

Barnsley Metropolitan Borough Council

Annual Governance Statement 2021/22



ANNUAL GOVERNANCE STATEMENT 2021/22

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1. Executive Summary

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

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

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

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

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

Signed on behalf of Barnsley Metropolitan Borough Council

Sir Stephen Houghton CBE
Leader of the Council
Date:

Sarah Norman
Chief Executive
Date:

2. Actions from the Annual Governance Statement 2020/21

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

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

3. Introduction and Scope of Responsibility

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

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

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

4. The Principles of Good Governance

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

Local Code of Corporate Governance

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

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

5. The Purpose of the Annual Governance Statement

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

6. Reviewing our Effectiveness and the Governance Framework

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

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

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

- An annual facilitated self-assessment assurance process with all Business Units linked to areas of the governance framework to prompt consideration of the existence and adequacy of governance arrangements during 2021/22 – this approach ensures the engagement of all Executive Directors (ED’s) Service Directors (SD’s) and Heads of Service (HoS) in the process of assessing governance assurance across the organisation.
- The Strategic Risk Register which sets the culture and tone for the management of threats, concerns, and issues across the Council.
- The Annual Report of the Head of Internal Audit, Anti-Fraud and Assurance which provides an opinion on the adequacy and effectiveness of the Council’s risk management, control, and governance processes
- The work of the designated Data Protection Officer (DPO)
- The work of the Audit and Governance Committee which includes responsibility for monitoring the development and operation of corporate governance in the Council (the Audit and Governance Committee Annual Report provides further detail of the work of the committee during 2021/22 [[to include a link to the document](#)])
- The Council’s internal management processes, such as performance monitoring and reporting; the staff performance and development framework; employee awareness of corporate policies; monitoring of policies such as the corporate complaints and health and safety policies and budget management systems
- The report of the Council’s External Auditor
- The consideration of any significant matters arising in the year.
- Recommendations from external review agencies and inspectorates

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

a) Head of Paid Service

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

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

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

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

b) Section 151 Officer

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

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

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

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

c) Monitoring Officer

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

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

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

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

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

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

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

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

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

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

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

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

8. Data Protection Officer (DPO)

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

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

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

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

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

9. External Audit [to be further reviewed]

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

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

10. External Inspection and other Assurance Reports

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

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

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

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

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

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

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

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

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

c) Children's Services – Ofsted Inspections

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

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

d) Care Quality Commission (CQC)

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

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

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

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

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

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

e) Joint Area SEND Inspection (Ofsted and CQC)

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

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

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

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

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

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

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

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

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

g) Planning Regulatory Board

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

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

h) Information Commissioner’s Office (ICO)

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

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

i) Health and Safety Executive

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

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

j) Children's Services Peer Challenge

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

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

k) Safeguarding Adults Peer Review

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

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

l) Ofsted Inspection of Children's Home

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

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

m) Public Health Peer Challenge – Alcohol Use

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

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

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

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

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

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

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

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

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

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

11. Governance Issues Identified from the Annual Governance Review

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

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

Areas of Strength

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

Areas of continuing improvement and focus

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

Efficiency / Effectiveness improvements (Actions)

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

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

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

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

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

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

12. Governance Action Plan

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

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

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

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

Part One – Governance Issues

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

Part Two – Improvement Enhancements

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

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

13. Strategic Risk Register

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

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

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

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

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

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

14. Impact of Coronavirus

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

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

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

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

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

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

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

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

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

15.A Forward Look

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

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

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

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

16. Conclusion

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

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

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

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

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

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

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

Appendix 1 - Part Two

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

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

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

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

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