

**AUDIT COMMITTEE 5<sup>th</sup> December 2018**

**ANNUAL GOVERNANCE STATEMENT 17/18 ACTION PLAN**

**1. Purpose of the Report**

1.1 This brief report supports the updated action plan relating to the issues identified following the Annual Governance Review (AGR) for 2017/18. The action plan is attached as an Appendix to this report, and was approved (with the Annual Governance Statement (AGS)) by the Audit Committee at their meeting dated 20<sup>th</sup> July 2018.

**2. Recommendation**

**2.1 It is recommended that the Audit Committee considers the progress being made against each item listed in the AGS Action Plan, and seeks any explanations regarding any aspects of the progress detailed from the named action owner.**

**3. Action Plan Update**

3.1 An action plan is used to track the progress of the actions necessary to deal with the issues raised through the AGS process. The action plan for 2018/19 was developed in April and May 2018 when the AGS was first drafted. It was subsequently reviewed by the Audit Committee as a draft document in June 2018, and again in July 2018, when the AGS was accepted by the Audit Committee, and subsequently passed to Full Council for approval.

3.2 Generally, progress has been positive against all actions identified. This will be further reviewed in April and May 2019 as part of the 2018/19 AGR process.

**4. List of Appendices**

4.1 Appendix One: AGS Action Plan as at December 2018.

4.2 Appendix Two: Partnership Governance Arrangements Report December 2018

**5. Background Papers**

5.1 Previous Audit Committee reports covering the development of the AGR process for 2017/18 and the approval of the 2017/18 AGS.

**Contact Officer: Strategic Risk, Insurance and Governance Manager**  
**Telephone: 01226 77 3119**  
**Date: 12<sup>th</sup> November 2018**

Appendix One: AGS Action Plan as at December 2018

Ref	Annual Governance Statement Action	Responsible Executive Director	Timescales	Current Position – Action Taken / Planned
1	<p>To further develop and embed a practical framework to assist on the effective governance and control of the Council's partnerships, contracts and general relationships with external organisations. This has increased significance in the context of the Future Council programme.</p> <p><i>(Carried forward from 2016 / 17)</i></p>	Executive Director, Core Services	Recommended for Closure	<p><u>December 2017:</u> Targeted correspondence was sent to relevant Service Directors in October 2017. Subsequently, the Risk and Governance Manager has met with a number of Service Directors and Risk Owners to consider partnership risks. The majority of Business Unit now have risks regarding specific partnership now included within their Operational Risk Registers. Further work during the remainder of the financial year will focus on ensuring the remaining risk registers are updated to reflect Partnership risk.</p> <p><u>May 2018:</u> Analysis relating to overall compliance with the Framework will be undertaken, and reported to the Audit Committee for further consideration in 2018.</p> <p><b><u>November 2018:</u></b> <b>A report (attached as Appendix Two) details the overall compliance with the Partnership Governance Framework. As a result of the positive assurances provided within this report, it is proposed this action can now be closed.</b></p>
2	<p>Internal Audit Annual Report: A corporate issue relating to non-compliance with Contract Procedure Rules and the overall adequacy of Contract Management Arrangements</p> <p><i>(Carried forward from 2016 / 17)</i></p>	Executive Director, Core Services	Revised to 31/03/2019	<p><u>December 2017:</u></p> <p>Non-compliance with CPR:</p> <ul style="list-style-type: none"> <li>▪ The Strategic Procurement Team continue to track and challenge waivers on an ongoing basis. The team also provides information on waivers to key stakeholders on a monthly basis;</li> <li>▪ The 'Document Review' is now complete and a new set of standardised procurement processes, documentation and guidance is available via SharePoint for staff to utilise when procuring at all levels of expenditure;</li> </ul>

- A review of the Contract Procedure Rules is also underway which is planned for completion by end March 2018.
- All waivers over £100,000 require the Monitoring Officer and S151 Officer approval.

Adequacy of Contract Management Activity:

- A scoping paper to review contract management activity was considered and approved by SMT prior to Christmas 2017. Activity will now be undertaken by the Strategic Procurement Team during Q1 of 2018 to establish the 'as is' situation whilst also developing a new 'to be' approach with a view to council wide adoption.

**November 2018:**

**Non-compliance to the CPR**

- **A review of the Contract Procedure Rules has been completed and a recommendations paper is due to go for SMT consideration in November 2018 and if approved is due to be considered by Cabinet in December 2018.**

**Adequacy of Contract Management Activity**

- **The contract management review has been completed and a recommendations paper was approved by SMT on the 18<sup>th</sup> September 2018. An action plan to address the findings and develop a new 'to be' solution including the introduction of a contract management framework and toolkit is now underway. Two new posts within the Strategic Procurement function have been approved to provide a dedicated focus going forward namely a Strategic Contract Manager and a Contract Officer. It is planned for these positions to be in place by 1<sup>st</sup> April 2019.**

3 Following a consensual audit from the Information Commissioners Officer (ICO) in October 2017, a number of recommendations were made for the Council to act on (the majority of actions being medium or low priority).

Executive Director,  
Communities

Revised to  
31/03/2019

May 2018:  
The current status of the actions identified by the ICO is detailed below:

Area	Total	Completed	In Progress	Not started
Training and Awareness	25	12	12	1
Records Management	48	22	17	9
Fol / EiR	36	15	7	14
<b>Total</b>	109	49	36	24

November 2018:  
The current status of the actions identified by the ICO is detailed below, and this information is now complemented by the regular reporting on this subject to the Audit Committee:

PRIORITY	Training and Awareness		
	Complete	Ongoing	Rejected
Urgent	0	0	0
High	4	0	0
Medium	13	0	0
Low	8	0	0
<b>TOTAL</b>	<b>25</b>	<b>0</b>	<b>0</b>

PRIORITY	Records Management		
	Complete	Ongoing	Rejected
Urgent	3	5	0
High	10	0	0
Medium	19	3	0
Low	8	0	0
<b>TOTAL</b>	<b>40</b>	<b>8</b>	<b>0</b>

				<table border="1"> <thead> <tr> <th rowspan="2">PRIORITY</th> <th colspan="3">FOIA</th> </tr> <tr> <th>Complete</th> <th>Ongoing</th> <th>Rejected</th> </tr> </thead> <tbody> <tr> <td>Urgent</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>High</td> <td>7</td> <td>0</td> <td>0</td> </tr> <tr> <td>Medium</td> <td>14</td> <td>3</td> <td>3</td> </tr> <tr> <td>Low</td> <td>7</td> <td>0</td> <td>2</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>28</b></td> <td><b>3</b></td> <td><b>5</b></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>- 93 actions complete (was 49 as at May 2018)</li> <li>- 11 action ongoing (was 36 as at May 2018)</li> <li>- 5 actions not started (was 24 as at May 2018)</li> </ul>	PRIORITY	FOIA			Complete	Ongoing	Rejected	Urgent	0	0	0	High	7	0	0	Medium	14	3	3	Low	7	0	2	<b>TOTAL</b>	<b>28</b>	<b>3</b>	<b>5</b>
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4	Monitoring the implementation and embedding of effective compliance arrangements in respect of the General Data Protection Regulations 2018	Executive Director, Core Services	31/03/2019	<p><b>November 2018:</b> The Councils compliance with the Data Protection Act (DPA) 2018 and the General Data Protection Regulations (GDPR) is being monitored through the Information Governance Board alongside other areas of information governance and management.</p> <p>The Council's Data Protection Officer (DPO) reports to the Board, providing assurances regarding work being undertaken to embed revised procedures and processes to ensure compliance. A programme of independent review work is currently being developed that will test compliance. The DPO will report periodically to SMT and has provided the Audit Committee with two reports on progress. The audit committee will receive further reports from the DPO following the completion of the compliance work.</p> <p>It is the responsibility of all senior managers to ensure the personal data they use in the delivery of services is maintained in compliance with the Council's policies, the DPA 2018 and GDPR. The DPO provides independent advice and assurance regarding that compliance.</p>																											

**PARTNERSHIP GOVERNANCE ARRANGEMENTS – ANNUAL GOVERNANCE ACTION PLAN**

**1. Purpose of the Report**

1.1 To consider the impact of the developing governance and control arrangements that have been put in place relating to the Council's partnerships, contracts and general relationships with external organisations.

**2. Recommendations**

**2.1 The Committee is asked to consider the assurances arising as a result of the governance and control arrangements in place relating to the Council's partnerships, contracts and general relationships and whether these assurances allow the AGS action to be closed.**

**3. Background**

3.1 The need to revise and improve Partnership Governance arrangements was identified as part of the Annual Governance Review arrangements in 2016/17, and a practical Partnership Governance Framework was subsequently developed and communicated to risk owners and Service Directors in 2017.

3.2 Essentially, the framework requires relevant partnership and relationship risks to be considered as part of the operational risk register review approach.

**4. Operational Risk Registers**

4.1 The table below details the partnership and relationship risks that are currently logged in operational risk registers:

<b>Risk Register</b>	<b>Partnership / Relationship Risk</b>
<b>People</b>	Failure to ensure the Barnsley Alliance has the capacity and capability to lead in sector led improvement for all maintained and non-maintained schools in Barnsley
	Failure to ensure that partnerships with organisations such as CCG, Health Providers and SWYPFT are well governed and enable high quality outcomes for service users
<b>Place</b>	DEV - Managing Partnerships
	Failure to ensure that the partnerships and relationships that are managed and maintained by BU5 are delivering the intended outcomes and are well governed organisations
	Failure to ensure the appropriate management of Household Waste Recycling Centres
	Failure to work effectively in partnership and ensure robust partnership governance arrangements are in place
<b>Public Health</b>	Failure to ensure that partnerships and joint working with third party organisations are well governed, transparent and controlled in a manner that is proportionate to the size and scope of the partnership so as to ensure the partnership is able to exploit opportunities and take managed risks without being stifled by unwieldy governance arrangements
	Partnerships and joint working arrangements with key stakeholders (such as the CCG) becomes difficult due to conflicting priorities and demands
<b>Core</b>	Failure to ensure that third parties / suppliers that Commercial Services contract work with / to have appropriate governance and control arrangements in place to ensure risks regarding continuity and resilience and information governance are mitigated
	Failure to ensure partners involved in the delivery of good governance throughout the services customer base are well controlled and are in

<b>Risk Register</b>	<b>Partnership / Relationship Risk</b>
	themselves benefitting from appropriate governance arrangements

## 5. Analysis

- 5.1 The majority of Business Unit risk registers have a suitable consideration of risks relating to partnership activities.
- 5.2 None of the risks detailed above have been assessed as being 'red', and can therefore be considered to be within the Councils own risk acceptance.
- 5.3 Further consideration of partnership related risk will be facilitated during the year by the Strategic Risk, Insurance and Governance manager to ensure any gaps in this coverage are filled.

## 6. Financial Implications

- 6.1 There are no direct financial Partnership Governance Arrangements.

## 7. Risk Management Considerations

- 7.1 The Council's Partnership Governance Arrangements forms one of the key elements of the Council's Internal Control Framework.

## 8. List of Appendices

- 8.1 None.

## 9. Background Papers

- 9.1 Previous Audit Committee reports covering the 2016 / 17 and 2017 / 18 AGS Action Plan, the Council's Local Code of Corporate Governance and the Council's Annual Governance Review Process 2017 / 18.

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