses along with changes in contracting arrangements from external suppliers. Work is ongoing to monitor these arrangements with a view to mitigating these pressures and driving out value for money wherever possible.

Benefits & Taxation - Further delays associated with the implementation of Universal Credit are impacting the Benefits and Taxation structure. Household Support Grant has been extended to March 2024 and may be extended further, again causing resourcing issues within the department.

Legal Services - Potential impact on Legal services and the need to appoint locums to meet increasing demands as a result of commercial contract variations and other policy changes. The cost of Children's Social Care continues to place a burden on the accounts. Work is being undertaken to monitor these arrangements with a view to mitigating these pressures and drive out value for money wherever possible.

Staffing - Staff workforce challenges (in terms of recruitment / retention) are expected to continue in 23/24. There are recruitment issues across the Business Unit which reduces the effectiveness of services and the ability to create income generation.

Section 6 Corporate / Council Wide Budgets

Highlights

There is currently a projected overspend within Corporate Budgets of **£3.500M**.

Pay Costs - £3.500M

The budget approved in February 2023 assumed an employee pay award of 4% (equivalent to a cost of £4.0M), but it was highlighted at the time that this may not be sufficient given the ongoing cost-of-living crisis.

The National Employers Association made a "full and final pay offer", of at least £1,925 (3.88% headline offer) on all NJC pay points 1 and above effective from 1st April 2023. In financial terms, this equates to a year-on-year cost increase of circa £7.5M, £3.5M more than what was originally anticipated.

However, this offer has been rejected by all three unions, some of whom are currently balloting members on industrial action.

Current Action

In anticipation of the cost pressures highlighted by all Directorates, a provision of £7.4M (equivalent to the full increase in the General Social Care Grant) was set aside as part of the 23/24 budget setting process. It is now clear that this provision is not sufficient to meet the £17.5M cost pressure currently forecast at Q1. As a result, a full review to re-prioritise existing general fund reserves to address the balance [should this position not improve] will be undertaken.

It is also recommended that a formal moratorium on expenditure be implemented with immediate effect to include increased scrutiny on procurement and recruitment expenditure to help address cost pressures.

Future Action

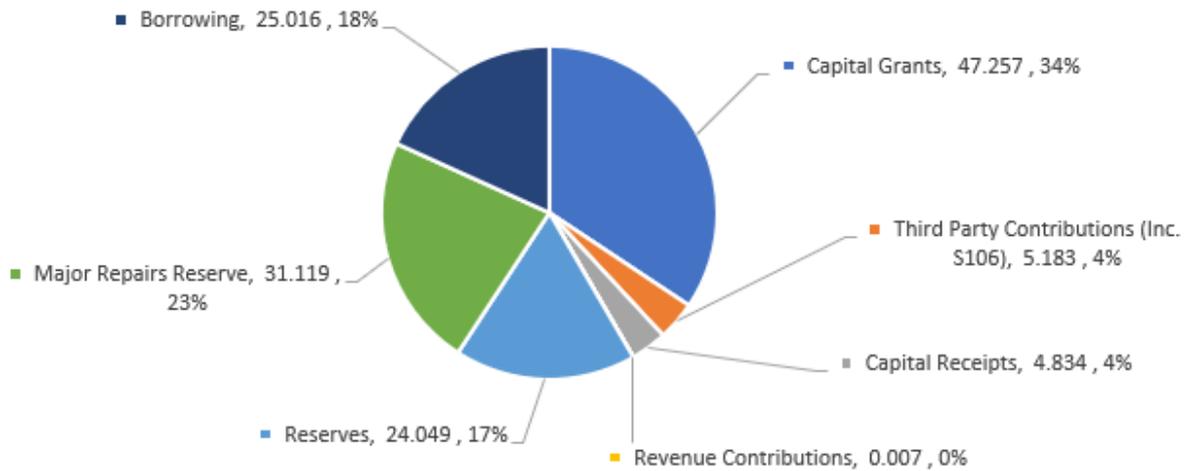
The cost pressures highlighted within this report are likely to have an ongoing detrimental impact on the MTFS, with significant budget deficits forecast for future periods. The financial strategy is in the process of being revised, including providing an update on the ongoing programme of transformational / efficiency activity to address the anticipated budget gaps on an ongoing and sustainable basis over the medium term.

Overall Capital Programme Position to the Quarter Ending June 2023

2.13 The Council's capital programme is planned over the five-year period 23/24 through 2027/28 and has a total budget of **£155.987M**. Forecast spend for 23/24 is **£135.013M, £2.451M** lower than originally planned:

<u>Directorate</u>	2023/24 Capital Programme £M	2023/24 Actuals £M	2023/24 Projected Outturn £M	2023/24 Variance £M	Total Capital Programme £M	Total Projected Outturn £M	Total Variance £M
Children's Services	7.991	0.525	8.091	0.100	8.291	8.443	0.153
Growth & Sustainability	77.155	10.294	76.495	(0.660)	92.864	91.864	(1.000)
Public Health & Communities	0.119	0.097	0.119	-	0.119	0.119	-
Place Health & Adult Social Care	5.000	1.335	5.000	-	6.959	6.959	-
Core Services	8.960	2.506	8.960	-	9.515	9.515	-
Housing Revenue Account	38.240	3.680	36.350	(1.891)	38.240	39.240	1.000
Total	137.464	18.438	135.013	(2.451)	155.987	156.140	0.153

2.14 The above costs are to be funded from a variety of sources as highlighted in the chart below, the majority of which are from external grants and reserves specifically earmarked for capital priorities:



Scheme Slippage

2.15 Of the total 23/24 variation in expenditure against approved plans, £3.561M relates to scheme slippage (where expenditure plans are expected to be utilised in a future year rather than the current year, due to events largely outside of the Council's control). This position is constantly reviewed by finance officers in conjunction with project leads to ensure schemes progress as planned and that there are no adverse implications in terms of funding. Those schemes that have significantly slipped are explained further below:

Directorate	Scheme	£M	Explanation
Growth & Sustainability	HRA: 2023/24 Roofing [Elemental]	(£1.119M)	The assumed contract period will be from September 2023 to November 2024. It is recommended to reprofile a portion of the budget into the next financial year to fall in line with this timescale.
Growth & Sustainability	HRA: Fire Safety	(£0.672M)	The expected programme will be completed over a two-year period. It is recommended that 50% of the funding be reprofiled into 2024/25.
Growth & Sustainability	HRA: 2023/24 Planned Gas Heating	(£0.600M)	It is anticipated the scheme will commence on site from January 2024 and be complete by August 2024. Therefore, it is recommended to reprofile the budget in line with this new expectation.
Growth & Sustainability	HRA Non Trad Archetype Works	(£0.500M)	It is expected a trial programme of additional safety measures will be undertaken into 24/25, hence the suggestion to slip the budget in line with this timeline.
Growth & Sustainability	Highways Unallocated	(£0.660M)	Highways funding agreed but not yet currently allocated to specific projects in the current financial year.
Various	Other	(£0.010M)	Several other schemes have reported slippage.
	Total	(£3.561M)	

Variation in Scheme Costs

2.16 An amount totalling £1.153M relates to an estimated net increase in expenditure across a number of schemes as a result of cost variations / scheme completion. Significant amounts are detailed below. Funding will be transferred from unallocated resources / capital contingency, which represents effective programme management.

Housing Revenue Account: New Build Billingley View (£1.000M)

It is proposed that additional resources of £1.0M is transferred from underspends elsewhere within the HRA Capital Programme to the New Build Billingley View Project to complete outstanding works left as a result of the original contractor going into administration before completion of the scheme.

Given the need to progress the final elements of the works quickly to protect the assets and also allow them to be completed to release into the social housing stock a contractor has been sought using an established framework agreement to allow the Council to remobilise quickly, whilst still ensuring the relevant skills and experience for works of this nature via a compliant route to market.

Children's Services: (£0.153M)

There have been a number of both upward and downwards variations between schemes within Children's Services, with an overall increase of £0.153M reported. The most significant variation includes the Birkwood Primary School extension (£0.112M). The overall increase will see funds brought into the programme from uncommitted resources available to the Council, ringfenced for spend within this area.

New Approvals

2.17 In addition to the above, several new schemes have been approved during the quarter totalling £43.605M:

Reconciliation Between 2022/23 Year End and 2023/24 Quarter One Positions:	Directorate	Capital Programme £M
2022/23 Year End Approved Total Programme		93.859
<u>Approved Schemes During Quarter 1:</u>		
Housing Revenue Account 2023/24	HRA	24.834
Highways Funding Allocation 2023/24	Growth & Sustainability	9.966
Disabled Facilities Grant 2023/24	Place Health & Adult Social Care	4.362
Principal Towns Phase 3	Growth & Sustainability	1.791
Kendray Resource Centre	Children's Services	1.300
Other		1.351
Total New Approvals		43.605
2023/24 Quarter One Total Programme		137.464

Future Funding

2.18 **Unallocated Resources**

The council currently receives various external funding allocations which have yet to receive formal approval for use against specific projects. This primarily relates to Section 106 Contributions and Schools grant monies, currently totalling £24.136M which is sat as an 'unallocated' resource.

Indictive Future Funding	2023/24 £M	Later Years £M	Total £M
Schools Grant Funding	13.901	-	13.901
Section 106 Grant Funding	10.235	-	10.235
Total Unallocated Resources	24.136	-	24.136
Current Approved Funding	137.464	18.523	155.987
Total Funding over the Reporting Period	161.600	18.253	180.123

Ongoing reviews of existing resources / unallocated balances will be carried out by the Capital 'Oversight' Board. Any unrestricted resources will be considered as part of the update on the Council's reserves' strategy.

Capital Funding Available / Potentially Available Moving Forward

Work continues to identify and secure those external funding opportunities that can be utilised to support the delivery of the Council's strategic objectives.

Below are some of the key capital funding opportunities that have either recently been awarded or are being actively pursued (via 'live' bids with funder decisions pending).

Secured Funding.

- **Levelling Up Round 2** – the Council were recently awarded £10.24m in LUF2 grant to support the delivery of the Town Centre Barnsley Futures programme:
 - **Youth Place & Space:** a new outdoor Activity Park and revamped youth services Hub providing health and wellbeing support;
 - **The NAVE:** a new facility offering outstanding musical experiences for young people from Barnsley and the North; and
 - **Young Civic:** supporting the further development of Barnsley Civic arts centre, offering better space for young people to participate in cultural and creative activity.
- **Cannon Hall Roof** – £0.900m was recently awarded to the Council by Arts Council England for funding from the Museum Estate Development Fund (MEND) for Cannon Hall Roof repairs / replacement.
- **Cultural Development Fund – work is ongoing to utilise the** £3.93m awarded by the Arts Council England to support a range of capital schemes at Elsecar Heritage Centre. The total value of the capital element of the award is £3.230m and this is accompanied by a £0.700m revenue allocation to support project management and the delivery of a range of cultural activities in cultural hubs across Principal Towns.
- **The Towns Fund (Goldthorpe)** - £23.1M has been awarded to support the delivery of the schemes in Goldthorpe, Thurnscoe and Bolton upon Dearne.
- **City Region Sustainable Transport Funding** – several key sustainable transport/active travel schemes are now progressing through SYMCA's

governance processes - these will utilise the circa £45m in funding awarded to Barnsley via the MCA.

Capital Funding Bids Submitted: Awaiting Funder Decision

- **SYMCA Gainshare Allocations:** Members are asked to note that collaboration is currently ongoing between the Council and SYMCA regarding the allocation, governance processes and ultimate release of the Council's Capital Gainshare allocations – detailed updates in respect of Gainshare availability will feature in future Capital monitoring reports.
- **Goldthorpe Housing Project:** a bid for £2.5m for Brownfield funding was recently submitted to SYMCA to provide resources to (only if awarded) extend the scale of this project – decision pending.

An update will be provided in future quarterly monitoring reports.

Treasury Management Update as at End of June 2023

Economic Summary

- The UK Bank Rate increased from 4.25% to 5.00% during the quarter;
- An upward trend in PWLB borrowing rates over the first quarter of 2023/24;
- A slight reduction in the Consumer Price Index (CPI) inflation in the UK to 8.7% in May 2023;
- Latest forecasts for Bank Rate to peak at around 5.50% by Spring 2024.

Borrowing Activity

- No new long-term borrowing undertaken during the quarter;
- A total external borrowing requirement of up to £191.0 Million by the end of 2025/26;
- Fixed rate exposure targets for the period to 2025/26 remain in place to manage interest rate risk and create cost certainty within the budget;
- Over this period, £91.4 Million would need to be addressed through fixed rate borrowing in order to meet the Council's revised interest rate exposure targets.

Investment Activity

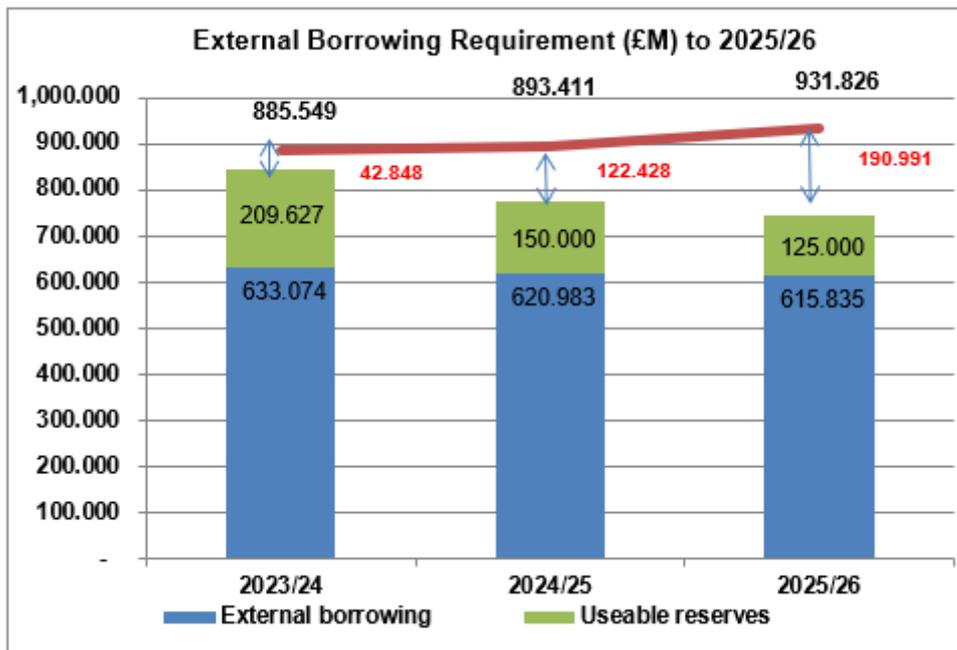
- A net increase in investment balances of £13.2 Million during the quarter;
- Security and liquidity remained the key priorities, and with this in mind an appropriate balance of cash was deposited in secure Money Market Funds and instant access accounts;
- During the quarter, officers continued to take advantage of the competitive rates offered on short term local authority deposits;
- Investment rates have continued to increase during Quarter 1 of 2023/24 and are expected to improve further, in-line with Bank Rate forecast increases over the next financial year.

Key Messages – Economic Summary

- 2.19 During the first quarter of 23/24, the UK economy has fared better than expected and is set to steer clear of a recession according to the latest economic forecast by the Confederation of British Industry (CBI). The UK economy is expected to grow by 0.4% in 2023 and business investment is set to rise, reaching pre-pandemic levels by the end of 2024. Inflation remains high however, and GDP has been affected by the pandemic in the long-term with the economy forecast to remain 7% smaller than pre-Covid levels.
- 2.20 PWLB rates have been on a rising trend between 1st April and 30th June 2023 and officers continue to closely monitor interest rates.

Treasury Management – Borrowing Activity

- 2.21 The Council's borrowing strategy is to limit its exposure to interest rate risk whilst maintaining an appropriate level of internal borrowing in order to minimise its financing costs.
- 2.22 No new long-term borrowing was undertaken during the third quarter, however, based on current capital plans it is anticipated that the Council will need to borrow up to £191.0M by the end of 2025/26.



Projected external borrowing requirement 2023/24 – 2025/26	£M
Planned capital investment	101.317
Maturing loans / reduced support from useable reserves	105.541
Amounts set aside to repay debt	(15.867)
Total	190.991

2.23 The Council is committed to maintaining its exposure to interest rate risk within the limits set out below. The Council applies an agile approach to our treasury strategy given the number of variables impacting on interest rate forecasts. This will enable the Council to achieve optimum value and help to manage risk exposure in the long-term. Ongoing reviews will be undertaken by treasury officers and any further recommendations by the Section 151 Officer in relation to the prevailing interest rate environment and exposure targets will be reported to Members.

Interest Rate Risk Exposure	2023/24	2024/25	2025/26
Limit on Variable Rate Borrowing / Unfinanced CFR	30%	30%	30%

2.24 To deliver against the revised exposure targets, it is anticipated that the Council will need to fix out an additional £91.4M by the end of 2025/26. The remainder could be funded through temporary borrowing or utilising internal cash resources. Treasury officers continue to monitor opportunities for borrowing and achieving best value for the Council in the current environment.

	2023/24 (£M)	2024/25 (£M)	2025/26 (£M)
Fixed Rate Borrowing Requirement (Cumulative)	-	59.406	91.444
Temporary Borrowing Requirement (Cumulative)	42.848	63.022	99.547
Total	42.848	122.428	190.991

2.25 Officers are also closely monitoring events across the sector where several authorities have recently been challenged for 'excessive risk arising from investment and borrowing' and in some cases this has resulted in the issuance of a Section 114 Notice.

The DLUHC has recently announced legislative measures to address risk taking and introduce powers to intervene through the Levelling-Up and Regeneration Bill. Although specific metrics to assess levels of risk have yet to be confirmed, recent local authority failings will almost certainly result in repercussions across the sector. In view of this and the Council's existing debt levels, the advice of the Section 151 Officer is to continue to undertake only prudent and modest additional borrowing [subject to robust due diligence and statutory compliance] to effectively manage the Council's risk exposure.

Treasury Management - Investments

- 2.26 There has been a net increase in investment balances of £13.2M during the quarter.
- 2.27 The Council's investment strategy remains focused on security (loss avoidance) and liquidity (ensuring cash is available when needed to meet the Council's spending commitments).
- 2.27 To reflect this strategy, officers continue to place investments in secure Money Market Funds and instant access accounts. The Council has also placed a significant level of short-term deposits with reputable banks and other local authorities to diversify the investment portfolio and help spread counterparty risk

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

- The Authority's outturn currently stands at a combined cost pressure of £17.466M.
- Executive Directors are requested to draw up action plans to mitigate these pressures as far as is possible and that those are submitted to Cabinet as part of the Q2 performance management update.
- A formal moratorium on expenditure including increased scrutiny on procurement and recruitment is also to be introduced.
- Any remaining cost pressure after this exercise will be funded temporarily via the use of the cost pressure provision set aside as part of the 23/24 budget setting process, with the remainder being funded via the use of one-off reserves in this financial year pending the development of a mitigation / transformation plan to address anticipated financial pressures in 2024/25 and beyond.

3.2 Legal

There are no legal implications as a result of this report.

3.3 Equality

Not applicable as individual EIA's will have been completed in relation to the budgets proposals as appropriate.

3.4 Sustainability

Decision Wheel not applicable.

3.5 Employee

There are no direct employee implications as a result of this report.

3.6 Communications

Communication will be made in line with the normal performance monitoring arrangements of the Council.

4. CONSULTATION

N/A

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 N/A

6. REASONS FOR RECOMMENDATIONS

6.1 Whilst the corporate pressures currently being experienced were, in general, anticipated as part of the 2023/24 budget setting process, the overspend position reported at Quarter 1 is higher than expected. Therefore, Executive Directors are requested to bring forward action plans to address the pressures within their respective areas to address the current position.

7. GLOSSARY

N/A

8. LIST OF APPENDICES

Appendix 1 – Summary of key cost variances

Appendix 2 – Update on delivery of 2023/24 agreed efficiency proposals.

9. BACKGROUND PAPERS

- Service and Financial Planning 2023/24 – The Council's Medium Term Financial Strategy – 2023/24 Budget recommendations (Cab.8.2.2023/6).

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date.
Legal consultation & sign off	Legal Services officer consulted and date.

Report Author: Neil Copley
Post: Director of Finance (S151 Officer)
Date: 08/08/2023

Detailed Service Variances at 30th June 2023

	ONGOING BASE BUDGET ISSUES	NON ACHIEVEMENT OF EFFICIENCY ISSUES	TOTAL - ALL BUDGETARY ISSUES
<u>SERVICE / BUDGET HEAD</u>	June	June	June
Childrens - KEY FINANCIAL RISKS FOR 2023/24			
<u>ED Children</u>			
Pay and other strategic management costs.	13,598		13,598
<u>BU1 - Education, Early Start and Prevention</u>			
Commissioning - Staff vacancy savings	(7,233)		(7,233)
School Evaluation - staff vacancies, reduced professional support spend offset by lower schools clerking income	(50,292)		(50,292)
Education Welfare - staff vacancies	(90,758)		(90,758)
Inclusion Services - agency staff and mediation contract costs - offset by staff vacancies	174,325		174,325
Targeted Youth Support - vacancies, offset by agency spend	(31,246)		(31,246)
Early Start & Family Centres - staff turnover, vacancies and general expenses	(74,170)		(74,170)
Early Start & Family Centres - forecast reduction in income	28,447		28,447
Other minor variances	15,297		15,297
<u>BU3 - Childrens Social Care and Safeguarding</u>			
Assessment & Care - EDT additional staff capacity costs	83,178		83,178
Assessment & Care - S17, ICT, recruitment and travel/mileage costs	107,208		107,208
Care Leavers - accommodation & other support to care leavers	14,351		14,351
Safeguarding & QA - Staffing slippage / vacancies within the teams	57,710	30,000	87,710
Childrens Disability - Increased DPs, family support, S17 costs & reduced health funding	292,019		292,019
Children in Care - In-house care homes: staff regrade; shift/enhancement; other costs	311,896		311,896
Children in Care - Fostering Teams (agency staff; carers support; contact/family support)	288,925		288,925
Children in Care - LAC placements (increased residential care / family assesment costs)	7,283,630	200,000	7,483,630
Children in Care - LAC placements (reduced IFA & in-house foster care costs)	(63,698)		(63,698)
Children in Care - LAC placements (increased SGOs, CAOs, Stayput, Other costs)	(290,615)		(290,615)
<u>Childrens Development Plan Costs</u>			
Commisioning - slippage in recruitment to posts (Development plan)	(13,281)		(13,281)
Targeted Youth Support - staff turnover / vacancies (Development plan)	36,027		36,027
Early Start & Family Centres - slippage in recruitment to Early Help posts (Development plan)	(153,506)		(153,506)
SD Management - agency & leadership board costs (Development plan)	17,356		17,356
Assessment & Care - agency costs & additional posts (Development plan)	1,481,326		1,481,326
Children in Care - CiC Team: agency costs & additional posts (Development plan)	301,603		301,603
Care Leavers - Agency costs & additional staff (Development Plan)	344,488		344,488
Care Leavers - Enhanced care leavers offer (Development Plan)	150,000		150,000
Safeguarding & QA - increased staff posts, training costs & Practice Hub (Development plan)	121,065		121,065
Childrens Disability - agency costs & staffing costs (Development plan)	356,868		356,868
Total - Childrens	10,704,518	230,000	10,934,518
GROWTH AND SUSTAINABILITY - KEY FINANCIAL RISKS FOR 2023/24			
<u>Regeneration & Culture</u>			
Transformation Saving Brought forward - Economic Development	(100,000)		(100,000)
Property Rents - Underachievement of commercial rents at Gateway (£500k), investment properties (£100k) and business centres (Including DMC) (£229k)	328,704	500,000	828,704
Property - increased running costs - Market gazebos	150,000		150,000
<u>Highways & Engineering</u>			
CSS - increased cost of disposal on mixed recyclates, impact of new POP's legislation, reduction in paper/card income	400,000		400,000
Home to School Transport - higher pupil numbers and increased charges from taxi companies	550,000		550,000
Total - Growth and Sustainability	1,328,704	500,000	1,828,704

Detailed Service Variances at 30th June 2023			
	ONGOING BASE BUDGET ISSUES	NON ACHIEVEMENT OF EFFICIENCY ISSUES	TOTAL - ALL BUDGETARY ISSUES
SERVICE / BUDGET HEAD	June	June	June
ADULT SOCIAL CARE - KEY FINANCIAL RISKS FOR 2023/24			
Older People - Pressures of homecare fee increases above agreed funding allocation	275,152		275,152
Older People - Staffing vacancies/turnover	(279,306)		(279,306)
Older People - Other various variances	(63,052)		(63,052)
Working Age Adults - Pressures of homecare fee increases above agreed funding allocation	224,848		224,848
Working Age Adults - Staffing vacancies/turnover	(157,642)		(157,642)
Total - ADULT SOCIAL CARE	-	-	-
PUBLIC HEALTH - KEY FINANCIAL RISKS FOR 2023/24			
<u>Public Health</u>			
Health Protection - Integrated Sexual Health - Out of Area GUM Clinics	(40,000)		(40,000)
Regulatory Services - Environmental Services & Pollution - Staff Vacancies difficulty recruiting.	(30,000)		(30,000)
Health Improvement - Staff turnover	(30,000)		(30,000)
<u>Communities</u>			
SD Account - underspend due to Supplies & Services	(17,965)		(17,965)
Healthier Management Account - underspend due to Supplies & Services	(1,207)		(1,207)
Healthier - Staffing underspend due to vacancies & switch funding staffing costs with Domestic Abuse Grant	(158,280)		(158,280)
Safer Barnsley - Staffing underspend due to Vacancies across the business unit and ongoing issues with recruitment. Switch funding with Homeless support top up grant on Temporary accommodation	(179,195)		(179,195)
Library Services - underspends in Supplies & Services	(9,848)		(9,848)
Stronger Communities - Committed expenditure in area councils (funded from earmarked reserves) with remaining underspend relating to vacant hours and employee costs	(30,267)		(30,267)
Total - Public Health & Communities	(496,762)	-	(496,762)
CORE - KEY FINANCIAL RISKS FOR 2023/24			
<u>Customer Information and Digital Services</u>			
Vacancies and Staff Turnover across the Business Unit	(425,500)		(425,500)
Wifi & SAP Support (Absoft)	272,000		272,000
Other <£50k each	51,456		51,456
<u>Financial Services</u>			
Staffing - Vacancies across the Business Unit due to delays in recruitment.	(285,000)		(285,000)
Loss of SY Police Contract Part year effect 23/24	127,000		127,000
Early implementation of transformation Savings	(105,000)		(105,000)
Operational Finance Trading Profit above budget	(7,000)		(7,000)
<u>Catering</u>			
Vacancies & Overtime	(68,000)		(68,000)
Food Inflation	131,000		131,000
Lost Income	215,000		215,000
Other<£50K each	(8,081)		(8,081)
<u>Business Improvement, HR and Communications</u>			
Business Intelligence Posts (Development Plan)	320,000		320,000
Other<£50K each	(8,873)		(8,873)
<u>Law & Governance</u>			
Salaries	(751,000)		(751,000)
Legal Locum	1,038,000		1,038,000
Additional Legal Support (Development Plan)	228,000		228,000
Children's Legal Fees	988,000		988,000
Overachievement of Income	(112,700)		(112,700)
Local Elections	82,000		82,000
Other<£50K each	18,607		18,607
Total - Core Services	1,699,909	-	1,699,909
CORPORATE - KEY FINANCIAL PRESSURES			
Increased cost of Pay Award based on award of £1925 upto SCP 43 & 3.88% SCP 44+	3,500,000		3,500,000
Total - Corporate	3,500,000	-	3,500,000
Grand Total	16,736,369	730,000	17,466,369

2023/24 EFFICIENCIES - VARIANCES AGAINST APPROVED SAVINGS

	£ Target	£ Outturn	£ Variance
PEOPLE			
BU1 - Education & Early Start Prevention			
Barnsley MST	170,000	170,000	-
Maximise Supporting Families Grant	68,000	68,000	-
Targeted Youth Service - post	45,000	45,000	-
BU3 -Childrens Social Care & Safeguarding			
Children in Care - new residential care home	200,000	-	(200,000)
Children in Care - Increase foster care numbers	249,600	249,600	-
Student Placements	30,000	-	(30,000)
	762,600	532,600	(230,000)
	762,600	532,600	(230,000)

CHILDRENS DIRECTORATE SUMMARY			
<i>KLOE's on target</i>	532,600	532,600	-
<i>KLOE's delay in Delivery</i>	-	-	-
<i>KLOE's not on target</i>	230,000	-	(230,000)
TOTAL	762,600	532,600	(230,000)

Growth & Sustainability

BU4 Economic Regeneration & Property			
Town Centre Buildings Review (Gateway)	500,000	-	(500,000)
Industrial Properties Rent Review	70,000	70,000	-
Cross Directive collective increase in F&C	150,000	150,000	-
Barnsley Norse Contract	200,000	200,000	-
MFD's Contract Renewal	100,000	100,000	-
Glassworks Cultural Units	170,000	170,000	-
Right To Buy	50,000	50,000	-
	1,240,000	740,000	(500,000)
BU6 Environment, Waste, Transport			
Strategic Transport Fees	300,000	300,000	-
Cross Directive collective increase in F&C	100,000	100,000	-
Agency Fees	100,000	100,000	-
	500,000	500,000	-
	1,740,000	1,240,000	(500,000)

GROWTH & SUSTAINABILITY DIRECTORATE SUMMARY			
<i>KLOE's on target</i>	1,170,000	1,170,000	-
<i>KLOE's delay in Delivery</i>	70,000	70,000	-
<i>KLOE's not on target</i>	500,000	-	500,000
TOTAL	1,740,000	1,240,000	(500,000)

	£ Target	£ Outturn	£ Variance
PLACE HEALTH & ADULT SOCIAL CARE			
BU2 - Adult Social Care			
Review of the Adult Social Care operating model (Reablement / Front Door)	1,350,000	1,350,000	-
Targeted reviews of high cost care packages	320,000	320,000	-
ASCES Contract - TUPE costs reduction	200,000	200,000	-
Maximising the use of grant funding (e.g. Winter Pressures / DFG) to fund aids and equipment	840,000	840,000	-
Direct Payments - surplus balances clawback budget impact	300,000	300,000	-
	3,010,000	3,010,000	-

PLACE HEALTH & ASC DIRECTORATE SUMMARY			
<i>KLOE's on target</i>	3,010,000	3,010,000	-
<i>KLOE's with Delays</i>	-	-	-
<i>KLOE's not on target</i>	-	-	-
TOTAL	3,010,000	3,010,000	-

PUBLIC HEALTH & COMMUNITIES

BU10 Public Health			
Review of Public Health ambitions aligned to 2030	700,000	700,000	-
Adjustment to the investment in town centre wardens	100,000	100,000	-
Capitalisation of salary	20,000	20,000	-
SY Police Fortify team	240,000	240,000	-
	1,060,000	1,060,000	-

PUBLIC HEALTH DIRECTORATE SUMMARY			
<i>KLOE's on target</i>	1,060,000	1,060,000	-
<i>KLOE's with Delays</i>	-	-	-
<i>KLOE's not on target</i>	-	-	-
TOTAL	1,060,000	1,060,000	-

CORE SERVICES

BU12 IT			
IT Capitalisation of Staffing Costs	299,000	299,000	-
	299,000	299,000	-
BU13 Finance			
Capitalisation of Staffing Costs	100,000	100,000	-
Fraud investigations	50,000	50,000	-
Procurmnet - cancellation of contracts	30,000	30,000	-
Reinvestment in Legal Services	10,000	10,000	-
	190,000	190,000	-
BU15 Business Improvement, HR, Communication			
Smart working Phase 2	250,000	250,000	-
Mini Restructure of Health & Safety	25,000	25,000	-
	275,000	275,000	-
	764,000	764,000	-

CORE SERVICES SUMMARY			
<i>KLOE's on target</i>	764,000	764,000	-
<i>KLOE's with Delays</i>	-	-	-
<i>KLOE's not on target</i>	-	-	-
TOTAL CORE SERVICES KLOE'S	764,000	764,000	-

OVERALL KLOE TOTAL			
<i>KLOE's on target</i>	6,536,600	6,536,600	-
<i>KLOE's with Delays</i>	70,000	70,000	-
<i>KLOE's not on target</i>	730,000	-	(730,000)
	7,336,600	6,606,600	(730,000)

Item 13

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

AUDIT AND GOVERNANCE COMMITTEE – 20TH SEPTEMBER 2023

AUDIT AND GOVERNANCE COMMITTEE ANNUAL REPORT 2022/23

1. Purpose of the report

- 1.1 This brief covering report presents the Audit and Governance Committee's Annual Report for 2022/23.

2. Recommendations

- 2.1 The Committee is recommended to consider the final Annual Report 2022/23 and subsequently recommend it for Full Council on 23rd 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 2022/23.
- 3.2 The Annual Report is fundamentally a public document and aims to provide the reader with details of the remit of the Committee and the work it has undertaken during 2022/23.
- 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: 11th September 2023

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Audit and Governance Committee Annual Report 2022/23

Introduction

This is the Annual Report of the Council's Audit and Governance Committee for the 2022/23 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 taken to Full Council in November 2023 and will be 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 2022/23.

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

Needless to say, it has been another 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 continues to respond post pandemic. 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 just one example of the Council's ambition and success, and this has been of particular focus for the Committee.

Of particular note and satisfaction is the recognition the Council has received in winning both the Local Government Chronicle and Municipal Journal 'council of the year' awards.

We continue to welcome the assurance and insight the Committee receives regarding 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 continues to help the profile of the Committee.

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 Cert C&Y, Cert Ed, Med, Ed D.

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 six 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.

The Committee is chaired by Councillor Phillip Lofts. The vice-chair during the year was 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 Gary Bandy
Mr Michael Marks ceased as a member December 2022
Mr Steve Wragg commenced as a member January 2023

Members' Attendance

The municipal year runs from May to April and in the 2022/23 year the Committee had 6 meetings. Below is a table showing the attendance at the meetings:

Member	Possible Meetings	Meetings Attended	% of Meetings Attended
Councillor Phillip Lofts (Chair)	6	5	83%
Councillor Robert Barnard	6	6	100%
Councillor Steve Hunt	6	5	83%
Councillor Ken Richardson MSc	6	4	66%
Mr. Steve Gill (Vice Chair)	6	5	83%
Mrs. Kathryn Armitage	6	6	100%
Mr. Paul Johnson	6	6	100%
Mr. Gary Bandy	6	5	83%
Mr. Michael Marks	4	3	75%
Mr Steve Wragg	2	2	100%

The Work of the Audit and Governance Committee in 2022/23

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 2021/22. 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.

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.

Corporate Risk Management

The Committee received reports and deep dives into specific strategic risks at each meeting where the responsible Executive Directors attend the meeting and provide an update of the risk and mitigating actions being taken to address the risk.

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 has been welcomed and viewed as a significant improvement. The attendance of the relevant Executive Directors at every meeting continues to raise 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 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 External Audit ISA 260 Report and the Report on 2021/22 Value for Money Arrangements were considered by the Committee. The committee commended the External Auditors for the conclusion and delivery of these reviews within locally agreed timescales, acknowledging that Barnsley had not experienced some of the issues with access to timely External Audit input being experienced by other authorities across the country.

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 for 2021/22 (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 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 in 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
- 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
- Report on Elections Issues

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
- Climate and Sustainability Commitments
- Procurement
- Role of the Monitoring Officer

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. The guidance was shared with the Committee in January 2023 and an initial review of the compliance was carried out. The Councils arrangements for its Audit and Governance Committee are largely aligned to and meet the revised guidance, and in some areas such as the utilisation of independent members on the committee the Council exceeds the guidance. A number of key issues were identified, and these will be considered as part of the annual review of committee effectiveness scheduled for the Committee's Development Session in October 2023.

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 14

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

AUDIT AND GOVERNANCE COMMITTEE – 20th SEPTEMBER 2023

COMMITTEE WORK PLAN 2023 – 2024

1. Purpose of the Report

- 1.1 To share with the Committee the current 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 A report from the Monitoring Officer on a LGSCO Case has been included on the agenda for today's meeting.
- 3.2 Committee members to note the meeting date change in November the meeting has been changed to 15th November.

Contact Officer: Corporate Governance and Assurance Manager
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Date: 12th September 2023

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AUDIT AND GOVERNANCE COMMITTEE – WORK PROGRAMME

2023/2024 Municipal Year

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

	Mtg. No.	1	2	3	Dev. Mtg.	4	5	6	1
Committee Work Area	Contact / Author	31.05.23	26.07.23	20.09.23	11.10.23	15.11.23	24.01.24	20.03.24	29.05.24
Committee Arrangements									
Committee Work Programme	AS	X	X	X		X	X	X	X
Minutes/Actions Arising	DT	X	X	X		X	X	X	X
Review of Terms of Reference	AS				X				
Committee Effectiveness Review	RW				X	X		X	
Committee Annual Report	RW/AS		X(D)	X(F)					
CIPFA Audit Committee Guidance	RW						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
Anti-Fraud									
Annual Fraud Report	RW		X (Ex)						
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 (Consultation / Draft Plan)	RW						X	X	

	Mtg. No.	1	2	3	Dev. Mtg.	4	5	6	1
Committee Work Area	Contact / Author	31.05.23	26.07.23	20.09.23	11.10.23	15.11.23	24.01.24	20.03.24	29.05.24
Other Corporate Functions contributing to overall assurance programme to be determined:									
Update on Glassworks	KMcA		X (Ex)	X(Ex)					
Information Governance and Cyber Security update (twice yearly)	SJH	X				X			
DPO Update (twice yearly)	RW	X				X			
Annual Health & Safety Report	SD			X					
Annual Sickness and PDR Report	PQ			X					
Annual Equality and Inclusion Report	MH			X					
Annual Customer Feedback Report and Annual Review Letter	KR/CD			X					
The People Strategy	MP/PQ			X					
Confidential Reporting (Whistleblowing) Annual Report	RW	X							X
Procurement (Annual)	NC/JL								
Asset Management (Annual)	KMc								
Ethical Framework (Annual)	MP/RW								
Partnerships (Annual)	NC/RW								
Review of Peer Challenge Activity Across the Council								X	
Constitution Review	SG/CT				X			X	
DSG Grant/SEND Updates (quarterly)	NS/SD		X(Q4)			X(Q1)	X(Q2)	X(Q3)	
Report of Monitoring Officer – LGSCO Case	SG/KB			X					

Strategic Risk Presentations

Risk	SMT Lead	31.05.23	26.07.23	20.09.23	11.10.23 (Dev. Mtg.)	22.11.23	24.01.24	20.03.24	29.05.24
Health Protection Emergency	JB	X							
Safeguarding Children	CS					X			
SEND	CS					X			
Educational Outcomes Progress	CS							X	
Inclusive Economy	MO'N			X					
Zero Carbon and Environmental Commitments	MO'N			X					
Emergency Resilience	WP		X						
Organisational Resilience	WP		X						
Safeguarding Adults	WL						X		
Responsibilities under the Care Act 2014	WL						X		
Partnership and Collaboration Governance	NC							X	
Financial Sustainability	NC								X
Threat of Fraud	NC								X

Training / Awareness Sessions

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

Subject / Theme	Contact / Author	31.05.23	26.07.23	20.09.23	11.10.23 (Dev. Mtg.)	22.11.23	24.01.24	20.03.24	29.05.24
Budget Training Session	NC/SL							X	
Cyber Security Threat	SW/SM			X					
Climate and Sustainability Commitments	PC/SC								
People Strategy	MP/PQ								
Designated Schools Grant Safety Valve Programme	JA/NS					X			
Partnership Governance	NC/RW								
MCA – Understanding the Finances	GS/MT*								
VFM	NC						X		
Transformation Programme (Digital)	DR?		X						
Council Plan									

*GS – Gareth Sutton MT- Mike Thomas from SYCMA

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