



Oversight and Governance

Chief Executive's Department
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AUDIT AND GOVERNANCE COMMITTEE

Monday 25 July 2022
2.00 pm
Warspite Room, Council House

Members:

Councillor Luggar, Chair
Councillor Lowry, Vice Chair
Councillors Evans OBE, Finn, Shipperley and Tofan.

Independent Members: Mr Shipperley and Mrs Benny.

Members are invited to attend the above meeting to consider the items of business overleaf.

For further information on attending Council meetings and how to engage in the democratic process please follow this link - [Get Involved](#)

Tracey Lee
Chief Executive

Audit and Governance Committee

Agenda

1. To Note the Appointment of Chair and Vice Chair for the Municipal Year 2022/ 2023

For the Committee to note the appointment of Councillor Luggar as Chair, and Councillor Lowry as Vice Chair for the municipal year 2022/ 2023.

2. Apologies

To receive apologies for non-attendance submitted by Committee Members.

3. Declarations of Interest

Members will be asked to make any declarations of interest in respect of items on this Agenda.

4. Minutes (Pages 1 - 6)

To confirm the minutes of the meeting held on 28 March 2022.

5. Chair's Urgent Business

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

6. Audit Actions Review (Pages 7 - 12)

7. External Audit Update Report and Sector Update (Pages 13 - 26)

8. Risk Management Monitoring Report - May 2022 (Pages 27 - 50)

9. Member Development and Training (Pages 51 - 78)

10. Disclosure and Barring Checks for Councillors - Policy (Pages 79 - 86)

11. Election Cycle Report (Pages 87 - 104)

12. Health, Safety and Wellbeing Annual Report 2021/22 (Pages 105 - 146)

13. Counter Fraud Services Annual Report 2021 - 2022 (Pages 147 - 160)

14. Internal Audit Annual Report	(Pages 161 - 188)
15. Internal Audit Charter and Strategy 2022/ 23	(Pages 189 - 204)
16. Tracking Decisions	(Pages 205 - 210)
17. Work Programme	(Pages 211 - 214)

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Audit and Governance Committee

Monday 28 March 2022

PRESENT:

Councillor Lowry, Vice Chair in the Chair.
Councillors Evans OBE, Laing and Shayer.

Independent Member: Mr Shipperley (joined via MS Teams)

Apologies for absence: Mrs Annette Benny (Independent Member) and Councillors Bingley and Dr Mahony.

Also in attendance: Brendan Arnold (Service Director for Finance), Brenda Davis (Audit Manager), Paul Dossett (Grant Thornton), John Finch (Information Governance Manager), Rob Hutchins (Devon Audit Partnership), Ross Jago (Head of Governance, Performance and Risk), Paul Looby (Head of Financial Planning and Reporting), Rob Sowden (Senior Performance Advisor) and Helen Rickman (Democratic Advisor).

The meeting started at 2.00 pm and finished at 3.10 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

61. **Declarations of Interest**

There were no declarations of interest in accordance with the code of conduct.

62. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

63. **Minutes**

The minutes of the 14 January 2022 Audit and Governance Committee were agreed as an accurate record of the meeting.

64. **Tracking Decisions**

Brendan Arnold (Service Director for Finance) provided Members with an update to minute 11 – Counter Fraud Services Annual Report 2020/21 which read “recommend that Ken Johnson meets with the relevant Cabinet Member to discuss the report, specifically with regards to how fraud awareness should be publicised”. Members were advised that a meeting was due to take place with the Leader on Tuesday 22 March 2022 however due to the change in Leader from Councillor Kelly to Councillor Bingley efforts were being made to set a new date.

Members noted the tracking decisions update.

65. **Audit Actions Review (To Follow)**

Paul Looby (Head of Financial Planning and Reporting) presented the Audit Actions Review and briefly highlighted that the report only included internal audit recommendations and the external audit recommendations were discussed, approved, implemented and reported to the Audit and Governance Committee at the November meeting.

Members agreed to note the content of the Audit report.

66. **External Audit Progress Report**

Paul Dossett (Grant Thornton presented the External Audit Progress Report and highlighted the following key points:

- the audit of the Council's 2019/20 accounts was held up by a number of matters, with the most material being the Miel transaction and the accounting legality. Legal advice was sought on this matter and QCs were due to meet shortly to discuss this matter - this was considered to be a near final stage of the process. The next steps were yet to be clearly defined;
- it was identified that local authorities as a whole had not been correctly accounting for infrastructure assets (including roads, bridges and coastal defences) in accordance with the requirement of the CIPFA code of practice; this work was ongoing;
- the teachers pension certification had been completed for the council with no issues to raise;
- audit work regarding housing benefit was still ongoing; the council had applied for an extension from DWP for the work to be completed and signed off by the end of April 2022;
- the additional cost of the audit fees was related to the work surrounding the Miel transaction.

Members discussed the following:

- it was queried when the audit of the Council's 2019/20 accounts would be concluded, and if the lack of certification from the auditors for the accounts would cause issues going forward?
- how many other local authority accounts in England, Wales and Scotland had not been completed for 2019/20, and 2020/21?
- in terms of the Levelling Up White Paper referred to in the report, how would this affect the Council's functions from an audit perspective moving forward;
- the benefit in referring to the appropriate scrutiny panel, the County Deal and Levelling Up report to ensure the Council was aware of the obligations on the city and the implications going forward.

Members agreed to note the External Audit Progress Report.

67. **2022/23 Internal Audit Plan**

Rob Hutchins (Devon Audit Partnership) and Brenda Davis (Audit Manager) presented the 2022/23 Internal Audit Plan to Members and highlighted the following key points:

- the report set out the internal audit plan for the coming year in order to provide an internal audit assurance opinion at year end; it was highlighted that the plan was expected to change as new risks presented themselves or if further audit work was

required;

- the table in the report detailed a summary of indicative audit coverage for the year based on the priority areas for review including cyber security, funding linked to social care reforms affecting the council, leisure facilities, high cost spending in education and the Box.

Members discussed the following:

- suggested that a piece of work is added to the audit plan for the coming financial year regarding the Government initiative for Council's to refund £150 to council tax payers in a band A – D properties due to the increase in the cost of living; Members sought assurance that everyone that was entitled to this payment were able to receive it via the council tax payment system;
- questioned how the list of audit work to be undertaken correlated with the risk and opportunity register.

Members agreed to approve the 2022/23 Internal Audit Plan.

68. **Treasury Management Practices and Principles**

Paul Looby (Head of Financial Planning and Reporting) presented the Treasury Management Practices and Principles report. Members were advised that the CIPFA code of practice required all councils to publish its practices, principles and schedules every year to ensure each councils' policies for treasury management were adhered to and working practices and controls were clearly set out and in place.

Members discussed the following:

- that an extensive audit into the Council's 2019/20 accounts, specifically the Miel transaction, made recommendations into the Council's governance arrangements for treasury management; were those recommendations reflected in the report presented to Members? It was responded that the recommendations from the report were taken to the Audit and Governance Committee in the autumn and they had been fully implemented;
- was there merit in formalising the council's current informal arrangement for Members to discuss the Council's treasury management approach? It was recommended that this be discussed with the relevant Cabinet Member; in response it was confirmed that treasury management proposals regarding unusual or innovative transactions would be drawn to the committee's attention.

The Audit and Governance Committee agreed to approve the Treasury Management Practices, Principles and Schedules for 2022/23.

69. **Risk & Opportunity Management Monitoring Report**

Rob Sowden (Senior Performance Advisor) presented the Risk & Opportunity Management Monitoring Report and highlighted the following key points:

- the operational risk register linked to departmental business plans and focused upon risks posed by failed systems or processes. The strategic risk register focused upon risks that affected the organisation as a whole;
- headlines from the report included: there were three new risks added to the strategic risk register bringing the total to 20 risks. These new risks focused upon cyber-attacks, staff resilience linked to stress and the additional contributions to offset the council's pension deficit in 19/20;

- there were currently 126 risks on the operational risk register; red risks had increased from three in October 2021 to four as provided in the update. The red risks related to risk of loss of life or injury or property damage due a tree falls in the city, management arrangements of asbestos, risk of injury linked to traffic management and segregation at council depots and risk of loss of confidential and sensitive data. Action had been taken to reduce risk however the impact of mitigation was highlighted as not being immediate in all instances.

Members discussed the following:

- was the risk register interrogated anywhere else in the authority by Members?; it was responded that the appropriate Cabinet Member would consider the documentation and that risks were also considered by senior officers of the Council at departmental and senior management team meetings;
- concerns were highlighted regarding the 120 operational risks included in the register – it was considered that the number was too large for the committee to break down, that trend data wasn't included, that mitigation wasn't provided for all risks and there was no way of testing if mitigation was effective. It was queried where the register was considered and by whom, how was it scrutinised and what should be prioritised? There was a request that these points were included in the review of the register that was referred to in the report as taking place in May 2022 in order to ensure its effectiveness and ensure that action was taken and completed. This was supported by Councillor Shayer (Cabinet Member for Finance and Economy) who agreed that the register could be considered as being unwieldy therefore would focus on risk reduction, reporting and the number of risks currently included. As part of this discussion at committee, Members were advised that it was not the role of the Audit and Governance Committee to scrutinise the register, but to gain assurance that there was a workable system of risk assurance and assessment however input into an informal review would be welcomed;
- it was queried why a risk relating to the workforce in adult social care was referred to in the report, however reference was not made to the childrens social care workforce despite known recruitment and retention issues; it was responded that information contained within the report was provided by the childrens department and it was likely that this information had been unintentionally omitted;
- it was queried if the costs associated with the operational risks were identified in the earmarked reserves? It was responded that operational risks would be expected to be managed within existing resources.

The Audit and Governance Committee agreed to:

1. request that their concerns of the risk register, specifically regarding the number of risks, the lack of trend data and mitigation, who and where the register was considered, how risks were scrutinised and prioritised, were considered as part of the informal review scheduled for May 2022;
2. note the current position with regard to the Strategic Risk and Opportunity Register.

70. **Surveillance, Covert Activities and the Regulation of Investigatory Powers Act 2000 (RIPA) (To Follow)**

John Finch (Information Governance Manager) presented the Surveillance, Covert Activities and the Regulation of Investigatory Powers Act 2000 (RIPA) report. Members were advised that the council had not undertaken any direct covert surveillance activity since 2017. An independent investigation from the ICO had

taken place in November 2021; three recommendations were made whereby the Council updated its policy on the RIPA Act, to reduce the number of investigating officers from 8 to 3, and that those officers received training.

Members noted the update.

71. **Work Programme**

Members discussed and agreed the inclusion of the following items on the committee's work programme for the 2022/ 2023 municipal year:

- Review of the Elections Cycle (forwarded to Committee from Council);
- Review of the Council's ICT Policy;
- Review of the Council's Officers Code of Conduct;
- Review of arrangements for dealing with complaints through the Code of Conduct;
- Review of the Risk Register.

72. **Future dates of Audit and Governance Committees**

Members noted the 2022/ 2023 meeting dates for the Audit and Governance Committee. It was highlighted that an additional date had been scheduled bringing the total number of meetings to 5, however it was queried if a further meeting could be included in order to meet the Council's Full Council Cycle. The feasibility of this would be considered.

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Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Audit Actions Review
Lead Member:	Cllr Mark Shayer
Lead Strategic Director:	Brendan Arnold, Service Director for Finance
Author:	Paul Looby, Head of Financial Planning & Reporting
Contact Email:	paul.looby@plymouth.gov.uk
Your Reference:	PL/AC
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To provide the Committee with an update on the tracking of Audit recommendations from Grant Thornton and Devon Audit Partnership.

Recommendations and Reasons

Members of the Audit and Governance Committee to note the content of the report.

Reason: To update members on audit recommendations.

Alternative options considered and rejected

None as the Committee agreed to receive an update of all audit recommendations.

Relevance to the Corporate Plan and/or the Plymouth Plan

The implementation of all agreed audit recommendations are fundamentally linked to delivering the priorities within the Council's Corporate Plan and assists with ensuring limited resources are allocated to priorities which will maximise the benefits to the residents of Plymouth.

Implications for the Medium Term Financial Plan and Resource Implications:

Delivery of the audit plan will assist the Council in delivering value for money services.

Carbon Footprint (Environmental) Implications:

No direct carbon/environmental impacts arising from the recommendations.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

Implementation of agreed audit recommendations is an intrinsic element of the Council's overall corporate governance, risk management and internal control framework.

Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
I	Devon Audit Partnership Audit							

Background papers:

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	BA22.2 3.72	Leg	EJ/38851/ 13.7.22(2)	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member Brendan Arnold, Service Director Finance & S151											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed 13/7/2022											
Cabinet Member approval: Cllr Mark Shayler											
Date approved: 13/07/2022											

Audit Action Review**I. Introduction**

- I.1 Audit Committee has agreed to receive regular reports which set track the completion of agreed recommendations to improve controls and minimise exposure to risk. This will provide ongoing assurance to Senior Management and Members (Audit & Governance Committee) that scheduled actions are taking place. As previously reported the Council recognises and responds promptly and effectively to the independent assurance work completed by our external auditors, Grant Thornton (GT) and our internal auditors, Devon Audit Partnership (DAP).
- I.2 There are no outstanding audit recommendations for Grant Thornton. The completion of internal audit recommendations are shown in Appendix one.

Appendix I

Status of Internal Audit Recommendations March '22

The chart to the right provides an overall breakdown of progress made by management in implementing audit recommendations. The pie chart shows the figures in percentage format and the legend details the actual numbers.

Not all recommendations can be quickly and easily implemented with some having other, longer dependencies which have to be addressed, before the recommendation can be actioned.

In addition to the 66 recommendations showing as fully implemented, management responses received indicate that a further 24 recommendations are currently work in progress (partially implemented). See table I below for breakdown across audits.

Of the 56 recommendations not yet implemented, it should be noted that 32 are the result of three audit reviews where management actions have recently been agreed and will therefore have target implementation dates in the future. Table 2 below provides a brief summary of all of the recommendations which are now overdue (including those which have been partially implemented), based on the target date provided by management when the draft report was finalised.

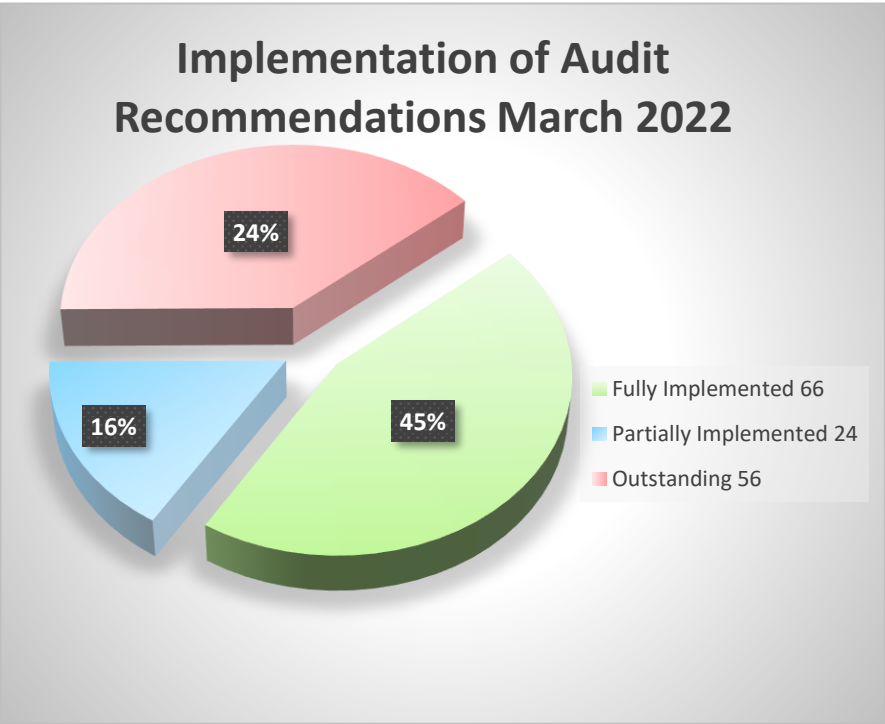


Table I

Audits	Total Number of Recommendations	Fully Implemented	No Further Action	Partially Implemented	Not Yet Implemented
Council Tax	11	10		1	
Creditors	6	4		2	
Sundry Debtors	9	5		3	1
Capital Programme	11	5		1	5
Purchasing Cards	11	7		2	2
Electoral Registration (Follow-Up)	4	3			1
Special Guardianship Orders	36	23		12	1
Street Lighting	14	9		3	2
Risk Management	3				3
CYPF Additional Spend	9				9
Commercial Waste (New)	11				11
Disclosure & Barring Service (New)	14				14
IR35 Off-Payroll Working (New)	7				7
TOTAL	146	66		24	56

audits listed below have been removed from Table 1 above as recommendations have been actioned.

- Business Rates
 - Housing Benefits
 - Main Accounting System
- Empty Homes Scheme
 - Information Asset Management
 - Treasury Management

The

- Data Quality

Table 2

Audits	Overdue Recommendations	Summary Update
Council Tax	1	Not yet fully implemented due to pandemic and pressure on resources.
Capital Programme	6	The review of the capital programme governance arrangements is underway, however has been delays due to a vacancy of the Business Partner for Capital, an appointment has recently been made. It should be noted that the recommendations outstanding are all low propriety.
Sundry Debtors	2	The recommendation relating to the Income & Credit Management Policy is progressing, the other overdue recommendation relating to Debt Recovery & Enforcement is pending decisions regarding approach.
Special Guardianship Orders	10	Substantial progress has been made in respect of the nine partially implemented recommendations with pending policy and practice changes required for full completion. One management action remains reliant on the evolution of the Eclipse system.
Street Lighting	5	Two recommendations are partially completed with full implementation reliant on resolving software and hardware issues. The other recommendations on data use and associated workflow remain outstanding due to pending decisions and software and hardware implementations.
TOTAL	24	

Plymouth City Council Audit Update Report and Sector Update

Year ending 31 March 2022

July 2022



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The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit planning process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Council or all weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Introduction

Your key Grant Thornton team members are:

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Sam Harding- Manager

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This paper provides the Audit and Governance Committee with a report on progress in delivering our responsibilities as your external auditors.

Members of the Audit and Governance Committee can find further useful material on our website, where we have a section dedicated to our work in the public sector. Here you can download copies of our publications www.grantthornton.co.uk ..

Update July 2022 – 2019/20 Audit

Audit of the 2019/20 financial statements

As reported in our updates to previous Audit and Governance Committees, our audit work is ongoing. We continue to focus our attention on the Pension Deficit transaction and have commissioned our own QC to provide a view regarding the legality of the transaction and the associated rates and adjustment certificate provided by the Actuary. There is a difference of view between the QC instructed by the Council and our QC we are continuing to liaise with officers to resolve this issue with a detailed exchange of letters and an agreed way forward for next steps. We are also considering the wider VFM money of the associated £1.375m spent to facilitate the transaction.

In accordance with auditing and quality standards, we are required to revisit the documentation provided by the Council in relation to government grants received in advance, grants, financial instruments, capital financing and journals. Our work in this area is progressing with additional journals selected for testing. No further areas of concern have been identified from our work reviewing supporting documentation.

Our understanding is that management has instructed internal audit to carry out a review of processes within the Council giving rise to issue. This work will be used to inform and support our risk assessment.

We have identified a small number of additional areas where further work is ongoing, these include the adequacy of the Council's national non domestic rates appeals provision, the sufficiency of evidence to support the allowance for expected credit losses in financial instruments and the classification of the Council's financial instruments against the requirements of Internal Financial Reporting Standards. It is expected that further adjustments will be required to the financial statements once these issues are resolved.

We will continue to update the Audit and Governance Committee regarding progress.

Infrastructure assets

At the Audit Committee in March, we highlighted a nationally emerging issue regarding accounting for infrastructure assets. This impacts on all local authorities with material infrastructure assets such as highways and flood defences. As a firm we will not be concluding any further audits until this issue is resolved.

In summary, there a risk that where authorities have incurred expenditure on the replacement or enhancement of existing infrastructure assets, they may not readily be able to identify the original assets being replaced or enhanced.

This could result in an overstatement of both gross book values (GBV) and accumulated depreciation, and potentially also net book values (NBV) where assets lives have not been assessed regularly and on an appropriate basis.

CIPFA have described this as a complex and serious issue and have set up a group which will consider the issues arising, and how it might assist in their resolution.

Update July 2022 – 2019/20 Audit

Infrastructure continued.

Plymouth City Council has infrastructure assets with a GBV of £288 million at 31 March 2021 (NBV of £166 million) and we will need to await the conclusion of CIPFA's work before we are in a position to complete the 2019/20 audit. The details on how CIPFA is approaching this issue and the proposed timetable for completing its work can be found at:

[Urgent Infrastructure Assets Task and Finish Group | CIPFA](#)

Update as at July 2022 – Background

Financial Statements Audit 2020/21

We provided the Audit and Governance with an indicative audit plan for 2020/21 at the Audit and Governance Committee on 29 November 2021.

Our audit plan will be reviewed and updated appropriately once the 2019/20 audit has been finalised.

Value for Money 2020/21

The new Code of Audit Practice (the “Code”) came into force on 1 April 2020 for audit years 2020/21 and onwards. The most significant change under the new Code is the introduction of an Auditor’s Annual Report, containing a commentary on arrangements to secure value for money and any associated recommendations, if required.

The new approach is more complex, more involved and is planned to make more impact.

Under the 2020 Code of Audit Practice, for relevant authorities other than local NHS bodies auditors are required to issue our Auditor’s Annual Report no later than 30 September or, where this is not possible, issue an audit letter setting out the reasons for delay. This letter was issued on 28 September 2021.

As a result of the ongoing pandemic, and the impact it has had on both preparers and auditors of accounts to complete their work as quickly as would normally be expected, the National Audit Office has updated its guidance to auditors to allow us to postpone completion of our work on arrangements to secure value for money and focus our resources firstly on the delivery of our opinions on the financial statements. This is intended to help ensure as many as possible could be issued in line with national timetables and legislation. The extended deadline for the issue of the Auditor’s Annual Report is now no more than three months after the date of the opinion on the financial statements.

Our initial risk assessment has been built on our understanding of your arrangements, and will continue to be updated as we finalise our 2019/20 audit work. Our key areas of focus will be reported under the following criteria:

- Financial sustainability: how the Council plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Council ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Council uses information about its costs and performance to improve the way it manages and delivers its services.

We will keep our risk assessment under continuous review. Where appropriate, we will update our risk assessment to reflect emerging risks or findings and report this to you. Our final commentary in the Auditors’ Annual Report will include:

- a summary of our findings on any risks identified during our work;
- our judgements on the adequacy of the Council’s arrangements for each of the three reporting criteria, as set out above;
- any recommendations made to management as a result of our work; and
- a follow up of progress against any recommendations raised in previous audits.

Progress at July 2022(cont.)

Other areas

Certification of claims and returns

We certify the Council's annual Housing Benefit Subsidy claim in accordance with procedures agreed with the Department for Work and Pensions (DWP). The certification work for the 2021/22 claim is due for completion in January 2023.

We certify the Council's annual Teachers' Pensions return in accordance with procedures agreed with Teachers' Pensions. The certification work for the 2021/22 will be completed in the autumn.

Meetings

We meet with Finance Officers on a regular basis and continue to be in discussions with finance staff regarding emerging developments and, in particular, the Pension Deficit transaction.

Events

We provide a range of workshops, along with network events for members and publications to support the Council.

Audit Fees

During 2017, PSAA awarded contracts for audit for a five year period beginning on 1 April 2018. 2021/22 is the fourth year of that contract. Since that time, there have been a number of developments within the accounting and audit profession. Across all sectors and firms, the Financial Reporting Council (FRC) has set out its expectation of improved financial reporting from organisations and the need for auditors to demonstrate increased scepticism and challenge and to undertake additional and more robust testing.

Our work in the Local Government sector in 2018/19 and 2019/20 has highlighted areas where financial reporting, in particular, property, plant and equipment and pensions, needs to improve. There is also an increase in the complexity of Local Government financial transactions and financial reporting. This combined with the FRC requirement that all Local Government audits are at or above the "few improvements needed" (2A) rating means that additional audit work is required.

We have reviewed the impact of these changes on both the cost and timing of audits. We have discussed this with your s151 Officer including any proposed variations to the Scale Fee set by PSAA Limited.

Further details of our proposed fee for 2021/22 are set out on pages 10-12.

As a firm, we are absolutely committed to meeting the expectations of the FRC with regard to audit quality and local government financial reporting.

Audit Update 2020/21

2020/21 Deliverables	Planned Date	Status
Audit Plan We presented an indicative audit plan to the Audit and Governance Committee on 29 November 2021. We will continue to review and update our audit planning as a result of any further arising from our 2019/20 audit. We will also issue a final audit plan once the 2019/20 audit has been completed. This will include an update to our proposed approach to the audit of the Council's Value for Money arrangements for 2020/21.	November 2021	Complete
Interim Audit Findings We will report to you the findings from our interim audit and our initial value for money risk assessment within our Progress Report.	TBA	
Audit Findings Report The Audit Findings Report will be reported to the Audit and Governance Committee.	TBA	
Auditors Report This includes the opinion on your financial statements.	TBA	
Auditor's Annual Report This Report communicates the key issues arising from our Value for Money work.	TBA	
2020/21 Audit-related Deliverables	Planned Date	Status
Teachers Pensions Scheme – certification This is the report we submit to Teachers Pensions based upon the mandated agreed upon procedures we are required to perform. We issued our report on 1 December 2021.	December 2021	Completed
Housing Benefit Subsidy – certification This is the report we submit to Department of Work and Pensions based upon the mandated agreed upon procedures we are required to perform. The certification work for the 2020/21 claim began in October 2021. The Council have asked for and DWP have granted the Council an extension to the deadline of 31 March 2022 for this work. We issued our report on 8 April 2022.	31 March 2022	Completed

Audit Update 2020/21

2021/22 Deliverables	Planned Date	Status
Audit Plan We will consider and present our Audit Plan to you in due course.	TBA	
Interim Audit Findings We will report to you the findings from our interim audit and our initial value for money risk assessment within our Progress Report.	TBA	
Audit Findings Report The Audit Findings Report will be reported to the Audit and Governance Committee.	TBA	
Auditors Report This includes the opinion on your financial statements.	TBA	
Auditor's Annual Report This Report communicates the key issues arising from our Value for Money work.	TBA	
2021/22 Audit-related Deliverables	Planned Date	Status
Teachers Pensions Scheme – certification This is the report we submit to Teachers Pensions based upon the mandated agreed upon procedures we are required to perform.	December 2022	Not yet due
Housing Benefit Subsidy – certification This is the report we submit to Department of Work and Pensions based upon the mandated agreed upon procedures we are required to perform. We have commenced planning work and are in the process of submitting our samples for testing.	January 2022	Not yet due

Audit fees

In 2017, PSAA awarded a contract of audit for Plymouth City Council to begin with effect from 2018/19. The fee agreed in the contract was £105,393 which was uplifted to £111,393 for 2021/22. Since that time, there have been a number of developments, particularly in relation to the revised Code and ISAs which are relevant for the 2021/22 audit.

Across all sectors and firms, the FRC has set out its expectation of improved financial reporting from organisations and the need for auditors to demonstrate increased scepticism and challenge and to undertake additional and more robust testing, as detailed in our Audit Plan in relation to the updated ISA (UK) 540 (revised): Auditing Accounting Estimates and Related Disclosures

As a firm, we are absolutely committed to meeting the expectations of the FRC with regard to audit quality and public sector financial reporting.

Our proposed fees for 2021/22 (alongside the fees for 2020/21) are shown overleaf.

Audit fees

	Proposed Fee 2020/21	Proposed fee 2021/22
Council audit (scale fee)	£105,393	£111,393
Council – additional fees (including VFM fee)	*£78,000	* £99,000
Total audit fees (excluding VAT)	*£183,393	* £210,393

* Additional fees to be approved by PSAA and subject to further risk assessment.

Assumptions

In setting the fees, we have assumed that the Council will:

- prepare a good quality set of financial statements, supported by comprehensive and well presented working papers which are ready at the start of the audits
- provide appropriate analysis, support and evidence to support all critical judgements and significant judgements made during the course of preparing the financial statements
- provide early notice of proposed complex or unusual transactions which could have a material impact on the financial statements.

Relevant professional standards

In preparing our fee estimate, we have had regard to all relevant professional standards, including paragraphs 4.1 and 4.2 of the FRC's [Ethical Standard \(revised 2019\)](#) which stipulate that the Engagement Lead (Key Audit Partner) must set a fee sufficient to enable the resourcing of the audit with partners and staff with appropriate time and skill to deliver an audit to the required professional and Ethical standards.

Audit fees – detailed analysis 2021/22

	Council
Scale fee published by PSAA	£111,393
<i>Ongoing increases to scale fee first identified in 2019/20 and 2020/21:</i>	
Raising the bar/regulatory factors/ enhanced procedures	£9,000
Increased audit requirements of revised ISAs	£15,000
Additional work on financial instruments	£10,000
MRP and investment properties	£10,000
Ongoing work resulting from the Miel transaction	£10,000
Additional VFM risk on financial sustainability into the medium term	£10,000
VFM	£20,000
<i>New issues for 2021/22:</i>	
Infrastructure assets	£5,000
Remote working	£10,000
Total audit fees (excluding VAT)	£210,393



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Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Risk Management Monitoring Report – May 2022
Lead Member:	Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Robert Sowden
Contact Email:	Robert.Sowden@plymouth.gov.uk
Your Reference:	RS/RMMAY22
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The attached report (Appendix A) provides an update on the Strategic risk register for the organisation. Appendix B is the updated strategic risk register. The register offers additional information including detail on Key Controls and Sources of Assurance and how progress against mitigation will be measured.

There have been two new risks added to the strategic risk register bringing the total risks managed to 22. The two new risks relate to IT supply chain constraints which results in increased costs and extended lead times for equipment (number 4 in table one of Appendix A). This red risk has been scored as 'Almost certain' to happen and a 'Major risk' to the operation of the council.

The second new risk relates to Adult Social Care reforms (number 2 in table two of Appendix A). There are a number of reforms that will create financial uncertainty in terms of being able to accurately understand the impact on costs and resources. This amber risk has been scored as 'Likely' to happen and a 'Major risk' to the operation of the council.

Risk number 1 (in table one of Appendix A), which relates to the medium term financial plan has had its risk score increased to 25. This means it has been escalated from an amber risk to a red risk and additional mitigation out in place.

In total there are now five red risks, 14 amber and 2 green risks. One risk remains without a finalised rating.

Recommendations and Reasons

The Audit and Governance Committee is recommended to:

Note the current position with regard to the Strategic Risk Register.

Reason: As part of the Committee's responsibility for monitoring the implementation and ongoing processes for identifying and managing key risks of the authority.

Alternative options considered and rejected

Effective risk management processes are an essential element of internal control and as such are an important element of good corporate governance. For this reason alternative options are not applicable.

Relevance to the Corporate Plan and/or the Plymouth Plan

The Strategic Risk and Opportunity Register includes links to the Corporate Plan priorities – monitoring of control action for strategic risks therefore contributes to the delivery of the council's core objectives.

Implications for the Medium Term Financial Plan and Resource Implications:

None arising specifically from this report but control measures identified in Directorate Operational Risk and Opportunity Registers could have financial or resource implications.

Financial Risks

None arising specifically from this report but control measures identified in Directorate Operational Risk and Opportunity Registers could have financial or resource implications.

Carbon Footprint (Environmental) Implications:

Failure to deliver against actions in the Climate Emergency Action Plan and Corporate Carbon Reduction Plan are included on risk registers.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

The risk registers specifically supports the council's overall governance arrangements.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Risk Monitoring Report							
B	Strategic Risk Register							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	BA22. 23.71	Leg	EJ/38 851/1 1.7.22	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Giles Perritt											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 14/07/2022											
Cabinet Member approval: Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)											
Date approved: 13/07/2022											

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APPENDIX A - RISK MANAGEMENT MONITORING REPORT

May 2022



1.0 Introduction

- 1.1 The position with regard to the strategic risk register are presented within this report.
- 1.2 The next formal review of the strategic risk and opportunity register will take place in August 2022, the operational risk register will also be reviewed at this time. Risk registers are however a live document and will be regularly discussed at Directorate Management Teams.

2.0 Strategic Risk Register – Monitoring Summary

- 2.1 Attached to this report at Appendix B is the updated strategic risk register. The register offers additional information including detail on Key Controls and Sources of Assurance and how progress against mitigation will be measured.

3.0 Strategic Risk Register

- 3.1 There have been two new risks added to the strategic risk register bringing the total risks managed to 22. The first new risk relates to IT supply chain constraints which results in increased costs and extended lead times for equipment (number 4 in table one). This red risk has been scored as 'Almost certain' to happen and a 'Major risk' to the operation of the council.

The second new risk relates to Adult Social Care reforms (number 2 in table two). There are a number of reforms that will create financial uncertainty in terms of being able to accurately understand the impact on costs and resources. This amber risk has been scored as 'Likely' to happen and a 'Major risk' to the operation of the council.

Risk number 1 which relates to the medium term financial plan has had its risk score increased to 25. This means it has been escalated from an amber risk to a red risk and additional mitigation out in place.

In total there are five red risks, in addition to the red risks mentioned above regarding IT supply and finance there are three existing red risks. These are shown below;

Risk number two in table one relates to possible failure to meet statutory duties due to growing volume and complexity of demand for children's social care services.





Risk number three in table one relates to the potential for a cyber-attack to render all of the Council's IT inaccessible for an extended period of time therefore impacting on the Council's ability to deliver services.

Risk number one in table two relates to workforce concerns and the growing fragility of the Adult Social Care Market that might lead to the inability of the Local Authority to meet statutory duties and meet eligible need.

3.2 Strategic Risk update table one

Table one provides an update on strategic risks with mitigation that is fully influenced by Plymouth City Council, this is 13 of the 22 risks on the strategic risk register.

Table one – Strategic Risks fully mitigated by Plymouth City Council

Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
1	The Council's expenditure exceeds the resources available to meet that expenditure within the medium term financial plan period (2022/23-2025/26)	<p>The Council has also taken the following steps;</p> <p>(1) to adopt a 5 year MTFP moving forward rather than a 1 year or 3 year model</p> <p>(2) to adopt a system of monthly financial reporting to Directorate Management Teams, Corporate Management Team, and Cabinet and Quarterly to Full Council, with monthly consideration of directorate level financial issues at each Scrutiny Committee</p> <p>In addition the Council has introduced a system of detailed monitoring of the delivery of savings targets so that a view is published monthly in Cabinet reports. The Council also holds an annual review of fees and charges and has annual and ongoing programmes of work to identify and understand potential savings opportunities. The governance system of the Council - as unpacked in the Annual Governance Statement comprise a rigorous system of financial control. In acknowledgement of budget pressures and the choices that lie ahead on a successive basis to balance future budget shortfalls the Council has launched a Budget Consultation process to inform difficult budget choices moving forward.</p> <p>It is of critical importance to the Council and City that CMT and Cabinet select means of reducing the costs of the Council to fully mitigate the forecast budget shortfalls in future years. Until this work is completed later in 2022 the risks will remain at the current level.</p>	25	Amber 	Red  ↑ Red since May 2022	Brendan Arnold
2	Failure to meet statutory duties due to growing volume and complexity of	<ul style="list-style-type: none"> - Additional social work capacity agreed to support effective delivery of casework - Fostering Project Delivery Plan in place 	20	Red 	Red 	Sharon Muldoon

Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
	<p>demand for children's social care services.</p> <p>Hidden harm consequences of infection control measures and safe systems of work limitations add to existing pressures on service.</p> <p>Risk of continued rising demand for children to come into care since the pandemic in March 2020.</p>	<ul style="list-style-type: none"> - High cost placement review supported by named Service Manager - Adolescent Support Team reunification and edge of care service supporting over 60 young people at any one time - Ongoing rigour in decision making to manage demand via Placement Panel, which takes place weekly and is overseen by a dedicated service manager with responsibility for reducing costs of individual placements and ensuring timely step down - Ensuring action plan milestones are reached via monthly monitoring at Programme Board/Finance Directorate Management Team meetings - All delivery plans have been reviewed and progress is being achieved to mitigate delays caused by COVID-19 response. 			Red since July 2020	
3	A Cyber-attack renders all of the Council's IT inaccessible for an extended period of time therefore impacting on the Council's ability to deliver services.	<ul style="list-style-type: none"> - Review of governance and strategy / action planning process underway - Delt undertaking a programme of Cyber security improvements - The programme is at the initiation stage, however will produce recommendations for improving aspects such as end point detection and defence, improved identity and asset management - It will also improve the annual IT Health Check by looking at repeat issues and introducing process changes to prevent them from reoccurring. 	20	RED	RED Red since January 2022	Andy Ralphs

Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
4	IT supply chain constraints results in increased costs and extended lead times for equipment. This will lead to budget pressures for the Council plus Service delivery pressures as new and replacement IT equipment experiences considerable delays.	<ul style="list-style-type: none"> - PCC to pre plan as far ahead as possible on any purchases of technical goods or services, notifying Delt during the planning phase of such work. - Delt engagement with current suppliers and escalation of any changes to current prices / lead times - Assessment of alternative suppliers - Budget monitoring - IT Service Level Management - Monitoring of procurement lead times 	20	N/A	RED New Risk	Andy Ralphs
9	Increased and sustained pressure on Adult Social Care budget due to increased costs of providing care, growing numbers of people and increased complexity of need. As this is a statutory service and largest single budget it could have a significant impact on the Authorities overall financial position.	<ul style="list-style-type: none"> - Real time management information - Strong Reablement Offer - Established Review Programme - Commissioning Intentions and Commissioning Activity to develop new models of care - Budget containment meetings in place - Focus on reviews and reablement to right size packages of care including focused work on 18 to 64's - Emergency Plan to cover need to prioritise critical services 	16	Amber —	Amber —	Craig McArdle
11	The Council having insufficient workforce capacity and resilience to deliver the required range of services to meet statutory obligations and administration priorities.	<ul style="list-style-type: none"> - Develop online training programmes - Implementation of 'The Way We Work' programme (technology, information management, accommodation) to enable the right conditions for success - Review of senior structure - Review of business plans 	15	Amber —	Amber —	Andy Ralphs

Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
		<ul style="list-style-type: none"> - Possible remodelling of services - Ongoing 1:1 supervision meetings - Working towards Gold Wellbeing at Work Award - Increase in number of Wellbeing Champions to 60 (from 44) - Implement New Ways of working and deliver Accommodation Strategy. 				
12	The Council not meeting its obligation to keep data secure by failing to adhere to Data Protection Act 2018 Regulations.	<ul style="list-style-type: none"> - Continued roll out staff awareness training to all staff - Implement greater reporting consistency within directorates - Implement improved incident analysis within the Service Desk - Improved contract management with partners - Improve Privacy notice templates and ensure all gaps are addressed - Standardised breach management processes distributed to key staff - Reviewed policies to be communicated to all staff. 	15	Amber ■	Amber ■	Andy Ralphs
14	The Council not meeting its legal obligations regarding the health, safety and wellbeing of its workforce.	<ul style="list-style-type: none"> - Agree substantive future working arrangements according to worker type - The Big Listen - employee engagement survey in progress. - Delivery of 22/23 HS&W action plan - Focus on mandatory training compliance July 2022 - Introduction of new KPI's for incident management - Audit programme to commence in quarter two. 	15	Amber ■	Amber ■	Andy Ralphs
15	The Council is unable to fulfil its legal obligations regarding the safety of its citizens and service recipients.	<ul style="list-style-type: none"> - Statutory post holders - Commissioning and service Improvement plans - Budgetary management - Revision of business plans. 	12	Amber ■	Amber ■	Sharon Muldoon/ Craig McArdle

Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
18	Risk of financial impact of delivering proposed changes to Waste Services as set out in the Government's Draft Environment Bill.	<p>The Council have partnered with the Waste Industry body WRAP to jointly commission external support to assess the likely impacts and opportunities of the Environment Act. The funding for this work has been wholly met by DEFRA. The initial report was completed with broadly inconclusive findings. The scope of ongoing work is as follows:</p> <ul style="list-style-type: none"> - To understand the implications of, and ensure the Council meets, the government's requirements as proposed in the Resources & Waste Strategy - To help inform the future design of the Council's household waste collection service and understand the implications in terms of reprocessing infrastructure - To understand the likely impact that changes to the current household waste collection service will have on the Council's recycling performance - To consider where operational efficiencies can be achieved whilst still delivering a service that meets the needs of its residents and allows the Council to maintain high levels of customer satisfaction - To appraise whether existing waste management infrastructure and assets in Plymouth, and the surrounding area, are likely to be sufficient for future requirements; and if they are deemed not to be then to provide options to inform the Council's waste strategy and spatial planning. 	12	Amber ■	Amber ■	Anthony Payne
19	Staff resilience to causative factors of stress variable resulting in the primary reason for short and long term absences being due to	<ul style="list-style-type: none"> - Individual stress and resilience risk assessments part of business as usual. Wellbeing and resilience training available as part of scheduled programme of HSW training. ERS advice and support in individual cases where other HR processes have been applied. 39 	12	Amber ■	Amber ■	Andy Ralphs



Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
	stress / psychological factors; reduced morale, loss of productivity with impact on delivery.	Wellbeing Champions across the organisation as 1st line of support to colleagues and driving a program of PH initiatives. Action taken at local level to secure resources to meet rising demands				
21	Risk to vulnerable children and young people in the care system, by not delivering early intervention and prevention.	Continue to drive forward change across the partnership in relation to whole family working, engagement with the Early Help Assessment Tool process, data exchange and achieving the outcomes required within the Troubled Families Outcomes Plan.	6	Green ■	Green ■	Sharon Muldoon
22	In 2019/20 the Council adopted under legal advice a proposal to make additional upfront contributions to offset the Council's pension fund deficit. During the audit of the 2019/20 accounts - which was delayed because of the Pandemic - it became apparent that the External Auditor did not agree that the accounting treatment used was lawful. During 2021 the Council has taken further legal advice to identify a lawful way of accounting for the transaction; consideration of this advice continues at the present time. The risk is	<ul style="list-style-type: none"> - Liaison with legal advisers - Consultation with the Auditor - Possible consultation with Government 	TBC – subject to ongoing legal advice			Brendan Arnold

Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
	that if a lawful way of accounting for the transaction cannot be agreed with the External Auditor and advising counsel then the Council may need to explore with Government alternative means of achieving a solution which sits within the appropriate legal parameters.					

3.3 Strategic Risk update table two

Table two provides an update on strategic risks with mitigation that is influenced by Plymouth City Council but is also dependent on other outside factors, this is nine of the 22 risks on the strategic risk register.

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
5	Lack of adult social care workforce and growing fragility of Adult Social Care Market leading to inability of Authority to meet statutory duties and meet eligible need.	<ul style="list-style-type: none"> - Establishment of Community Capacity Command Centre to provide greater oversight of market and capacity - Local Authority has set up a Care Company to ensure continuity of provision in the event of market failure - Care Home liaison work being undertaken by Livewell Southwest, to increase levels of support to Residential and Nursing care marker - Risk to be continued to be monitored through contract monitoring and market intelligence 	20	Red ■■■■■	Red ■■■■■ Red since Oct 2021	Craig McArdle

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
		<ul style="list-style-type: none"> - Supporting market wide workforce recruitment / retention across residential and domiciliary sector - Remodelled bed bureau launched to support Care Homes to manage complex discharge cases - Incentive payments to workforce - Managing risk through winter strategy for the domiciliary care market. 				
6	<p>Insufficient economic performance to sustain the City's economy and growth plans.</p> <p>The risk to economic performance is a combination of the ongoing impacts of the coronavirus, Brexit, labour shortages, infrastructure challenges relating to material supply and general uncertainty in many sectors.</p> <p>Some of the long-term effects (especially without effective policy instruments) are likely to carry over in 2022 and beyond.</p>	<p>We are focussing, through Resurgam, on six areas to help our economy to recover, to protect local jobs and to support our communities. These are:</p> <ul style="list-style-type: none"> - Spend 4 Plymouth – A massive focus on local procurement for local jobs - Build 4 Plymouth – An ambitious capital programme and economic stimulus to support construction jobs, building a better and greener Plymouth - Skills 4 Plymouth – Extensive new support for young people and retraining our workforce for future jobs through our skills launch pad - City Centre Renaissance programme – support for our city centre and a regeneration plan - Resurgam Beacons – A focus on our future. We will seek to create new jobs in the blue and green economy. That is our amazing marine sector and a new green deal for jobs - Sector Action Plans – a bespoke package of interventions led by the private sector for our 11 key sectors, building on our Resurgam plans and innovating and collaborating together through our newly established Sector Hub. <p>Supporting our sectors whether they are in critical shock, stable, or capable of high growth. These sectors are:</p> <ul style="list-style-type: none"> - Construction and the Built Environment 	16	Amber 	Amber 	Anthony Payne

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
		<ul style="list-style-type: none"> - Creative Industries - Digital - Defence - Health and Care - Fishing - Manufacturing - Marine - Retail - Tourism and Hospitality - Transport and Distribution. <p>We have also established the cross cutting theme of inclusive growth. Our aim is to 'build back better', growing a prosperous economy that reduces inequality, is sustainable and truly serves the wellbeing of all of the people of Plymouth.</p>				
7	Ongoing COVID-19 rates (with potential for further peaks) affect city's recovery / reset plans.	<ul style="list-style-type: none"> - The key mitigation of vaccination has now reached around 85% (one or more doses) of those eligible. There have been reductions in the mitigations (reduced testing, support payments and legal need for self-isolation) and this has created uncertainty around case rates and the risk of delayed detection of new variants. The longstanding advice to the general public remains in place and is re-emphasised at regular intervals. 	16	Amber ■	Amber ■	Ruth Harrell
8	Failure to reduce Health Inequalities will mean our poorest residents continue to live shorter lives as well as more years in ill health. Mounting evidence that COVID-19 is having differential	Persistent action across the Council is required at many levels to tackle inequalities by addressing the wider detriments of health. The Public Health Team and partners continue to work with employers (year one focus) and schools (year two focus) to influence healthier lifestyles. The team continues to embed and promote the national One You campaign across the city. The 'five ways to wellbeing' has been adopted across the City as the single	16	Amber ■	Amber ■	Ruth Harrell

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
	health impacts across communities, adding to existing health inequalities. This is through either the disease itself or the mitigations put in place. There is an ongoing impact of this due to the economic downturn. The primary role of the ODPH and the Public Health Team in particular is now to try to manage COVID-19 in the city, therefore protecting most deprived communities from further negative impacts.	approach to improving mental wellbeing. The work that started in year five on 'people connecting through food' is ongoing with a number of new initiatives developed. The intention was that the year six focus would be arts, culture, heritage and health (using the Mayflower 400 commemorations as the vehicle for delivery). However, this year was curtailed as a result of the pandemic and a two year pause was put on the programme. Subsequently, Thrive Plymouth Year seven was launched in May 2022 with a focus on Listening and Reconnecting. There is a need to reflect on our experiences and acknowledge what we have been through. Though there has been much trauma, we believe that there have also been some positives which we want to help the city to build on and apply to the wider challenges of inequality. Evidence has been provided to the Health and Wellbeing Board on the risk of widening health inequalities which partners are working together to try to mitigate. The Local Care Partnership priorities are being refreshed and includes tackling inequalities. Both of these routes bring partners together to understand the issues and the steps needed to tackle health inequalities in the City. In addition to this, to support the work of the Council's cross-party Child Poverty Action Plan Working Group, a high level review of the evidence of the impacts of the pandemic on the mental wellbeing of children and young people has been carried out. As already stated, the primary role of the ODPH and the Public Health Team in particular is now to minimise the impact of COVID-19 in the city therefore protecting most deprived communities from further negative impacts.				
10	Adult Social Care (ASC) Reforms - There are a number of reforms to ASC that will create financial uncertainty in terms of being able to accurately understand the cost	Utilising National and regional groups including Local Government Association and Association of Directors Adult Social Services (ADASS) ASC reform programmes established Fair cost of care exercise to better understand position	16	N/A	Amber New risk	Craig McArdle

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
	<p>and resources impact once reforms have been implemented. It is not clear whether any additional monies will be made available for local authorities and there is currently no reliable way of forecasting impact.</p> <p>Examples of reforms include;</p> <p>Fair cost of care</p> <p>Charging reforms</p> <p>Local Protection Safeguards</p> <p>Care Quality Commission Assurance programme</p>	<p>Departmental and directorate management teams</p> <p>Potential use of Offers and Asks due to cost of new burdens on the service.</p>				
13	<p>Despite the green shoots of improvement in education outcomes in 2021/22, the school improvement partnership needs to be made sustainable supported by continuous resources for next stage of work to stabilise the system and to continue improve after Place-based funding ceased in March 2022.</p>	<ul style="list-style-type: none"> - Plymouth Education Board (PEB) (and sub groups) is being reviewed to strengthen education partnership. - Strengthen School Causing Concern procedure. - School improvement work will create a partnership of distinct interventions to drive improvement and raise achievement. - Cause for concern meetings. Inclusion Strategy Board as an added strand of PEB work. - Proposed Inclusion Mark for the City to celebrate inclusion. <p>The Plymouth Standards Partnership Recovery & Improvement Plan: A key priority is work to support disadvantaged pupils. The work of the Plymouth Commission has been extended to focus on attainment for secondary aged pupils and school improvement. This has also focussed on the impact of the COVID-19 response arrangements, and a survey of all secondary schools has been</p>	15	<p>Amber</p> <p>■</p>	<p>Amber</p> <p>■</p>	Sharon Muldoon

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
		undertaken to inform priorities for re-engaging pupils in September. Schools are expected to have the capacity to offer immediate remote education for classes or groups who are required to self-isolate for a short period of time, or where there are local restrictions requiring pupils to remain at home. Schools are being offered a catch up premium of £80 per pupils for most schools, to assist with programmes of learning to support pupils who require additional support. At this time, it is intended that subject to some adjustments to content and activity, in the summer 2021 for GCSE, AS and A level are all teacher assessed.				
16	Departure from EU single market with The Trade and Cooperation Agreement could further decreases city economic output.	<ul style="list-style-type: none"> - Continued regional engagement to maintain strong influence - Monitor proposed regulatory changes for service impact - Continue to act promptly on government guidelines when issued. 	12	Amber ■	Amber ■	Giles Perritt
17	Risk of failing to meet carbon reduction targets to reach net zero by 2030.	<ul style="list-style-type: none"> - Process of annual Climate Emergency Action Plan and Corporate Carbon Reduction Plan action plans in place, with six monthly performance updates to scrutiny committee - Climate Emergency Board meets four times / year to keep programme under review - Review of governance and strategy / action planning process underway. 	12	Amber ■	Amber ■	Anthony Payne
20	Risk of failing to deliver the range of housing to meet Plymouth's need.	<p>The results of the annual Plymouth Housing Survey of all new home completions for 2022/23 are due to be available by end of June 2022, and we are due to publish the Housing Position Statement / 5 Year Land Supply by November 2022 at the earliest.</p> <p>Overall completions will see a significant reduction due to the many issues associated with the pandemic including supply chain issues, cost price and build cost inflation, impacts on contractor capacity,</p>	9	Green ■	Green ■	Anthony Payne

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
		<p>particularly Small and Medium Enterprise (SME) house builders, and general housing market uncertainty. 2. We continue our engagement with Homes England (HE) and Department for Levelling Up, Homes and Communities (DLUHC) to identify priority sites for intervention, including potential funding, to help unlock and accelerate housing delivery on a number of key strategic city centre sites.</p> <p>Strategic Land Review completed and released 50 housing sites to the market.</p> <ul style="list-style-type: none"> - Established Housing Investment Fund in Plan for Homes 3 to support interventions to unlock housing delivery. - Working with Homes England to develop a Placed Based Strategic Partnership to unlock and deliver a pipeline of housing sites, support City Centre renaissance and to help align Government funding with housing site opportunities. Proposal to establish a tripartite partnership between DLUHC, HE and Plymouth City Council/South Hams & West Devon with the vision to transform the pace and quality of housing provision to fully meet housing need. Work with HE has led to agreed solutions and Deeds of Variation on 4 legacy sites to unlock delivery. Launched the Plymouth Eco-Homes Programme to support building a pipeline deliver over 250 low-carbon and net-zero homes across Plymouth. - Embarking on our Direct Delivery of new homes to drive up good design, quality and sustainable living. Identifying a pipeline of future sites to support our direct delivery ambitions. - Developed 2 Housing Partnership Agreements with key Housing Association Partners to maximise their investment and delivery in the city. 				

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
		<ul style="list-style-type: none"> - Considering site acquisitions and provided funding to help unlock stalled Joint Local Plan (JLP) sites. Reviews of JLP sites completed and monitored, with delivery strategies being implemented. Site allocations tracker used to monitor delivery and progress throughout the year, working with officers to explore necessary actions to bring sites forward and establish trusted partnership. Facilitate Purchase Price Allocation (PPA) with developers to encourage delivery and facilitate proactive working arrangements. - Bidding to a number of Government funding programmes to support new homes. - Ongoing work with HE and DLUHC to support the delivery to unlock funding and making the case for a fairer allocation of national funding for homes. - Ongoing innovation to improve the proactive and fast track approach to planning to deliver housing. - Monitoring development activity in the construction sector to understand the effect of COVID-19 on housebuilding. - We will manage the 5 year land supply position to ensure that decisions on sites are taken using a balanced and objective assessment of market conditions. - Work with Resurgam programme to develop measures to support and boost housebuilding, supporting Plymouth's economic recovery and other Resurgam activity. - Work with the Plymouth Housing Development Partnership to leverage their investment and progress housing projects to stimulate affordable housing delivery, and support SME's to start building again. - We will work with MHCLG and HE to maximise investment in new homes and infrastructure. 				

OFFICIAL
APPENDIX B PLYMOUTH CITY COUNCIL STRATEGIC RISK REGISTER MAY 2022

ROW NO	RISK REF	Directorate	Service	DEPT	DESCRIPTION OF RISK (Risk description should include cause / risk event / consequence and risk category)	KEY CONTROLS / SOURCES OF ASSURANCE (aligned to three lines of defence) Policies and procedures Link to business plan Delegations of authority / Fraud checks Risk and control framework Performance Management Project Management reviews	PREVIOUS RISK RATING			CURRENT RISK RATING	RAG RATING /CHANGE IN RISK RATING	ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	RESPONSIBLE OFFICER(S)	DIRECTOR / ASSISTANT DIRECTOR					
							PREVIOUS RISK RATING		PREVIOUS RISK RATING										
							First Line of Defence (Operational management activity)												
							Oct-21		Feb-22		May-22								
							P	I	P	I	P	I							
1	COVID-19 ORR (OF2) IRR BREXIT	Customer and Corporate Services	Finance	Finance	The Council's expenditure exceeds the resources available to meet that expenditure within the medium term financial plan period (2022/23-2025/26). The Council has taken the following steps (1) to adopt a 5 year MTFP moving forward rather than a 1 year or 3 year model (2) to adopt a system of monthly financial reporting to DMT's, CMT, and Cabinet and Quarterly to Full Council, with monthly consideration of directorate level financial issues at each Scrutiny Committee. In addition the Council has introduced a system of detailed monitoring of they delivery of savings targets so that a view is published monthly in Cabinet reports. The Council also holds an annual review of fees and charges and has annual and ongoing programmes of work to identify and understand potential savings opportunities. The governance system of the Council - as unpacked in the Annual Governance Statement comprise a rigorous system of financial control. In acknowledgement of budget pressures and the choices that lie ahead on a successive basis to balance future budget shortfalls the Council has launched a Budget Consultation process to inform difficult budget choices moving forward.	These are rehearsed in the panel to the left and include all aspects of the rigorous reporting framework that is described from directorate DMT's through to the monthly report at Scrutiny Committees of financial expenditure and attainment of savings taken into the budget.	3	4	12	3	4	12	5	5	25	<div>↑</div> <div>R</div>	The Council has also taken the following steps (1) to adopt a 5 year MTFP moving forward rather than a 1 year or 3 year model (2) to adopt a system of monthly financial reporting to Directorate Management Teams, Corporate Management Team, and Cabinet and Quarterly to Full Council, with monthly consideration of directorate level financial issues at each Scrutiny Committee In addition the Council has introduced a system of detailed monitoring of the delivery of savings targets so that a view is published monthly in Cabinet reports. The Council also holds an annual review of fees and charges and has annual and ongoing programmes of work to identify and understand potential savings opportunities. The governance system of the Council - as unpacked in the Annual Governance Statement comprise a rigorous system of financial control. In acknowledgement of budget pressures and the choices that lie ahead on a successive basis to balance future budget shortfalls the Council has launched a Budget Consultation process to inform difficult budget choices moving forward. It is of critical importance to the Council and City that CMT and Cabinet select means of reducing the costs of the Council to fully mitigate the forecast budget shortfalls in future years. Until this work is completed later in 2022 the risks will remain at the current level.	David Northey/Paul Looby	Brendan Arnold
2	SCYPF2 ORR (OCYPF1) IRR COVID-19	Children's Services	CYPFS	Children's Social Care	Failure to meet statutory duties due to growing volume and complexity of demand for children's social care services 'Hidden harm' consequences of infection control measures and safe systems of work limitations add to existing pressures on service. Risk of continued rising demand for children to come into care since the pandemic in March 2020. Risk Category: FINANCIAL	Trend analysis informing projections about the numbers of children coming into care to monitor activity. Regular scrutiny via lead member for children and finance.	4	5	20	4	5	20	4	5	20	<div>→</div> <div>R</div>	Additional social work capacity agreed to support effectively delivery of casework. Fostering Project Delivery Plan in place High cost placement review supported by named Service Manager Adolescent Support Team reunification and edge of care service supporting over 60 young people at anyone time. . Ongoing rigour in decision making to manage demand via Placement Panel which takes place weekly and overseen by a dedicated service manager with responsibility for reducing costs of individual placements and ensuring timely step down. Ensuring action plan milestones are reached via monthly monitoring at Programme Board/Finance DMT. All delivery plans have been reviewed and progress is being achieved to mitigate delays caused by COVID-19 response.	Jean Kelly	Sharon Muldoon
3	CDS	Corporate and customer services	DCS	DCS	A Cyber-attack renders all of the Council's IT inaccessible for an extended period of time therefore impacting on the Councils ability to deliver services.	IT Security Policy current and adhered to Business Continuity plans tested and fit for purpose IT Infrastructure patched to current levels All IT providers assessed regularly All connected partners / Suppliers assessed and accredited			4	5	20	4	5	20	<div>→</div> <div>R</div>	Review of governance and strategy / action planning process underway Delt undertaking a programme of Cyber security improvements. The programme is at the initiation stage, however will produce recommendations for improving aspects such as end point detection and defence, improved identity and asset management It will also improve the annual IT Health Check by looking at repeat issues and introducing process changes to prevent them from reoccurring.	John Finch	Andy Ralphs	
4		Corporate and customer services	Digital and Customer Services	Corporate and customer services	IT supply chain constraints results in increased costs and extended lead times for equipment. This will lead to budget pressures for the Council plus Service delivery pressures as new and replacement IT equipment experiences considerable delays.	Regular IT Budget monitoring Regular Delt engagement Procurement liaison/ Business Continuity plans tested and fit for purpose ICT Review Group Other project and programme boards Management teams overseeing the purchase of new technical capability			New	New	New	5	4	20	<div>→</div> <div>R</div>	PCC to pre plan as far ahead as possible on any purchases of technical goods or services, notifying Delt during the planning phase of such work. Delt engagement with current suppliers and escalation of any changes to current prices / lead times Assessment of alternative suppliers Budget monitoring IT Service Level Management Monitoring of procurement lead times	John Finch/ Peter Honeywell	Andy Ralphs	
5	PEOPLE (IC) COVID-19 IRR	People	SC	Strategic Commissioning	Lack of adult social care workforce and growing fragility of Adult Social Care Market leading to inability of Authority to meet statutory duties and meet eligible need. Risk Category: Compliance, Regulation, Safeguarding and Financial	Real time management information Provider Contingency Plans and Mutual Aid Protocol Established Review Programme to release hours Activity Dialogue with Care Market Enhanced risk management process around individual client list.	4	5	20	4	5	20	4	5	20	<div>→</div> <div>R</div>	Establishment of Community Capacity Command Centre to provide greater oversight of market and capacity Local Authority has set up a Care Company to ensure continuity of provision in the event of market failure Care Home liaison work being undertaken by Livewell Southwest, to increase levels of support to Residential and Nursing care market Risk to be continued to be monitored through contract monitoring and market intelligence Supporting market wide workforce recruitment / retention across residential and domiciliary sector Remodelled bed bureau launched to support Care Homes to manage complex discharge cases Incentive payments to workforce. Managing risks for the domiciliary care market	Anna Coles/ Gary Walbridge	Craig McArdle
6	SED1 COVID-19 BREXIT	Place	ED	Economic Development	Insufficient economic performance to sustain the City's economy and growth plans. The risk to economic performance is a combination of the ongoing impacts of the coronavirus, Brexit, labour shortages, infrastructure challenges relating to material supply and general uncertainty in many sectors. Some of the long-term effects (especially without effective policy instruments) are likely to carry into later in 2022 and beyond. Risk Category: DEVELOPMENT & REGENERATION		4	4	16	4	4	16	4	4	16	<div>→</div> <div>A</div>	The impact of COVID-19 on the economy has been sharp and has affected different sectors of the economy in different ways. We are focussing, through Resurgam, on 6 areas to help our economy to recover, to protect local jobs and to support our communities. These are: • Spend 4 Plymouth – A massive focus on local procurement for local jobs. • Build 4 Plymouth – An ambitious capital programme and economic stimulus to support construction jobs, building a better and greener Plymouth. • Skills 4 Plymouth – Extensive new support for young people and retraining our workforce for future jobs through our skills launch pad. • City Centre Renaissance programme – support for our city centre and a regeneration plan. • Resurgam Beacons – A focus on our future. We will seek to create new jobs in the Blue and green economy. That is our amazing marine sector and a new green deal for jobs. • Sector Action Plans – a bespoke package of interventions lead by the private sector for our 11 key sectors, building on our Resurgam plans and innovating and collaborating together though our newly established Sector Hub. Supporting our sectors whether they are in critical shock, stable, or capable of high growth. These sectors are: o Construction and The Built Environment o Creative Industries o Digital o Defence o Health and Care o Fishing o Manufacturing o Marine o Retail o Tourism and Hospitality o Transport and Distribution We have also established the cross cutting theme of inclusive growth. Our aim is to 'build back better' growing a prosperous economy that reduces inequality, is sustainable and truly serves the wellbeing of all the people of Plymouth. Please note: Construction inflation will have an impact on projects and is predicted to rise by 26% by 2026 (3% per quarter).	David Draffan	Anthony Payne
7	STS2 COVID-19 ORR	ODPH	OPPH	Office of the Director of Public Health	Ongoing COVID-19 rates (with potential for further peaks) affect city's recovery / reset plans. It is not yet clear what mitigations will be needed for us to live with COVID-19. There remains a high risk of further waves but the timing is not certain. Rates remain high and are likely to increase over the Winter period. Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	Local Outbreak Management Plan co-designed and published. Multi-agency Health Protection Board meets monthly to discuss management of the pandemic locally. Incident Management Group established and meets fortnightly to discuss issues related to COVID-19 and other infectious diseases.	4	4	16	4	4	16	4	4	16	<div>→</div> <div>A</div>	The key mitigation of vaccination has now reached around 85% (one or more doses) of those eligible. There have been reductions in the mitigations (reduced testing, support payments and legal need for self-isolation) and this has created uncertainty around case rates and the risk of delayed detection of new variants. The longstanding advice to the general public remains in place and is re-emphasised at regular intervals.	Sarah Lees / Rob Nelder	Ruth Harrell
8	STS1 IRR COVID-19	ODPH	ODPH	Office of the Director of Public Health	Failure to reduce Health Inequalities will mean our poorest residents continue to live shorter lives as well as more years in ill health. Mounting evidence that COVID-19 is having differential health impacts across communities, adding to existing health inequalities. This is through either the disease itself or the mitigations put in place. There is an ongoing impact of this due to the economic downturn. The primary role of the ODPH and the Public Health Team in particular is now to try to manage COVID-19 in the city therefore protecting most deprived communities from further negative impacts. Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	The Thrive Plymouth framework was adopted by full Council in 2014 and links directly to the Plymouth Plan and Integrated Commissioning Strategies. It provides a good foundation to achieve prevention in all services and decision making processes. The focus of Thrive Plymouth in year one was on workplace health and wellbeing, in year two it was on schools and young people, in year three it was on localising the national 'One You' health improvement campaign. In year four was on mental wellbeing (focussing on the five ways to wellbeing) and in year five was on people connecting through food. The intention was that the year six focus would be arts, culture, heritage and health (using the Mayflower 400 commemorations as the vehicle for delivery). However, this year was curtailed as a result of the pandemic and a two year pause was put on the programme. Thrive Plymouth Year seven was launched in May 2022 with a focus on Listening and Reconnecting. In addition to the Thrive Plymouth-related work, the Public Health Team has worked with an extensive network of internal and external partners to secure the opening of a number of Wellbeing Hubs across the city.	4	4	16	4	4	16	4	4	16	<div>→</div> <div>A</div>	Persistent action across the Council is required at many levels to tackle inequalities by addressing the wider detriments of health. The Public Health Team and partners continue to work with employers (year one focus) and schools (year two focus) to influence healthier lifestyles. The team continues to embed and promote the national One You campaign across the city. The 'five ways to wellbeing' has been adopted across the City as the single approach to improving mental wellbeing. The work that started in year five on 'people connecting through food' is ongoing with a number of new initiatives developed. The intention was that the year six focus would be arts, culture, heritage and health (using the Mayflower 400 commemorations as the vehicle for delivery). However, this year was curtailed as a result of the pandemic and a two year pause was put on the programme. Subsequently, Thrive Plymouth Year seven was launched in May 2022 with a focus on Listening and Reconnecting. There is a need to reflect on our experiences and acknowledge what we have been through. Though there has been much trauma, we believe that there have also been some positives which we want to help the city to build on and apply to the wider challenges of inequality. Evidence has been provided to the Health and Wellbeing Board on the risk of widening health inequalities which partners are working together to try to mitigate. The Local Care Partnership priorities are being refreshed and includes tackling inequalities. Both of these routes bring partners together to understand the issues and the steps needed to tackle health inequalities in the City. In addition to this, to support the work of the Council's cross-party Child Poverty Action Plan Working Group, a high level review of the evidence of the impacts of the pandemic on the mental wellbeing of children and young people has been carried out. As already stated, the primary role of the ODPH and the Public Health Team in particular is now to minimise the impact of COVID-19 in the city therefore protecting most deprived communities from further negative impacts.	Sarah Lees / Rob Nelder	Ruth Harrell

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APPENDIX B PLYMOUTH CITY COUNCIL STRATEGIC RISK REGISTER MAY 2022

ROW NO	RISK REF	Directorate	Service	DEPT	DESCRIPTION OF RISK (Risk description should include cause / risk event / consequence and risk category)	Policies and procedures Link to business plan Delegations of authority / Fraud checks Risk and control framework Performance Management Project Management reviews	PREVIOUS RISK RATING	PREVIOUS RISK RATING	CURRENT RISK RATING	RAG RATING /CHANGE IN RISK RATING	ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	RESPONSIBLE OFFICER(S)	DIRECTOR / ASSISTANT DIRECTOR		
						First Line of Defence (Operational management activity)	<div>Oct-21<div>P</div><div>I</div></div> <div>Feb-22<div>P</div><div>I</div></div> <div>May-22<div>P</div><div>I</div></div>								
9	PEOPLE (IC) COVID-19 IRR	People	SC	Strategic Commissioning	Increased and sustained pressure on Adult Social Care budget due to increased costs of providing care, growing numbers of people and increased complexity of need. As this is a statutory service and largest single budget it could have a significant impact on the Authorities overall financial position. Risk Category: Financial	Real time management information Strong Reablement Offer Established Review Programme Commissioning Intentions and Commissioning Activity to develop new models of care.	<div>4</div> <div>4</div> <div>16</div>	<div>4</div> <div>4</div> <div>16</div>	<div>4</div> <div>4</div> <div>16</div>	<div>—</div> <div>A</div>	Real time management information - Strong Reablement Offer - Established Review Programme - Commissioning Intentions and Commissioning Activity to develop new models of care - Budget containment meetings in place - Focus on reviews and reablement to right size packages of care including focused work on 18 to 64's - Emergency Plan to cover need to prioritise critical services	Anna Coles/ Gary Walbridge	Craig McArdle		
10		People	SC	Strategic Commissioning	Adult Social Care (ASC) Reforms - There are a number of reforms to ASC that will create financial uncertainty in terms of being able to accurately understand the cost and resources impact once reforms have been implemented. It is not clear whether any additional monies will be sufficient to meet these changes and at this time it is not possible to accurately forecast this risk. Examples of reforms include; Fair cost of care Charging reforms Local Protection Safeguards Care Quality Commission Assurance programme	National and regional groups including Local Government Association and ADASS ASC reform programmes established Fair cost of care exercise to better understand position Departmental and directorate management teams		New	New	New	<div>4</div> <div>4</div> <div>16</div>	Seeking to understand impact through reform programmes Potential use of Offers and Asks due to cost of new burdens on the service	Anna Coles/ Gary Walbridge	Craig McArdle	
11	SHR1 COVID-19	Customer and Corporate Services	HROD	Customer & Corporate HROD	The Council having insufficient workforce capacity and resilience to deliver the required range of services to meet statutory obligations and administration priorities New service obligations, such as Caring Plymouth, local outbreak control, PPE provision etc. in addition to Operation Lillypad need to be considered alongside existing obligations, some of which have been made more challenging by COVID-19. Risk Category: SERVICE DELIVERY / REPUTATION	Volunteering Review working patterns ensure staff leave is taken Review posts prior to recruitment Workforce data Employee Assistance Programme in place. Organisational Restructure toolkit in place. Agile HR policies and procedures available on staffroom. Sickness absence and staff turnover monitored Annual Performance Reviews and objective setting Admin review Core hours paused and flexi limits extended Additional capacity brought into Children, Young People and Families	<div>5</div> <div>3</div> <div>15</div>	<div>5</div> <div>3</div> <div>15</div>	<div>5</div> <div>3</div> <div>15</div>	<div>5</div> <div>3</div> <div>15</div>	<div>—</div> <div>A</div>	Develop online training programmes Implementation of 'The Way We Work' programme (technology, information management, accommodation) to enable the right conditions for success. Review of senior structure Review of business plans Possible remodelling of services Ongoing 1:1s Working towards Gold Wellbeing at Work Award Increase in number of Wellbeing Champions to 60 (from 44) Implement New Ways of working and deliver Accommodation Strategy	Kim Brown	Andy Ralphs	
12	SF5 IRR	Customer and Corporate Services	Digital and Customer Services	Transformation	The Council not meeting its obligation to keep data secure by failing to adhere to Data Protection Act 2018 Regulations results in loss of trust in the Council and/or financial penalty from the Information Commissioner's Office (ICO) Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	Staff awareness training has been rolled out. Incident reporting and management in place. Escalation of breaches to Senior Information Risk Owner (SIRO). Annual IT Health Check Regular vulnerability scans carried out IT Infrastructure patching policy in place Pro-active monitoring by Babcock. ICO Action Plan. Information Audit completed for all departments Staff workshops completed re: GDPR	<div>5</div> <div>3</div> <div>15</div>	<div>5</div> <div>3</div> <div>15</div>	<div>5</div> <div>3</div> <div>15</div>	<div>5</div> <div>3</div> <div>15</div>	<div>—</div> <div>A</div>	Continued roll out staff awareness training to all staff. Implement greater reporting consistency within directorates. Implement improved incident analysis within the Service Desk. Improved contract management with partners. Improve Privacy notice templates and ensure all gaps are addressed Standardised breach management processes distributed to key staff. Reviewed policies to be communicated to all staff	Pete Honeywell	Andy Ralphs	
13	SEPS1 COVID-19 IRR	Children's Services	EPS	Education, Participation & Skills	Despite the green shoots of improvement in education outcomes in 2021/22, the school improvement partnership needs to be made sustainable supported by continuous resources for next stage of work to stabilise the system and to continue improve after Place-based funding ceased in March 2022.	Ofsted inspection outcome tracking. Data analysis. Plymouth Education Board Policy for Intervention, Challenge and Support for Schools makes clear the relationship with schools. Inclusion Strategy Board and Inclusion Plan, revised SEND Strategy for Plymouth	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>—</div> <div>A</div>	Plymouth Education Board (PEB) (and sub groups) is being reviewed to strengthen education partnership. Strengthen School Causing Concern procedure. School improvement work will create a partnership of distinct interventions to drive improvement and raise achievement. Cause for concern meetings. Inclusion Strategy Board as an added strand of PEB work. Proposed Inclusion Mark for the City to celebrate inclusion. The Plymouth Standards Partnership Recovery & Improvement Plan: A key priority is work to support disadvantaged pupils. The work of the Plymouth Commission has been extended to focus on attainment for secondary aged pupils and school improvement. This has also focussed on the impact of the COVID-19 response arrangements, and a survey of all secondary schools has been undertaken to inform priorities for re-engaging pupils in September. Schools are expected to have the capacity to offer immediate remote education for classes or groups who are required to self-isolate for a short period of time, or where there are local restrictions requiring pupils to remain at home. Schools are being offered a catch up premium of £80 per pupils for most schools, to assist with programmes of learning to support pupils who require additional support. At this time, it is intended that subject to some adjustments to content and activity, in the summer 2021 for GCSE, AS and A level are all teacher assessed.	Ming Zhang	Sharon Muldoon
14	SHR2 COVID-19 HSW	Customer and Corporate Services	HROD	Customer & Corporate HROD	The Council not meeting its legal obligations regarding the health, safety and wellbeing of its workforce. Significant challenges presented by the scope of service activities, range of workforce environments, clarity of guidelines/legislation and unpredictability of the rate of COVID-19. Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	Generic Risk Assessment, Safe Systems of Work and Tool Box talks updated with change of Government Guidance and reviewed at local level to ensure consistency across services re infection control Safe Systems of Work Programme Display Screen Equipment (DSE) guidance in place COVID-19 Homeworking checklist implemented to ensure employees working from home have all standard DSE equipment, and specialist assessment where required Delivery service instigated following COVID-19 infection control guidelines COVID-19 wellbeing pages has DSE advice and support cited Access to ergonomist assessment via medigold available Wellbeing Pulse survey repeated at regular intervals Risk assessments of vulnerable staff PPE Policy in place with ordering and supply process operational	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>3</div> <div>5</div> <div>15</div>	<div>—</div> <div>A</div>	Agree substantive future working arrangements according to worker type The Big Listen - employee engagement survey in progress. Delivery of 22/23 H&SW action plan Focus on mandatory training compliance July 2022 Introduction of new KPI's for incident management Audit programme to commence in quarter two.	Kim Brown	Andy Ralphs
15	SIC1 COVID-19 HSW	People	SC	People (Commissioning & Children's Services)	The Council is unable to fulfil its legal obligations regarding the safety of its citizens and service recipients Significant challenges presented by the scope of service activities, range of workforce environments, clarity of guidelines/legislation and unpredictability of epidemiology, with the added pressures of supply chain management and organisational capacity to deliver Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	Safe Systems of Work Programme Performance Data Contract Management Weekly review of risk assessments, management oversight and audit	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>—</div> <div>A</div>	Statutory Post holders Commissioning and service Improvement plans Budgetary Management Revision of business plans	Sharon Muldoon / Craig McArdle	Sharon Muldoon / Craig McArdle
16	SCEO3 ORR (OCEO12) IRR BREXIT COVID-19	CEX	CEX	CEX	Departure from EU single market with The Trade and Cooperation Agreement could further decreases city economic output. Trading standards impacts may be significant when full border operations commence - not currently evident as ferry service is suspended. EU Settlement Scheme closed to new applicants in July predicted labour market shortage is now starting to show and are acute in some sectors including health and social care. No new business failures recorded locally since August may be difficult to disaggregate the impact of the Trade and Cooperation Agreement from COVID-19 impact. Ferry services have recommenced no operational problems arising from phase 1 and 2 of the Border Operating Model delivery of BCP delayed until November but ferry services will be suspended from October until March. Macro economic affects now starting to ramp up inflationary pressure are rising e.g. wage increases fuel to labour market supply problems and supply shortages leading to prices rises especially on fuel which feeds wider price increases, likely the MPC will react with interest rate increases and could also impact on currency rates. Unilateral UK changes in regulations could add additional unfunded burdens to LAs of radically impact on service delivery e.g. planning reforms.	Brexit Organisational and City specific risk registers linked to corporate risk registers are no longer being updated. Economic and consequential financial risks impacts may be traced back to Brexit but there is limited political will to do so and they are largely now viewed simply as the new economic reality. As such they are probably best dealt with through mainstream council financial risk management. One exception sits in relation to labour market shortages which are likely to have direct impact on Council finances in staff recruitment and associated wage pressures especially in health and social care and indirect impact through potential business relocation where labour requirements cannot be met locally. Operational readiness needs to be maintained in relation to the evolving UK post brexit regulatory framework and in particular in relation to the border control issues that are likely to arise when the UK finally implements the proposed border control model as this is likely to create a new set of supply chain related issues as well as an increased administrative burden at our port.	<div>4</div> <div>3</div> <div>12</div>	<div>4</div> <div>3</div> <div>12</div>	<div>4</div> <div>3</div> <div>12</div>	<div>4</div> <div>3</div> <div>12</div>	<div>4</div> <div>3</div> <div>12</div>	<div>—</div> <div>A</div>	Continued regional engagement to maintain strong influence. Monitor proposed regulatory changes for service impact Continue to act promptly on government guidelines when issued.	Kevin McKenzie	Giles Perritt
17	PLACE (SPI)	Place	SPI	Strategic Planning & Infrastructure	Risk of failing to meet carbon reduction targets to reach net zero by 2030. Plymouth City Council declared a climate emergency in March 2019. The Plymouth Plan was revised in January 2021 to update the strategic objectives and policies to achieve this outcome. The activities of Plymouth City Council only contribute 1% of the total carbon emissions of the city. The environmental consequences of failing to meet the target are difficult to quantify, but a failure to address and minimise our carbon emissions would contribute to some extent to changes in our climate, which include, among others, increased risk of coastal flooding and changes to the weather patterns. Changes to the weather could in turn have financial consequences for the Council as we mitigate against increased flooding, and more frequent storms. Failure to meet corporate targets would impact our reputation and our ability to exercise leadership on this agenda, with, in turn, possibly more consequences on carbon emissions citywide.	A governance structure is in place to ensure that the city and council climate emergency objectives are led, managed and delivered. Led by the Cabinet member for Climate Change, all key decisions are made by Cabinet and Full Council. The Strategic Director for Place leads the Climate Emergency Board with oversight of the corporate objectives. Management and deliverables are led by the service director for strategic planning and infrastructure. Progress updates on the delivery of the plans are provided 6 monthly. Interim policies and performance monitoring arrangements are in place whilst we tackle the complex task of developing a methodology that will enable us to accurately measure and monitor carbon emissions. In future, the methodology being developed will help to identify any potential risks to achieving the target' There are 3 key plans in place to deliver objectives. * The Plymouth Plan specifically 'Policy GRO7 'Reducing carbon emissions and adapting to climate change', annual Climate Emergency Action Plans (CEAP) and Corporate Carbon Reduction Plans (CCRP)	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>3</div> <div>4</div> <div>12</div>	<div>—</div> <div>A</div>	Process of annual CEAP and CCRP action plans in place, with six monthly performance updates to scrutiny committee Climate Emergency Board meets four times / year to keep programme under review Review of governance and strategy / action planning process underway	Paul Barnard	Anthony Payne

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						First Line of Defence (Operational management activity)	Oct-21 P I	Feb-22 P I	May-22 P I					
18	PLACE (SPI)	Place	SS	Street Services	Risk of financial impact of delivering proposed changes to Waste Services as set out in the Government's Draft Environment Bill. Whilst the Government have stated that Local Authorities will not bear the cost of the changes the implications for Plymouth specifically are significant with likely changes to collection frequencies; plant, vehicle and machinery requirements; a weekly food waste collection and likely impacts upon existing waste disposal contracts including the Energy from Waste PFI contract. Waste policies and strategy will need to be reviewed to ensure compliance and alongside working with residents, communities and businesses to help manage any changes. A key requirement will also be understanding any resulting waste infrastructure requirements and where possible including appropriate provisions alongside evidence as part of the next iteration of the Plymouth and South West Devon Joint Local Plan scheduled for mid 2022. The Government are required to set out Statutory Instruments detailing the Environmental Bill requirements by Autumn 2022 with an indicative timescale for implementation of requirements by 2023/24.	Joint working group between Street Services & SPI Service Management Teams Increased regional and national collaboration and engagement to improve knowledge sharing across the industry.	3 4	12 3	4 12	3 4	12 A	The Council have partnered with the Waste Industry body WRAP to jointly commission external support to assess the likely impacts and opportunities of the Environment Act. The funding for this work has been wholly met by DEFRA. The initial report was completed with broadly inconclusive findings. The scope of ongoing work is as follows: - To understand the implications of, and ensure the Council meets, the government's requirements as proposed in the Resources & Waste Strategy - To help inform the future design of the Council's household waste collection service and understand the implications in terms of reprocessing infrastructure - To understand the likely impact that changes to the current household waste collection service will have on the Council's recycling performance - To consider where operational efficiencies can be achieved whilst still delivering a service that meets the needs of its residents and allows the Council to maintain high levels of customer satisfaction - To appraise whether existing waste management infrastructure and assets in Plymouth, and the surrounding area, are likely to be sufficient for future requirements; and if they are deemed not to be then to provide options to inform the Council's waste strategy and spatial planning.	Philip Robinson	Anthony Payne
19	HROD (CCS)	CCS	HROD	HROD	Staff resilience to causative factors of stress variable resulting in the primary reason for short and long term absences being due to stress / psychological factors; reduced morale, loss of productivity with impact on delivery; financial loss due to need to engage agency staff to cover and legal requirement to assess risk and make reasonable adjustments / remedial actions Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations (1999) Risk Category: Compliance, Regulation and Safeguarding	Corporate wellbeing and resilience survey undertaken in Aug 2018 and results triangulated with other relevant data; priorities for action identified from analysis and all service areas required to have action plans in place to deliver as part of their business plans for 2019/20. Individual stress and resilience risk assessments part of BAU. Wellbeing and resilience training available as part of scheduled programme of HSW training. Contract for PAM Assist EAP renegotiated to all-inclusive to protect anonymity of staff accessing service. ERS advice and support in individual cases where other HR processes have been applied. 31 Wellbeing Champions across the organisation as 1st line of support to colleagues and driving a program of PH initiatives.		4 3	12 4	3 3	12 A	Individual stress and resilience risk assessments part of business as usual. Wellbeing and resilience training available as part of scheduled programme of HSW training. ERS advice and support in individual cases where other HR processes have been applied. 39 Wellbeing Champions across the organisation as 1st line of support to colleagues and driving a program of PH initiatives. Action taken at local level to secure resources to meet rising demands.	Kim Brown	Andy Ralphs
20	SSPI2 COVID-19 BREXIT	Place	SPI	Strategic Planning & Infrastruct ure (Housing & Infrastruct ure)	Risk of failing to deliver the range of housing to meet Plymouth's need via the Joint Local Plan (JLP) and the Plan for Homes Programme Housing supply is close to the core of Joint Local Plan delivery and a number of COVID-19 related factors will impact our ability to deliver to previously agreed levels Covid risk: reduced demand for homes in Plymouth urban area, as well as reducing labour force, increasing cost of materials, viability and logistics as Brexit. Risk Category: DEVELOPMENT & REGENERATION Brexit Risk: Potential impact of rising material costs and shortfall of labour on Plan for Homes and Capital Programme	Driving progress on previous Plan for Homes site releases to seek accelerated construction of new homes, progress regularly reviewed with Portfolio Holder. Sites identified in the JLP 5 year land supply regularly reviewed to consider what actions might bring forward sites currently in years 6 and 7 into 5 year supply. Each JLP site now has a Delivery Strategy, with options identified for potential intervention based upon the identification barriers and resources. Data base established to allow for more effective review of actions and progress. Review of partnerships and partners to manage delivery and ensure capability and maximise capacity, including funding for new homes. Working with DLUHC & Homes England to develop a Place Based Strategic Partnership to maximise joint working, funding and alignment of housing delivery priorities. Proposal to establish a tripartite partnership between DLUHC, HE and PCC/SH&WD with the vision to transform the pace and quality of housing provision to fully meet housing need.	3 3	9 3	3 9	3 3	9 G	1. The results of the annual Plymouth Housing Survey of all new home completions for 2022/23 are due to be available by end of June 22, and we are due to publish the Housing Position Statement / 5 Year Land Supply by November 22 at the earliest. Overall completions will see a significant reduction due to the many issues associated with the pandemic including supply chain issues, cost price and build cost inflation, impacts on contractor capacity, particularly SME house builders, and general housing market uncertainty. 2. We continue our engagement with Homes England and DLUHC to identify priority sites for intervention, including potential funding, to help unlock and accelerate housing delivery on a number of key strategic city centre sites. Strategic Land Review completed and released 50 housing sites to the market. Established Housing Investment Fund in Plan for Homes 3 to support interventions to unlock housing delivery. Working with Homes England to develop a Placed Based Strategic Partnership to unlock and deliver a pipeline of housing sites, support City Centre renaissance and to help align Government funding with housing site opportunities. Proposal to establish a tripartite partnership between DLUHC, HE and PCC/SH&WD with the vision to transform the pace and quality of housing provision to fully meet housing need. Work with Homes England has led to agreed solutions and Deeds of Variation on 4 legacy sites to unlock delivery. Launched the Plymouth Eco-Homes Programme to support building a pipeline deliver over 250 low-carbon and net-zero homes across Plymouth. Emarking on our Direct Delivery of new homes to drive up good design, quality and sustainable living. Identifying a pipeline of future sites to support our direct delivery ambitions. Developed 2 Housing Partnership Agreements with key Housing Association Partners to maximise their investment and delivery in the city. Considering site acquisitions and provided funding to help unlock stalled JLP sites. Reviews of JLP sites completed and monitored, with delivery strategies being implemented. Site allocations tracker used to monitor delivery and progress throughout the year, working with officers to explore necessary actions to bring sites forward and establish trusted partnership. Facilitate PPAs with developers to encourage delivery and facilitate proactive working arrangements. Bidding to a number of Government funding programmes to support new homes. Ongoing work with Homes England and MHCLG to support the delivery to unlock funding and making the case for a fairer allocation of national funding for homes. Ongoing innovation to improve the proactive and fast track approach to planning to deliver housing. Monitoring development activity in the construction sector to understand the effect of COVID-19 on housebuilding. We will manage the 5 year land supply position to ensure that decisions on sites are taken using a balanced and objective assessment of market conditions. Work with Resurgam programme to develop measures to support and boost housebuilding, supporting Plymouth's economic recovery and other Resurgam activity. Work with the Plymouth Housing Development Partnership to leverage their investment and progress housing projects to stimulate affordable housing delivery, and support SME's to start building again.	Paul Barnard	Anthony Payne
21	SCYPF1 COVID-19 IRR	Children's Services	CYPFS	Children's Social Care	Risk to vulnerable children and young people in the care system, by not delivering early intervention and prevention and responding as soon as possible to their needs and promote better long term life outcomes. Early intervention aims to promote better long term life outcomes for families, and in doing so, also prevent them needing more intensive and higher cost services in the future, such as children's social care or the criminal justice system. Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	Troubled Families Programme Early Help Assessment Tool The Children and Young People's Commissioning Plan Families with a Future initiative	2 3	6 2	3 6	2 3	6 G	Continue to drive forward change across the partnership in relation to whole family working, engagement with the Early Help Assessment Tool process, data exchange and achieving the outcomes required within the Troubled Families Outcomes Plan.	Siobhan Wallace	Sharon Muldoon
22	Finance	Customer and Corporate Services	Finance	Finance	In 2019/20 the Council adopted under legal advice a proposal to make additional upfront contributions to offset the Council's pension fund deficit. During the audit of the 2019/20 accounts - which was delayed because of the Pandemic - it became apparent that the External Auditor did not agree that the accounting treatment used was lawful. During 2021 the Council has taken further legal advice to identify a lawful way of accounting for the transaction; consideration of this advice continues at the present time. The risk is that if a lawful way of accounting for the transaction cannot be agreed with the External Auditor and advising counsel then the Council may need to explore with Government alternative means of achieving a solution which sits within the appropriate legal parameters.					0 TBC – subject to ongoing legal advice	Liaison with legal advisers Consultation with the Auditor Possible Consultation with Government	Brendon Arnold	Brendon Arnold	

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Audit and Governance Committee



Date of meeting: 25 July 2022
Title of Report: **Member Development**
Lead Strategic Director: Giles Perritt (Assistant Chief Executive)
Author: Ross Jago, Head of Governance, Performance and Risk
Contact Email: Ross.jago@plymouth.gov.uk
Your Reference: MDI 22/23
Key Decision: No
Confidentiality: Part I - Official

Purpose of Report

This report presents an overview of member development activity which took place during the 2021/22 municipal year and outlines proposals for future work in this area including the ambition to gain Member Development Charter status.

Recommendations and Reasons

1. Note the activity undertaken and planned development opportunities;
2. Support the ambition to gain Member Development Charter Status and necessary strategy development;
3. Support the creation of a Councillor Development Steering Group to report to the Audit and Governance Committee of the Council.

Reason: for the Council to formalise its approach to member development and demonstrate commitment to the role of Councillors

Alternative options considered and rejected

Option: Not to report on member development activity for the year

Rejected: Not to report on activity would lack transparency and not demonstrate commitment to member development

Relevance to the Corporate Plan and/or the Plymouth Plan

As a democratic organisation, member development assists Councillors to undertake their role well and therefore deliver upon the Council's objectives.

Implications for the Medium Term Financial Plan and Resource Implications:

There are no additional financial or resource implications from the report.

Fin	N/A	Leg	EJ/38 806	Mon Off	EJ/38 806	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Giles Perritt											

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 21/06/2022

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MEMBER DEVELOPMENT

Audit and Governance Committee



I. PURPOSE

- I.1. This report presents an overview of member development activity which took place during the 2021/22 financial year and our ambition for the 2022/23 municipal year.
- I.2. The Head of Governance Performance and Risk is the officer responsible for member development and is in turn supported with administration by the Chief Executive's Office. Member development has been identified as a service priority for the year 2022/23.
- I.3. Member development is a key enabler in supporting elected members to undertake their role well. Here in Plymouth it comprises of both internally and externally delivered training and briefing sessions, Local Government Association (LGA) online training materials accessible via the Councillors' Toolkit and online training courses accessible via the LGA.
- I.4. The cost of some externally delivered training is included in LGA subscription costs (apart from travel and subsistence) and other packages cost up to £1,000 (e.g. for LGA Leadership Academy place).

2021/22 MEMBER DEVELOPMENT

2. Overview

- 2.1. The pandemic on the delivery of councillor development activity over the 2020/21 and 2021/22 municipal years.
- 2.2. Although curtailed, councillor development activity did still take place and included a focus on ensuring that councillors were able to operate technology effectively, enabling them to focus on their core role and maintain attendance at meetings.
- 2.3. This took the form of group sessions with political groups, targeted sessions with individual councillors who had less experience/IT confidence and one to one sessions councillors with specific roles or those who were shielding. These sessions were delivered by the Democratic Support Team.
- 2.4. Training/briefings on committee functions was provided at the beginning of the municipal year to ensure councillors were fully briefed and trained for their relevant committees/to understand their statutory duties.
- 2.5. Other channels were utilised and promoted to support development, and included workbooks (from the LGA) and e-learning (e.g. Committee Chairing skills for new Chairs). These materials continue to be made available through the Councillors' Toolkit.
- 2.6. The Council also has access to training courses offered by the LGA such as the mandatory equality and diversity training, most of which are free to attend (excluding expenses), and has offered to be a host site for courses/briefings offered by the Local Government Innovation Unit (LGiU).

2022/23 MEMBER DEVELOPMENT**3. Induction**

3.1. We took a fresh approach to member induction for 2022. The new approach was informed by previous discussions with councillors on their reflections of what worked well and what could be improved, a review of practice at other councils and the opportunities working through MS Teams provides.

3.2. Previous feedback from the political groups included the following:

- Avoiding overwhelming new Councillors with information during their first few days of office
- A focus on activities that enable new Councillors to effectively and efficiently engage with their residents as soon as possible after election (e.g. timely access to IT and telephone equipment; how to raise casework; who to contact for commonly raised issues by residents)
- Viewing induction over a 3-6 week period, timetabling activities at relevant points in the municipal calendar
- A focus on identifying and providing the statutory aspects of induction/refresher training required

4. Induction and ongoing development approach

4.1. As part of the induction a welcome event took place which was designed to be as short as possible with only essential information being provided, statutory processes being undertaken and relevant equipment being provided. The session included the opportunity to speak with some existing councillors and the council's senior leadership team before a scheduled programme of MS Teams sessions began.

4.2. The use of MS Teams enabled us to deliver sessions in the afternoon / evening in an attempt to lessen the impact on new councillors with other commitments and allow for existing councillors to take part.

4.3. The programme of MS Teams "context sessions" provided officers an opportunity to set out the breadth and depth of delivery of services and some of the challenges being faced. These took place on the MS Teams platform and are available on the Councillors toolkit.

Context Setting Sessions	
Childrens' Services	To provide all councillors with and understating of directorates' - <ul style="list-style-type: none"> • Key Priorities and future plans • Performance, Risks and Opportunities • Customer experience • Budgets and resources • Service or organisational review/inspection (if applicable) • Councillor Q&A
People	
Public Health	
Customer and Corporate Services	

- 4.4. In addition to the context sessions, and following the Annual General Meeting, training sessions specific to committees were delivered and are be available on the Councillor Toolkit.

Statutory/role specific training	
Corporate Parenting	To ensure councillors are fully briefed on their responsibilities as a Corporate Parent. This is statutory annual training.
Chief Officer Panels	Training Specific to the work of the Committee.
Planning	Training Specific to the work of the Committee.
Licensing	Training Specific to the work of the Committee.
Taxi Licensing	Training Specific to the work of the Committee.
Audit and Governance	Training Specific to the work of the Committee.
Child Safeguarding	To ensure Councillors fully understand their responsibilities.
Code of Conduct Training	To ensure Councillors fully understand their responsibilities following the adoption of the new code of conduct

- 4.5. Partner organisations have been asked to provide an introduction as part of the induction process. The Integrated Care System Devon (NHS Devon) session has taken place and is available on the Councillor Toolkit. Further sessions are currently being planned.
- 4.6. In addition to the briefing events set out above, other channels continue to be promoted to support development, including workbooks (from the LGA) and e-learning (e.g. Committee Chairing skills for new Chairs).
- 4.7. For new councillors it is our intention to undertake a three month review. This will provide new councillors to have an opportunity to feedback on their experiences over the last three months and to identify any training/development needs which have arisen.
- 4.8. Councillors will be reminded of the training and development opportunities via the Councillor Bulletin, the Councillors' Toolkit and direct emails/diary invites. All materials will continue to be made available on the Councillors' Toolkit. Councillors will be regularly updated on what is available in print and on-line and will also be signposted to relevant external training events.

5. Charter Status

- 5.1. A proposal to apply for LGA Member Development Charter Status will be put before the Audit and Governance Committee in July 2022 (as the responsible committee). The aim will be to make the application and achieve this status during the municipal year 2022/23.
- 5.2. The Councillor Development Charter exists to:
- Encourage councils to develop an effective strategy or approach to councillor development
 - Recognise those councils that have developed an effective approach
 - Encourage councils to continue that development and share their experiences and learning.
- 5.3. There are three essential criteria to achieving the Charter:
- There is a clear commitment to councillor development and support
 - The council has a strategic approach to councillor development

- Learning and development is effective in building councillors' skills and knowledge.
- 5.4. Following discussion with Bristol City Council officers, who have recently gained Charter Status, we can expect to be ready to make an application for chartered status within a year. They highlighted the value of a Councillor Development Steering group as a key driver for the project.
- 5.5. The establishment of a steering group at Plymouth City Council will enable cross-party representation from across political groups. The initial task will be to make an assessment of our current provision (via the self-assessment matrix) and begin development of a Member Development Strategy.
- 5.6. As a first step councils are asked to commit to the Charter, to make a commitment to develop the necessary strategy and processes to support effective councillor development. Once achieved the Charter is held for three years during which time the council can use the charter logo. At the end of this period there is a reassessment to ensure the council is still at least meeting the Charter requirements.
- 5.7. The proposal to seek Member Development Chartered Status was supported by the Performance, Finance and Customer Focus Overview and Scrutiny Panel at their meeting held on the 29 June 2022.

Appendix B – LGA Member Development Charter

Appendix C – LGA Member Development Charter Self-Assessment Matrix

The Councillor Development Charter and Charter Plus

Supporting continuing professional development for councillors

Foreword

Serving as a councillor is a responsibility, a privilege and a hugely rewarding undertaking. At its best, local government provides the strong and ambitious leadership that ensures the nation remains fit and well, economically resilient and continues to thrive.

More than ever before, councillors' role as political, civic and community leaders requires us to offer visible, responsive and resilient leadership as we advocate on behalf of our residents and help shape places in which people want to live, work and play.

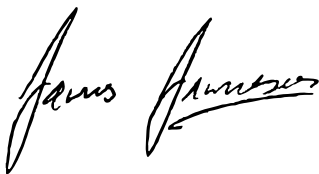
Our regular polling shows that local councils and councillors are the most trusted to take decisions about their local areas. Democracy and decision-making are strengthened when councillors are empowered to speak to, and for, our communities and to support the effective business of local government. If we are to continue to meet the expectations of those we serve, in an ever-changing world, we need to make sure we have the skills and expertise to carry out our duties.

The Councillor Development Charter and Charter Plus provides councils with a robust framework, but flexible to local needs, to ensure effective leadership, equip their members with the support they need, and provide resilience in times of challenge. The council I lead, Central Bedfordshire Council, is accredited to the Councillor Development Charter and currently working towards Charter Plus. So I know from first hand experience the benefits of this guidance in helping councils build an even more effective and positive approach to ensuring all councillors are developed and supported to be effective in their roles.

These Charters have been developed as part of the LGA's coordinated approach to sector-led improvement across local government. This aims to help councils continue their own improvement journey, take up our support tools and offers and contribute to the improvement of local government as a whole.

The framework has been updated based on what councils have told us would help their members be empowered to work effectively, and be responsive and resilient – including in more challenging times – while being mindful of the importance of promoting positive personal wellbeing through everything we do. The Charter is flexible, with a strong emphasis on local approach, and aims to help councils consider their existing practices, celebrate what is working, and share good practice.

I know local government is committed to investing in councillors' growth and development, and I would strongly encourage all local areas to adopt the Councillor Development Charter and Charter Plus as a guide and benchmark as part of your improvement journey. Continued professional development is an important tool for effective democracy and good governance, and I hope councils' action will help to inspire the next generation of councillors and political leaders to stand for election and make a difference to their communities.



Councillor James Jamieson

Chairman, Local Government Association

Values and purpose

Learning and development is an important tool for councils, councillors and officers to deliver what our communities need. Inspiring local communities and ensuring the wellbeing of the people and places we represent takes ambitious leadership – and effective political leadership is at the heart of healthy democracy; with councillors who are well equipped and supported, resilient in times of challenge or disruption to business as usual, and confident to make a difference, deliver and be trusted.

The Charter and Charter Plus helps councils to support councillor development and recognises those that have built an effective approach.

This document will take you through:

- benefits of achieving the charter and charter plus
- resource commitments involved
- details of each element and the requirements to achieve the charter
- the types of evidence you could use.

The framework in this document gives concise and clear guidance on how to achieve the charter without being too onerous or overly bureaucratic.

The charter is flexible and focuses positively and supportively on what councils already have in place.

There is a strong emphasis on a local approach to a national framework. Rather than dictating a council's strategy, content or delivery mechanisms, the emphasis is on ensuring that all councillors are appropriately developed and supported to be effective in their roles.

The Charter and Charter Plus is also based on the principles of sector-led improvement, whereby councils:

- are responsible for their own performance
- are accountable locally, not nationally
- have a sense of collective responsibility for the performance of the sector as a whole
- can access support and tools from the LGA and regional organisations.

Benefits

The following benefits have been reported by councils through the regional local government organisations which assess and award the Charter.

Benefits: processes and strategies

- Concise and clear guidance on how to achieve the charter without being too onerous or overly bureaucratic.
- Flexible and focuses positively and supportively on what councils already have in place – a local approach to a national framework.
- Helps councils decide what to prioritise and improve.
- Councillor development needs are better understood and supported.
- Demonstrates the value placed on councillors carrying out their important and complex role.
- Helps set aside time to reflect and celebrate the good practice already happening.

Benefits: impact on councillors

- The quality of councillor development is improved.
- New councillors are better prepared for their roles and responsibilities.
- Councillor progression is better enabled.
- Helps ensure councillors can operate at their most knowledgeable, skilled and effective.
- Increases councillors' competence and confidence.
- Helps councillors navigate the ever more complex and demanding role and local government landscape.
- Self-care and reflection for councillors through development and growth.

Benefits: impact on all partners

- Strengthens member-officer relationships.
- Helps ensure effective top team political and managerial leadership.
- Encourages robust and accountable decision making.
- Helps ensure proactive succession planning.
- Helps improve councillor diversity.
- Enhances democracy and participation.

- Strengthens relationships with residents and partners.
- Improves outcomes for communities.
- Fosters a culture of learning and support within the council and with partners.

Additional benefits of Charter Plus accreditation

- Highest level of commitment and a holistic approach means the benefits filter more widely.
- Case studies highlight successes and encourage more councillors to participate.
- Evaluation ensures high quality learning and development is delivered to councillors.
- Learning and development for councillors supports the council's objectives.
- Councillors have a clear understanding of their roles and responsibilities.
- Successful and impactful Personal Development Plans (PDPs) for councillors.
- Deeper intel of the impact of learning and development.
- Helps prioritise, horizon-scan and deliver the 'next level' of member development.
- Strengthened place-based focus by sharing development opportunities and promoting the role of the councillor to other organisations in the local area.
- Effective succession planning and candidate recruitment activities.
- Evaluation draws out the impacts on the community through feedback from local partners.

Resource commitment

- The accreditation process differs across the regions to account for local variations.
- The framework gives concise and clear guidance on how to achieve the charter without being too onerous or overly bureaucratic.
- A flexible approach that focuses positively and supportively on what councils already have in place – a local approach to a national framework.
- Examples of evidence are clearly detailed in the framework.
- Many councils are already doing this work – the charter is a chance for this to be recognised.

Please contact your regional local government organisation or the Local Government Association
virginia.ponton@local.gov.uk
for more information.

Guidelines and evidence

There are three essential criteria to achieving the charter:



There is a clear commitment to councillor development and support.



The council has a strategic approach to councillor development.



Learning and development is effective in building councillors' skills and knowledge.

Within each of these there are a number of elements and requirements to demonstrate that the criteria are being met.

These do not dictate what should be in the strategy, the nature of the content or the delivery mechanisms that should be used. The emphasis is on ensuring that all councillors are appropriately developed and supported so that they can be effective in their roles

The following lists are intended to indicate the sorts of evidence that can be used to show that the council's approach to member development meets the charter criteria. Note that:

- there is no need to show all the evidence listed
- this does not preclude the use of other evidence that may not be listed. The emphasis is on a local approach to a national framework
- some are likely to be stronger indicators than others
- some pieces of evidence may be applicable to more than one element and criteria

As described over the next pages, evidence is wide-ranging and could include anything that demonstrates meeting the requirements, for example:

- meeting notes
- feedback from councillors and officers
- strategy and policy documents
- details of development events

Requirements and examples of evidence



Criterion 1 There is a clear commitment to councillor development and support

Element 1.1

Political and managerial leadership is committed to the development of councillors

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> • Clear commitment from the top political and managerial leadership • Cross-party councillor development group that meets regularly • Clear councillor development strategy which is embedded into practice and regularly reviewed • Named councillor/s and officer/s responsible for councillor development 	<ul style="list-style-type: none"> • Clear commitment from top political and managerial leadership to share development opportunities across local government tiers (including with parish and town councils) • Strategic approach to forward planning of councillor development 	<ul style="list-style-type: none"> • Signed commitment to achieving the charter • Councillors are included in any Investors in People (IiP) Award questioning process • Strategies are in place to support councillor development • Cross-party councillor development group showing active involvement of councillors in the learning and development process

Element 1.2

The council actively promotes democratic participation, publicises the role of councillors as community leaders, and proactively engages with under-represented groups

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> The council holds a range of activities and events to encourage people to become councillors 	<ul style="list-style-type: none"> The council takes action to encourage people to become councillors, particularly from under-represented groups and evaluates the impact and success of the activities The council provides information on democratic and electoral processes The council builds links with local businesses and employers to promote the role of the councillor 	<ul style="list-style-type: none"> Local democracy week action plan, programme of activities and review Youth council LGA's Be a Councillor campaign Citizenship links with local schools, colleges and universities Presentations in the community and targeting under-represented groups Prospective councillor events and materials on roles, responsibilities and next steps 'Day in the life of a councillor'

Element 1.3

The council is committed to ensuring equal access to learning and development for all councillors

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> • Statistical analysis of cultural and personal circumstances • Timing of councillor development takes account of cultural and personal circumstances • All councillors have equal access to development • The development programme includes a range of delivery methods to meet different learning styles • Councillors are regularly updated on councillor development activities • Access to existing and/or necessary new learning continues in challenging times or disruption to business as usual 	<ul style="list-style-type: none"> • Impact analysis of access is monitored, reviewed and actioned 	<ul style="list-style-type: none"> • Statistical evidence of attendance • A range of learning and development options to meet individual needs are provided and promoted – and these are resilient in challenging times or disruption to business as usual • A range of communication methods e.g. internet / intranet / social media is used to promote development opportunities • Councillors confirm that action is taken to respond to and accommodate diversity of needs • Evidenced flexibility and consideration of the timing of development events

Element 1.4

The council has designated resource and budget for councillor development which is adequate to meet priority development needs

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> • Appropriate and adequate officer resources are in place to support councillor development • Budget is explicit and clearly identified and monitored • Budget reports 	<ul style="list-style-type: none"> • Councillor development and support staff have their own skills development programme • The officer/s are involved in regional and national learning networks to support continuing professional development (CPD) • The budget is properly reviewed, set and prioritised by the cross-party councillor development group 	<ul style="list-style-type: none"> • Officer/s job descriptions • Named officer/s in information distributed to councillors and staff • Councillors are able to name the officer/s • The officer/s are able to demonstrate their understanding of learning and development in a political context • Cross-party councillor development group terms of reference and active involvement of councillors in the learning and development process demonstrated • Information that informs councillors of the existence of the budget • Minutes of meetings that shows councillors' involvement in setting and monitoring the budget • Councillors confirm that the budget is sufficient to meet priority current and future development needs



Criterion 2 The council has a strategic approach to councillor development

Element 2.1

The council has councillor development strategy in place

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> The strategy is developed and monitored by the cross-party councillor development group Strategy identifies priority development needs and makes stated and clear links with council's corporate/strategic objectives as well as risk management processes for challenging times or disruption to business as usual The strategy is regularly reviewed (at least once every three years) by the cross-party councillor development group The strategy includes an induction process that is evaluated after each election 	<ul style="list-style-type: none"> The cross-party councillor development group leads the evaluation of the strategy and implements improvements 	<ul style="list-style-type: none"> A strategy is in place Notes of councillor development meetings showing monitoring and evaluation of the strategy Councillor development group demonstrates their involvement in formulating the strategy Overview and scrutiny review of the effectiveness of the strategy Those involved in formulating the strategy can demonstrate how it links to the corporate/strategic objectives and the rationale behind stated priorities

Element 2.2

The council has a structured process for regularly assessing councillors' individual learning and development needs based on focused objectives

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> A process exists to identify individual development needs in the form of a Training Needs Analysis (TNA) or Personal Development Plans (PDP) and is working effectively The council is able to quickly to assess any new and different needs in challenging times or disruption to business as usual, and be able to offer any new learning and development needed 	<ul style="list-style-type: none"> All councillors are offered PDPs and more than half of councillors take them up Council has a process for individual councillor reviews to reflect on strengths and support progression 	<ul style="list-style-type: none"> Councillor role descriptions Training Needs Analysis Personal Development Plans Use of the LGA Political Skills Framework and/or The 21st Century Councillor

Element 2.3

The various councillor roles are clearly defined and outline how they contribute to the achievement of community, political and council objectives

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> Councillors demonstrate an understanding of the skills and knowledge required in their ward and council wide roles Councillor role descriptions exist and are maintained for all key roles including the ward councillor Councillors are clear about what the council is trying to achieve and the key role they play in this as councillors 	<ul style="list-style-type: none"> Role descriptions are used for the recruitment and selection of candidates and to identify and prioritise development needs Role descriptions are used to support succession planning Evidence that councillors are clear about: <ul style="list-style-type: none"> the role of partner bodies the role of other stakeholders their own role on partner bodies their own role in relation to other stakeholder bodies 	<ul style="list-style-type: none"> Systems are in place to identify individual development and support needs Learning styles and training needs analysis Personal Development Plans link to role and corporate objectives Councillors are able to describe how learning and development activities have helped them to carry out their role and contribute to the achievement of the council's objectives

Element 2.4

The council has a structured process for assessing current and future leadership and executive team development needs

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> • Structured process to assess current and future leadership development needs • This takes into account corporate risk management planning for any challenging times or disruption to business as usual • A development plan is in place that supports the top political and management teams in learning about each other and working effectively together • Leadership development is used to support future succession planning 	<ul style="list-style-type: none"> • Leaders, cabinet members and chairs have identified and undertaken development appropriate to their responsible area • A programme to develop the next generation of leaders is in place as part of the council's approach to succession planning 	<ul style="list-style-type: none"> • Process in place to identify leadership requirements • Leadership Development Plans • 360 Degree Leadership Audits • Political leadership development programmes e.g. LGA Leadership Academy • Events that support councillor / officer team building • Joint events with executive and senior management • Succession planning strategies • Community leadership development programmes • The political leadership can describe actions taken to develop political leadership capacity • The political and managerial leadership can give examples of how they work together as a team

Element 2.5

There is a corporate councillor learning and development plan in place

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> • The plan links to council's corporate objectives and the development of councillors • The plan includes individuals, committees and political leadership needs 	<ul style="list-style-type: none"> • The plan clearly prioritises learning and development that supports the corporate objectives 	<ul style="list-style-type: none"> • Corporate councillor learning and development plan • The cross-party councillor development task group are able to explain how learning and development activities are prioritised



Criterion 3. Learning and development is effective in building skills and knowledge

Element 3.1

Investment in learning and development is regularly evaluated and improvements implemented

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> • Evaluation strategy is in place to analyse the cost and benefits of councillor development • Evaluation and improvement processes take into account corporate risk management and reviews taken during/after any times of in challenging times or disruption to business as usual • Political and managerial leadership display a good understanding of both the costs and benefits of development activities • Councillors can describe why they did certain activities, what they learnt and what difference it has made to them carrying out their various roles • Continuous improvement in the approach to developing councillors is identified and implemented 	<ul style="list-style-type: none"> • Evaluation strategy is in place to analyse the impact of councillor development activities • Some form of impact assessment at the corporate and community level exists and is used to evaluate the impact of development (e.g. feedback from partners is actively sought) • Case studies of how learning and development has impacted on individual and corporate performance • There are links to an evaluation strategy • Evaluation outcomes inform change and drive continuous improvement • A quality assurance process is in place 	<ul style="list-style-type: none"> • Evaluation strategy is in place and is effective • Analysis of costs and benefits to the council from councillor learning and development • Case studies of how learning and development has impacted on individual and corporate performance • Notes of meetings, focus groups, questionnaires or interviews involving councillors evaluating the impact of their development on overall performance • Political and managerial leadership display a good understanding of both the costs and benefits of development activities • Political and managerial leadership can provide examples and evidence of the impact and benefits of councillor development • Written reviews of learning and development activities with recommendations for change <p>continues...</p>

Element 3.1 (continued)

Investment in learning and development is regularly evaluated and improvements implemented

Requirements for Charter	Requirements for Charter+	Examples of evidence
		<ul style="list-style-type: none"> Notes of meetings, reports, personal statements providing examples of improvements to learning activities Changes to development programmes and a rationale for the changes made Councillors can describe what has been done to improve the development activities Quality assurance process is in place and is effective

Element 3.2

Learning is shared with other councillors and, where appropriate, with officers and stakeholders to encourage capacity building and a culture of learning across the council and externally

Requirements for Charter	Requirements for Charter+	Examples of evidence
<ul style="list-style-type: none"> Knowledge and learning are shared with councillors' peers, officers and others as with other councils and organisations and particularly in challenging times or disruption to business as usual 	<ul style="list-style-type: none"> There is an effective process in place for disseminating, sharing and exchanging knowledge and learning 	<ul style="list-style-type: none"> Examples of reports, briefing sessions, and information exchange systems used to capture and disseminate learning programmes of joint learning exchanges Councillor formal / informal mentoring arrangements Hosting case study visits Developing councillor champions for topic areas Councillors can give examples of how they have supported and learned from the development of others

Produced in conjunction with the following organisations





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REF 11.193

Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Disclosure and Barring Service Checks for Councillors
Lead Member:	Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Ross Jago
Contact Email:	Ross.Jago@plymouth.gov.uk
Your Reference:	AG/DBS/2022
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The attached policy (Appendix A) follows discussion of Disclosure and Barring Service (DBS) checks which took place at the meeting of the 11 October 2021.

The policy meets the statutory requirements for DBS checks and provides that some, but not all, councillors receive a DBS check.

Recommendations and Reasons

The Audit and Governance Committee is recommended to approve the policy.

Reason: The policy provides clarity as to which councillor roles have DBS checks as a requirement.

Alternative options considered and rejected

- **Not creating a policy:** The Council is not under a statutory obligation to agree a policy in relation to DBS checks for councillors. This option was rejected as clarity of what checks are required has been requested by Councillors.
- **Requiring DBS checks for all Councillors:** There is no requirement in the law to provide DBS checks for all councillors and the Council is unable to compel all Councillors to undergo such checks.

Relevance to the Corporate Plan and/or the Plymouth Plan

The policy reflects the Democratic and Responsible values of the Corporate Plan and our priority to keep children, young people and adults protected.

Implications for the Medium Term Financial Plan and Resource Implications:

None - Costs in relation to checks will be met through existing budgets.

Financial Risks

None - Costs in relation to checks will be met through existing budgets.

Carbon Footprint (Environmental) Implications:

None.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

None.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Policy Concerning Disclosure And Barring Service Checks For Councillors							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin		Leg		Mon Off	EJ/38 851/I 4.7.22	HR		Asset s		Strat Proc	
Originating Senior Leadership Team member: Giles Perritt, Assistant Chief Executive											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 15/07/2022											

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POLICY CONCERNING DISCLOSURE AND BARRING SERVICES FOR COUNCILLORS



1. Introduction

- 1.1. The effective date of commencement for this policy is 26 July 2022.
- 1.2. This policy complies with the exception to the Rehabilitation of Offenders Act 1974 and with the Disclosure and Barring Service Code of Practice.
- 1.3. This policy replaces all previous policies, decisions and/or precedents relating to criminal records checks for Plymouth City Council Councillors.
- 1.4. In light of the fact that Council and its relevant Committees and Boards discharge both education and social services functions, this Policy sets out the requirement of Councillors and co-opted members to undergo a DBS Check / Enhanced DBS Check, as defined in section 6 of this Policy.

2. Requirement to undergo an Standard or Enhanced DBS Check

- 2.1. The following will be required to undergo a check, to be carried out in accordance with this Policy:
 - 2.1.1. All Councillors or co-opted members appointed to a Committee or Board which has responsibility for the discharge of any education and/or social care function;
 - 2.1.2. Any Councillor appointed to a position with the Cabinet with responsibility for the discharge of any education and/or social care function;
 - 2.1.3. The Lord Mayor;
 - 2.1.4. The Deputy Lord Mayor.

all of which will be, for the purposes of this Policy a “Relevant Position”.
- 2.2. An Enhanced DBS Check will be undertaken for those relevant positions where the Councillor has, by virtue of that position, responsibility for functions which mean it is eligible for an Enhanced DBS Check. Where they are not eligible but hold a relevant position a Standard DBS Check will be undertaken.
- 2.3. The Lord Mayor and Deputy Lord Mayor will be subject to a Standard DBS Check due to the nature of their role which requires them to attend events with children, young persons and vulnerable adults.
- 2.4. Unless 2.5 applies, within no more than two months of the appointment of a Councillor or any co-opted Member to a relevant position they shall be required to undergo the relevant check under this policy.
- 2.5. Where a Councillor or co-opted member has had a check undertaken as a result of them holding a relevant position previously, and the resulting certificate is less than 4 years old, they will not be required to undergo a further check unless the requirement is for an enhanced DBS check and the previous check was a standard DBS check.

- 2.6. Any Councillor or co-opted member who hold a relevant position and whose last check was more than 4 years ago will be required to undergo a further check.
- 2.7. It is acknowledged that some Councillors and co-opted members hold other positions outside of the Council that require them to have a check. It is the responsibility of the relevant organisation to undertake that check. Where a councillor or co-opted member wishes to port a check certificate undertaken in relation to a non-council related role, it will be the decision of the Monitoring Officer as to whether this will be accepted.

3. The Process

- 3.1. Checks will be processed by the Council's Human Resources team using the online service following a request by either the Monitoring Officer, the Chief Executive or the Head of Governance, Performance and Risk.
- 3.2. A councillor will not be prevented from undertaking the responsibilities of their role pending the outcome of the check unless it is considered by the Chief Executive in consultation with the Monitoring Officer that to do so would pose a risk to children, young people and/or vulnerable persons.
- 3.3. In such cases the Chief Executive may, on the advice of the Monitoring Officer and in consultation with the relevant Group Whip, require the relevant Councillor or co-opted member to undertake their duties with any safeguards they consider reasonable in the circumstances to mitigate the risk identified.
- 3.4. The relevant Councillor or co-opted member will be provided with a copy of the check certificate issued by the Disclosure & Barring Service subsequent to any check undertaken.
- 3.5. The Chief Executive, Monitoring Officer and Head of Governance, Performance and Risk will be notified of the results of any check undertaken.

4. DBS Certificates that are not clear

- 4.1. Where a certificate following a check is not clear, for instance, it contains details of an offence, the Councillor or co-opted member will be required to provide a full copy of the check certificate to the Monitoring Officer within 7 days of the date they themselves receive it.
- 4.2. In the event that the check certificate raises issues of concern, the Chief Executive, in consultation with the Monitoring Officer, the relevant responsible Director for the area concerned and the relevant Group Leader, will discuss with the individual Councillor and the implementation of any restrictions considered necessary, to safeguard children, young people and adults, in relation to the positions held by that Councillor.
- 4.3. If the Councillor or co-opted member raises a dispute with the Disclosure and Barring Service concerning any certificate issued following a check, they must notify the Monitoring Officer within 7 days of the dispute being submitted. Within 7 days of notification to the Councillor or co-opted member of the outcome of that dispute, inform the Monitoring Officer of the outcome.
- 4.4. The existence of a criminal record or other information revealed as a result of a check will not debar a Councillor from holding office unless it is one which meets the requirements in section 80 of the Local Government Act 1972, i.e. that it shows an criminal conviction for

which a sentence (suspended or not) was given with a term of not less than three months, given no more than 5 years prior to or subsequent to their election to office.

5. Sharing and Management of DBS information

- 5.1. In accordance with Section 124 of the Police Act 1997 all disclosure information obtained by the Council in response to a check will only be passed to those people who are authorised to receive it in the course of their duties, including those officers identified in this policy.
- 5.2. The Monitoring Officer and Head of Governance, Performance and Risk will maintain a record of
 - 5.2.1. the date a check was requested;
 - 5.2.2. what type of check was requested;
 - 5.2.3. the date a response was received; and
 - 5.2.4. a 'list' of all those to whom the disclosure or disclosure information has been revealed together with other relevant information.
- 5.3. All information provided by the Disclosure and Barring Service in relation to any check will be kept securely and destroyed a date not later than six months of its date of issue, in line with the DBS Code of Practice and the Data Protection Act, unless 5.4 applies.
- 5.4. If, in very exceptional circumstances, it is considered necessary to keep certificate information for longer than six months, we will consult the Disclosure and Barring Service about this and will give full consideration to the Data Protection and Human Rights of the individual before doing so. Throughout this time, the usual conditions regarding the safe storage and strictly controlled access will prevail.

6. Eligibility Requirements and Definitions

- 6.1. In this Policy the following terms have the stated meanings:

DBS Check	means a standard check of with the Disclosure & Barring Service which does not have eligibility requirements
Enhanced DBS Check	means an enhanced DBS check with the Disclosure & Barring Service for which there are eligibility criteria in law depending on the nature of the function exercised
Committee	means a committee of the Council and/or a committee of the Cabinet and shall include, where relevant, a joint committee of the Council
Board	means a board of the Council and/or of Cabinet, including advisory boards

Functions relating to Children and

- 6.2. A Councillor is only eligible for an enhanced DBS certificate without DBS barred list checks if they meet the specific legislative criteria from the [**Safeguarding Vulnerable Groups Act 2006**](#) set out below:
 - 6.2.1. A person is a member of a relevant local government body if –
 - i. they are a member of a local authority and discharge any education functions, or social services functions, of a local authority;

- ii. they are member of an executive of a local authority which discharges any such functions;
- iii. they are a member of a committee of an executive of a local authority which discharges such functions;
- iv. they are a member of an area committee, or any other committee, of a local authority which discharges such functions. This includes a reference to any sub-committee which discharges any such functions.

6.3. If the above conditions above are met, then a Councillor can be eligible for an enhanced DBS certificate without a check of the children's barred list. This is because the individual is carrying out a specific function included in the definition of work with children.

Functions relating to adults:

6.4. Where the Relevant Position relates to works with adults, a Councillor is only eligible for an enhanced DBS certificate without DBS barred list checks if they meet the specific legislative criteria from the **Police Act 1997 (Criminal Records) (Amendment No.2) Regulations 2013** as follows:

6.4.1. The exercise of a function of a person who is;

- i. a member of a local authority and discharge any social services functions of a local authority which relate wholly or mainly to adults who receive a health or social care service, as specified in the legislation;
- ii. a member of an executive of a local authority which discharges any such functions;
- iii. a member of a committee of an executive of a local authority which discharges any such functions; or
- iv. a member of an area committee, or any other committee, of a local authority which discharges any such functions;

6.5. If any of the conditions above are met, then a Councillor can be eligible for an enhanced DBS certificate without a check of the adults' barred list. This is because the individual is carrying out a specific function included in the definition of work with adults.

7. Councillors not holding a Relevant Position

7.1. Councillors who do not hold a Relevant Position, and therefore do carry out any of the specific educational and/or social service functions will not be subject to a DBS check.

7.2. Though Councillors may carry out other responsibilities in the community, such as being School Governors, Trustees, or volunteer with organisations which bring them into contact with vulnerable groups, it is the responsibility of the organisation the councillor represents to perform this check.

8. Current Positions (2022) Subject to DBS check –

Position	Check
Lord Mayor and Deputy Lord Mayor	Standard DBS Check
Cabinet Members	Enhanced DBS Check
Corporate Parenting Group Member	Enhanced DBS Check

Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Public consultation regarding the Council's electoral cycle
Lead Cabinet Member:	Councillor Richard Bingley (Leader of the Council)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Giles Perritt (Assistant Chief Executive)
Contact Email:	Giles.perritt@plymouth.gov.uk
Your Reference:	Electoral Cycle 2022
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To seek the Committee's endorsement of a public consultation using powers available under Section 116 of the Local Government Act 2003, between June and August 2022. This consultation will engage with stakeholders across the city on the issue of moving from the current electoral cycle of elections 'by thirds' to whole council elections.

The use of powers under Section 116 of the Local Government Act 2003, does not in any way bind the authority to seeking a resolution to amend the election cycle. The result of any consultation or advisory poll conducted under the act is advisory in nature, and does not commit the council or any other entity to a particular course of action.

Recommendations and Reasons

1. That the Audit and Governance Committee recommends to Council that a public engagement consultation is undertaken using powers under Section 116 of the Local Government Act 2003 between June and August 2023 on the issue of moving from the current electoral cycle of elections to 'whole council' elections once every four years.
2. That the Audit and Governance Committee will oversee and agree the design and implementation of the consultation, in particular who will be consulted/engaged with and how.

Reason:

To ensure that the Council's position on its intended elections cycle can be confirmed to the Local Government Boundary Commission for England prior to the commencement of the City Council's electoral review, subject to its commencement in December 2023.

To better understand public and stakeholder views on either retaining the current arrangements of elections 'by thirds' taking place in three years out of four, or on moving to a cycle of 'all out' elections once every four years.

Alternative options considered and rejected

To not undertake a public consultation. This would mean that the Council would not have the benefit of a formal record of public and stakeholder views about the Council's electoral arrangements to inform future consideration of the matter.

To undertake a public consultation commencing prior to the dates recommended. Decisions have not yet been made as to the scope and design of a public consultation, and the Council is not due to consider the matter until its September 2022 meeting, leaving a somewhat tight timescale for a full consultation, analysis and consideration of the results prior to local elections in May 2023.

Relevance to the Corporate Plan and/or the Plymouth Plan

The Corporate Plan commits the Council to engaging with and listening to our residents, businesses and communities. The Council's values include a commitment to Plymouth being a place where people can have their say about what is important to them, and where they are empowered to make change happen. The recommendations of this report seek to deliver these commitments in respect of a key element of the Council's democratic arrangements.

Implications for the Medium Term Financial Plan and Resource Implications:

The costs associated with a public consultation and analysis of the results, likely to be in the region of £26k will be met from within existing revenue resources. The financial implications of any change to the Council's electoral cycle are referenced within the accompanying briefing report, but do not arise as a result of the recommendation of this report, as the results of the consultation exercise would not be binding on the Council, and any decision about changing the electoral cycle would be a matter for future consideration by the Council.

Carbon Footprint (Environmental) Implications:

Subject to the decision of Council in June 2022, the consultation will take place largely on-line, reducing reliance on printed media, although paper copies will be available where necessary.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

An equalities impact assessment will be undertaken to ensure that the consultation will be carried out with due regard to facilitating participation by those with protected characteristics under the Equality Act 2010. Subject to the recommendations of this report being agreed, this would be considered by the Council in June 2022.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable)						
	If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
	1	2	3	4	5	6	7

Sign off:

Fin	ba.21.22.300	Leg	EJ/38851/15.7.22	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Giles Perritt (Assistant Chief Executive)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 18/03/2022											

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ELECTION CYCLE CHANGE PROPOSAL

Audit and Governance Committee 25 July 2022: Appendix A



1. BACKGROUND

A report was presented to Council on 21 March 2022, which sought the Council's endorsement to carry out a public consultation and to engage with residents across the city on the issue of moving from the current electoral cycle of elections 'by thirds' to whole council elections. The report proposed that the consultation and engagement activity would be carried out between June and August 2022.

The report specifically recommended;

1. That Council resolves to undertake a public engagement consultation using its powers under Section 116 of the Local Government Act 2003 between June and August 2022 on the issue of moving from the current electoral cycle of elections to 'whole council' elections once every four years.
2. That Council delegates to the Audit and Governance Committee approval of the planned implementation of the consultation, in particular who will be consulted/engaged with and how.

Following the Council debate, it was resolved that this matter would be deferred, in full, for further discussion at the next Audit and Governance Committee, and that the Committee would make a recommendation back to Council as to whether the Council should move to consult and engage residents and stakeholders on this matter, and if so to advise Council on when and how this will happen.

The briefing to support the recommendation made to Council on 21 March 2022, is attached in Appendix A and remains unchanged for the purpose of supporting and framing this discussion.

2. PURPOSE

This report provides further information to assist the Committee in their decision and approach in taking this matter forward. Further guidance and support will be provided in regard to the planning and running of the consultation, engagement and communication activity if it is determined that such an exercise should be carried out.

3. DECISION TO CONSULT

As stated in the Council Briefing dated 21 March 2022, legislation requires the Council to take reasonable steps to engage and/or consult with those it thinks appropriate on any potential change to the electoral cycle. This will include, but is not limited to –

- the general public/electorate
- serving Councillors
- Members of Parliament
- key city partners
- businesses

It is for the Council to decide on what constitutes 'reasonable steps'. This would not be a referendum, but will require a robust and far reaching approach. For information Appendix B provides a table of consultation activity and information from other local authorities who have also undertaken this exercise and used the information to help determine their local election cycle.

3.1 Key Considerations

It is for the Audit and Governance Committee to use the information provided and discuss the merits or otherwise of consulting on a change to the electoral cycle. If the decision is taken to move forward, it will be for the Committee to then decide when they wish to undertake this public consultation.

The consultation could take place as soon as practicably possible or be scheduled for later this year or early 2023. The decision could alternatively be to delay and commit to carrying out a public consultation in line with an electoral review by the Local Government Boundary Commission for England – this review is yet to be scheduled but is likely to be in 2024/25.

Once the decision is made to carry out a public consultation, the approach will need to be planned and agreed upon by the Committee. It would be advised that a robust but moderate approach to consultation, which is proportionate to the cost, is considered by the Committee, such as conducting an online poll or survey, and supplemented by targeted stakeholder and community engagement activity.

The table in Appendix B demonstrates the varying levels of engagement and interest in this topic – and for the most part clearly shows a poor response rate given the promotional activity set out. Plymouth City Council has a good track record of generating high response rates for its consultation and engagement activities, and there would be an expectation that this exercise would yield over 2000 responses when supported by proactive and far reaching communications.

Having a high level of response will provide confidence and reassurance in the decision making process, however it is important to note that the results and views gathered from any consultation and engagement activity does not in any way bind the authority to seeking a resolution to amend the election cycle. The results of any activity conducted are advisory in nature, and do not commit the Council or any other entity to a particular course of action. They do however, provide clear evidence of the public views on the matter being put before them.

The communication approach will be key to not only ensuring that the consultation receives a good level response, but that respondents understand what they are being asked to 'vote' on. This means that residents need to be provided with clear, unbiased, and accurate information to allow them to make an informed decision. Regardless of the format of the consultation and engagement, this exercise will require extensive communication to ensure stakeholders understand:

- What the proposal would mean to them
- The rationale for the proposed change and the pros and cons
- The process required for making the change
- How they can give their views

To ensure as many people as possible are informed of the proposed changes and given an opportunity to give their views, it is estimated that a communication campaign would be required to run for a minimum of eight weeks. This would include a lead-in communication time (i.e. to warm people up) and the consultation and engagement itself. There would be an additional period for feeding back the results.

A full communications plan will need to be developed once the decision has been taken to move this forward and the preferred method/s of consultation and engagement has been agreed. However, table 1 below sets out the potential methods for communicating with residents and stakeholders.

Depending on the consultation and communication approach determined and agreed by the Committee it is likely that a budget of around £15k to £20K would be needed to support this exercise.

Table I

Stakeholder	Potential communication methods
The general public / electorate	<ul style="list-style-type: none"> • Media releases and briefings • Paid for content in media e.g. Plymouth Chronicle • Email bulletins to residents subscribed to updates • Campaign on social media including paid for advertising and post promotion • Website content and Q&As • Explanatory videos promoted across all channels • Flyers / consultation material sent to every household in the city.
PCC Staff Communications	<ul style="list-style-type: none"> • Staff Room • Staff News • Tracey Team Talk • Team Plymouth
Elected members	<ul style="list-style-type: none"> • Briefings / workshops for groups / all members • Email communications and Q&As • Assets to help them share content
Partners	<ul style="list-style-type: none"> • Briefings e.g. to existing forums - One Plymouth, Chamber of Commerce etc. • Email letters to key partners • Staff comms in partner organisations • Assets to help them share content
MPs	<ul style="list-style-type: none"> • Briefings • Assets to help them share content

Appendix A

Electoral Cycles Briefing Report

1. Introduction

- 1.1. Plymouth City Council has operated its current electoral cycle of 'election by thirds' since 2003, before which a cycle of 'all out' elections every four years was in place.
- 1.2. The current administration has requested that the Council seeks feedback from the public and other city stakeholders as to whether the current electoral cycle best serves the Council and the city.
- 1.3. Legislative change introduced under the Local Government and Public Involvement in Health Act 2007 and amended by the Localism Act 2011 provided Local Authorities with the option of changing their electoral cycle.
- 1.4. This briefing sets out the policy, financial and legal context relating to local government electoral cycles and arrangements for consultation.
- 1.5. The Local Government Boundary Commission for England has informed the Council that it wishes to carry out an electoral review of Plymouth City Council. The process and implication of this are covered in section seven of this report.

2. Cycles of local government elections in England

- 2.1. Plymouth City Council has 57 Councillors and currently elects by thirds. This means that one third of the Councillors are elected to office in three years out of four, and in the fourth year there are no elections, which is known as a fallow year.
- 2.2. Election by halves is where half of the Councillors are elected every 2 years. Whole council (all out) elections are where all Councillors are elected to office once every four years.
- 2.3. Currently 333 councils in England hold all out elections. 103 councils elect by thirds. Seven (7) councils elect by halves.
- 2.4. Plymouth City Council is one of 16 out of 55 Unitary Authorities in England which elects by thirds. The remaining 39 hold all out elections every fourth year. No unitary authority holds elections by halves. Amongst metropolitan districts, 33 of 36 elect by thirds.
- 2.5. Of the 29 local authorities in the South West Region, 26 councils hold all out elections, two (2) by thirds and one (1) by halves.

3. Policy context and comparisons

- 3.1. The Electoral Commission, the independent body which oversees elections, recommended in its publication '[The cycle of local government elections' \(2004\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/920186/Election_Timetable_in_England_2019.pdf) that local authorities 'in England should hold whole council elections, with all councillors elected simultaneously, once every four years'.²

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/920186/Election_Timetable_in_England_2019.pdf (updated to take account of Derby City Council's recent adoption of all out elections).

²https://www.electoralcommission.org.uk/sites/default/files/electoral_commission_pdf_file/cycleoflocalelecfinal_11595-9056__E__N__S__W__.pdf

- 3.2. The Electoral Commission recommended a move back to whole council elections in order to provide “stronger local democracy”, “greater clarity” for the electorate and to encourage “greater understanding” of elections.
- 3.3. Various studies have been carried out on the impact of different electoral cycles on voter turnout in local elections in England. Because there are a number of other factors affecting turnout in any given year, such as combined local and parliamentary elections, it is difficult to draw strong conclusions. Research commissioned by the Electoral Commission shows that turnout is marginally greater among Councils who conduct all out elections than among those who elect by thirds, based on a comparison between districts, London Boroughs and metropolitan districts.
- 3.4. The table below sets out some of the advantages and disadvantages of each cycle. This includes learning from the Electoral Commission and research from other authorities who have reviewed their election cycle.

	Election by thirds	All out elections
Advantages	<ul style="list-style-type: none"> • Process known and understood. • More opportunities for voters. • Councillors and political parties held to account by voters more regularly • Local issues not confused with national issues. • Allows for gradual change at the Council • Can ensure that the political composition of authorities more accurately reflects the local political context. • Continuity of Councillors. 	<ul style="list-style-type: none"> • Electorate can vote on four-year manifestos and long-term commitments. • Clearer opportunity for the electorate to change the political composition of the Council • Significant cost savings. • Electors more likely to understand the election cycle. • Same electoral cycle as Police and Crime Commissioner and Combined Authority Mayoral elections which take place every four years. • Less elections may mean less election fatigue and voter apathy.
Dis-advantages	<ul style="list-style-type: none"> • Less stability – regular changes of political control can affect local businesses and Council services. • Confusing for the electorate as to which candidate is to be elected and what the process is. • It is difficult to see through major policy decisions, or large infrastructure or regeneration projects in a single year. • Difficult or unpopular decisions can be put off for future years, rather than taken when needed. • Constant year on year campaigning by Councillors and political parties may lead to voter fatigue and a lack of interest. 	<ul style="list-style-type: none"> • Risk that some electors will disengage. • Risk that such a change would be perceived as less democratic. • A large turnover of Councillors may lead to disruption, particular if the direction of the council is changed significantly. • Political complacency. • May lead to more by-elections taking place and an increase in costs. • Loss of experienced Councillors. • Less frequent elections could be detrimental to encouraging candidates to stand for election as the opportunity to serve on the Council will be less frequent.

4. Election Cycle Financial Implications

4.1. To continue with elections by thirds over a ten year period would cost an estimated £2.66 million. Should the Council to move to whole council elections by 2023 it is estimated that this would cost £1.26 million across a 10 year period and save £1.4 million.

4.2. It is important to note that were the Council to move to whole council elections, costs for each individual election will rise marginally. Additional costs could include:

- printing costs (ballots papers are likely to be longer);
- postal vote opening costs;
- costs at the count (no change for time spent on verification but longer time in sorting and counting of votes) to include additional counting assistants, count supervisors etc.

4.3. The estimated revenue cost of running a single all-out election is £420K.

4.4. The table below provides estimated costs under whole council and election by thirds cycles. It should be noted that the costs in these tables are estimates. Actual costs and savings may vary depending on the number of by-elections, general elections and Police and Crime Commissioner Elections.

Year	Election/s	All out elections every four years	Elections in thirds
2021	Local		
2022	Local		
2023	Local	£420,000	£380,000
2024	Local, Police & Crime Commissioner, UKPGE?	£0	£200,000
2025	Fallow Year	£0	£0
2026	Local	£0	£380,000
2027	Local	£420,000	£380,000
2028	Local, Police & Crime Commissioner	£0	£280,000
2029	UKPGE?	£0	£0
2030	Local	£0	£380,000
2031	Local	£420,000	£380,000
2032	Local, Police & Crime Commissioner	£0	£280,000
	Total Costs	£1,260,000	£2,660,000

5. Legal Context

5.1. Legislative change introduced under the Local Government and Public Involvement in Health Act 2007 and amended by the Localism Act 2011 provides Local Authorities with the option of changing their electoral cycle.

- 5.2. To move to whole council elections, the council must fulfil the requirements of sections 32 – 36 of the Local Government and Public Involvement in Health Act 2007 which relate to consultation and resolution of council.
- 5.3. This requires that the council must not pass any resolution to change its electoral cycle unless it has taken reasonable steps to consult such persons as it thinks appropriate on the proposed change; this is not further prescribed in legislation.

Consultation

- 5.4. The Council must take reasonable steps to engage/consult with those it thinks appropriate on any proposed change. This will include, but is not limited to –
- the general public / electorate
 - serving Councillors
 - Members of Parliament
 - key city partners

Public Opinion

- 5.5. Section 116 of the Local Government Act 2003 provides a specific power for local authorities to hold local “advisory polls”.
- 5.6. The result of a Section 116 poll is not binding on the council or any other entity. It is purely advisory. It does however provide clear evidence of the public views on the matter being put before them.
- 5.7. Proceeding with a public engagement/consultation does not in any way bind the authority to seeking a resolution to amend the election cycle.
- 5.8. Under Section 116 it is a Council function to determine who to engage/consult and how the engagement/consultation is to be conducted. The Council will need to agree:
- Whether a public engagement/consultation is required?

And if it is:

- the participant/s
- the question; and
- how the public engagement/consultation is to be conducted

6. Decision-Making Process

- 6.1. Following the engagement/consultation process, should councillors be minded to propose a change to the electoral cycle, an extraordinary meeting of the council would be called to consider a report and vote on a resolution.
- 6.2. The resolution must specify the year for the first ordinary elections of the council at which all councillors are to be elected. A two thirds majority would be required, to resolve to move to whole-Council elections.
- 6.3. If the resolution is passed, then the council must produce an explanatory document available for public inspection and give the Local Government Boundary Commission for England notice that it has passed the resolution.

- 6.4. There is then a detailed process for the implementation of the change to the electoral cycle that is detailed through the Act and related guidance.

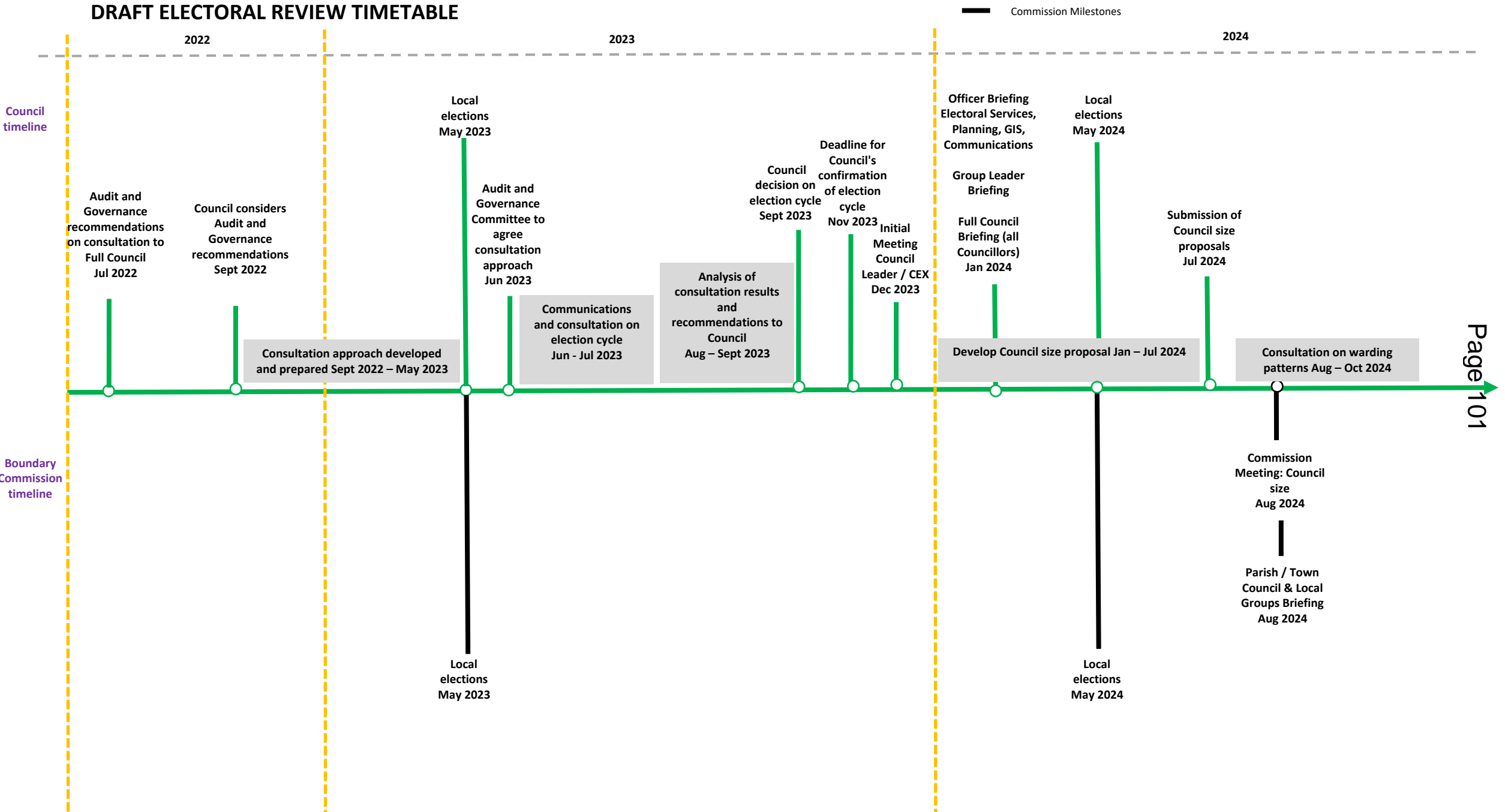
7. Local Government Boundary Commission for England: Plymouth electoral review

- 7.1. The Council was informed in November 2021 that the Boundary Commission for England intends to undertake an electoral review in Plymouth. This is in line with its duties in law to carry out such a review 'from time to time'. The last review of this type in Plymouth was in 2001.
- 7.2. The purpose of an electoral review is to consider the number of councillors elected to the council, the names, number and boundaries of the wards and the number of councillors to be elected to each ward.
- 7.3. After the review, the Council will be required to have an 'all out' election, where every seat is contested. The Council has a choice as to whether the review is implemented by an 'all out' election in 2026 or 2027.
- 7.4. The law has changed since the last review took place with the result that, in Councils that elect by thirds, the Commission will seek to return a uniform pattern of three member wards rather than retain the option of two member wards that the Council currently has in Plympton and Drake.
- 7.5. If, before the electoral review starts, the Council resolves to change its electoral cycle to elect 'all out', the Commission will be able to retain a mixture of two and three member wards as currently is the case.
- 7.6. Based on the assumption that the Council opts for an electoral review that is implemented by an 'all out' election in May 2026, it must inform the Boundary Commission prior to December 2023 of any decision to change the electoral cycle. An indicative timetable for a review on this timescale is attached at Appendix C
- 7.7. In order to establish public opinion on the matter, and decide whether or not to put a potential change to the Council for consideration informed by consultation, an eight week consultation would ideally take place from mid-May 2023. This would allow for an eight week consultation period, and time to analyse results prior to a Council decision in November 2023 and avoiding a consultation period during the summer holiday season.

Appendix B – Case studies

Local Authority	Date	Activity	Response	Result	Decision
Harrogate Borough Council	6 week consultation Sept/Oct 2015	‘Have Your Say’ online Survey Hard copies upon request Consulted District Panel (850) Parish Councils notified Press release	51	16 were in favour of elections by thirds 32 were in favour of whole council elections 3 had no preference	At an Extraordinary meeting held on 18 November 2015, the Council resolved to change to whole Council elections from May 2018.
Slough Borough Council	6 week consultation Nov/Jan 2022	Online Survey Hard copies form delivered to every household	631	242 supported retaining election by thirds 389 favoured a move to whole council elections	At an Extraordinary meeting held on 18 January 2022, the Council resolved to change to whole Council elections from May 2023.
Worcester City Council	3 week consultation Jan/Feb 2022	Wrote to statutory organisations Consulted residents’ panel Press releases, social media campaigns, Council’s website.	328	121 – Retain current system of election by thirds 192 – Move to whole council elections 15 – D/K	At an Extraordinary meeting held on 22 February 2022, the Council resolved to adopt, from May 2024, whole Council elections.
Derby City Council	8 week consultation Jan/March 2020	Online Survey Hard copies upon request Council website Social media channels Sent out to networks and partner organisations	511	79 - Retain current system of election by thirds 419 - change to whole council elections 8 – No preference	At an Extraordinary meeting 19 January 2022, the Council resolved to move to four-yearly 'all council' elections, commencing with local elections to be held in 2023.

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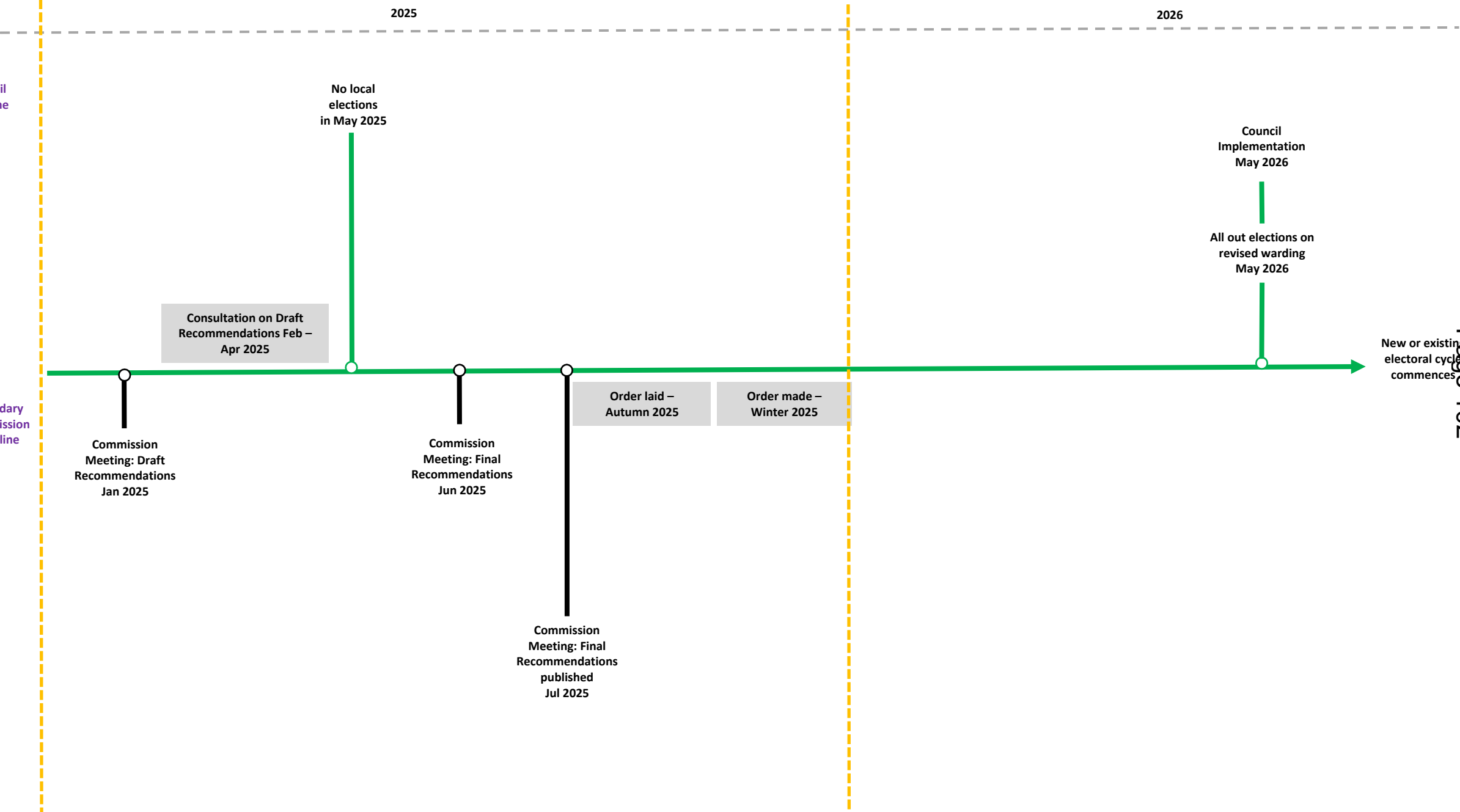


DRAFT ELECTORAL REVIEW TIMETABLE

Council Milestones
Commission Milestones

Council
timeline

Boundary
Commission
timeline



Draft Electoral Review Timetable

These timetables outline the key dates and activities for both the Council (shown in bold) and the Commission during the review process.

Preliminary Period

Briefings	Attendees		Key Dates
Initial Meeting	Council Leader Chief Executive	Chair Chief Executive	December 2023
Officer Briefing	Electoral services, Planning, GIS, Comms	Review Manager Review Officer	January 2024
Group Leader Briefing	Council Group Leaders	Lead Commissioner Review Manager Review Officer	January 2024
Full Council Briefing	All Councillors	Lead Commissioner Review Manager Review Officer	January 2024
Parish/Town Council & Local Groups Briefing	Officer to facilitate	Review Manager Review Officer	August 2024

Council Size

Activity	Involvement		Key Dates
	Council	LGBCE	
Develop council size proposal	Council Political Groups	Officers will be available to answer any technical queries on making a submission.	January 2024 until July 2024 (6 months)

Submission of council size proposals	Council Political Groups	Officers will acknowledge receipt of submissions.	July 2024
Commission Meeting: Council Size	Not required	Commission	August 2024

Warding Patterns

Activity	Involvement		Key Dates
	Council	LGBCE	
Consultation on warding patterns	Council Political Groups General Public	Run consultation, collate & analyse responses.	10 weeks August – October 2024
Commission Meeting: Draft Recommendations	Not required	Commission	January 2025
Consultation on Draft Recommendations	Council Political Groups General Public	Publish draft recommendations. Run consultation, collate & analyse responses.	10 weeks February – April 2025
Commission Meeting: Final Recommendations	Not required	Commission	June 2025
Final Recommendations published	Not required	Commission	July 2025

Order

Activity	Involvement		Key Dates
	Council	LGBCE	
Order laid	Not required	Commission	Autumn 2025
Order made	Not required	Commission	Winter 2025
Implementation	Council	Not required	May 2026

Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Health, safety and wellbeing annual report 2021-2022
Lead Member:	Councillor Richard Bingley (Leader)
Lead Strategic Director	Andy Ralphs Strategic Director for Customer Services
Author:	Clare Cotter Head of Health, Safety and Wellbeing
Contact Email:	Clare.cotter@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The health, safety and wellbeing annual report for 2021-2022 is presented to the audit and governance committee as an important aspect of the health, safety and wellbeing governance arrangements for the Council. The report identifies the actions that have been taken in 2021-2022 to improve our management arrangements for health, safety and wellbeing and what we are planning to do in 2022-23 in the spirit of continuous improvement. As part of this it includes insights into the incidents and accidents which have occurred compared to previous years.

Recommendations and Reasons

The Audit and Governance Committee is recommended to note the contents of this report.

Alternative options considered and rejected

n/a

Relevance to the Corporate Plan and/or the Plymouth Plan

The health, safety and wellbeing of employees and anyone affected by our undertakings, underpins all aspects of the corporate plan and ensures we uphold our legal, moral and financial duty.

Implications for the Medium Term Financial Plan and Resource Implications:

Resources required to address health, safety and wellbeing risks are managed at local level, with a Corporate Contingency included in the MTFP for larger capital investment requirements

Carbon Footprint (Environmental) Implications:

None

Fin	BA.22 .23.73	Leg	EJ/38 851/1 4.7.22 (2)	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Andy Ralphs (Strategic Director for Customer and Corporate Service)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 28 June 2022											
Cabinet Member approval: Councillor Richard Bingley (Leader)											
Date approved: 15 July 2022											

HEALTH, SAFETY AND WELLBEING ANNUAL REPORT
2021-2022

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DELIVERY IN 2021-22

Governance and accountability

Regulation

Training

Audit and risk

COVID-19 Pandemic

Wellbeing

Accident and Incident reporting

Claims

Trade Union Endorsements

APPENDIX A: HSW IMPROVEMENT PLAN 2022-23

EXECUTIVE SUMMARY 2021/2022**PLAN**

HSW Business plan 2021/2022
 Corporate HSW Policy
 Health and safety performance standards
 Mandatory training / training matrix
 COVID Risk assessments
 COVID Safe systems of work
 Competent Advice
 TU engagement

HSW: Health, safety and wellbeing
 TU: Trade Union

DO

HSW Steering Group
 COVID Emergency Response
 DSE Assessments - NWW
 Wellbeing Pulse Survey
 Monitoring mandatory training
 Incident reporting standard 6 days
 New HSW Policy signed off
 PIC: Person in Control (of a building)
 NWW – New Ways of Working

ACT

HSW Business Plan 2022/23
 HSW Steering group to continue quarterly
 New ways of working implementation
 Asbestos Management Compliance
 Achieve Gold Wellbeing@Work Award
 Recruit up to 11 more wellbeing champions
 Flu clinics (450 employees)
 Focus on personal safety
 Maintain HSW mandatory compliance
 20% target for near miss reporting
 Decrease incident reporting standard from 6 days to 4 days
 Implement standards for completion of incident investigations
 Implement incident closure process
 Roll out SHE Assure modules: Audit, risk assessment, DSE

CHECK

HSW Steering group updated TOR
 Contemporaneous COVID generic RA, SSOW and TBT implemented at local level
 COVID ventilation surveys and monitoring across the PCC estate
 Bronze review and Silver Wellbeing@Work Award achieved
 Improved wellbeing offer as a result of surveys
 49 Wellbeing Champions
 390 flu vaccinations / 5 clinics
 No HSE / DFRS Enforcement actions
 28 RIDDOR reportable incidents of which
 7 RIDDOR reportable COVID cases
 11.4% near miss reporting*
 29.2% Lost Time Incidents*
 97.56% of incidents reported in 6 days (April 22)
 Highest reported incidents: COVID, Unintentional violence and near miss

RA: Risk Assessment

SSOW: Safe System of Work

TBT: Tool Box Talk

*based on 6 month sample data in SHE Assure 1 Nov 21 – 30 April 22

EXECUTIVE SUMMARY

This report is a statement of Plymouth City Council's occupational health, safety and wellbeing (HSW) performance to the end of the financial year 2021-22, with any relevant updates included to the date of writing the report. It also includes our improvement plan for 2022-23.

The Health Safety and Wellbeing of the Council's employees continues to be an integral part of the People Strategy which can be viewed [here](#)

GOVERNANCE AND ACCOUNTABILITY

Accountability for our duty of care to our employees under the health and Safety at Work Act etc. 1974 and the Management of Health and Safety at Work Regulations 1999 sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in our new Corporate Policy and Corporate HSW Management arrangements, describing a systems leadership approach, with roles and responsibilities dispersed throughout the organisation.

The new policy includes the role of Executive Person in Control which has existed in the organisation in some areas informally. This is now mandated to ensure our buildings related health and safety management has Strategic Leadership for each site.

The Executive Lead for HSW and Chair of the Health, Safety and Wellbeing (HSW) Steering Group is the Strategic Director for Customer and Corporate Services, The Service Director for HROD holds HSW within their Department. The Council's Portfolio Holder for HSW in 2021-22 was Councillor Riley and going forward into 22-23 is Councillor Richard Bingley.

The HSW Steering Group has met twice during 2022-23, with some business conducted digitally to keep the agenda moving. The changing requirements of the COVID pandemic response has meant that the business plan for 2021-22 will be carried forward to 2022-23.

The SHE Assure HSW system for the management of incidents and hazard reporting has now been rolled out across all Directorates, except for Street Services which is in the process of modelling their structure and workflows in order to go live. Once fully operational, this will give Managers and various committee meetings real time insights into the types and frequency of incidents occurring in their service area, and the rest of the Council, and employees a greater ease of reporting. HROD was restructured during 2021, resulting in a change of structure within the Health and Safety Team, which is designed to provide greater capacity to deliver the health and safety business plan going forward. In addition Street Services has a dedicated health and safety position in their structure, in response to the high level of risk carried across this department.

ENFORCEMENT ACTIVITY

Control of exposure to vibration

At the time of writing this report, the council awaits the HSE decision as to whether they will seek to prosecute following their intervention in 2017-2019. No further contact has been made.

No additional HSE or DRFS enforcement action has been taken against the Council in 2021-22

IMPROVEMENT PLAN DELIVERY

AUDIT AND RISK

HSG65 – HSW Management audit

The planned audit programme to assess the council's compliance against HSG65 (HSE best practice HSW Management) was put on hold during the pandemic due to services needing to focus on COVID-19 controls and adjusted ways of service delivery. This is now a priority as COVID restrictions have been lifted and services resume normal operations.

Hand arm vibration

Devon Audit Partnership has been commissioned to undertake a repeat audit of the council's arrangements for the management of control of exposure to vibration starting June 2022. The audit will focus on the procurement, maintenance, and replacement of vibrating equipment.

Risk Summits

A risk summit was held in August 2021 due to lack of progress against major capital works required at Chelson Meadow. The summit served to bring clarity to the status of each project and an action plan was agreed. Progress against the projects is now monitored at the Street Scene HSW Board, with periodic oversight from the Chief Executive.

COVID – 19

The health, safety and wellbeing of the council's employees has continued to be at the heart of the COVID-19 pandemic response with close working between Public Health, Health Protection and HSW to ensure all infection control standards were implemented and effective. Clear leadership continued to be provided by the emergency operations centre (EOC) and the corporate emergency management team (CEMT), with the Service Director for HROD and Head of Health and Safety leading safe systems of work.

The key focus for 2021-22 has been:

- Maintaining contemporaneous COVID risk assessments, safe systems of work and toolbox talks for employees
- Ensuring adequate ventilation across the estate (mechanical and manual)
- Lateral Flow Testing and vaccination
- Transitioning between COVID controls to managing COVID as another respiratory disease
- Working from home – use of display screen equipment
- Wellbeing

WELLBEING

Over the course of the pandemic, three wellbeing surveys were conducted, to aid understanding of the impact on our employees and to take improvement actions to support wellbeing at work. The last survey was conducted in August 2021, and received the highest response rate overall (46%), however a low response rate from front line employees. At the time of writing, The Big Listen staff engagement survey is in progress, and actions are in place to encourage and support more front line employees to participate.

As well as the pandemic, employees of the Council joined with the City to mourn the loss and support the community, following the shooting of five residents in Keyham; also the tragic loss of Bobbi – Anne McLeod who was murdered in November 2021. Collaborative working with the Devon Wellbeing Hub, PAM Assist our employee assistance provider, and the local trauma informed network meant we were able to wrap a support offer around our employees which provided individual trauma informed assessments, access to counselling and psychotherapy according to need and trauma informed training.

The annual report will demonstrate the feedback employees gave about their wellbeing and show that the majority of employees access support for their wellbeing outside of the Council. However,

aspects of work that are known to impact on wellbeing and resilience such as demands, control, relationships, support and role have been addressed by Managers to enable employees to work more flexibly as far as possible.

TRAINING

The majority of the HSW training courses continued to be suspended during 2021-22 due to the extenuating circumstances employees have been working under. However, any courses delivered by e-learning have continued, along with three critical courses including:

- HSW Induction (e-learning)
- Managers Introduction to HSW at the council (e-learning + remote learning session)
- IOSH Managing Safely (e-learning)
- Wellbeing and Resilience Risk Assessment (remote learning sessions)
- Conflict resolution (remote learning sessions)

A changeover of employee management systems from itrent to Core HR has meant that there has been a hiatus in mandatory training compliance reporting, and work is still on-going to validate the information now available. Indicative figures show:

Training aspect	2020-21	2021-22
HSW Induction	94%	74.2%
Introduction to HSW management	97.9%	84.6%
IOSH Managing Safely	97.2%	80%

The only aspect of this training that requires a taught course is the HSW for Managers. There are 66 Managers who have not completed the e-learning aspect and 35 who have not done their taught aspect. These will be new managers in post since November 2021 when the last course was run, and arrangements will be made to enable this to be completed in mid to late July.

There are 23 Service Managers who need to complete IOSH Managing Safely, of which one is a Service Director. Of this number one person is on long term sick and 9 are currently registered.

Tender documents are in the process of being prepared to outsource health and safety training in the future in keeping with the strategic approach to HROD training generally in the Council.

INCIDENT REPORTING AND LEARNING

With the roll out of SHE Assure during 2021-22, the most reliable data available is between 1 November 2021 and April 2022. This is due to the parallel running of two systems whilst each service area has been on-boarded to SHE Assure.

Any incidents received from services not yet on the new system have been triaged, and entered onto SHE Assure by the Health and Safety Team in priority / risk order; the remaining incidents are in the process of being inputted, which will provide a full set of data by year end for 2021-22 and 2022-23.

Information has also been collated in full, in relation to our reporting standard, which was reduced from 8 days to 6 on 1 July 2021. In April 97.56% of incidents were reported within 6 days, which is the highest rate of the last six months from 1 November 2021 and 6% higher than the mean for the same period.

The Council has reported 28 RIDDORS in the last 18 months: 2 members of public to hospital; 7 occupational diseases (all COVID); 15 over 7 day absence and 4 specified injury.

Specific guidance was provided to managers to enable the assessment of any employee with symptoms of, or testing positive to COVID, to appraise the likelihood of workplace transmission.

Based on a comparison of six months of data 1 November to 30 April, for 2020-21 and 2021-22, there has been a decrease in near miss reporting of 6.1% from the same period last year. It is also 2.66% lower than the same period in 2019-20. This is likely to be due to the demands placed on employees throughout the pandemic. The hazard spotting module of SHE Assure is now live and a new impetus on near miss reporting will be a focus of 2022-23 to meet our 20% improvement target (initial target set towards 50% aspiration)

Lost time incidents (LTI) have risen from 4.2% in 2019-20 to 11.88% per cent in 2020-21 and 29.19 in the same period (1 Nov to 30 April 2022) in 2021-22. This increase is mainly due to COVID absence and should reduce over the next year now COVID has been removed as a workplace incident except in very specific circumstances.

In 2021-22 the highest reported incidents were 'sub' which represents our COVID reporting. Of these 17 were Reporting Injuries Diseases and Dangerous Occurrences Reportable to the HSE. In general UV and verbal violence (VV) stay ranked as the top and third reasons for reporting respectively; UV and VV remain a high concern for Senior Leaders, Managers, Employees and TU health and safety representatives due to their impact on the wellbeing and resilience of employees. As reported in previous Annual Reports UV typically occurs in services where customers do not have control over their behaviours; individual risk assessments are undertaken and reviewed regularly to support workers manage the predictable as far as possible. Protocols are in place to support employees managing VV, which typically occurs in our Customer Services and Community Connections Service, and are subject to regular review.

Serious incidents continue to be escalated in real time to ensure remedial actions are put in place in a timely fashion. There have been 13 alerts issued by the Health and Safety Team to the Head of Health and Safety, Service Director of HROD and HR Business Partners during 2021-22, of which three were RIDDOR reportable. For each incident a Health and Safety Consultant works alongside the Service in support of producing a suitable and sufficient level 4 incident investigation to inform future practice.

Ten incidents occurred in the Street Services department, of which five involved the use of dangerous machinery, two were due to the manual handling of white goods, two involving trees and one freak accident involving two members of the public. Two incidents involved the Facilities Management Team and one Strategic Planning and Infrastructure.

An analysis of the root causes and learning from these incidents is currently underway, with a view to sharing any transferable learning across the Council.

MAIN REPORT - DELIVERY IN 2021-22

GOVERNANCE AND ACCOUNTABILITY

Accountability for our duty of care to our employees under the health and Safety at Work Act etc. 1974 and the Management of Health and Safety at Work Regulations 1999 sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in our Corporate Policy and Corporate HSW Management arrangements, describing a systems leadership approach, with roles and responsibilities dispersed throughout the organisation.

The Executive Lead for HSW is the Strategic Director for Customer and Corporate Services. The Chair of the Health, Safety and Wellbeing (HSW) Steering Group is the Service Director for HROD, who reports to the Executive Lead for HSW. The Service Director for HROD holds HSW within their Department. Following the Local Elections held in May 2021, The Council's Portfolio Holder for HSW was Councillor Riley and for 22-23 is Councillor Richard Bingley.

The HSW Steering Group met 21 March 2021, 19 July 2021, 14 February 2022 and 27 April 2022.

Key agenda items throughout the year were:

- Revisions to the Health, Safety and Wellbeing Policy - approved by Chief Executive in March 2022
- Role of Persons in Control and mandating of Executive PIC roles for Strategic oversight of buildings safety – approved for inclusion in HSW Policy
- Asbestos compliance
- Capital works at Chelson Meadow – risk summit held in September 2021 (see below)
- Wellbeing - increasing demands in SEND and Children's Social Work
- Monitoring of HSW Operational Risk Register
- Review of Terms of Reference and membership – emphasis on Service Director mandate from Chief Executive and deputies at the same level

In December 2021 our Corporate and Senior Leadership Teams spent a half day reviewing leadership for health, safety and wellbeing. Discussions were held about:

- Leadership lessons from COVID and how these inform our general approach to HSW
- Review of progress against the 2021-22 business plan
- Wellbeing pulse survey results

Key outputs included:

- Individual commitments relevant to respective areas
- Wellbeing Charters in Place by 31 March 2022
- Health, Safety and Wellbeing Business Plans to be in place for each department for 22/23
- Refresh of HSW Steering Group

HROD was restructured during 2021, resulting in a change of structure within the Health and Safety Team, which is designed to provide greater capacity to deliver the health and safety business plan going forward. An additional post has also been appointed to in Street Scene and Waste, in response to the high level of risk carried across this department. The following table illustrates the changes:

Before	After	Comment
Head of Health, Safety and Wellbeing Assurance	Head of Health and Safety	Discreet wellbeing function moved to culture and engagement team
HSW Assurance Specialists x 3	Health and Safety Consultants x 4	Increase +1
Assistant Assurance Specialist x 2	Health and Safety Culture Assistant	Decrease -1
Wellbeing Specialist	N/A	Wellbeing and Engagement Advisor in Culture and Engagement Team
Safety, Health and Environment Apprentice	N/A	No apprenticeship post in new structure as could be undertaken by other post holders as they become available at the right level

ENFORCEMENT ACTIVITY

Control of exposure to vibration

At the time of writing this report, the council awaits the HSE decision as to whether they will seek to prosecute following their intervention in 2017-2019; no further contact has been made.

RISK SUMMITS

There has been one risk summit called in August 2021 due to concerns about the delays in delivering the capital works required at Chelson Meadow and the management of health and safety generally at the site. A number of actions were agreed to increase the pace of delivery, which were completed by the end of August.

Monitoring of progress has continued through the Street Services Health and Safety Board, however progress has continued to be hampered by procurement processes and changes of project management personnel.

The Chief Executive holds periodic meetings with the Service Director for Street Services, Exec Lead, Service Director for HROD and Head of Health and Safety to remain apprised of delivery against the Street Services action plan, which is proportionate to the level of risk held within the service.

COVID-19

The health, safety and wellbeing of the council's employees has continued to be at the heart of the COVID-19 pandemic response with close working between Public Health, Health Protection and HSW to ensure all infection control standards were implemented and effective. Clear leadership continued to be provided by the emergency operations centre (EOC) and the corporate emergency management team (CEMT), with the Service Director for HROD and Head of Health and Safety leading safe systems of work.

Generic COVID-19 risk assessments, safe systems of work and tool box talks have continued to be provided for adaptation at service level and these have been reviewed and updated at every change in Government Guidelines.

Ventilation across the Council's estate was reviewed by Facilities Management, with all mechanical systems set on 100% fresh air, or to the maximum capacity possible given the age of some of the systems. Guidance was provided to employees on the importance of manual ventilation, achieved through the opening of windows and the purging of meeting rooms between uses; each meeting room was assessed for maximum capacity given the various social distancing requirements, and the ability to ventilate; some 20 rooms were put out of use as they were without any ventilation.

When all legal restrictions were lifted in February 2022, The Council continued to promote working from home if employees were able, and safe systems of work remained in place for employees working at the front line, and in our offices where employees could attend if they had a business or wellbeing need. This was due to the number of COVID cases in Plymouth being higher than the South West and England, with a continued impact on hospital admissions and school / care home outbreaks.

The Council used a traffic light system to assess our risk of work place transmission of COVID, using purple to denote that we would not be returning to a pre-covid 'green' status, and that we would instead be implementing our New Ways of Working Strategy. It became increasingly difficult to rely on statistical information relating to case numbers, in the first instance due to the lifting of the legal requirement for testing, and then the withdrawal of free testing kits for the general public.

On 28 April 2022 the HSE revised their guidance, stating that they no longer required business to have a specific risk assessment for COVID or have specific measures in place, except where employees are likely to come into contact with people who have symptoms or have tested positive to COVID. Public Health Guidance has continued to be issued in relation to COVID, specifically in relation to the importance of vaccination, ventilation, lateral flow device testing and what to do if someone has symptoms of, or have tested positive to COVID. The Council's guidance has been updated accordingly.

ONS data was used to assess our position in Plymouth, alongside local data on hospital admissions, school and care home outbreaks, resulting in our move from amber to purple on 1 May 2022.

Meetings with lead Health and Safety Trade Union Representatives continued through to Feb 2022, led by the Service Director for HROD and attended by the HROD Management Team as appropriate. These were mutually beneficial in being able to address any concerns that were being flagged by employees at an early stage. The frequency of these meetings reduced as less changes were required. Concerns were raised by Lead Reps in relation to the lack of engagement when we moved to purple, and specifically in regards to the reinstatement of sickness thresholds where COVID absence was the reason. This oversight was acknowledged by HROD and discussions are ongoing at the time of writing this report to redress this.

Site Surveys and monitoring

A Safe System of Work Readiness Group continued to meet weekly, led by the Head of Health and Safety and comprising members of the Health and Safety and Hard/Soft FM Teams

This group led the:

- Review and adaptations of ventilation across the estate to provide maximum fresh air
- Review and update of staff room comms in relation to safe systems of work
- Updating of COVID generic risk assessments, safe systems of work and toolbox talks

- Linking with new ways of working and delivering the requirements to reopen space in corporate buildings, whilst maintaining various levels of COVID controls and transitioning to purple

Vaccination

All employees of the council have continued to be strongly encouraged to accept COVID vaccination when offered, and Service Managers facilitated social care employees to access this at an early opportunity, according to the Government prioritisation process. Whilst employees have not been asked to confirm their vaccine status, it is thought that uptake has been generally very high.

COVID testing

Symptomatic testing has been made available to employees as per Government Guidelines, and over the course of the year the Council has had only one work based outbreak affecting seven employees. Prompt infection control action was taken by the Service to prevent further transmission and the incidents were reported under RIDDOR to the HSE with no further action following to date.

At the point where legal restrictions were lifted and COVID test were no longer available free to the general public, the Council identified key groups of employees where there was higher risk of COVID transmission during the course of their work. Testing kits were still available for adult social care workers via the Government Portal, and employees working at the front line, in the Directorate of Children's Services were provided with two testing kits per week.

The Council continues to advise any employees who have symptoms of, or have tested positive to COVID, not to attend work.

WELLBEING

COVID has impacted on wellbeing in different ways for different groups of employees: employees working at the front line who have continued to deliver high quality services to our customers on the streets, in their homes, school transport and communities; customer services and library services who have adapted their ways of working to ensure people have access to services that meet their needs and wearing unfamiliar PPE for some activities; the election team and volunteers who worked to deliver a compliant election within COVID safe systems of work; back office workers who navigated the trials and tribulations of working from home, whilst maintaining productivity; public health colleagues who provided subject matter expertise around the clock in infection control to schools, care homes, businesses and the residents of Plymouth, along with the Council's health and safety colleagues to keep our employees safe.

The demands on children's social work and SEND teams increased significantly and they were early returners to an office base to ensure they had access to timely management, supervision and collegial support, with Senior Managers working hard to secure additional resources to meet the rising demand, against a backdrop of a general lack of children's social workers to recruit.

WELLBEING OFFER

Over the course of the pandemic, the following wellbeing support has been added to our offer:

- Pathway out of loneliness
- Andy's 'Man Club'
- Compassionate Friends
- Signposting to weight reduction help
- 60 second activities to look after your mental health guide
- Wellbeing Champions check in / Team's channel
- Twice weekly wellbeing drop in sessions with the Wellbeing Specialist
- Over 1120 pieces of equipment in total have been distributed to support DSE needs

- Wellbeing pop-up sessions for front line employees with the Wellbeing Specialist
- Launch of the Devon Wellbeing Hub for Health and Social Care Professionals (funded by NHS England)
- Wellbeing Champion 'buddy' scheme, for employees needing a brief weekly catch up

In addition The Devon Wellbeing Hub was initiated by Devon Partnership Trust through Government Funding to support the wellbeing of Health and Social Care Employees affected by COVID. This service provides mental health assessment and referral according to need.

In the wake of the Keyham shootings and death of Marie-Anne McLeod, The Devon Wellbeing Hub opened their doors to any council employees who were supporting these communities.

In addition, arrangements were put in place to enable each employee to have a support interview with a trauma informed specialist, whatever role they played in supporting the communities. These were an opportunity for individuals to flag any signs of vicarious trauma, and to be signposted to the right support.

Our core wellbeing offer continues to include:

- Employee Assistance Programme (EAP) – access to a range of information and support on-line and up to 6 sessions of counselling (video call / telephone or email) according to need; specialist counselling also available e.g. Eye Movement Desensitisation Reprocessing (EMDR) for post traumatic shock and group supervision / counselling
- Occupational Health provision through Medigold for advice on fitness for role and reasonable adjustments
- DSE – Casual home worker assessments / DSE self-assessments and provision of equipment to support home working
- Hints and tips to maintain health and wellbeing whilst WFH
- Wellbeing Champions – 49 active champions
- Access to Work – assess and contribute to the provision of specialist equipment for people with accessibility needs e.g. dragon software, dyslexia coaching
- Able Futures – access to mental health support
- Wellbeing and resilience risk assessment training for managers
- Staff room – sign posting to additional external support
- Encouragement for 45 minute meetings to reduce back to backs and provide for comfort breaks supported by SLT

Wellbeing Champions

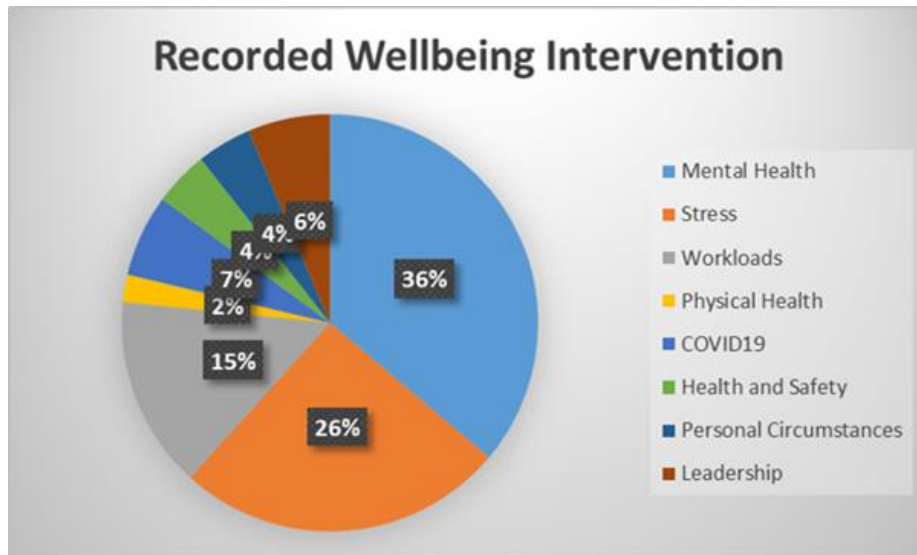
There are currently 47 wellbeing champions active across the council and we are proud that the team of wellbeing champions were nominated for Wellbeing Champion Team of the Year for Plymouth. We also had two nominations for individual Wellbeing Champion of the year and our Wellbeing and Engagement Advisor was awarded Wellbeing Mentor of the Year for Plymouth for her work in supporting our own wellbeing champions and networking across the city.

The wellbeing champs have continued to support any public health campaigns locally and were integral to supporting our wellbeing week this year which saw an increase in attendance.

A trial of taking a co-ordinated approach of a Wellbeing Champion Buddy scheme has been positively received, and further development of this is being considered. Our Wellbeing Champions continue to see an increase in discussions around mental health with heavy work demands being a consistent topic. Some of our Wellbeing Champions recently attended a training session for Community Suicide

Awareness facilitated by Livewell Southwest giving additional knowledge around what to look out for and how to appropriately respond.

In the past six months over 63 hours of Wellbeing intervention has been recorded on Firm-step with many more interventions provided that are not recorded.



Wellbeing and resilience training

Our training offer for our Wellbeing and Resilience Risk Assessment sessions has continued throughout the pandemic providing managers and team leaders the knowledge around how best to support any staff who have been absent from work for any reason. This training is also a preventive measure for our teams across the organisation strategically looking at how we can intervene or support teams who may be under pressure due to work demands during this time. Alongside the additional virtual training offered we have reviewed and increase our E-Learning offer for all of our staff.

A number of team stress and resilience risk assessments have been undertaken to support managers understand particular issues and work with their teams to find solutions. These are based on the HSE RA model, focusing on the core contributing factors of:

- Demands
- Control
- Relationships
- Support
- Role

Wellbeing at Work Awards

The Council was successful in being awarded the Silver Wellbeing at work award and also our Bronze review award. And we are now on our way to achieving gold, having completed the first of the four toolkits for submission.

Wellbeing pulse surveys

Over the course of the pandemic, three wellbeing surveys were conducted, to aid understanding of the impact on our employees and to take improvement actions to support wellbeing at work. The last survey was conducted in August 2021, and received the highest response rate overall (46%), however a low response rate from front line employees.

The following table illustrates the approach to engaging with front line employees:

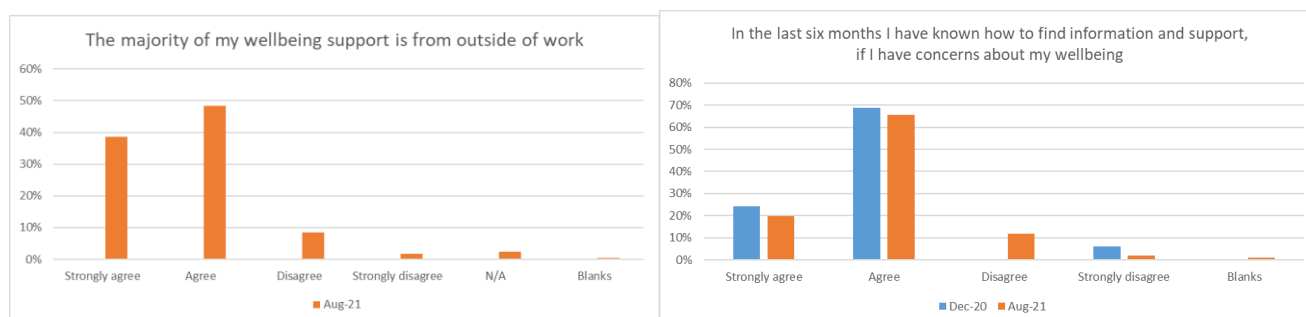
Date	Methodology	Returns
May 2020	The survey was sent to each employee at their home address, with a pre-paid envelope for return; posters with QR codes provided locally	103
Dec 2020	The survey was distributed by managers of front line workers; posters with QR codes provided locally	112
Aug 2021	The survey was distributed by managers of front line workers, supplemented by a on-site pop up clinic provided by the Wellbeing Specialist to help employees complete the survey; posters with QR codes provided locally	86

The overall response rate from front line workers was disappointing, and there has now been investment in touch screens in the depots to enable on-going access to staff room and promotion of surveys for employees and a greater investment in face to face time to provide wellbeing pop-up sessions as a regular feature for front line workers.

To improve communications for front line workers, pocket guides of essential information have been distributed to home addresses of c500 frontline workers. Three guides have been distributed, with a forth guide to be distributed shortly.

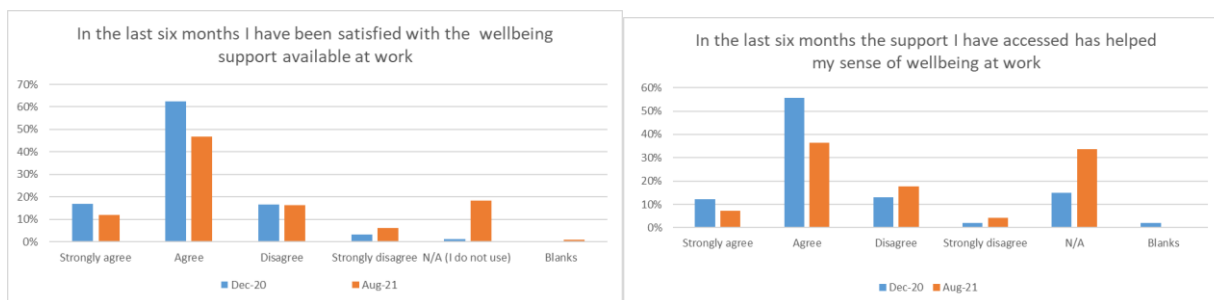
Results

The wellbeing survey undertaken in Dec 2020 demonstrated that the majority of wellbeing support is gained outside of work. This is further confirmed by a direct question asked in the Aug 2021 survey:



Some 10% of participants reported they utilise the employee wellbeing offer as their main source of wellbeing support. 86% of participants have been able to find information and support if they have concerns about their wellbeing, however 14% have not.

The graphs below compares the answers from Dec 2020 with Aug 2021 in terms of satisfaction with our wellbeing offer and the support provided.



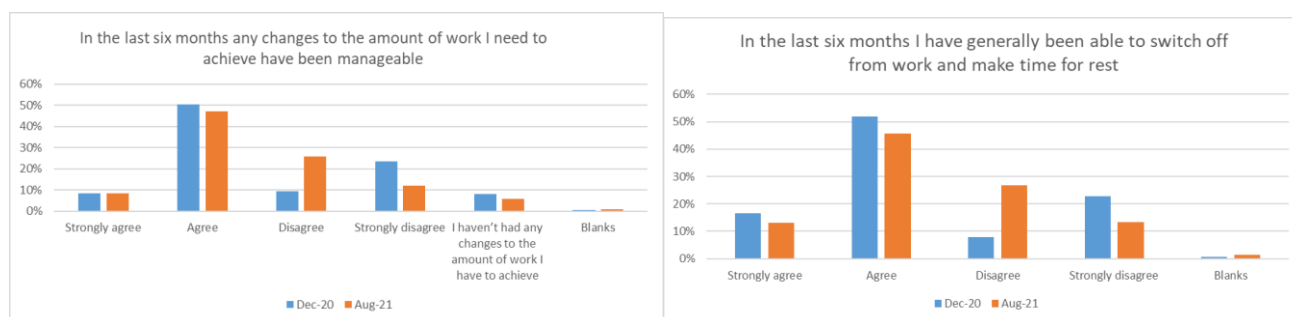
Overall there is a decline in the satisfaction with the wellbeing offer between Dec 2020 and August 2021 and the support that is provided; there has also been a 17% increase in the number of employees who do not access our wellbeing offer. 59% of participants have been satisfied with the wellbeing support available at work, and 24% are not satisfied. Of those actually using the support available 43% have been satisfied with the support they have received and 22% have not been satisfied. There has been an increase in concerns coming through in relation to the service provided by PAM Assist, in particular the long waiting times to access counselling. This has been raised with the Client Relationship Manager on a case by case basis, and new KPIs are in the process of being negotiated. This contract is also being retendered for 2022/23.

Taking the three surveys together demonstrates that the majority of employees take care of their own wellbeing and if they feel it depleting, seek support outside of work. Where employees have needed to access internal support the themes emerging from comments include:

- Work demands impacting on the ability to access our offer during working hours
- Access to PAM Assist – once in receipt of services the quality is good, but waiting times are long

WORKLOAD

The next two graphs relate to questions about changes to work load and the ability to switch off and rest.



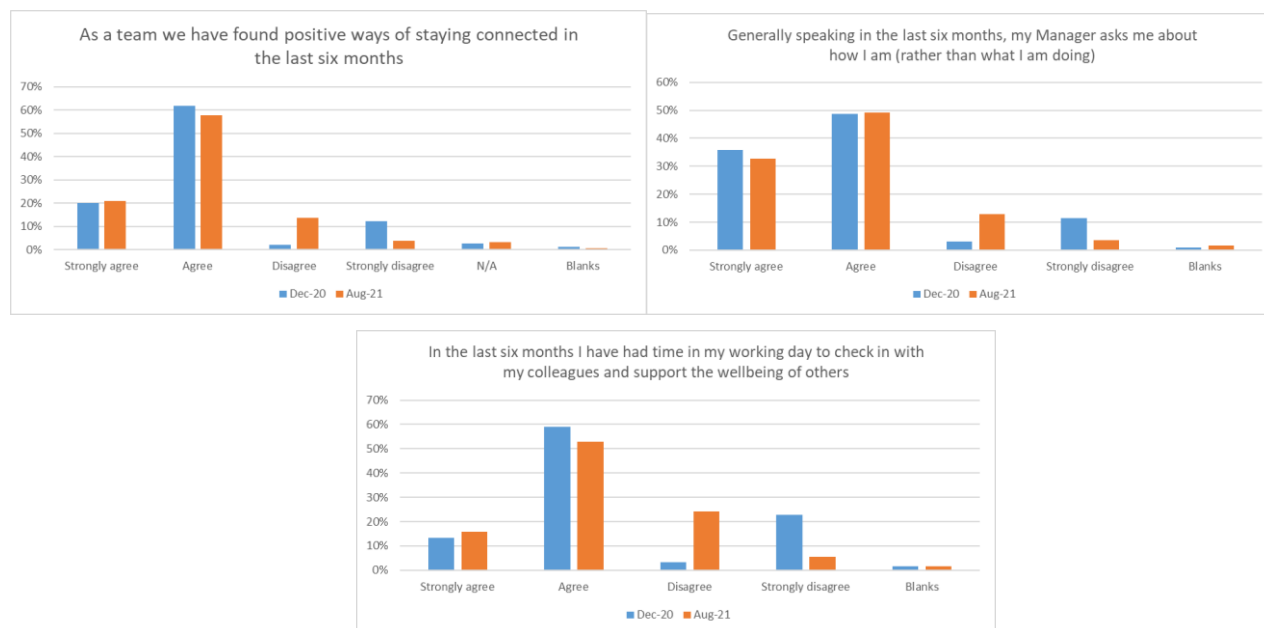
It is evident from these two graphs that the most significant shift is in the 'disagree' columns, where there is an increase of 19% (manageable changes to workload) and 17% (ability to switch off and rest). This is a worrying shift in terms of sustainability of pace and intensity of work. Managers keep workloads under review and ensure that annual leave and flexi time is being taken in support of individual wellbeing.

Themes emerging from comments in respect of workload include:

- Mixed responses in terms of how working from home improves ability to manage workload
- Mixed experiences in terms of Managers support to prioritise and manage workload
- Views that workloads are unmanageable and not sustainable
- Ability to take leave / flexi time is variable
- Commitment to Customers v maintaining personal wellbeing and resilience

KEEPING IN CONTACT

Contact between colleagues and managers are overall positive, and there is a shift in the right direction from 'strongly disagree' to 'disagree' in each of the graphs below.



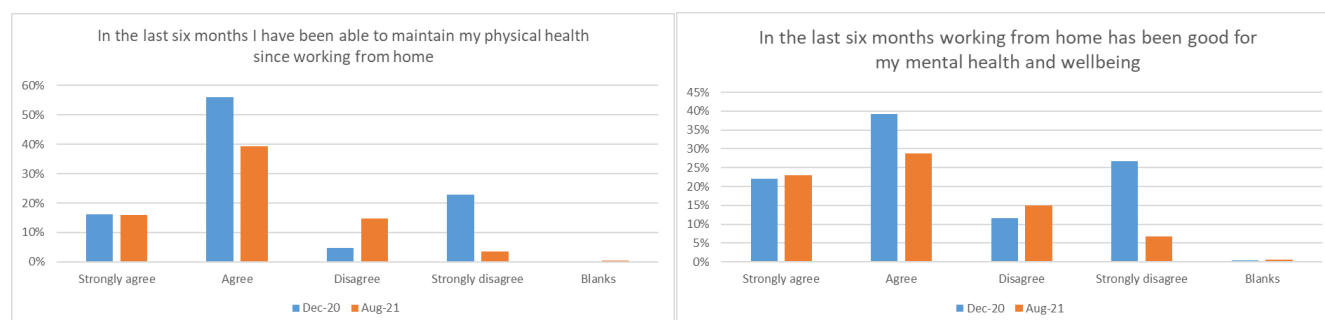
From the comments it is clear that the ability to keep in contact with Manager and Colleagues is variable across the Directorates. With some feeling at disadvantage because of their service delivery models

Managers were asked to review communications and explore possibilities to increase the sense of connection between colleagues and teams where service delivery models are more difficult to allow flexibility

As in December 2020 the survey had a core set of questions for everyone to complete, and then a sub-set of questions depending on whether employees were working from home or a front line worker. The survey repeated most of the questions posed in the December 2020, to allow for comparisons; with some variations to gain an understanding about vaccination uptake, lateral flow testing and to inform new ways of working.

WORKING FROM HOME

These questions were answered by participants who answered 'yes' to working from home.

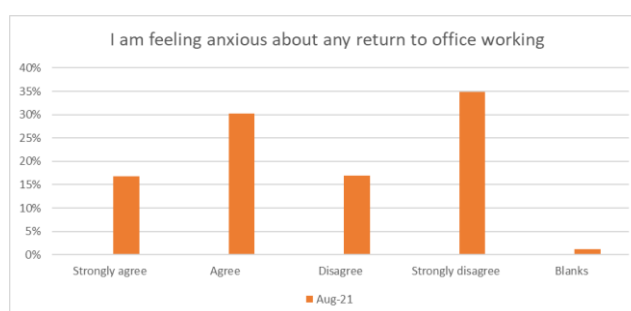


Overall these graphs show there is a shift towards 'disagree' in terms of participants being able to maintain their physical and mental health and wellbeing. This may reflect the fact that generally speaking people are experiencing 'COVID' fatigue, and should be taken into account as we are not yet out of the pandemic.

RETURNING TO THE OFFICE

The graph below shows that just over 50% of participants felt anxious about returning to work in an office, and there has been a particular emphasis on 'respect' in the communications since we have moved to purple. Respecting different approaches to:

- Mask wearing
- Vaccination
- Social distancing
- Attending meetings in person

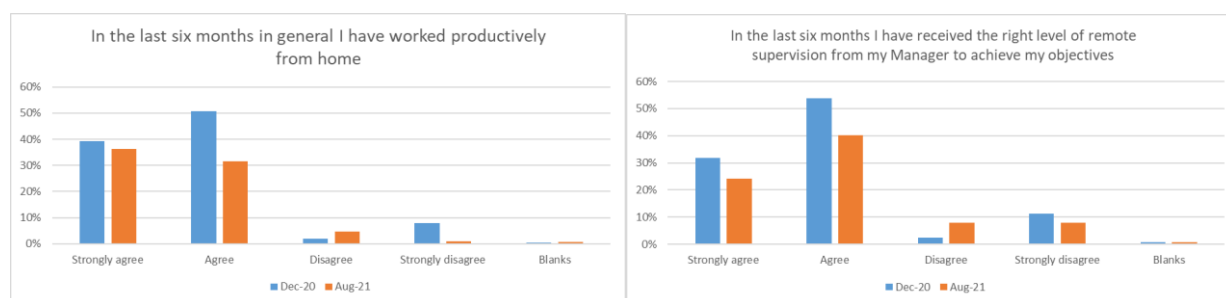


1:1 meetings are in the process of being held for individual employees to determine their worker type, and therefore how often they will work from an office, from home or at another location. Collaborative working spaces have been created for people to meet together and these have been promoted on staff room.

The Chief Executive has held two engagement meetings on New Ways of Working, which have been well attended and enabled employees to ask questions about the new arrangements. All the questions and answers have been published on staff room.

WORKING REMOTELY

In the meantime the following graphs offer reassurance that participants are mainly working productively and have the right level of remote supervision from their manager.

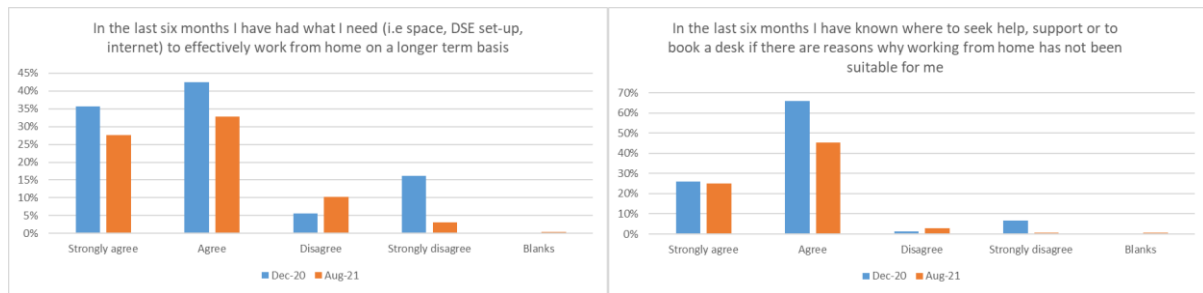


DSE EQUIPMENT

In the graphs below we can see that less participants were reporting that they had the equipment they need to work at home safely, and that less agree they know where to seek support if there are reasons why working from home has not been suitable. This is disappointing as there have been on-going communications about DSE assessment and review of homeworking arrangements. The home working checklist had been updated and circulated to Team Plymouth encouraging further reviews.

As the 1:1 discussions have progressed, there have been more referrals for specialist advice, which have been triaged by the Health and Safety Team. Where it is possible to meet an individual's need, an

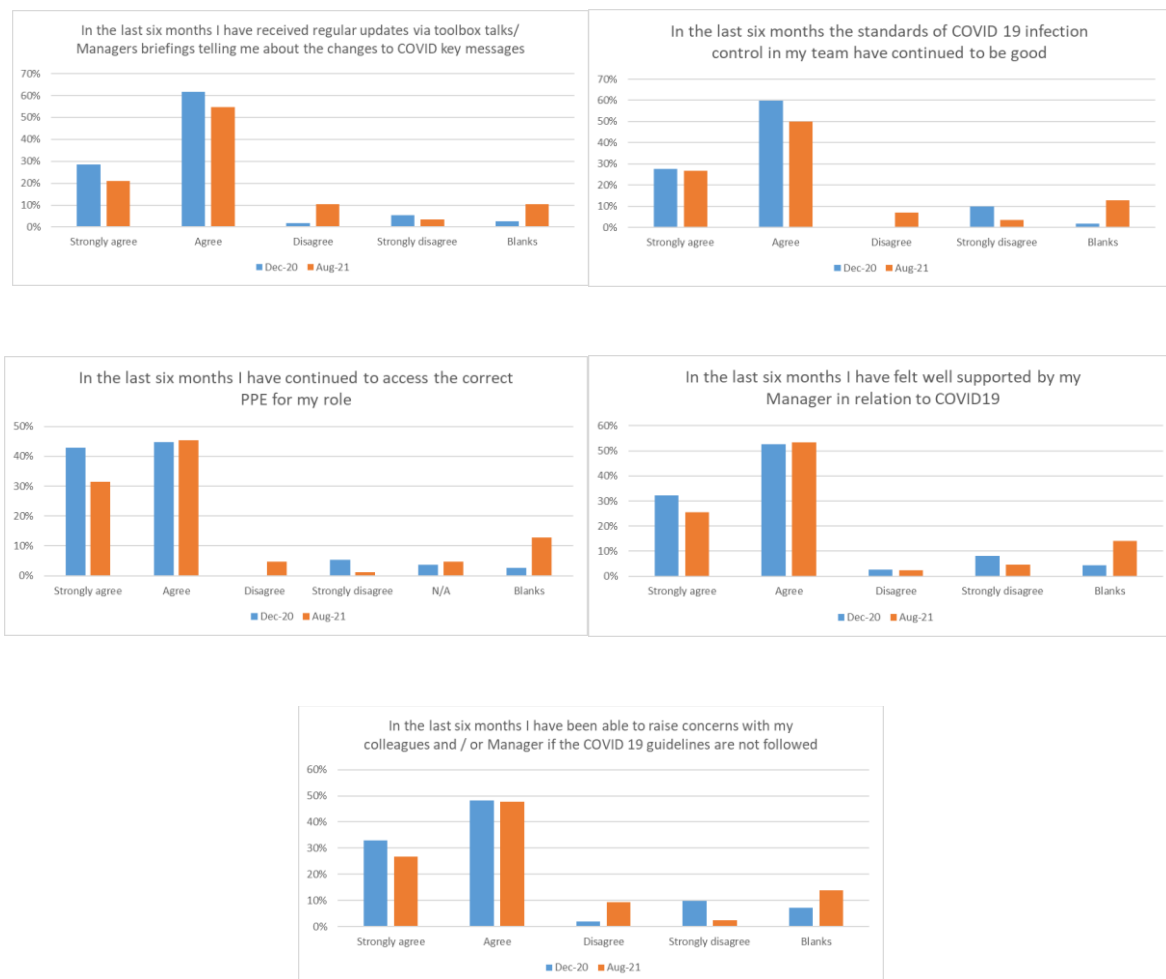
assessment is undertaken by a Health and Safety Consultant; otherwise a referral for an ergonomic assessment from Medigold is recommended.



There were still comments coming through which suggested some employees do not have the correct DSE set up at home. Action was taken by the HSW Steering Group to include assurance in relation to DSE and homeworking assessments in Directorate quarterly reports and this continues to be monitored.

COVID CONTROLS FOR FRONT LINE EMPLOYEES

The following graphs relate to specific questions asked about COVID controls, and it is encouraging to see that the majority of participants have had the information, support, PPE and advice required to maintain a COVID safe environment. N=86 2021-22



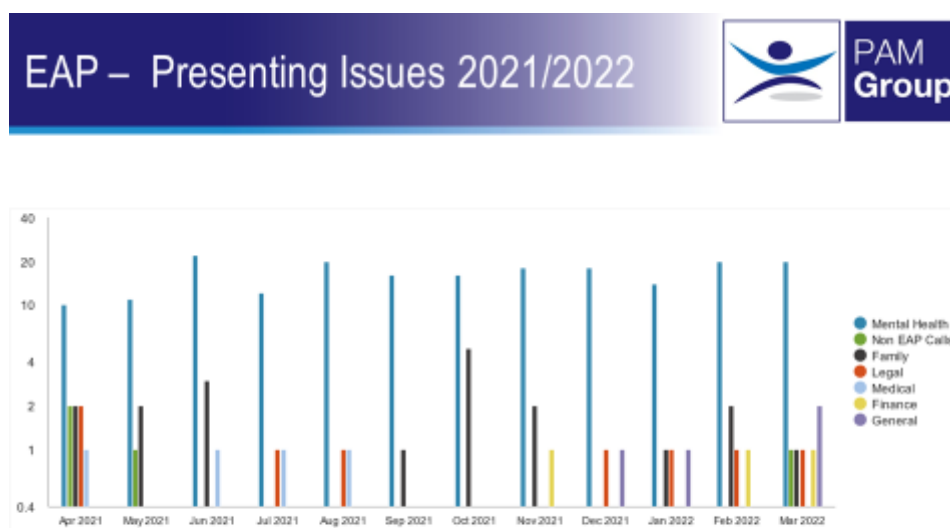
All Departments were promoted to ensure risk assessments have been reviewed in the light of 16 August guidance and new generic templates (25 August) published on staff room and revised TBT to be delivered to all employees.

At the time of writing, The Big Listen staff engagement survey is in progress, which for this year has been commissioned externally to increase confidence in confidentiality. Actions are in place to encourage and support more front line employees to participate.

PAM ASSIST – EMPLOYEE ASSISTANCE PROGRAMME

There has been a decrease in take up of our employee assistance programme from 571 in 2020-21 to 239 in 2021-22, with evidence of access to web information via mobile device (103) and desk top (155). Videos were accessed 43 times and 57 employees engaged in live chat. In addition to this there were 1666 page views, without log-in to access the breadth of information available.

Mental health needs continue to be the highest category of reason for engagement with the service as demonstrated in the graph below.



There were a number of red flag cases where PAM assist assessed may be in danger of taking their own life. If perceived immediate danger, the Counsellor sends for the emergency services and contacts the GP. Anyone found to be in this condition would immediately speak with a counsellor for in the moment support. All of this is kept confidential unless there was a threat of harm to anyone at work then PAM assist would contact the HR Team.

Access to counselling

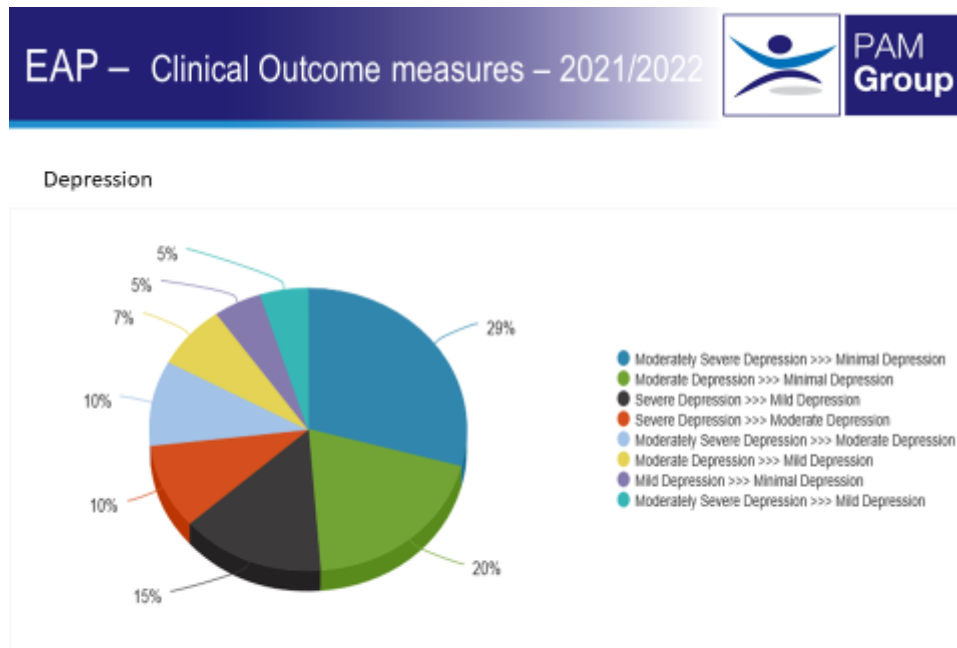
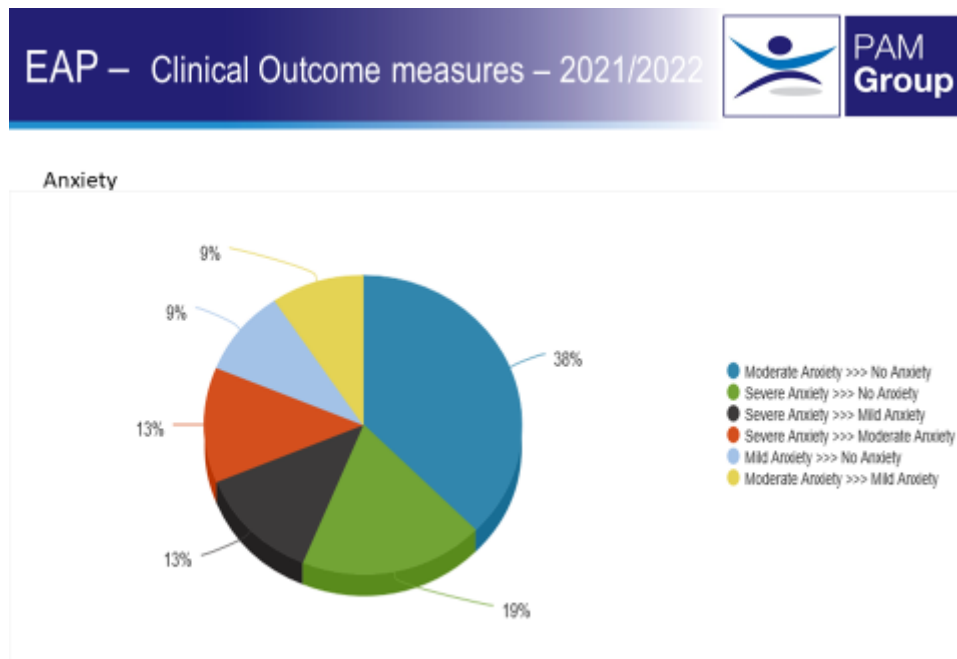
118 employees engaged with counselling of which 22 were in receipt after 31 March 2022.

Counselling is offered via:

- Telephone
- Video
- On-line

Access to counselling is a fully confidential service offered to all employees and their families for work or personal matters; each employee is able to access up to six sessions and the impact is measured using two validated depression scores pre and post the six sessions.

The following two graphs show the clinical outcome measures for anxiety and depression demonstrating a positive impact on all those in receipt.



Occupational Health

The Council contracts with Medigold Health to provide our Occupational Health Services. And in 2021-22 they have delivered 430 pre-employment checks and 414 occupational health appointments. Due to COVID the majority of these have been provided by telephone (408) with six face to face appointments under strict safe systems of work.

The majority of referrals have been due to mental health or muscular skeletal needs, which is consistent with previous years and our top two reasons for sickness absence. As part of the HROD business plan, a deep dive is being undertaken into muscular skeletal absence, which will be included in the 2022-23 annual report.

54 employees did not attend their appointments, which incur an appointment cost for their department.

Flu programme 2021-22

As in previous years the initial focus for flu vaccinations was on our frontline workers who are either at greater risk of catching the flu or at risk infecting high risk clients if they catch it. These were;

- Education, Participation and Skills
- Children, Young People and Families
- Street Services
- Customer Services and Service Centre
- Community Connections
- Bereavement Services

There will also be employees who were eligible for the NHS free offer which includes the following people;

- Adults 65 and over
- People with certain medical conditions (including children in at-risk groups from 6 months of age)
- Pregnant women
- Children aged 2 and 3 on 31 August 2019
- Children in primary school
- Are living in a long-stay residential care home or another long-stay care facility
- Receive a carer's allowance, or you're the main carer for an elderly or disabled person whose welfare may be at risk if you fall ill

Uptake

The target for uptake of flu vaccinations is 15% and this was achieved in 2021. This is 3% lower than in 2020 but 2% higher than the mean for the last 5 years. Flu vaccinations were provided by Medigold in five clinics across four sites in November 2021

390 employees received a flu jab from the Council, the majority being front line employees with some from other roles. The breakdown is as follows:

Directorate	Total number	Number receiving flu jab	Percentage uptake
Customer and Corporate	601	76	12.7
CEX	64	13	20.0
DCS	612	70	11.4
ODPH	78	19	24.4
People	262	59	22.5
Place	773	153	20.0
	2491	390	15.7

In reality the total number of employees who have received a flu vaccination in 2021 will be higher than the numbers stated here. This is because there will be additional employees who:

- Met the NHS eligibility for a free flu vaccination
- Opted to pay privately

This number may also have been inflated in 2021 due to the presence of COVID, and the general awareness of the importance of vaccination against air borne respiratory diseases.

TRAINING

The strategic long term plan for health and safety training is to move from an in-house delivery model to external provision, with the majority of training being delivered via e-learning. A competitive tender process is in development which should be launched mid July.

A training needs analysis has been undertaken during 2021-22, across all Council departments to inform the tender process.

This has demonstrated that there is a high level of need for health and safety training for:

- Personal safety
- Manual handling
- Risk assessment
 - Wellbeing and resilience risk assessment
 - COSHH RA

During the pandemic a limited amount of training via teams has been provided including:

- Managers Introduction to health and safety
- Wellbeing and resilience
- Conflict resolution
- First Aid

The Health and Safety team has also responded to any specific requests from Managers where possible to mitigate risk.

There is also a large number of e-learning modules on learning zone which can be accessed by employees, and IOSH Managing Safely by licence for relevant Managers from International Workplace.

HSW MANDATORY TRAINING

The Council recognises that achieving compliance with mandatory training is fundamental to achieving a pro-active approach to health, safety and wellbeing, and raising the general ability of employees at all levels to make informed decisions on the management and escalation of risk.

A changeover of employee management systems from itrent to Core HR has meant that there has been a hiatus in mandatory training compliance reporting, and work is still on-going to validate the information now available. Indicative figures show:

Training aspect	2020-21	2021-22 24 June 2022
HSW Induction	94%	74.2%
Introduction to HSW management*	97.9%	84.6%
IOSH Managing Safely	97.2%	80%

*The only aspect of this training that requires a taught course is the HSW for Managers. There are 66 Managers who have not completed the e-learning aspect and 35 who have not done their taught aspect. These will be managers who have been a new in post since November 2021 when the last course was run, and arrangements will be made to enable this to be completed in late June, early July.

There are 23 Service Managers and one Service Director who is yet to complete their IOSH Training. Of these one is on long term sick and 9 are currently registered. The other Service Managers will be contacted to enrol by 1 July 2022.

This information suggests that there needs to be a further push on compliance with mandatory training to improve compliance again.

AUDIT AND RISK

Audit Programme

The audit programme was due to launch in March 2020 but was paused due to the COVID-19 pandemic; it is proposed to re-launch the programme circa September 2022 utilising the recently introduced SHE Assure eSystem.

The key purpose of the programme will be to provide assurance of compliance to the Council's HSW Management System, based and prioritised on:

- Higher risk service areas – based on risk profiles
- Self-Assessments – analysis presented to HSW Steering Group
- Declarations – signed by department Service Directors
- 2013/14 audits.

The programme will be based on the HSE's HSG65 model of Plan, Do, Check and Act rather than ISO45001. A decision was made not to base the audit programme on ISO 45001 due to resource constraints. Introduction of ISO45001 will now be added to Phase 2 of the Workplace Modernisation Programme.

Hand Arm Vibration Management

Due to COVID restrictions and safe systems of work, the audit planned for 2021 was not able to proceed. However this is now in progress and will focus on the procurement, maintenance and replacement schedule for equipment.

ACCIDENT AND INCIDENT REPORTING AND LEARNING

During 2021-22 we have been rolling out SHE Assure (now called Evotix), a digital incident management system across all our services, and as at 22 June 2022 all but Street Services and Controlled Schools are now using the system. Street Services will be live by 11 July and Schools by the 30 September 2022. This has meant that the old and new systems have been operating in parallel generating additional work by the Health and Safety Team to enter information onto SHE Assure on behalf of Services not yet using it, which in turn has created a backlog of data entry. There has been no impact on the incident reporting and investigating process.

All incidents have been triaged and entered in order of priority, and the backlog of incidents are currently in the process of being entered by Business Support.

For this reason, a more limited selection of data is presented in this report, drawing a comparison between 1 November 2021-31 March 2022 and the same period in 2020-21, which still provides valuable insights into areas for focus in 2022-23. Next year's annual report will resume our usual 18 month, year on year comparisons. Data for Controlled Schools is not included in this report; this will be presented to schools separately once their incidents have been added to the system, and as part of the implementation of a health and Safety Steering Group for Controlled Schools (see business plan)

RIDDOR information is available in full, as these have all been entered on the system contemporaneously to enable us to meet the HSE reporting requirements.

The reader should be aware that the data presented represents the number of incidents reported, which may not be the actual number of incidents which occur. Employees are encouraged to make sure they report incidents, as this is the avenue for investigation, learning and change.

Two deep dives have been undertaken this year:

- Verbal violence
- Incidents relating to school crossing patrols

Verbal violence

The HSW Steering Group received a report on personal safety in April 2022

The management of risk posed to front line resources has and continues to be a priority for Plymouth City Council however these approaches vary across the authority and are seen to be inconsistent, dated and in need of review.

Across the Local Authority front line resources from multiple services are exposed to a risk of workplace violence throughout the execution of their duties. Whilst existing measures seek to reduce this, advancements in technology permit greater reductions to be achieved.

It is estimated that 1.4% of working adults will be the victim of one or more assaults at work (CSE 2020) In 2019/20 there were 688,000 incidents of violence at work recorded in the UK by the Crime Survey for England. Assault accounted for almost 300,000 and threats almost 400,000. 38% of incidents

resulted in injuries including severe bruising, minor bruising and black eye, scratches cuts and other injuries. According to a survey conducted for the Suzy Lamplugh Trust, 81% of lone workers are concerned about violence and aggression. (Ref: safepointapp.com)

The Local Government Association which represents councils in England and Wales is growing increasingly concerned about unacceptable attacks on council workers.

Cllr James Jamieson, LGA Chairman, said: *“Council staff are leading local efforts to support communities through the coronavirus crisis, working day and night to protect communities and keep the services they rely on running. Local government workers should always be respected and valued – even more so in these challenging times – when they are needed more than ever. It is becoming increasingly concerning to hear that local government workers are being subjected to physical and verbal abuse as they try and play their part in keeping the country running through this crisis. This is unacceptable, and it has to stop.”*

An analysis of our incident reports shows that in 2020/21:

- 167 incidents of workers being verbally threatened or assaulted by a violent person;
- 14 of which resulted in physical injury

The impact of COVID has changed the services that we provide for the public and as seen above, has also increased the severity of the negative interactions our staff have with the public. The public have a right to complain about our services but when the abuse becomes personal to the employee this is where we challenge our level of acceptance.

In support of our People Strategy, where we aim to promote a positive working environment, and alongside our grievance resolution policy and procedure, we want to show our support with a challenge to the level of abuse our employees often face

As a result of this a zero tolerance campaign is being developed by HROD and Comms, called ‘#Ourstaff’, which will be developed and launched in 2022-23 (see business plan)

The concept is to run a two-week campaign that is public facing to remind Plymouth that our staff are members of the community also.

The content of the campaign would be a display of posters in our buildings, infographic for our social media channels (including our twitter account) and clear guidance on how to safely report any abuse.

Whilst abuse is relative to an individual, a statement to encourage people to think about their words and actions when engaging with our employees will make them feel more supported. A sense of organisation support enables employees to further influence their own behaviours. This is not about complaints but about personal attacks.

The HSW Steering Group will oversee the development of the campaign to ensure it is framed appropriately.

It was also agreed that a task and finish group be initiated to look at employee personal safety and the use of personal alarms, in recognition that there are more appropriate digital solutions available, which could be procured across services where their risk assessments demonstrate the need.

Finally, relevant services have their own protocols for addressing the threat from potentially violent persons that interact with our services; these protocols need to be reviewed to ensure a consistent approach is used, respecting the needs and rights of our employees and the potentially violent persons.

School crossing patrols

Across Plymouth we have 18 crossing sites for our primary schools, of these sites 17 currently have active school crossing patrollers. These crossing point are vital to help keep our young children safe while crossing a major road.

The law gives the assigned crossing patroller, when wearing the approved PPE and stop sign, the power to stop traffic. However it is the parent's responsibility to ensure their children's safety while crossing

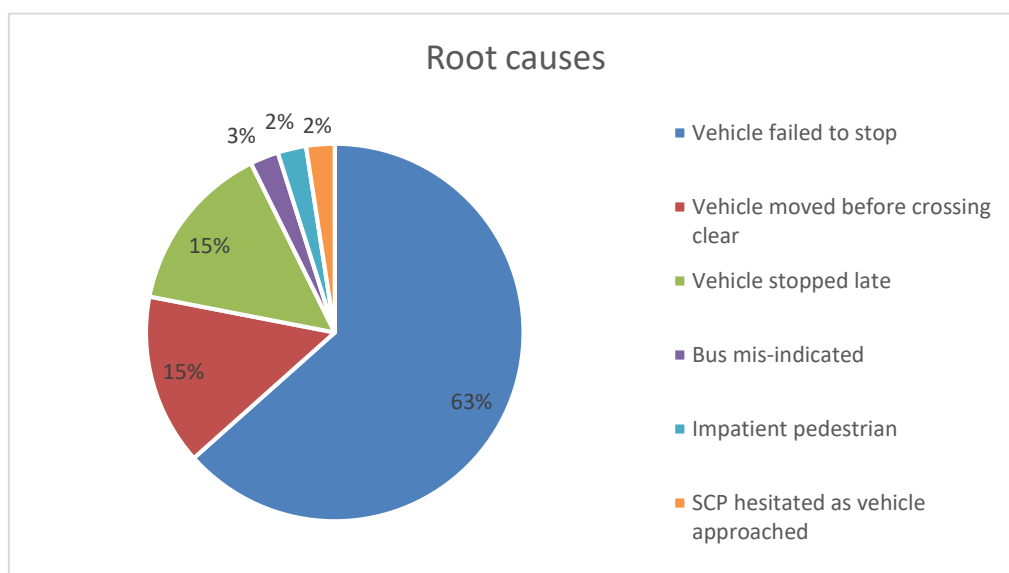
It is a finable offence for all road users who fail to stop when ordered by the crossing patroller. All incidents must be reported and if possible the registration of the vehicle recorded for reporting to the police

Crossing patrollers should use their sign from the pavement to tell drivers that they must stop. In busy traffic they must not step into the road until they are sure that approaching vehicles have stopped. Where there are suitable gaps in the traffic flow the patroller may step into the road if it is safe, with the sign upright and clearly displayed and should try to make eye contact with approaching drivers.

INCIDENT REPORTS

A review of all incidents from January 2021 has been conducted. The only incident type that has been reported is near misses involving vehicles

The main root cause of these incidents are drivers failing to stop when the crossing patroller is on the road. This is of major concern as some of these are narrowly missing the crossing patroller. The other two main causes are vehicles stopping too close to the patroller and vehicles moving before the crossing patroller had returned to the pavement.



- 61% of near misses are in the afternoon
- 80% of near misses happen in dry weather
- 14% of the incidents have been reported to the police
- 75% of near misses are by cars

Near miss reporting

In the past 12 working months 12 schools have reported near miss incidents involving moving vehicles. A total of 41 near miss incidents from our school crossing patrollers have been received. We are very fortunate that all these incidents have resulted in no injuries to the school crossing patrollers or the pedestrians.

Table below shows all the schools that have reported incidents since January 2020. Two School's no longer require an SCP since this report was done: Plympton St Mary's and Thornbury Primary School where a Zebra Crossing was installed in November 2021

School	
Beechwood Primary Academy	1
Compton C of E Primary	1
Ernesettle community primary	4
Goosewell primary	14
Manadon Vale primary School	1
Plympton St. Marys school *	2
Salisbury road primary	3
Shakespeare road primary *	6
Thornbury primary	3
Weston Mill Primary	1
Whitleigh Community primary	4
Widy Court Primary	1
Total	41

Table 1

* These schools don't currently have a crossing patroller.

The crossing patroller for Goosewell Primary school is very good at reporting incidents, with a majority of reports coming from this site. Further work needs to be undertaken to understand if this is a high risk site due to location or if there is under reporting at our other sites.

A meeting has taken place with the School crossing patrol coordinator, who informed that the previous crossing patroller potentially wasn't reporting any near misses. This added with that not all the sites have reported near misses and most having only reported one or two incidents it is likely that near misses are not being reported.

This is also the possibility that verbal violence incidents are not being reported to the Health and Safety Team.

There are three accident/incident types

Unsafe/undesirable conditions - a set of conditions or circumstances that have the potential to cause injury or ill health.

Near Miss - an unplanned event/ circumstance that did not result in injury, illness or damage -but had the potential to do so.

Accident - any unplanned event that resulted in injury or ill health of people, or damage or loss to property, plant, materials or the environment or a loss of business opportunity.

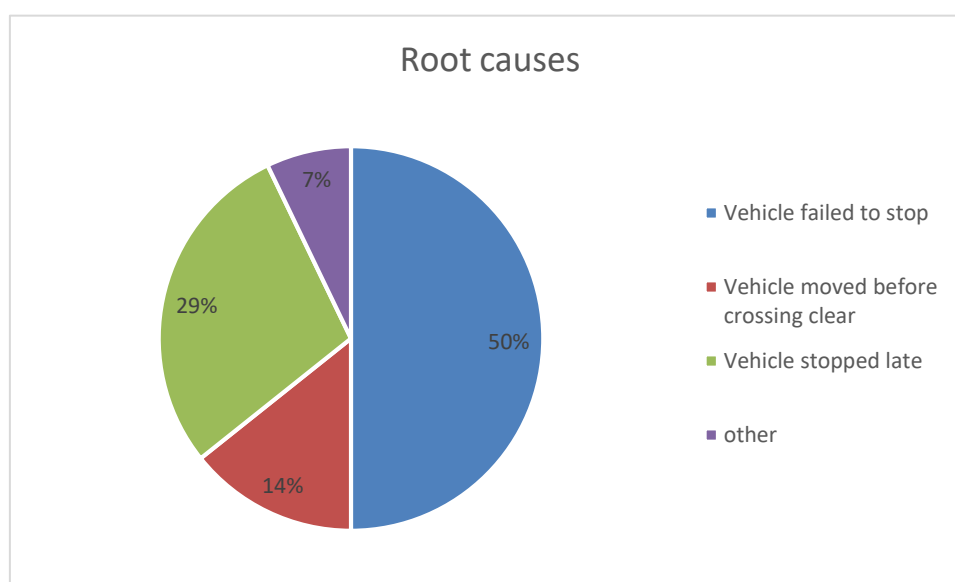
It is vital to report near misses to be able to reduce the likely hood of accidents occurring.

Goosewell primary school

The crossing patroller for Goosewell Primary school is very good at reporting incidents, with a majority of reports coming from this site.

The location of this crossing is on Furzehatt road, between Goosewell Road and Holland Road. The crossing patroller is located on the westbound side of road for visibility purposes. Given the nature of the incidents the crossing patroller has been advised to hold the sign on the left instead of the right

There are two signs on Furzehatt Road with one having amber flashing lights on the east bound side. There is no signage on Goosewell Road warning road users of the crossing site on the right.



As shown in the pie chart, 50% of the incidents at this site are from vehicles failing to stop while the crossing patroller is on the road.

A zebra crossing was installed in September/October 2021 further away from the junction with Holland Road. The crossing patroller will continue to provide a service using the zebra crossing for the foreseeable future encouraging pupils to use the new crossing site, the normal crossing procedure should be adhered to. The school crossing patrol coordinator has been on site on several occasions directing and encouraging children and parents to use the new zebra crossing.

Shakespeare Road Primary School

Shakespeare Road Primary School is the second highest reporting site with the crossing located on Honicknowle Lane in front of the school. There are warning signs on the road with amber flashing lights in both directions. The speed limit for the section of the road in front of the school to the mini roundabout and nearby roads is 20mph. Part of Honicknowle Lane to the south of the mini roundabout is 30mph. There isn't a 20mph sign on the entrance to road from the major roundabout. There is a vehicle entrance to the school next to the crossing point. A new patroller started in late September 2021.

Of the incidents reported most are vehicles failing to stop. As the road is wider vehicles drive around the crossing patroller. There are also vehicles that drive around other vehicles that have stopped. Some of these are parents to the children attending the school whose attention is distracted by the child.

Road safety are conducting a review of the crossing site and the entrance to the school to see if the pedestrian entrance can be moved away from the vehicle entrance.

TRAINING, INSPECTIONS AND MONITORING

The induction period for a new crossing patroller takes place over three days on site. The onsite training includes operating the crossing safely, the procedures on the crossing site, reporting or faulty/damaged equipment, reporting of incidents/accidents and near misses. After the first three days, another visit is scheduled for later in the week and then regular inspections are taken place. See annex A for the induction time table.

The inspections are not booked and done randomly so that the crossing coordinator can accurately record each session. The results are feedback to the crossing patroller.

In order for a crossing to be designated a site is reviewed for how many cars pass the site and how many pedestrians cross the road. This is periodically reviewed as part of inspections to the sites

Introduction to health, safety and wellbeing at the council at the council is currently not being delivered to the school crossing patrollers, there was a small project to get this training out to the crossing patrollers however the pandemic stalled that.

Safe guarding training has been provided to majority of the crossing patrollers

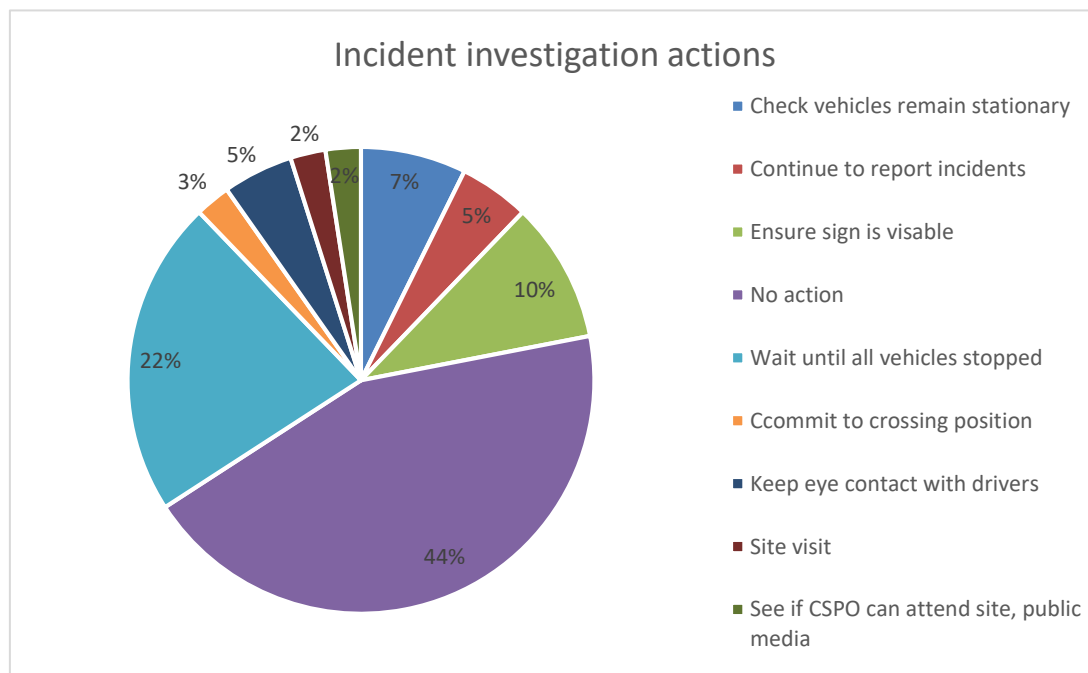
Refresher training has not been provided to the crossing patrollers in at least six years, this is due to budgets as the patroller only work five hours a week and the whole time is spent on site.

With an increase in violence and aggression incidents from other departments I have mentioned about offering Conflict Resolution training.

ACTIONS

Incident investigation actions

The main action given is no action, however since the beginning of 2021 actions have been assigned to crossing patrollers. Putting aside no actions the most common action is for the crossing patroller to wait until all vehicles have stopped.



A letter is being sent to the crossing patrollers reminding them about remaining on the path until traffic has stopped, ensuring the sign is visible to all road users, keeping eye contact, the importance of near miss reporting and reporting of other incidents

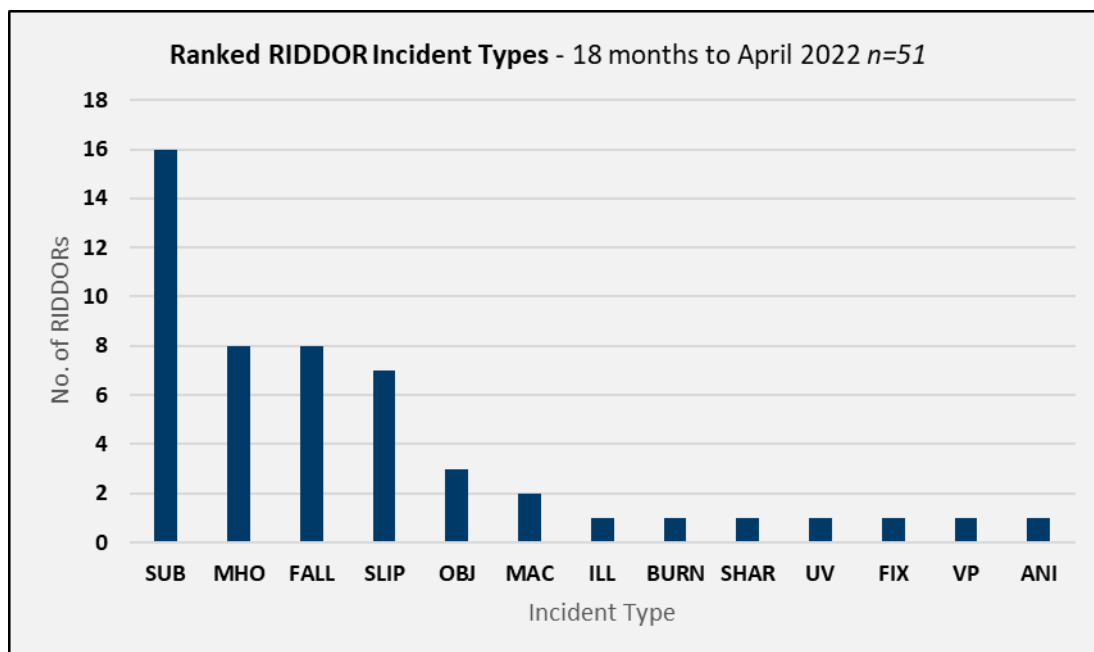
Suggested control measures

Taking the hierarchy of controls in to consideration these are the suggested control measure to help reduce the risk of a staff member or pedestrian being stuck by a vehicle.

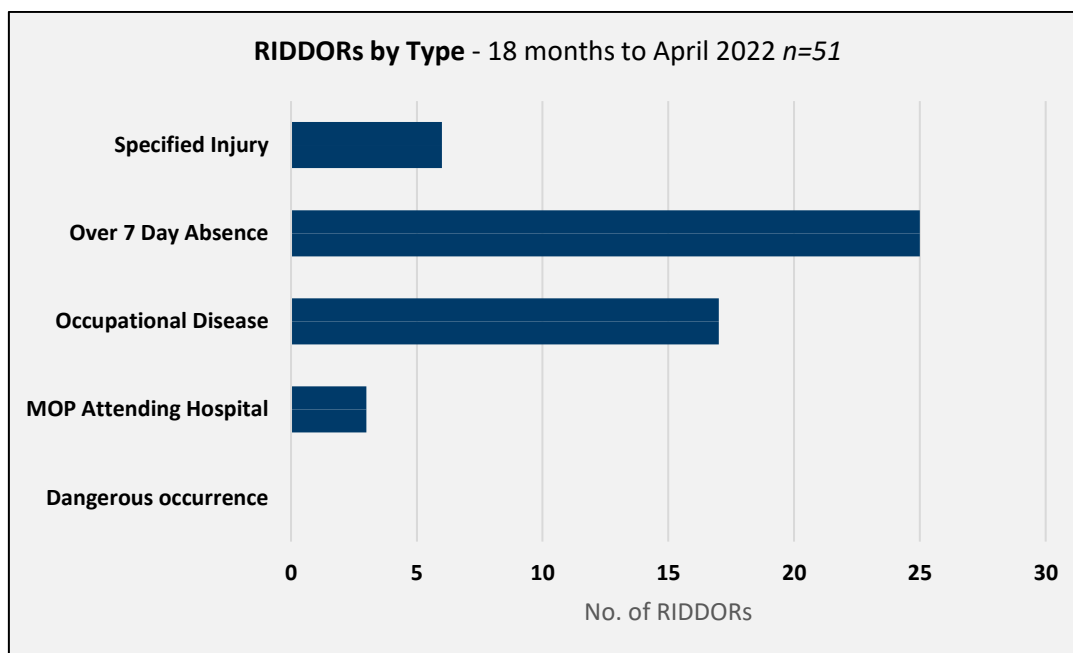
- Additional signage for Goosewell road to inform road users of crossing site (school children crossing)
- Signage for entrance to Honicknowle Lane reminding of 20mph speed limit.
A speed camera may deter speeding on that road
- Body cameras for the patrollers – these can be a deterrent to misbehaviour and can record incidents to report to police.
- Near miss/ incident reporting cards reporting cards – to note down some details to make near miss reporting easier
- Tool box talk / refresher training highlighting the importance of reporting, remaining on the path until all vehicles stop and the signs can be easily seen by road users.
- Sort out introduction for Health, safety and wellbeing at the council
- Refresher training plan – have a look at how we can ensure our staff have in date training
- Encourage reporting of violence and aggression, conflict resolution training.
- Social media reminder for when schools return
- Working with schools to send media/leaflets to parents.

REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES

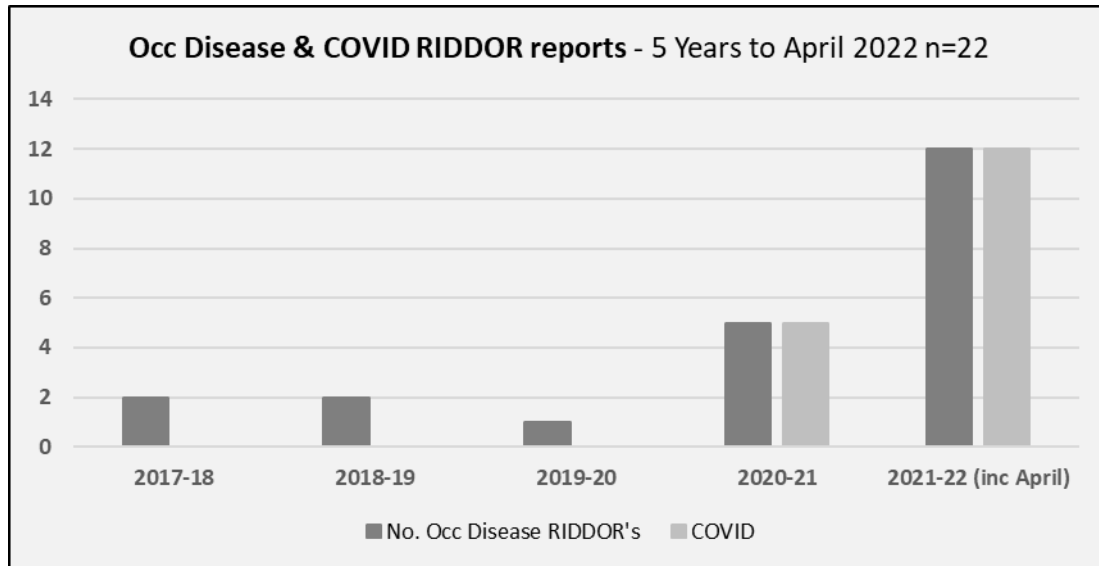
The law sets out a number of different types of incidents that must be reported to the HSE, which the HSE may decide to investigate further. In the 18 months to 31 March 2022 there were 51 such incidents, which is a 57% increase from the previous 18 months reported (to March 2021=29).



Key to Chart Data (incident Codes)	
Injured by an animal or insects	ANI
Drowned, asphyxiated, or choked	ASPH
Injury from hot or cold contact (e.g. scald)	BURN
Dangerous Occurrence (RIDDOR definition)	DO
Display Screen Equipment	DSE
Contact with Electricity or Electrical discharge	ELEC
Exposed to fire	FIRE
Hit something fixed or stationary	FIX
Injured while handling, lifting or carrying	MHO
Near Miss	NM
Other kind of accident or incident	OTH
Hit by moving vehicle or other transport incident	RTA
Self-harm	SELF
Needlestick or sharps injury (Cut by sharp object)	SHAR
Slipped, tripped or fell on same level	SLIP
Exposed to or in contact with a harmful substance	SUB
Unintentional Violence	UV
Violent Person	VP
Verbally Assaulted or Threatened	VV



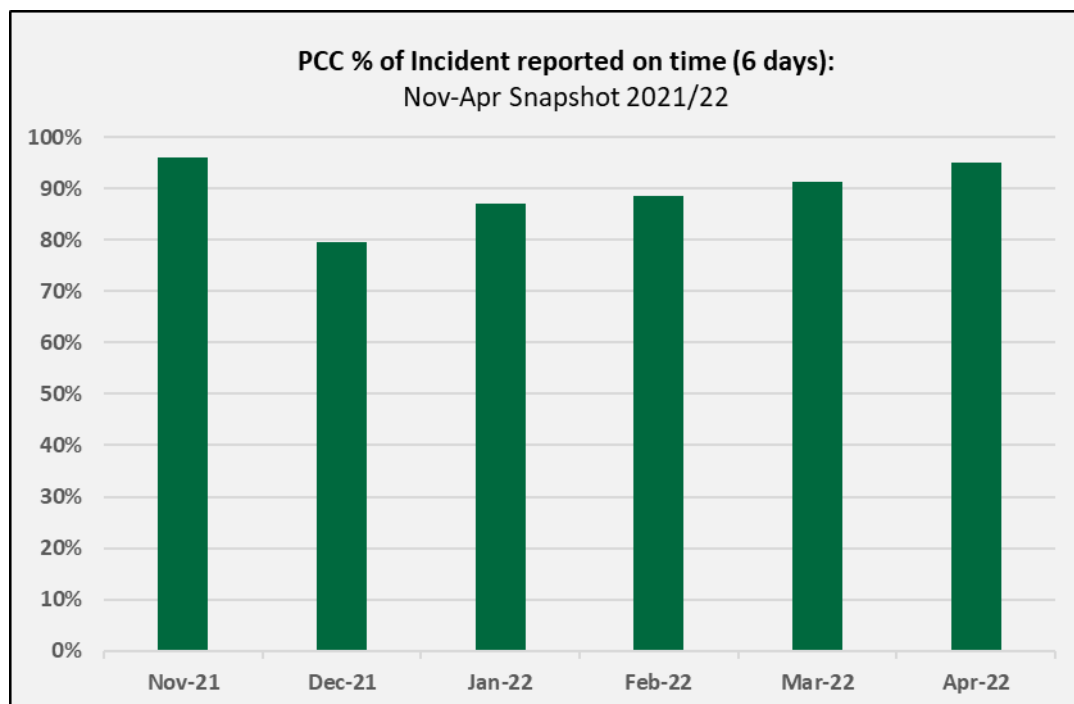
There were no dangerous occurrences in the last 18 months to report, and the increase in the number of occupational disease reports is due to the requirements to report work transmitted COVID.

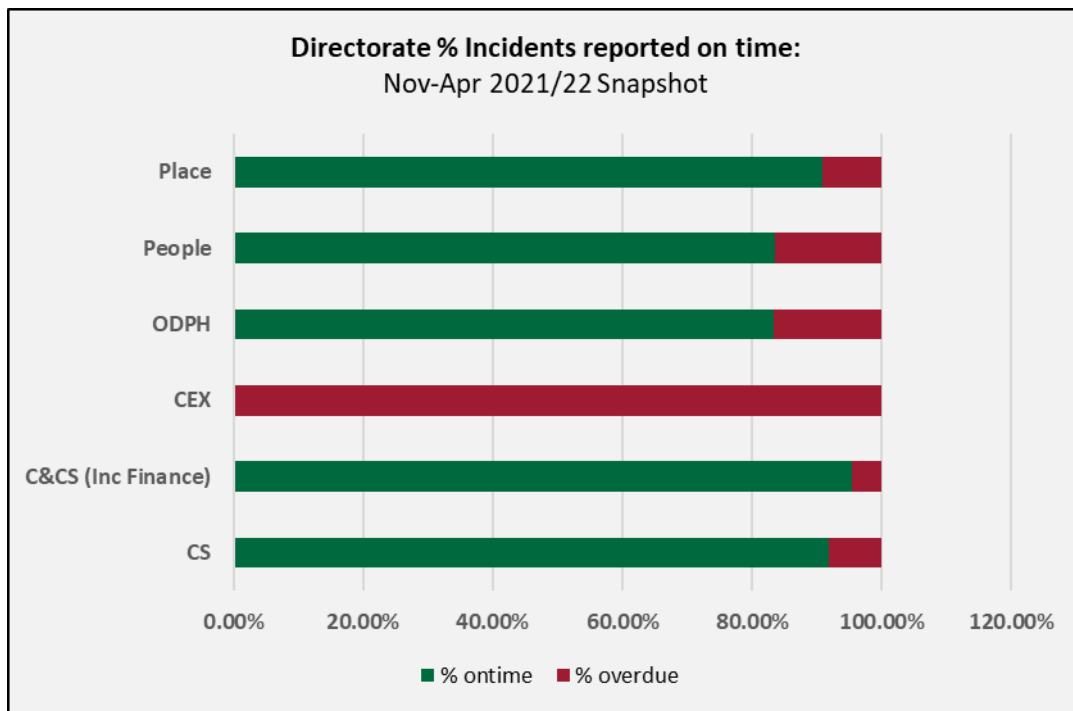


The significant increase in "Occupational Disease" RIDDORS reported in 2020/21 and then 2021-22 can be seen: these are wholly COVID incidents from 2020 onwards, whereas prior to that they were for other Occupational Diseases such as HAVS. There have been no HAVs related RIDDORS reported during 2021-22.

SIX DAY REPORTING STANDARD

The Key Performance Indicator for the reporting of incidents was reduced to six days 1 July 2021. The standard should be achieved 100% of the time to provide assurance that any immediate risks identified by the incident have been mitigated to prevent recurrence. The table below provides a snapshot of compliance between November 2021 and April 2022.





As of 1 July 2022 the reporting standard will be reduced to four days. A further standard will be implemented on 1 August for the closure of incidents. This includes:

- Level 1 investigations (low): 1 week
- Level 2 investigations (medium): 1 month
- Level 3 and 4 investigations (high): 2 months

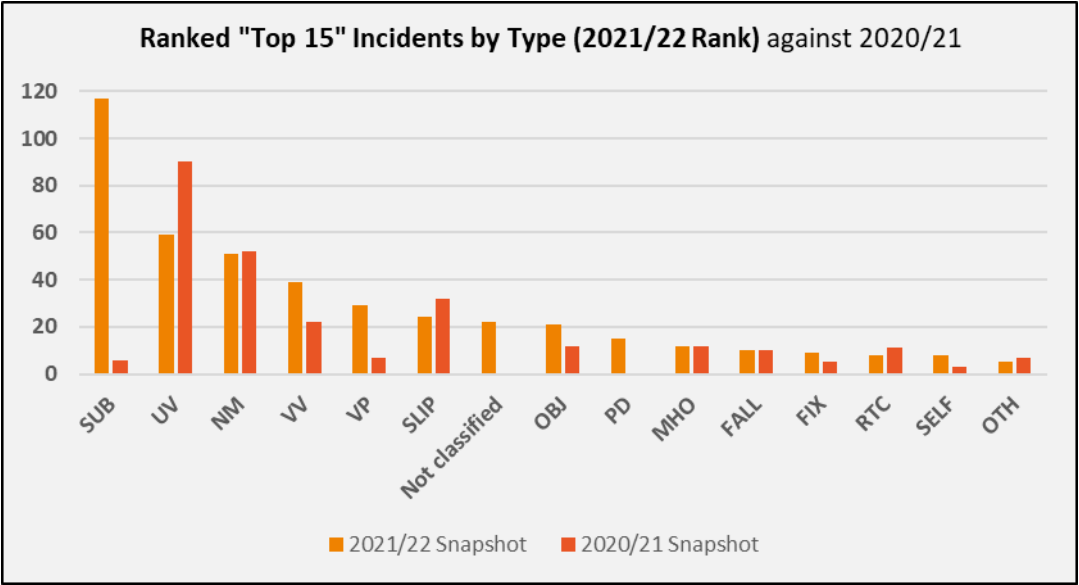
An Investigation closure panel will be chaired by the Head of HSW Assurance, to review the investigation learning and impact for level 3 and 4 investigations, and a selected number of RIDDORS.

An analysis of 15 high risk incidents reported during 2021-22 is currently being undertaken in order to identify any themes in the root causes and learning that may be transferable across the organisation to be shared.

Incident type

The graph below shows the highest incident type between 1 November and 31 April was 'sub' – this captures our COVID incidents, of which 17 were RIDDOR reportable.

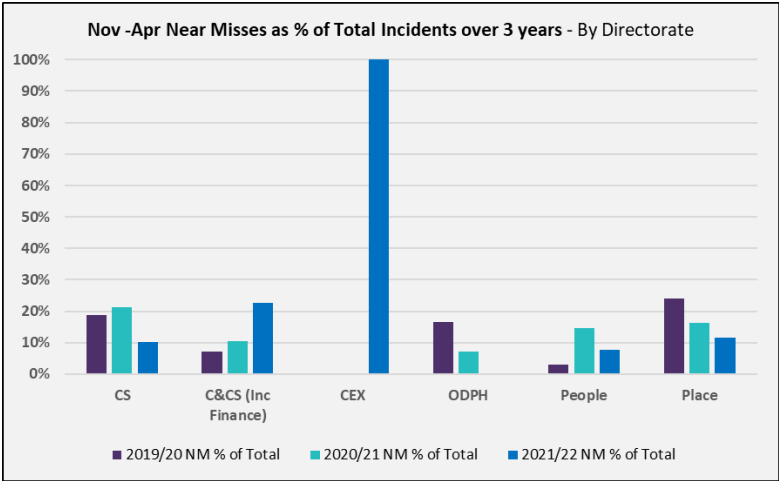
There was a reduction in unintentional violence reports compared with the same period last year, around the same number of near miss reports, but an increase in verbal violence and violent persons. This supports the targeted work on personal safety commissioned by the HSW Steering Group and focus on zero tolerance in the HSW Business Plan as noted previously.



Near Miss

The Council set a target of 20% near miss reporting for 2021-22, towards the aspiration of 50% which would demonstrate a healthy health and safety culture. The following table demonstrates a comparison over the last three years since the target was set, using the same snapshot of 1 Nov to 30 April.

The data shows that overall there was a 3.5% increase in near miss reporting from 2020 to 2021, but a 6% decrease in near miss reporting between 2021 and 2022 during the same period. Customer and Corporate Services is the only Directorate that has achieved the 20% target, with Place and Directorate of Children’s Services having achieved this in previous years and seen a reduction in 2021-22. The CEX Office is a small, primarily office based function (with the exception of elections and legal), 100% achievement represents one incident report.



CLAIMS

The following table relates to claims from employees who have suffered injury or ill health which has been attributed to a breach in the duty of care owed by The Council. Due to the length of time involved in settling a claim, and the fact that in certain circumstances a claim made in the current year

may relate to an accident occurring up to 3 years previously, or a disease claim commencing up to 40 years previously, cumulative totals have been omitted.

	2017/18	2018/19	2019/20	2020/21	2021/22
Total claims in year	13	17	23	11	13
Outcomes	4 settled (all repudiated)	2 settled (all repudiated)	4 settled (2 substantiated, 2 repudiated)	5 settled (1 substantiated, 4 repudiated)	Non settled (1 substantiated, 5 under investigation, 6 repudiated)

In 2021/22 Total number of Employers' Liability claims received: 13. Of the 11; 8 claims relate to accidents at work and 5 are disease claims. Of these 3 relate to historic asbestos exposure, 1 to hand arm vibration and 1 to the inadequate provision of PPE.

TRADE UNION ENDORSEMENTS

Plymouth City Council has a Facilities Agreement with the following Trade Unions:

- GMB Lead Rep and Health and Safety Representative Trish Small
- UNISON Lead Rep and Health and Safety Representative Kevin Treweeks
- UNITE Lead Rep Sharon Battershill

Collective endorsement:

As far as we are aware, this is an accurate reflection of what has been achieved in HSW Improvements in The Council in 2021/22.

What has gone well:

- The council took a very cautious attitude towards covid
- The work on manual handling of wheelie bins that had been started with Streets

What we would like to have seen more progress on:

- Stress relating to workloads particularly in social services education welfare
- More work on the customer alert system
- Adoption of Long Covid Protocol

Suggested improvements for 2022-23

- As per health and safety business plan for 2022-23

GMB Trish Small

UNITE Sharon Battershill

UNISON Kevin Treweeks

This is the end of the 2021-22 HSW Annual Report. The next section (Appendix A) relates to the HSW Improvement Plan for 2022/23.

The improvement plan contains actions that need to be taken corporately and at local level, with clear HSW leadership from HROD and DMT's, and the HSW Steering group providing the bridge of clear communications between the two to ensure delivery and monitor success.

APPENDIX A: HSW IMPROVEMENT PLAN 2022/23

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2022-23					
Objective	Key actions	Measurement	Owner (s)	Target Date	R A G
PLAN					
1. All employees are clear about their individual role and responsibility for HSW	1.1 Develop a programme of communications to ensure people are aware of the performance standards relevant to their work activities and the risks inherent in not following them 1.2 HSW objectives are clearly identified in people's appraisals commensurate with individual roles and responsibilities 1.3 Review of HSW mandatory and essential training programmes	1.1 A rolling programme of updates is in place bespoke to service area needs 1.2 HSW reporting through the Steering Group and JCCs demonstrates continuous improvement as identified through local Improvement Plans 1.3 Mandatory training requirements are clear and consolidated where possible 1.4 Essential training is commissioned externally to focus HSW professional work on assurance	1.1 HROD 1.2 DMTs 1.3 HROD 1.4 HROD	31/03/2023	
2. TU Engagement in HSW	2.1 Strengthen the role of Safety Representatives in HSW Improvements through improved engagement at local level	2.1 Demonstrable golden thread of engagement and management of HSW risk through JCC engagement framework	2.1 DMTs	31/03/2023	
3. Wellbeing	3.1 Every department to be signed up to a corporate Wellbeing Charter (People Strategy) 3.2 Focus on men's health and specifically manual workers	3.1 Wellbeing activities clearly demonstrated through HSW Steering Group and JCC reports 3.2 Work with external agencies to deliver wellbeing initiatives	3.1 DMTs 3.2 HROD 3.3 HROD	31/11/2023	

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2022-23					
Objective	Key actions	Measurement	Owner (s)	Target Date	R A G
	3.3 Submit evidence towards Gold wellbeing at work award 3.4 Increase number of Wellbeing Champions to 60	3.3 Achieve Gold Wellbeing at Work Award 3.4 60 Wellbeing Champions trained and active			
Do					
4. Compliance with mandatory and essential HSW training	4.1 All Service Areas have appropriate numbers of staff trained and competent to undertake risk assessments including: <ul style="list-style-type: none"> ▪ Lone working ▪ Manual Handling ▪ Wellbeing and Resilience ▪ DSE 	4.1 Training matrix identify people responsible for RA elements 4.2 HSW Toolkit demonstrates training has been achieved 4.3 Audit demonstrating risk assessments are suitable and sufficient and relevant to the hazards involved in work activities	4. DMTs	31/03/2023	
5. Strengthen and maintain a contemporary HSW risk profile across all functions	5.1 Embed the Council's digital HSW Management System (Evotix) including modules for hazard spotting, incident reporting, audit, and risk assessment 5.2 Instigate HSW Steering Group for Maintained and Controlled Schools	5.1 HSW Management Information available in real time on people's desktops 5.2 TOR, membership and quarterly meetings in place and operations	5.1 HROD 5.2 HROD / EPS	31/03/2023 31/03/2023	
6. Implement a zero tolerance campaign in relation to violence and aggression against employees	6.1 Review training provided to employees at risk 6.2 Implement a Council wide process to prevent risk of exposure to Potentially Violent Persons 6.3 Run a City Wide public campaign to raise awareness	7.1 Suitable and sufficient training in place to address all types of violence and aggression and mitigate risks to employees; positive evaluation from TU's and employees	7.1 HROD 7.2 HROD	31/03/2023 30/03/2023	

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2022-23					
Objective	Key actions	Measurement	Owner (s)	Target Date	R A G
	6.4 Review lone working risk assessments, safe systems of work and toolbox talks	7.2 Process in place to record, retain, share and review information across relevant services about PVP 7.3 Evaluation of public campaign 7.4 Contemporary lone working RA in place, and employees understand their SSOW	7.3 HROD 7.4 DMTs	31/12/2022 30/09/2022	
7. Improve HSW arrangements for building and asset compliance	7.1 Implement the new arrangements for Executive PICS and Persons in Control of Buildings 7.2 Deliver the asbestos management plan business case for the current year	8.1 New arrangements for PICs and Exec PICs in place and positively evaluated 8.2 New asbestos surveys and asbestos management plans and monitoring in place as per plan	8.1 HROD 8.1 HROD	31/09/2022	
CHECK					
8. Audit	9.1 Deliver a systemic audit programme to provide assurance of the effectiveness of the HSW Management System and performance standards	9.1 Quarterly assurance reports to HSW Steering Group and JCCs	HROD	Rolling	
10 Incident reporting and learning	10.1 KPI's initiated in relation to the time from incident to the outcome of the investigation 10.2 Provide quarterly reports to HSW Steering Group on key themes and actions arising from incident data 10.3 Implementation of an incident review panel for RIDDOR and level 3 and 4	10.1 KPI's achieved 10.2 Quarterly assurance reports to HSW Steering Group 10.2 HSW Steering Group reports presented as per plan	10.1 DMTs 10.2 DMTs 10.2 HROD 10.3 HROD	31/07/2022	

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2022-23					
Objective	Key actions	Measurement	Owner (s)	Target Date	R A G
	investigations to ensure investigations complete in identifying immediate, underlying and root causes with actions suitable and sufficient to prevent recurrence	10.3 All investigations meeting criteria are closed by the panel within 90 days			
ACT					
11. Deliver sustainable health, safety and wellbeing improvements	11.1 All Departments / Service Areas to have an HSW action plan for 22-23 based on service priorities and learning from 2021-22 11.2 Undertake an annual review and produce an annual report capturing the impact of actions and priorities for the coming year	11.1 Contemporary action plan available and progressive delivery monitored via JCCs and HSW Steering Group 11.2 Comprehensive annual report fed back to the workforce	11.1 DMTs 11.2 HROD	30/03/2023	

Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Counter Fraud Services Annual Report 2021-22
Lead Member	Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)
Lead Strategic Director	Brendan Arnold (Service Director for Finance)
Author:	Ken Johnson Counter Fraud Services Manager
Contact Email:	Ken.johnson@plymouth.gov.uk
Your Reference:	AS/CFST
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

This report summarises the work carried out during 2021/22 by the Counter Fraud Services Team at Devon Audit Partnership in order to counter fraudulent threats to the Council's budget and reputation.

Recommendations and Reasons

The Audit and Governance Committee is recommended to note the Annual Report.

Alternative options considered and rejected

Effective counter fraud processes are an essential element of internal control and as such are an important element of good corporate governance. For this reason alternative options are not applicable.

Relevance to the Corporate Plan and/or the Plymouth Plan

Maintaining sound systems of internal control and protecting the public purse ensures that those who legitimately need the support and services of the Council get them and this therefore supports the achievement of corporate and service objectives.

Implications for the Medium Term Financial Plan and Resource Implications:

None arising specifically from this report.

Carbon Footprint (Environmental) Implications:

None arising specifically from this report

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

The Counter Fraud Services Team specifically support the council's overall governance arrangements.

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
		1	2	3	4	5	6	7
A	Counter Fraud Services Annual Report							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
	1	2	3	4	5	6	7

Sign off:

Fin	pl.22.23 .57.	Leg	38885/ag/ 6.7.22	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Brendan Arnold (Service Director for Finance)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 28/06/2022											
Cabinet Member approval: Councillor Shayer Deputy Leader of Plymouth and											
Cabinet Member of Finance and Economic Development											
Date approved: 11/07/2022											

Plymouth City Council

Devon Audit Partnership

Counter Fraud Annual Report & Update

Audit and Governance Committee July 2022

**CUSTOMER
SERVICE
EXCELLENCE**



Support, Assurance and Innovation

1. Executive Summary

1.1 The following is the [Devon Audit Partnership](#) (DAP) [Counter Fraud Services Team](#) Annual Report and Update for the financial year 2021/22. It outlines the counter fraud work undertaken in support of Plymouth City Council and its continued efforts to ensure that appropriate Governance processes are in place. This includes acknowledging the threats posed by fraud, prevent and pursue those who would look to commit fraud and provide assurance that the Council and the public are being protected from fraud.

1.2 In the past twelve months the Counter Fraud Services Team have –

- Received and processed 240 allegations of fraud and related offences against the Council and its citizens.
- Helped the Council generate calculated savings of £1.4m in all areas of Council business.
- Undertaken Blue Badge enforcement exercises with the Council's Parking Team in order to continue to highlight and discourage this high-profile area of offending.
- Supported the Council's commitment to the National Fraud Initiative, by checking matches and supporting the relevant departments accordingly.
- Checked COVID 19 Grant entitlement and providing recommendations where appropriate.
- Undertaken data analysis exercises to identify potential fraud and error.

1.3 We consider that this is another positive annual report which shows the genuine commitment from the Council to minimise the impact and losses of fraud.

2. Introduction

2.1 The Counter Fraud Services Team within Devon Audit Partnership (DAP) continues to support and facilitate the development of the Council's Counter Fraud processes and capability, which improves its resilience to fraud and related offences.

2.2 The ongoing work will assist all Council staff, management, and Members in identifying fraud and the risks associated with it. The aim is to ultimately provide the highest level of assurance possible utilising a joined-up service in association with our colleagues involved in Internal Audit, and the Council itself to minimise fraud loss to the lowest level possible.

2.3 Reporting Counter Fraud activity is part of good Governance, and regular updates on the Council's Counter Fraud activity improves accountability; this report aims to meet this requirement and the requirements for such reports in accordance with the Anti-Fraud, Bribery and Corruption Policy and the accompanying Strategy and Response Plan.

2.4 It is always worth reiterating that fraud is by definition a crime and should not be tolerated. Any fraud against Plymouth City Council is a fraud against the public purse. We will continue to acknowledge the threat from fraud, build processes and policies that will prevent fraud and pursue those who would commit fraud to ensure that the public retain confidence in the Council. Collaboration across the public sector will continue and strengthen under the current working arrangements through DAP and its partners.

3 Embedding the new Policy, Strategy and Response Plan.

3.1 The relatively new [Anti-Fraud Bribery and Corruption Policy](#) and the accompanying [Anti-Fraud Bribery and Corruption Strategy and Response Plan](#) are available to view and represent the Council's commitment to fighting fraud and corruption and ensuring that it continues to build resilience in protecting the public purse.

3.2 These documents give clear guidance and ensure that all staff, Members and the public can report fraud and irregularity suspicions directly to counter fraud specialists retained within the assurance services provided by the Partnership. The team have direct contacts with the Police and other law and enforcement agencies, which in turn ensures that all allegations are taken seriously and dealt with appropriately.

4 Fraud Trend Analysis

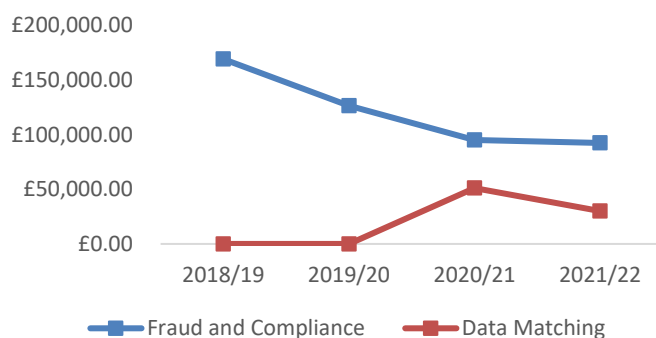
Flash Report for: CMT

Corporate Performance Indicators: Fraud Services

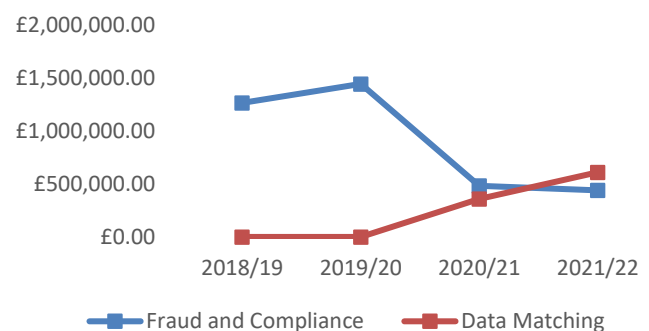
Performance Indicators

KPI	2018/19	2019/20	2020/21	2021/22	Direction
Fraud Investigation and Compliance					
Cashable savings identified	£169,312.67	£126,655.17	£95,289.73	£92,494.36	▼
Non Cashable savings identified	£1,267,425.62	£1,446,000.85	£482,296.53	£439,946.70	▼
Data Matching					
Cashable savings identified	-	-	£51,146.66	£30,227.93	▼
Non Cashable savings identified	-	-	£359,315.00	£610,598.06	▲

Cashable Savings



Non Cashable Savings



Flash Report for: CMT

Corporate Performance Indicators: Fraud Services

Performance Insights

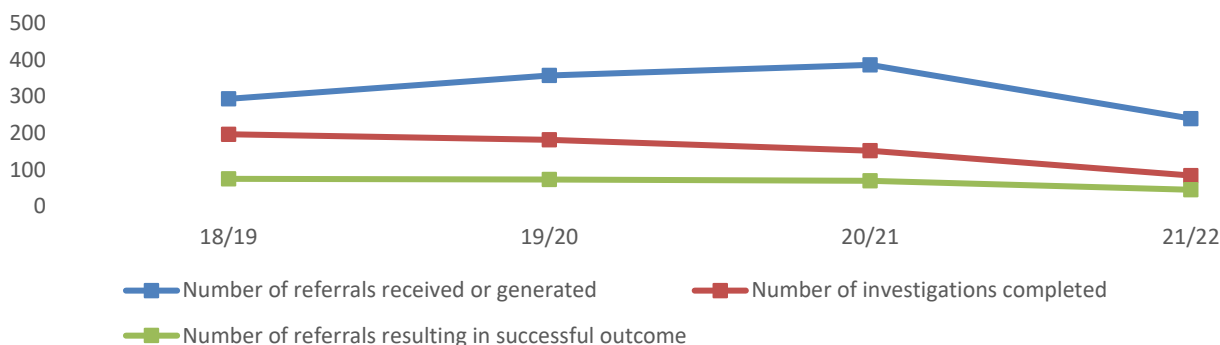
The graphs above show a gradual reduction in cashable and non-cashable savings uncovered by investigations within the Devon Audit Partnership (DAP) Counter Fraud Services Team (CFST). The trend is as a direct result of investigations being negatively impacted due to an inability to visit potential suspects at their home addresses (due to COVID) to obtain formal statements and / or call potential suspects in for an Interview Under Caution as would normally be the case. In an attempt to counteract this trend, the DAP CFST started undertaking a data analysis exercise in mid-2020 using data already supplied to the Cabinet Offices National Fraud Initiative, this resulted in an otherwise unobtainable improvement in both cashable and non-cashable savings and continues to do so.

Further savings will be realised by the after the end of the financial year 21/22 as final results of current investigations completed in year can be delayed due to workloads across the Council.

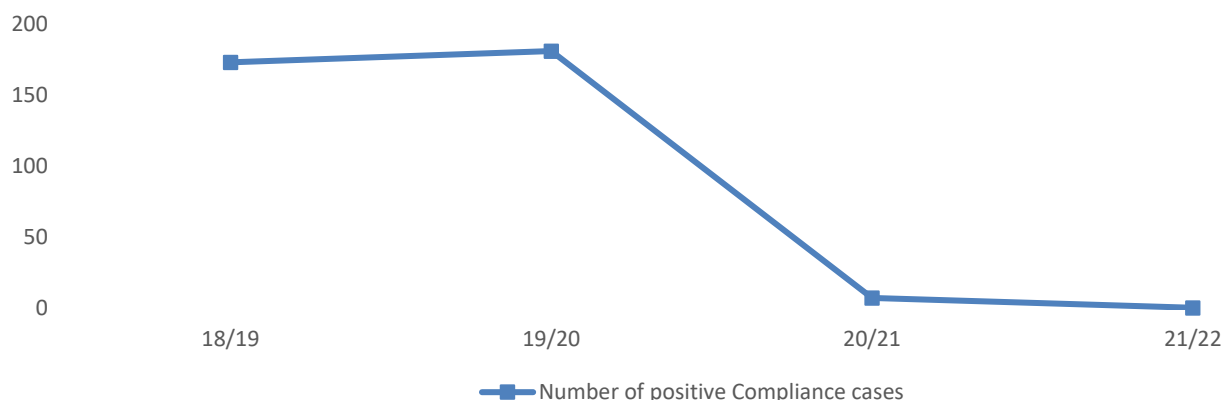
Performance Indicators

KPI	2018/19	2019/20	2020/21	2021/22	Direction
Number of referrals received or generated	294	358	387	240	▼
Number of investigations completed	197	182	152	84	▼
Number of referrals resulting in successful outcomes	75	73	70	45	▼
Number of positive Compliance cases	173	181	7	0	▼

Fraud Referrals and Investigations



Compliance



Performance Insights

Referral sources such as Local Housing providers, the Department for Work and Pensions have been redirected to supporting roles rather than formalised compliance check roles that would normally be the case.

Referrals from the public have also reduced, expected to be attributed to a more insular view of the local community and concerns over larger issues such as COVID and the health of loved ones. The second graph clearly shows that all 'compliance' visits to potential suspects homes stopped during the pandemic due to C19 restrictions and concerns over staff and potential suspect's health and safety. This is under review and expected to restart in the new financial year.

The CFST Manager is also in the process of acquiring fraud awareness campaign tools for the partnership in order to further raise awareness with the public, Members and staff across the region.

Referral trends for closed cases

KPI – Referral by Type of Allegation	2018/19	2019/20	2020/21	2021/22	Direction
Blue Badge	31	17	2	7	▲
Bus	9	19	11	9	▼
Council Tax and Council Tax Support	95	62	68	41	▼
Insurance	0	2	1	0	▼
Internal	0	8	4	1	▼
Permits	0	12	8	7	▼
Social Care	5	2	2	1	▼
Tenancy Fraud	57	60	49	36	▼
Other	0	0	0	19	▲

5 Integration of Counter Fraud, Risk Management, and Internal Audit.

Summary

It is clear from national statistics that the overall reporting of fraudulent activity has risen by 35% between July 2020 and June 2021 (*Office for National Statistics ONS*) during the Pandemic, however this has not translated into increased allegations of fraud against Local Authorities. Council fraud teams across the country have reported that referrals have dropped, whether this is connected with increased fraud in other areas remains unproven. The drop in referrals locally is to do with issues linked with COVID restrictions, mentioned above. To negate the reduction in referred fraud, the CFST at DAP have utilised internal data analytics (cross matching PCC Council Data) to prevent and detect fraud and error in the Councils own records. This will continue and along with the removal of restrictions, the risk management-based approach and an improved public awareness campaign it is anticipated that referrals will increase to pre COVID levels and ensure further increased savings to the public purse going forward.

We currently have 139 live fraud investigations for Plymouth in the following areas –

Blue Badge = 9	Social Housing = 39	Council Tax = 21
Council Tax Support = 30	Parking Permits = 2	Adult Social Care = 3
Insurance = 1	Concessionary Travel = 6	COVID19 Grants = 22
Internal = 1	Other = 3	

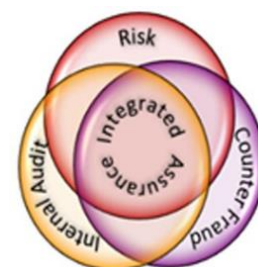
It should be noted that Plymouth as a result of the level of fraud investigations has a comparably high level of fraud resilience in comparison to many other neighbouring LA's, however the initiatives mentioned above will increase this further.

5.1 The integration between these assurance arms continues to evolve and strengthen. Regular meetings between the relevant managers and staff ensure that cross collaboration is growing and improving so that auditors are aware of fraud and risk issues (*See Appendix 2*).

5.2 Regular communication between Devon Audit Partnership and the Service Director for Finance (Section 151 Officer) ensures that direction, clarity and flexibility take place and continue to improve.

5.3 The creation of, and appointment to, a Senior Counter Fraud Officer (Assurance) role within the Partnership has assisted further integration, enabling Audit and Risk Management as well as counter fraud access to a higher level of data analysis capability.

5.4 The Partnership is also recruiting a Trainee Assurance Practitioner (Apprentice) which covers all aspects of assurance (Counter Fraud, Risk Management and Audit skills), alongside the



opportunity to obtain the [Level 4 Counter Fraud Investigator](#) qualification. This will further support the partnerships ability to provide Integrated Assurance to PCC.

6 National Fraud Initiative

6.1 The [National Fraud Initiative](#) (NFI) is an exercise run and reported on by the [Cabinet Office](#); it matches electronic data within and between public and private sector bodies to prevent and detect fraud and error.



Cabinet Office

6.2 Devon Audit Partnership acts as the point of contact between the Cabinet Office and the Council in matters relating to the National Fraud Initiative, this being a mandatory Biannual exercise in fraud prevention and detection.

6.3 The Concessionary Travel Team have completed their matches and have realised a Cabinet Office estimated savings figure of **£13k**.

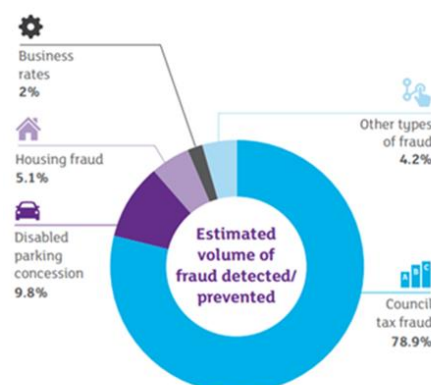
6.4 The Blue Badge have completed most of their matches and have realised a Cabinet Office estimated a savings figure of **£47k**.

6.5 In the Chartered Institute of [Public Finance and Accountancy \(CIPFA\) survey in 2019](#), the most common types of fraud faced by all Councils in England and Wales were identified as per the graphic below, it remains imperative that the Council continues to maximise counter fraud activity in these areas to ensure the minimisation of any loss to fraud.

6.6 This effectively means that the NFI has assisted the Council to identify changes in entitlement which have resulted in an (estimated) total of £60k in potential savings.

6.7 The Departments concerned have also shown that they are actively involved in making sure that wherever possible their data management is compliant with the Data Protection Act 2018 by ensuring -

- **Data minimisation** by ensuring that PCC only holds data that is required.
- **Accuracy** by ensuring that the data held is as accurate as it can reasonably be expected to be.
- **Data retention periods**, showing that data is not being held longer than is necessary for its intended use.



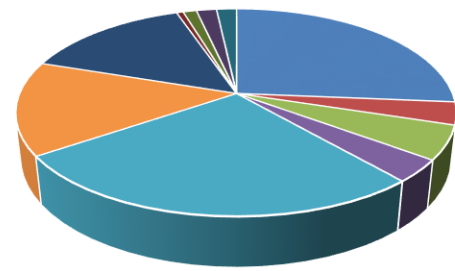
6.8 The next cycle of the NFI Exercise will start this year, with data being sent to the Cabinet Office by December 2022 and the identified matches being returned in Jan / Feb 2023. Devon Audit Partnership will support and encourage completion of the NFI returns and results will be reported to the Audit and Governance Committee in the regular Counter Fraud Updates in future.

(A full report of statistics comparing the results of the last exercise with the previous national exercise is available in Appendix 1.)

7 Investigations and other ongoing work

7.1 In the past twelve months the Counter Fraud Services (CFS) Team have received 240 referrals covering the following areas of Council Business.

- Tenancy Fraud (involving our partner Registered Social Landlords)
- Blue Badge Fraud
- Parking Permits
- Concessionary Travel
- Council Tax Support / Single Person Discount
- Business Rates
- Insurance
- Internal



- Tenancy Fraud
- Blue Badge
- Parking
- Concessionary Travel
- CTS
- Council Tax
- Business Rates
- Insurance
- Internal

7.2 The CFS team have 139 live investigations (*details of individual investigations cannot be disclosed due to the sensitive nature of the information*), and we continue to support service areas that require data analysis and monitoring.

7.3 Work will continue in all areas of Council business to ensure that all referrals are dealt with in line with the Anti-Fraud, Bribery and Corruption Policy and the accompanying Strategy and Response Plan.

7.4 We will actively drive the risk assessment for fraud within the Council, to establish where the highest-level threats are and to ensure that wherever possible the Council is able to formally;

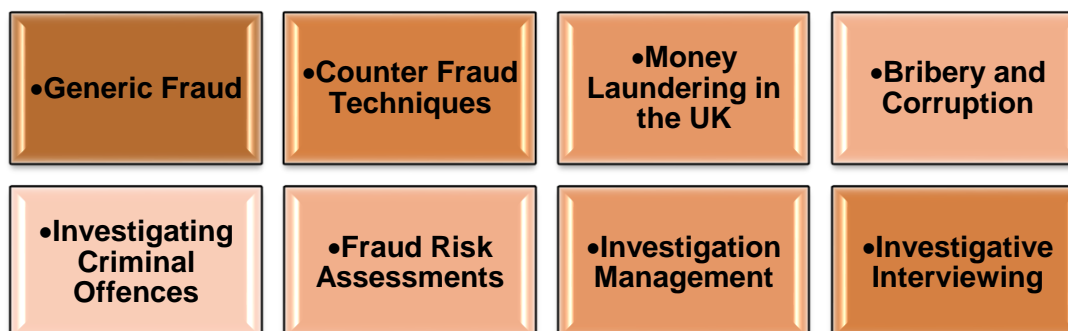
- Acknowledge the threat from fraud.
- Identify the risks.
- Develop a strategy of pro-active and responsive counter fraud work that fits with the Council's wider objectives and goals.
- Assist in assuring correct resources are applied to issues identified.
- Once the Fraud Risk Management process is embedded, information will be included in the Annual Counter Fraud Report.

7.5 The team is constantly developing and refining data matching techniques to highlight potential fraud and error within the areas detailed above. The team will be looking to expand areas of matching to areas highlighted by any risk assessment findings

7.6 The Counter Fraud Team are looking to develop a publicity campaign to increase general awareness and encourage all residents, staff and Members to report fraud and also to understand the impacts on the Council and the wider community within the next six months.

8 Raising Fraud Awareness

8.1 The Counter Fraud Services Manager has provided training / awareness sessions on the following topics to staff, management and Members; further training will be provided as and when required.



8.2 The team are seeking access to an award-winning counter fraud publicity campaign which can be used by the Council to continue to raise awareness and encourage reporting of offenders via multiple channels. The Audit Committee will be made aware of any future developments.

8.3 The team will continue to investigate all and any allegations of fraud affecting the Council and will also continue to highlight emerging fraud trends and areas of concern in order to prevent loss occurring in the first place.

9 Recordable savings

9.1 In this financial year (21/22) the CFST have identified £1.4m of savings (as calculated using national indicators) across the Council and it is anticipated that further comparable savings will be realised in the coming 12 months.

9.2 In the seven years that the Council has been recording 'Cashable and Non Cashable' savings related to fraud it has achieved £8.2m in savings across all areas of business. This is a significant sum and justifies the Council's robust approach to countering fraud and re-assures the general public that Plymouth City Council is serious about protecting the public purse and its assets.

9.3 Fraud is by its very nature a hidden offence and therefore it must be assumed that the savings made and shown here are potentially the 'tip of the iceberg' and that further savings are obtainable. The more assets that are available to address this issue, the higher the potential savings figures will be in the future.

10 Conclusion

10.1 The threat from fraud is ever present and constantly changing. We will continue to assist the Council in anticipating these threats and adapting an appropriate response to them.

10.2 Plymouth City Council's Counter Fraud resilience continues to improve, moving towards an ever-stronger assurance position. The continued effort and hard work by those within the Council to protect the public purse is to be commended. The increase in the use of data analysis and a risk management based approach to fraud threats will improve this resilience still further.

10.3 It is important that the Council's ongoing support and commitment is recognised at a time where every penny counts, and fraud losses must be viewed as unacceptable and an unnecessary drain on the public purse.



Robert Hutchins
Head of Devon Audit Partnership

Devon Audit Partnership has been formed under a joint committee arrangement comprising of Plymouth, Torbay, Devon, Mid Devon, North Devon, Torridge, South Hams and West Devon councils. We aim to be recognised as a high-quality assurance service provider in the public sector.

We work with our partners by providing a professional assurance services that will assist them in meeting their challenges, managing their risks and achieving their goals. In carrying out our work we are required to comply with the Public Sector Internal Audit Standards along with other best practice and professional standards.

The Partnership is committed to providing high quality, professional customer services to all; if you have any comments or suggestions on our service, processes or standards, the Head of Partnership would be pleased to receive them at robert.hutchins@devon.gov.uk.

Confidentiality and Disclosure Clause - This report is protectively marked in accordance with the Government Security Classifications. It is accepted that issues raised may well need to be discussed with other officers within the Council, the report itself should only be copied/circulated/disclosed to anyone outside of the organisation in line with the organisation's disclosure policies.

This report is prepared for the organisation's use. We can take no responsibility to any third party for any reliance they might place upon it.

(Fighting Fraud and Corruption Locally 2020)



Appendix 1

Comparison of NFI outcomes in England by risk area 2018 to 2020

Dataset	Example activity area	2020 £ million	2018 £ million
Pensions	Individuals obtaining the pension payments of a dead person	55.5	136.9 ²⁹
Council Tax	Individuals who did not qualify for the council tax single person discount because they were living with other countable adults	43.9	32.6
Housing benefits	Individuals claiming housing benefit who failed to declare an income or change of circumstances	35.0	24.9
Blue badges	Potential misuse of blue badge parking passes belonging to someone who has died	26.9	18.0
Housing waiting lists	Social housing waiting list applicants who were not entitled to social housing	20.1	25.5
Council tax reduction scheme	Individuals claiming Council Tax reduction who failed to declare an income or change of circumstances	6.5	2.8
Housing tenancy	Social housing tenants who were subletting or had multiple tenancies unlawfully	5.6	5.5
Private residential care homes	Payments to private care homes by a council for the care of a resident where the resident had died	5.1	4.4

Dataset	Example activity area	2020 £ million	2018 £ million
Trade creditors	Traders who intentionally or unintentionally submitted duplicate invoices for payment	5.1	4.3
Pilots	Various (excludes HMRC information sharing)	3.5	-
Concessionary travel	Potential misuse of concessionary travel passes belonging to someone who has died	3.4	5.6
Personal budgets	Individuals claiming a personal budget who failed to declare an income or change of circumstances or were deceased	2.1	0.5
Right to Buy	Social housing tenants who were not entitled to right to buy because they had multiple tenancies unlawfully	1.8	1.0
Other	Other miscellaneous outcomes not linked specifically to the above categories	0.8	0.3
Payroll	Employees working for one organisation while being on long-term sick leave at another	0.6	4.0
State benefit	Individuals claiming state benefits who failed to declare an income or change of circumstances	-	0.9
Total		215.8³⁰	267.4

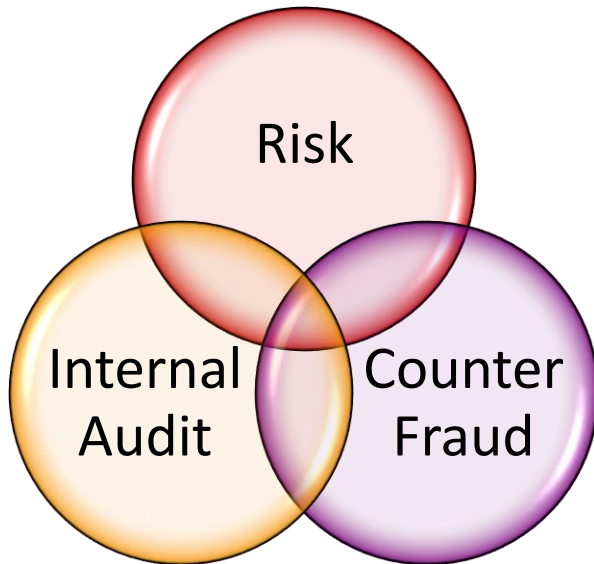
National Fraud Initiative Report July 2020

Appendix 2 - Assurance Integration Plan

Support, Assurance and Innovation

Our Vision

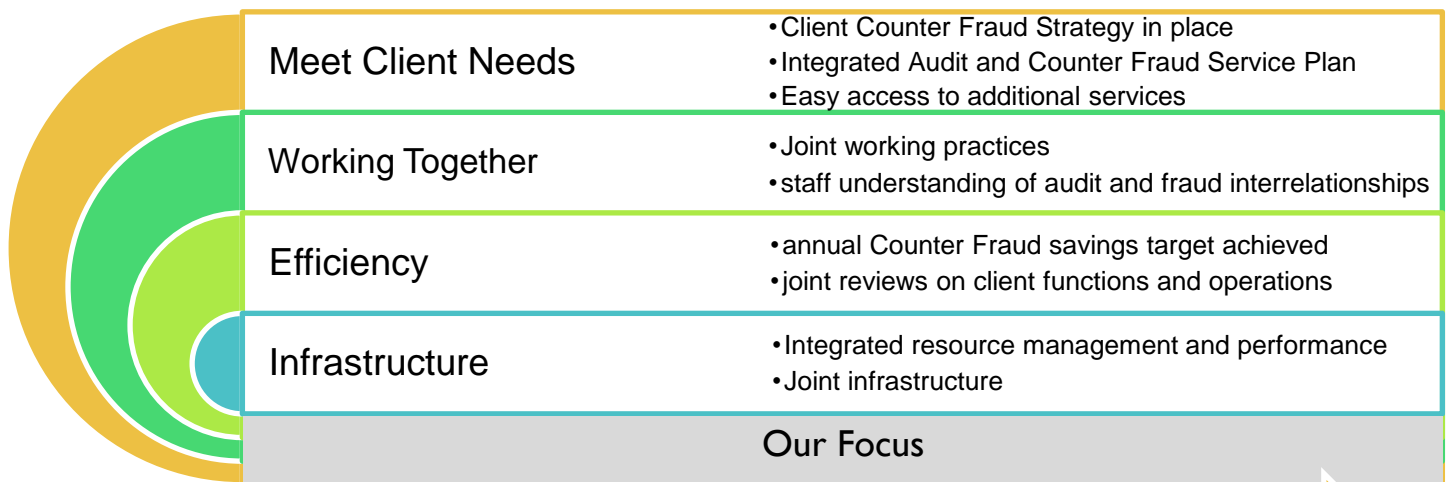
To be a leading provider of internal audit, counter fraud, risk management and other assurance services to public and not-for-profit organisations in the South West and beyond.



Operational delivery

- CFT to co-ordinate / undertake irregularities work coming through the audit plan
- Potential irregularities are triaged to fraud or audit for review
- Proactive fraud work e.g. NFI, developing delivery plan at client level
- Investigation work to be completed jointly (where appropriate) to progress possible fraud review and strengthen internal control frameworks
- Audit scoping to include counter fraud input
- Three-way liaison confirming risk and control
- Integrated reporting to be delivered on a case basis

Our Goals



Client Services

- Counter Fraud Strategy with each client
- Regular client liaison Mtgs.
- POC access to additional integrated services
- CF Service plan with each client for both pro-active and re-active services
- Joint Partner CF work e.g. SPD
- Client training on Fraud Awareness

IA, Risk & CF Working Together

- Joint Working Practices
- Joint scoping of audit and Irregs
- CF Risk Assessment Review - CIFAS
- Joint IA & CF plan
- Pro-active **Prevention** work
- Pro-active **Detection** work
- Effective **Investigation**
- NFI work co-ordinated by CFT

Efficiency

- Savings Plan £55k by year three
- Restructure of PCC Team work plan (releasing resources)
- Joint working practices
- Single Point of Contact for Fraud and Irregs

Infrastrucure

- Budget - Costcentre focused
- Laptops for CFT
- ICT Platform & common network access
- Data Sharing Agreements updated
- Terms and Conditions review

Integration

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Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Internal Audit Annual Report
Lead Member:	Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)
Lead Strategic Director:	Brendan Arnold (Service Director for Finance & S151)
Author:	Brenda Davis, Audit Manager
Contact Email:	brenda.davis@plymouth.gov.uk
Your Reference:	AUD/BD
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

This report summarises the work undertaken by Devon Audit Partnership during 2021/22, reviews the performance and effectiveness of the Internal Audit service, and provides an audit opinion on the adequacy of the Authority's internal control environment. Our work delivers objective and relevant assurance and contributes to the effectiveness and efficiency of the governance, risk management and internal control processes.

A key element of the Council's governance arrangements is the Annual Governance Statement (AGS), signed by the Leader, Chief Executive and Service Director for Finance (S151 Officer). The assurance opinion derived from the work of the Internal Audit Service is used to help inform the Annual Governance Statement (AGS).

Regulation 6 of the Accounts and Audit (England) Regulations 2015 requires that 'a relevant authority must, each financial year conduct a review of the effectiveness of the system of internal control required by regulation 3, and prepare (and approve) an Annual Governance Statement'.

Recommendations and Reasons

The Audit and Governance Committee note that:

- Based on work performed during 2021/22 and previous years' audit, the Head of Internal Audit's opinion is of "Reasonable Assurance" on the adequacy and effectiveness of the Authority's internal control framework.

Alternative options considered and rejected

None, as failure to maintain an adequate and effective system of internal audit would contravene the Accounts and Audit Regulations 2015.

Relevance to the Corporate Plan and/or the Plymouth Plan

The internal audit service assists the Council in delivering robust standards of public accountability and probity in the use of public funds and has a role in promoting high standards of service planning,

performance monitoring and review throughout the organisation, together with ensuring compliance with the Council's statutory obligations.

Our work supports delivery of the values and priorities set out in Corporate Plan by ensuring that resources are used wisely, and service areas meet the needs of residents, businesses and communities through the delivery of quality public services.

Implications for the Medium Term Financial Plan and Resource Implications:

Delivery of the audit plan assists the council in delivering value for money services and has helped ensure an effective control environment as the Council continued to respond to the challenges of the Covid-19 pandemic.

Carbon Footprint (Environmental) Implications:

None

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

The work of the internal audit service is an intrinsic element of the Council's overall corporate governance, risk management and internal control framework.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	DAP 2021/22 Internal Audit Annual Report							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	pl.22. 23.56	Leg	EJ/38851	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Brendan Arnold (Service Director for Finance & SI51)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 23/06/2022											
Cabinet Member approval: Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)											
Date approved: 11/07/2022											

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Internal Audit

Annual Audit Report 2021-22

Plymouth City Council
Audit & Governance Committee

July 2022

Official

Introduction

The Audit and Governance Committee, under its Terms of Reference contained in Plymouth City Council’s Constitution, is required to consider the Chief Internal Auditor’s annual report, to review and approve the Internal Audit programme, and to monitor the progress and performance of Internal Audit.

The Accounts and Audit (Amendment) (England) Regulations 2015 introduced the requirement that all Authorities need to carry out an annual review of the effectiveness of their internal audit system and need to incorporate the results of that review into their Annual Governance Statement (AGS), published with the annual Statement of Accounts.

The Internal Audit plan for 2021/22 was presented and approved by the Audit and Governance Committee in July 2021. The following report and appendices set out the background to audit service provision, a review of work undertaken in 2021/22 and provides our opinion on the overall adequacy and effectiveness of the Authority’s internal control environment.

The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual report providing an opinion that can be used by the organisation to inform its governance statement. This report provides that opinion.

Expectations of the Audit and Governance Committee from this annual report

Audit Committee members are requested to consider:

- the assurance statement within this report.
- the basis of our opinion and the completion of audit work against the plan.
- the scope and ability of audit to complete the audit work.
- audit coverage and findings provided.
- the overall performance and customer satisfaction on audit delivery.

This report provides the internal audit assurance on the internal control framework necessary for Members to consider in support of the Annual Governance Statement.

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Robert Hutchins
Head of Devon Audit Partnership

Audit Assurance Statement

Overall, based on work performed during 2021/22 and our experience from the current year progress and previous years’ audit, the Head of Internal Audit’s Opinion is of **Reasonable Assurance** on the adequacy and effectiveness of the Authority’s internal control framework.

Internal Audit assesses whether key, and other, controls are operating satisfactorily within audit reviews, and an opinion on the adequacy of controls is provided to management as part of the audit report.

All final audit reports include an action plan which identifies responsible officers, and target dates, to address control issues identified. To provide ongoing assurance that scheduled actions are taking place and the identified risks mitigated, Internal Audit track progress in completion. Implementation of agreed management actions will further strengthen internal controls, but it should be noted that the overall assurance opinion for 2021/22 provided in this report is at a point in time and will not change.

Directors have been provided with details of Internal Audit’s opinion on each audit review carried out in 2021/22 to assist them with compilation of their individual annual governance assurance statements.

If significant weaknesses have been identified in specific areas, these will be considered by the Authority in preparing its Annual Governance Statement which will accompany the published Statement of Accounts for 2021/22.

Internal Control Framework
The control environment comprises the Council’s policies, procedures and operational systems including processes in place to establish and monitor the achievement of the Council’s objectives; facilitate policy and decision making; ensure economical, effective, and efficient use of resources, compliance with established policy, procedure, law, and regulation; and safeguard the Council’s assets and interests from losses. Core financial and administrative systems were reviewed by Internal Audit.

Risk Management
The risk management process at strategic and operational levels remains in place.
In consultation with management, the audit plan has been “flexed” in response to the changing risk profile.

Governance Arrangements
Governance arrangements have been considered in all of our audits along with opportunities to improve consistency or alignment to business need.

Performance Management
Regular reporting to management, the leadership team and the Council continues to ensure effective performance management.
The budget monitoring and scrutiny arrangements in operation have enabled pressure points to be identified and prompt remedial action to be taken.

Substantial Assurance	A sound system of governance, risk management and control exists across the organisation, with internal controls operating effectively and being consistently applied to support the achievement of strategic and operational objectives.	Limited Assurance	Significant gaps, weaknesses or non-compliance were identified across the organisation. Improvement is required to the system of governance, risk management and control to effectively manage risks and ensure that strategic and operational objectives can be achieved.
Reasonable Assurance	There are generally sound systems of governance, risk management and control in place across the organisation. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of some of the strategic and operational objectives	No Assurance	Immediate action is required to address fundamental control gaps, weaknesses or issues of non-compliance identified across the organisation. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of strategic and operational objectives.

Value Added

We know that it is important that the internal audit service seeks to "add value" whenever possible and we believe internal audit activity has added value to the organisation and its stakeholders by:

- Providing objective and relevant assurance,
- Contributing to the effectiveness and efficiency of the governance, risk management and internal control processes.

Senior Management has found our engagement and support as a “trusted advisor” effective and constructive in these significantly changing times.

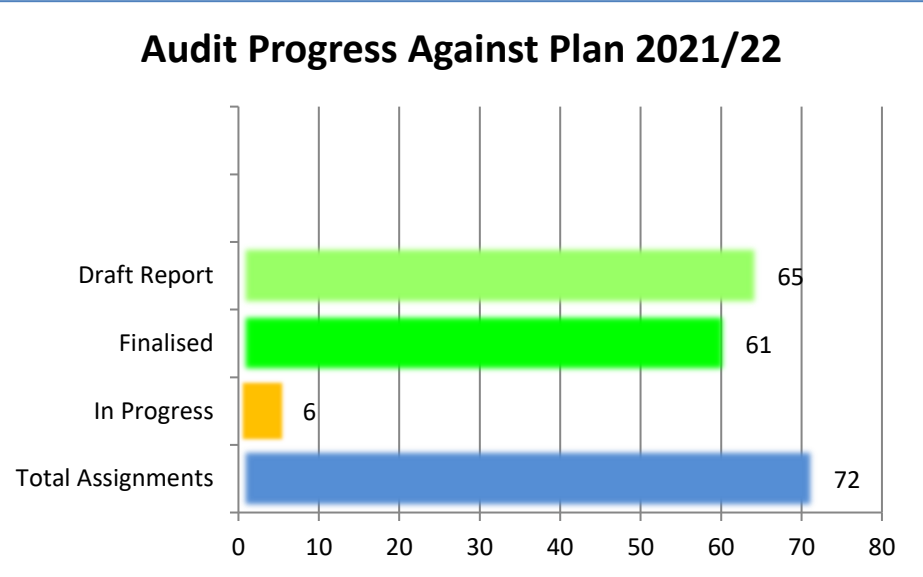
Detailed below is some of the feedback received from those audited during 2021/22.

- “Consultation on whether there were any specific areas which my department felt should be audited was very welcomed and it was good to see our ideas incorporated into the plan”.
- “The depth and breadth of the audit, not just looking at high level data but delving in to find out underlying”.
- “The audit brought to light many of my department's suspicions and with the backing of an audit report means I have the mandate to push forward with planned improvements and corrective”.
- “Excellent planning from the start. Setting the scope is obviously very important to get right and the Auditor and I discussed it in depth, and I was guided rightly so by the Auditor as to the priorities”.
- “After an initial face to face run through of the service that was in the scope of the audit, the Auditor went away and did a lot of research and looking at documents and data. She then regularly set up further catch-up sessions to ask questions and confirm understandings of some of the findings to inform the final audit. These meetings were always useful and done in a very friendly and professional manner with little disruption to the Service. I found the Auditor to be an excellent communicator and I thoroughly enjoyed the process.”

Progress against plan

This report compares the work carried out with the work that was planned through risk assessment and client requests and presents a brief summary of audit work undertaken at Appendix I. The bar chart below shows delivery of the plan.

Progress includes completion of work from 2021/22 necessarily spanning year end but does not include our quarterly exercises to track progress with implementation of audit recommendations.



The split of audit coverage across directorate areas is shown on page 4 of this report.

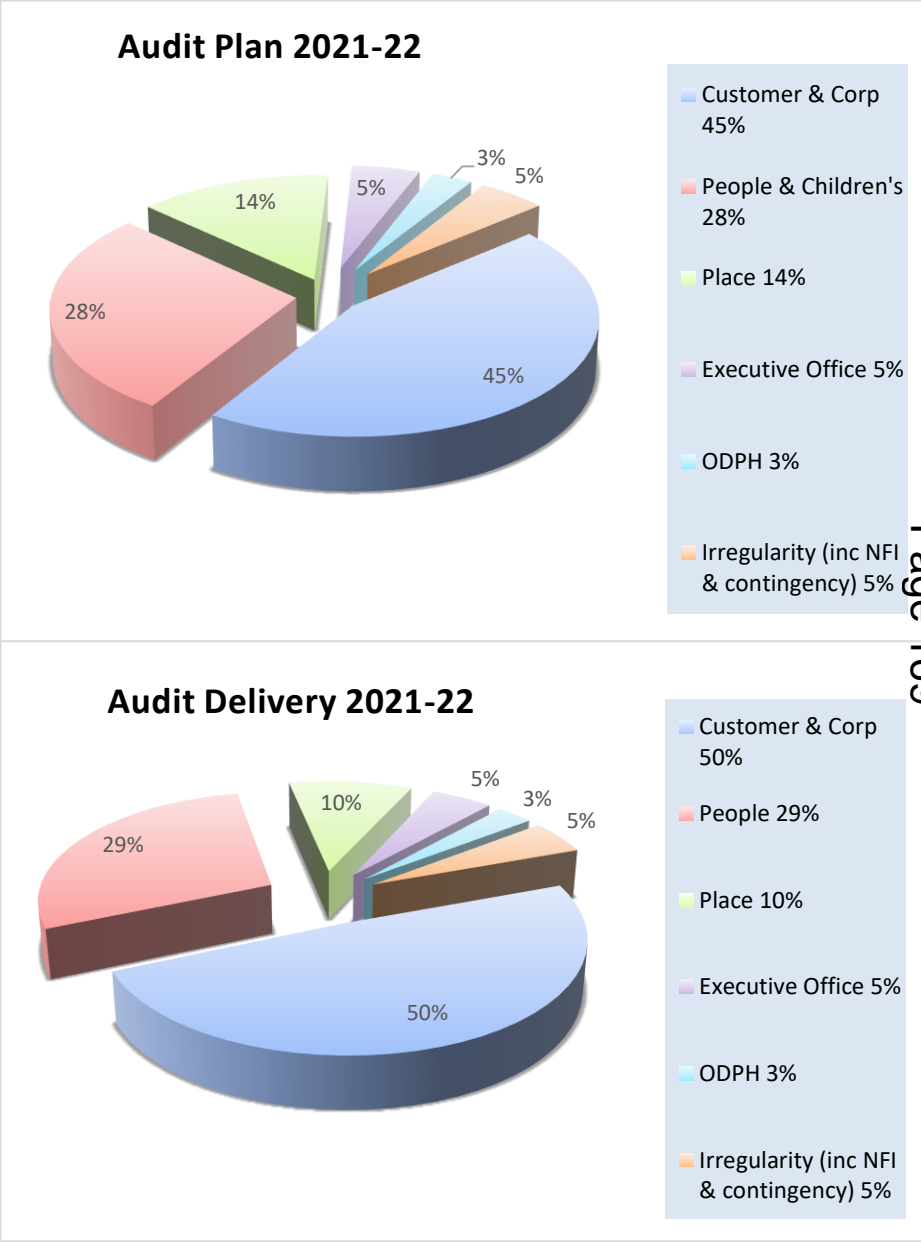
Audit Coverage

The pie charts on the right shows the breakdown of audit days planned by service area / type of audit support provided. The balance of work has varied during the year as can be seen from comparison with the second chart. Variations have been with the agreement of the client.

Appendix I to this report provides a summary of the audits undertaken during 2021/22, along with our assurance opinion. Where a “substantial” or “reasonable” standard of audit opinion has been provided we can confirm that, overall, sound controls are in place to mitigate exposure to risks identified; where an opinion of “improvement required” has been provided then issues were identified during the audit process that required attention. We have provided a summary of some of the key issues reported that are being addressed by management. It should be pointed out that we are content that management are appropriately addressing these issues.

It will be noticed that there is a small variation in the percentage split across service areas. The audit plan was developed in consultation with management across the Council and agreed by the Audit and Governance Committee in July 2021. Local authorities operate in a rapidly changing environment and the Council has been working to put into place new and innovative solutions to address the ongoing challenges brought about by the pandemic and budgetary pressures. The audit plan has needed to be flexible and able to reflect and respond to the changing risks and priorities of the Council to ensure it remains valid and appropriate.

All changes to the audit plan have been agreed with management and reported to the Audit and Governance Committee throughout the year.



Fraud Prevention and Detection

Counter-fraud arrangements are a high priority for the Council and assist in the protection of public funds and accountability. The Cabinet Office runs a national data matching exercise, The National Fraud Initiative (NFI), every two years. For the 2021-22 exercise, DAP co-ordinated the extract of relevant Council datasets, as defined by the Cabinet Office.

Alongside support from DAP, Council departments have been processing the matches received with the most notable results reported in respect of the transport passes data where a total of 82 blue badges and 540 concessionary bus passes have been cancelled. The estimated saving to the Council is £47,150 in respect of the blue badges and £12,960 for concessionary bus passes. The Council were not aware that the badge / pass holder was deceased until reviewing the NFI matches provided.

Irregularities – DAP have provided management with a range of advice and support on courses of action or improvements to controls. DAP had received one report under the Whistleblowing Policy but when we looked into the matter, we found that the situation was already known to management who had taken the appropriate steps to address the situation.

Active Counter Fraud Investigation – The Counter Fraud Services Team within DAP continue to provide a full and comprehensive investigation service to Plymouth, whilst offering a commercialised service to other DAP partners in order to provide Plymouth City Council with a return on its investment. Details of the counter fraud work undertaken across 2021/22 is reported separately in the Counter Fraud Annual Report & Update.

Appendix I - Assurance Opinion and Extract Executive Summaries for 2021/22

Areas of Review	Assurance Opinion	Residual Risk / Audit Comment
Customer and Corporate		
Business Rates	Reasonable Assurance Status: Final	<p>The system in operation for the billing and collection of business rates continues to operate to a good standard with the service area having worked hard to return to a position of 'business as normal' following the disruption caused by the Covid 19 pandemic. In particular, the processing of VOA amendment schedules has been brought up to date following delays experienced during 2020-21. This has ensured that the rating list is as accurate as possible and will have been of benefit to the Council's processing of Covid 19 grant applications during the year.</p> <p>Performance reporting arrangements focus on in-year collection rates and collection volume and could be expanded to include the level, age and management of arrears providing more insight for Senior Management.</p>
Council Tax	Reasonable Assurance Status: Final	<p>Internal control within the Council Tax system continues to be effective. Bills were accurate and sent out on time and valuation schedules are updated promptly. Recovery action is undertaken in a timely manner with reminders and final notices being automatically generated by the system. The rolling review of discounts and exemptions has seen approximately 2,500 discounts being removed.</p> <p>The capacity to refund or write on small balances sitting on old accounts remains a challenge and any available resource is focussed on the newest credits which are easier to resolve but this does not address those on prior year accounts.</p>
Housing Benefit	Status: Fieldwork Complete, Report Being Drafted	Performance against the Key Performance Indicators (processing times for new claims and changes in circumstances) has been maintained with both sets of processing times being within the respective targets set. As such, some of the most vulnerable sections of the City have not been subject to undue delays in receiving financial assistance at a time when the cost of living is increasing.

		<p>However, in maintaining processing times, the department face a continual challenge in balancing the demands on the service with the resources available and difficult decisions have had to be taken regarding the department's priorities. Inevitably, there are areas of the service which have not been afforded sufficient resource. In particular, there has been no recovery resource in place throughout the year to pursue benefit overpayments. Additionally, whilst work has been undertaken in developing the processes required to participate in the DWP's Housing Benefit Award Accuracy Initiative, there have only been a limited number of 'full case reviews' undertaken. The Council's voluntary participation in the initiative has become a mandatory requirement for 2022-23, and it will be a challenge for the department to achieve the target number of interventions set by the DWP.</p> <p>Our review found very little error in the calculation of benefit entitlement and overpayments. Whilst this is consistent with the department's internal QA work, the more targeted testing undertaken by the External Auditor, as part of the subsidy audit, has continued to identify errors within the benefit caseload which will have a negative impact on the amount of subsidy received. There is scope for DAP to work more collaboratively with the department moving forward to target our testing and provide periodic assurance regarding common errors.</p>
Material Systems – System Admin & Backup	Reasonable Assurance Status: Final	<p>Our review concluded that the current user management process is sufficiently robust to provide assurance that there are no issues that materially impact the Councils accounts. Service improvements have been provided by the implementation of a new Backup solution and our review of interface processes provides high confidence that the integrity of financial data remains robust. The Council and Delt are to arrange a workshop to explore ways to further improve access and user management and reflect current risks, operational needs and changing technologies.</p>
Payroll (CoreHR) System	Reasonable Assurance Status: Draft	<p>We can provide "reasonable assurance" that the overall internal control framework operating within the Council's payroll system provides reasonable assurance that employees have been paid accurately, on time and in accordance with their contract of employment.</p> <p>The current controls in operation provide assurance that inappropriate or inaccurate amendments will be detected and prevented and Delt Payroll Services consistently apply robust procedures that ensure the identification and rectification of errors and anomalies.</p>

		<i>The draft report was discussed with the Service Director for HR&OD on the 27 June and the draft report with proposed management responses issued for agreement and finalisation on 30th June 2022.</i>
Business Rates Grant Post Event Assurance (Additional Restrictions Grant / Closed / Local Restrictions Support Grant)	Reasonable Assurance Status: Final	Assurance was reported in September 2021 Progress Report, please refer to that report for details.
Main Accounting System	Reasonable Assurance Status: Final	The control environment for the maintenance of the General Ledger is sound and ensures that budgetary and transactional data is effectively recorded with processes generally operating as expected by audit and as required by the organisation. Automated processes ensure daily posting and review of the figures from feeder systems to the General Ledger. Reconciliations, including cash and bank are completed in a timely manner.
Creditors (inc purchasing)	Status: In Progress	Fieldwork is underway. The objective of this review is to evaluate and report on the adequacy of controls, processes and procedures operating within the Purchasing and Creditors systems.
Debtors	Reasonable Assurance Status: Draft	The billing, collection, and recovery of debtor income (excluding council tax, business rates, housing benefit overpayments and parking penalty charge notices) is administered using the Civica Debtors system either within the Service Centre or in individual departments. The objective of this audit is to evaluate and report on the adequacy of controls, processes and procedures to ensure invoices are raised correctly, income collection is effective.
Treasury Management (This review also incorporated Risk Management in TM)	Substantial Assurance Status: Final	The Treasury Management (TM) system remains highly effective with robust governance arrangements and operational processes in place and complied with. TM Officers understand the Council's Treasury Management objectives and ensure activities are carried out in accordance with approved strategies and that internal controls and operational processes are complied with, enabling ongoing effective financial management.

		Arlingclose, the Council's TM advisor, have continued to provide expert financial advice, supporting the Council in continuously assessing and developing its borrowing and investment strategies. They have provided all of its clients with an update on the potential exposures to Russia and Belarus of Money Market Funds and Pooled Funds. They contacted Fund Managers to determine any exposure and have advised the Council it has no direct exposure.
Icon Cash / Bank Receipting System	Status: In Progress	Work is being undertaken to review the Councils income collection processes. The review will look to obtain an overview of the systems, processes and technical solutions used by the Council to receive and administer its income. The audit will focus on key risks based on Internal Audit's view of risk within the function.
Additional Holiday Pay <i>Not included in original plan</i>	Value Added Status: Complete	Assurance was reported in September 2021 Progress Report, please refer to that report for details.
Cyber Security	Added Value Status: Final	Assurance was reported in November 2021 Half Year Report, please refer to that report for details.
Safer Recruitment (Disclosure & Barring Service (DBS) Checks)	Limited Assurance Status: Final	Assurance was reported in November 2021 Half Year Report, please refer to that report for details.
Acting Up & Additional Duties	Incorporated into the Payroll (CoreHR) System Report	Assurance was reported in November 2021 Half Year Report, please refer to that report for details. <i>The findings from the initial report issued in May 2021 were consolidated within the Payroll (CoreHR) system audit report above, the draft report was discussed with the Service Director for HR&OD on the 27 June and the draft report with proposed management responses issued for agreement and finalisation on 30th June 2022.</i>
IR35 Off-Payroll Working	Limited Assurance Status: Final	Our review found that IR35 management and record-keeping is spread across Human Resources (HR), Procurement and the wider organisation resulting in a fragmented approach. However, work is underway to centralise the management of IR35 and to improve current processes.

		<p>Temporary resourcing must be processed via payroll or through the Council's recruitment agency. However, there is the risk that some spend, such as low value transactions and direct purchasing can slip through the gap. A pilot programme with four departments is currently underway to improve the process of ordering through Self-Service procurement.</p> <p>Both HR and Procurement are aware of the weaknesses and the plans that are in place to bring the management of all IR35 related activities under the central control of HR, coupled with the improved Procurement Purchase Order process should provide the controls necessary to meet the statutory requirements and avoid the risk of non-compliance.</p>
Council Bank Accounts	Added Value Status: Final	<p>Council bank accounts are managed and controlled and subject to regular reconciliations. Five Trust Accounts were review with limited, if any, movement. Continuing to maintain these accounts is an administrative overhead with no obvious value and it is recommended that consideration is given as to whether it is possible to rationalise the number of trust accounts held.</p>
<p>Hollywell Housing Trust (HHT)</p> <p><i>Not included in original plan</i></p>	Added Value Status: Final	<p>In December 2021 HHT advised the Council that they would cease trading from 28th February 2022 and that all 82 of their residents, of which 32 were in Plymouth, would be served notice (the notification).</p> <p>A report on 14 January 2022 on Plymouth Live stated that HHT “<i>claimed it was no longer able to keep operating due to a funding shortfall it is alleged was caused by Plymouth City Council’s reclassification of what benefits it was entitled to.</i>”</p> <p>Internal Audit were asked to look into the matter. We found that the nature of the review undertaken by the Council and the type and level of evidence requested was reasonable and consistent with the requirements of Housing Benefit regulations.</p> <p>Furthermore, prior to receiving the notification from HHT the Council took no action to amend and reduce existing benefit claims, rather, it granted HHT an extension of time to provide the necessary evidence it had requested. This evidence was never forthcoming.</p>
Schools Financial Value Standards (SFVS)	Status: Complete	<p>The SFVS is a statutory self-assessment that all maintained school must complete and submit to the local authority (LA) on an annual basis. The purpose of the self-assessment</p>

		it to ensure the effective financial management of school resources. We have received returns for all eligible maintained schools in respect of the 2021/22 financial year and can confirm that the LA return was submitted to the Education & Skills Funding Agency on 30 May 2022.
Software Application Licensing <i>Not included in original plan</i>	Reasonable Assurance Status: Final	<p>Compliance with software licensing compliance is guided by policies from both the Council and Delt. Roles and responsibilities are laid out in key Delt documents. Objectives and key considerations are in place and guidance within the policies align with industry recommended best practice.</p> <p>Delt's approach to management and compliance of software licenses is based on a balance of risk versus cost and according to Delt aligns with industry best practice. This means that low cost, low risk licenses will not be compliance checked.</p> <p>Testing demonstrated that record-keeping of software licenses at Delt could be improved. Collating the evidence required to provide assurance that robust measures are in place took a prolonged period due to the information being held in a variety of places.</p> <p>Overall, robust controls are in place for day-to-day management at contract level, however it would be beneficial to both organisations to improve the management of individual license records. A workshop to deliver a mutually agreeable solution has been agreed.</p>
Management of Grants		There were 23 grants requiring audit in 2021/22 compared to just 8 in 2020/21 and the opportunity was taken to have real-time discussions with key officers as to how grant requirements could be better captured going forward.
O365 Follow-Up		This work has not been formally completed as changes were found to have been made to mitigate security and project risks identified within the original report.
Client Financial Services, Health & Safety and Governance of the Capital Programme		In consultation with management, it was agreed that these reviews would be carried forward into the 2022/23 audit plan.

Executive Office		
Electoral Services (Follow Up)	Reasonable Assurance Status: Final	Assurance was reported in November 2021 Half Year Report, please refer to that report for details.
Electoral Services	Value Added Status: Complete	DAP continues to provide assurance that the data quality checks conducted to ensure the integrity of the electoral roll and the election outputs and found those conducted for the 2022 Council elections to be performed to a high standard. However, as previously highlighted by DAP, limitations of the Civica Xpress system have impacted the level of data checks possible. The Team continue to liaise with Civica regarding this and other operational and reporting issues they have identified. The potential use of Microsoft's Power BI to provide supplementary reports is being explored.
Gifts & Hospitality Follow-Up	Incorporated into the Declaration of Interest report	Details reported in November 2021 Half Year Report, please refer to that report.
Declarations of Interest (Officers)	Limited Assurance Status: Complete	Assurance was reported in November 2021 Half Year Report, please refer to that report for details.
Risk Management	Reasonable Assurance Status: Final	<p>Overall risk management arrangements operating within Plymouth City Council are considered to be “Working”, providing Reasonable Assurance.</p> <p>The Council have a robust Risk and Opportunity Management Strategy that continues to be updated to ensure it remains fit for purpose, however compliance with the Strategy and the consistency with which the Risk Management process is embedded and integrated into the day-to-day business across the Council could be further strengthened.</p> <p>Recommendations made will help raise the profile and understanding of risk and opportunity management, ensure compliance with the Councils Risk Management Strategy and further strengthen existing arrangements.</p>

Children's Services		
OLM Eclipse Project	Value Added Status: Ongoing for duration of project	DAP continues to provide real-time support and challenge to the Eclipse Project Board and additional formal advice. Despite a minimal delay training momentum was maintained and early life support arrangements have been identified. Effective communication with all project stakeholders leading up to Children's Services 'Go Live' has created good awareness and helped manage expectations. All lessons learnt will be captured to inform the Adult Services Eclipse project.
Children's Additional Spend	Limited Assurance Status: Final	Assurance was reported in November 2021 Half Year Report, please refer to that report for details.
Special Educational Needs & Disability (SEND) Contracts	Value Added Status: Complete	<p>The priority for the Service Area is to be able to process the increasing number of Education Health & Care Plans required and how to tackle the increased complexity of the issues that children and young people are facing, including many more with social and emotional needs.</p> <p>Our work was conducted at a time when a number of reviews / projects were being undertaken but the focus was to liaise with managers and stakeholders to identify areas with processes and procedures which could be streamlined and improved, enabling the Service Area to take forward any solutions or suggestions from those discussions in real time.</p> <p>We found the decision-making process in the form of panel to be very open, transparent, and well recorded. Recommendations were made around streamlining of some processes and around the monitoring of contracts.</p>
Fully CATERed	Value Added Status: Final	Assurance was reported in September 2021 Progress Report, please refer to that report for details.
Special Guardianships (Children) Follow-Up	Follow-up work has been incorporated in our quarterly recommendation tracking.	
Families with a Future (Payment by Results)	Regulatory Requirement	DAP have completed ten verification audits and certified four quarterly payment by results claims during the year. The Council has achieved the maximum claim target by

		supporting 416 families to achieve significant and sustained progress for a range of outcomes and/or a move into continuous employment.
On Course South West (OCSW)		The need for audit review was superseded by two Ofsted monitoring visits and a full inspection in January 2022 with overall effectiveness as Good. It was reported that concerns raised in previous inspections had been addressed and that OCSW “have raised the standards of the courses, established effective governance and managed the return of OCSW to PCC well”.
People		
Finance & Assurance Review Group (FARG)	Value Added Status: Ongoing	The purpose of FARG is to provide oversight, scrutiny and assurance of the integrated fund and internal audit continue to have a seat on FARG providing real time support and challenge.
Pre-Paid Cards	Status: In Progress	This review is nearing completion and will evaluate how pre-paid cards are administered and used across the Council.
Alliance Contract	Draft report to be issued shortly	<p>The Council, in partnership with service users and service providers, co-designed a new complex needs system to enable people to receive the right support, at the right time, in the right place. In April 2019, 25 separate services (contracts) were brought together into The Plymouth Alliance (TPA) to create a new single system to deliver an improved experience and better outcomes.</p> <p>From discussions held with Council staff and stakeholders TPA is considered to have been successful in replacing siloed working with a culture of collaboration resulting in transformative outcomes for service users, reducing homelessness, tackling substance abuse and promoting independence.</p> <p>There are effective case management processes in place and management visibility of financial and performance data.</p>
Provider Payments	Status: In Progress	Work is underway in reviewing a sample of domiciliary care and extra-care provider returns.

Life Chances Fund (Pause Programme)	Regulatory Requirement	Work was undertaken which provided independent assurance and verification of the outcome payment invoices and two Life Chances Fund (LCF) grant claims for a cohort of 24 women currently on this programme which works with women who have experienced or are at risk of, repeated pregnancies that result in children needing to be removed from their care. The model aims to give women the opportunity to “pause” and take control of their lives and break free from destructive cycles. The programme is due to continue until September 2024.
Community Connections – New Business Solutions		The work to link the Esuasive system to the Dynamic Purchasing System has not been taken forward.
Disabled Facilities Grants		As a result of the pandemic and the work needed to support Afghan refugees build a new life in Plymouth, the service was struggling with capacity. It was agreed that we would come back to this area in the future.
Office of the Director of Public Health		
Public Burial Administration	Reasonable Assurance Status: Draft	<p>Overall, the administration of Public Burials is undertaken efficiently and in accordance with relevant legislation / best practice adequately safeguarding the Council’s financial and reputational positions.</p> <p>From the point of referral, checks include confirming residential and next of kin status and confirming any recovered items of value or evidence of financial means through liaison with landlords, housing providers, the Police and GPs. Record keeping is comprehensive and robust with all actions taken and corresponding evidence recorded.</p>
Place		
Commercial Properties	Reasonable Assurance Status: Final	<p>Tech Forge, the system used to manage the Council’s commercial property portfolio was migrated to the “TF Cloud” system in 2021. Land & Property have been very proactive in developing the system to improve data quality, streamline processes and overall, create a more robust control framework.</p> <p>A full walkthrough of the system has been undertaken and the “system” as is, documented. The design of the control framework is effective and compliance testing is</p>

		planned for later in 2022-23 once the new processes and procedures have had sufficient time to bed in.
Highways Works Orders & Approval Process	Value Added Status: Ongoing as required by service	Details reported in November 2021 Half Year Report, please refer to that report.
Commercial Waste	Reasonable Assurance Status: Final	Audited in 2016, with follow ups in 2017/18 and 2018/19, the service was reported as 'Improvements Required'. Results of testing within in 2021/22 provide assurance that many of the observations from the previous audit have been addressed and many gaps closed following the recruitment of the new Head of Service. Pricing has been updated, debtor invoices are issued promptly, two new vehicles have been purchased, new business has increased. Use of a digital platform would help streamline and further strengthen back-office processes.
City Change Fund	This was a “reserve” item in the 2021/22 audit plan but there was insufficient resource to undertake this review. Time has been included in the 2022/23 audit plan.	
Grant Certification	Regulatory Requirement	<p>In 2021/22 we have audited and certified 23 grants as detailed below.</p> <ul style="list-style-type: none"> • DFE Additional Home to School Transport 2020 - 31/5137, 31/5268 and 31/5370 (Covid 19) • DFT Travel Demand Management 2020/21 - 31/5127 (Covid 19) • Innovate UK - Clean Streets EV Infrastructure grant - 31831 • SW LEP LGF GD20 Charles Cross • SW LEP LGF GD04 Derriford Transport Scheme • SW LEP LGF GD19 Eastern Corridor Cycle Route • SW LEP LGF GD18 Northern Corridor Junction Improvements • SW LEP LGF GD33 Oceansgate • SW LEP LGF GD50 Plymouth Railway Station • SW LEP LGF GD42C 5G Smart Sound • Arts Council England - Small Capital Grants (Artists and Lights) SCAP-00171800 • Arts Council England – Culture Recovery Fund (The Box) ACAP-00309634 • Arts Council England - Culture Recovery Fund Round 2 (The Box) CRFG-00379239

		<ul style="list-style-type: none">• Arts Council England - Cultural Capital Kickstart Fund (The Box) ACAP-00309634• PHE HIV PrEP Grant No:31/5179• SW LEP LGF GD42C 5G Smart Sound• DFT Local Transport Capital Grant Highways Maintenance Block 31/5036• DFT Local Transport Capital Grant - Pothole and Challenge Fund 31/5072• DFT LA Majors - A38 Manadon• DFT LA Majors - Major Road Network Phase I• DFT Travel Demand Management 2020/21 - 31/5127 (Covid 19)• BEIS Green Homes Fund 31/5187• MHCLG IBCF DFG 31/5017
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Appendix 2 - Professional Standards and Customer Service

Conformance with Public Sector Internal Audit Standards (PSIAS)

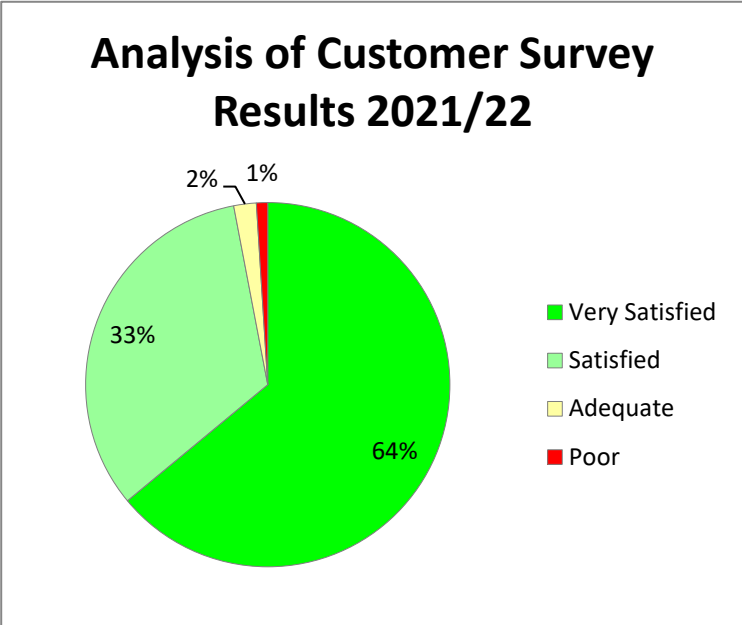
Conformance - Devon Audit Partnership conforms to the requirements of the PSIAS for its internal audit activity. The purpose, authority and responsibility of the internal audit activity is defined in our internal audit charter, consistent with the *Definition of Internal Auditing*, the *Code of Ethics* and the *Standards*. Our internal audit charter was approved by senior management and the Audit and Governance Committee in July 2021. This is supported through DAP self-assessment of conformance with Public Sector Internal Audit Standards & Local Government Application note.

Quality Assessment - through external assessment December 2021, "DAP is considered to be operating in conformance with the standards". External Assessment provides independent assurance against the Institute of Internal Auditors (IIA) Quality Assessment & Public Sector Internal Audit Standards (PSIAS). The Head of Devon Audit Partnership also maintains a quality assessment process which includes review by audit managers of all audit work. The quality assessment process and improvement are supported by a development programme.

Improvement Programme - DAP maintains a rolling development plan of improvements to the service and customers. All recommendations of the external assessment of PSIAS and quality assurance were included in this development plan and have been completed. This will be further embedded with revision of our internal quality process through peer review. Our development plan is regularly updated, and a status report was reported to the Management Board in November 2021.

Customer Service Excellence

In November 2021, DAP was successful in re-accreditation by G4S Assessment Services of the CSE. We continue to issue client survey forms with our final reports and the results of the surveys returned are, although low in number, very good and again are very positive. The overall result is very pleasing, with 97% being "satisfied" or better across our services, see appendix 6. It is very pleasing to report that our clients continue to rate the overall usefulness of the audit and the helpfulness of our auditors highly.



Appendix 3 – Audit Authority

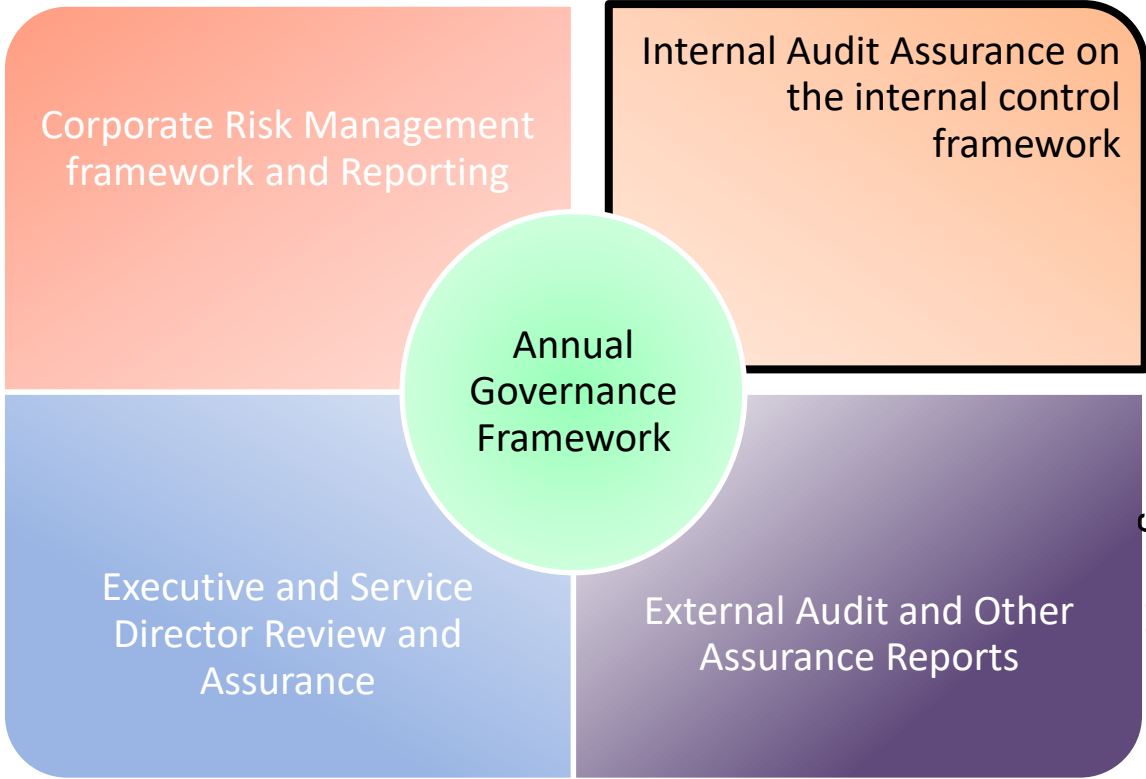


Appendix 4 - Annual Governance Framework Assurance

The conclusions of this report provide the internal audit assurance on the internal control framework necessary for the Committee to consider when reviewing the Annual Governance Statement.

- The Annual Governance Statement provides assurance that
- the Authority’s policies have been complied with in practice,
 - high quality services are delivered efficiently and effectively,
 - ethical standards are met,
 - laws and regulations are complied with,
 - processes are adhered to,
 - performance statements are accurate.

- The statement relates to the governance system as it is applied during the year for the accounts that it accompanies. It should: -
- be prepared by senior management and signed by the Chief Executive and Chair of the Audit and Governance Committee,
 - highlight significant events or developments in the year,
 - acknowledge the responsibility on management to ensure good governance,
 - indicate the level of assurance that systems and processes can provide,
 - provide a narrative on the process that has been followed to ensure that the governance arrangements remain effective. This will include comment upon,
 - The Authority,
 - Audit and Governance Committee,
 - Risk Management,
 - Internal Audit
 - Other reviews / assurance
 - Provide confirmation that the Authority complies with CIPFA / SOLACE Framework *Delivering Good Governance in Local Government*. If not, a statement is required stating how other arrangements provide the same level of assurance



The AGS needs to be presented to, and approved by, the Audit and Governance Committee, and then signed by the Chair.

The Committee should satisfy themselves, from the assurances provided by the Corporate Risk Management Group, Executive and Internal Audit that the statement meets statutory requirements and that the management team endorse the content.

Appendix 5 - Basis for Opinion

The Chief Internal Auditor is required to provide the Council with an opinion on the adequacy and effectiveness of its accounting records and its system of internal control in the Council. In giving our opinion, it should be noted that this assurance can never be absolute. The most that the internal audit service can do is to provide reasonable assurance, formed from risk-based reviews and sample testing, of the framework of governance, risk management and control.

This report compares the work carried out with the work that was planned through risk assessment; presents a summary of the audit work undertaken; includes an opinion on the adequacy and effectiveness of the Authority’s internal control environment; and summarises the performance of the Internal Audit function against its performance measures and other criteria. The report outlines the level of assurance that we are able to provide, based on the internal audit work completed during the year. It gives:

- a statement on the effectiveness of the system of internal control in meeting the Council’s objectives;
- a comparison of internal audit activity during the year with that planned,
- a summary of the results of audit activity and,
- a summary of significant fraud and irregularity investigations carried out during the year and anti-fraud arrangements.

The extent to which our work has been affected by changes to audit plans has not been notable this year. Whilst certain changes have been made from the plans originally agreed this has been due to changes in operational business needs

As a result, some work originally included within the audit plan was no longer relevant or has been deferred to a later date to fit with client needs and current objectives. These changes do not limit the overall audit assurance opinion.



In assessing the level of assurance to be given the following have been taken into account:

- all audits completed during 2021/22, including those audits carried forward from 2020/21;
- any follow up action taken in respect of audits from previous periods;
- any significant recommendations not accepted by management and the consequent risks;
- the quality of internal audit’s performance;
- the proportion of the Council’s audit need that has been covered to date;
- the extent to which resource constraints may limit this ability to meet the full audit needs of the Council;
- any limitations that may have been placed on the scope of internal audit.

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Devon Audit Partnership
<p>The Devon Audit Partnership has been formed under a joint committee arrangement. We aim to be recognised as a high-quality internal audit service in the public sector. We work with our partners by providing a professional internal audit service that will assist them in meeting their challenges, managing their risks and achieving their goals. In carrying out our work we are required to comply with the Public Sector Internal Audit Standards along with other best practice and professional standards.</p> <p>The Partnership is committed to providing high quality, professional customer services to all; if you have any comments or suggestions on our service, processes or standards, the Head of Partnership would be pleased to receive them at robert.hutchins@devonaudit.gov.uk .</p>

Audit and Governance Committee



Date of meeting:	25 July 2022
Title of Report:	Internal Audit Charter & Strategy 2022/23
Lead Member:	Councillor Mark Shayer, (Deputy Leader and Cabinet Member for Finance and Economy)
Lead Strategic Director:	Brendan Arnold, (Service Director for Finance & SI51)
Author:	Brenda Davis, Audit Manager
Contact Email:	brenda.davis@plymouth.gov.uk
Your Reference:	AUD/BD
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

One of the requirements of the Public Sector Internal Audit Standards is that the purpose, authority and responsibility of the internal audit activity are formally defined in an internal audit charter and strategy, consistent with the Definition of Internal Auditing, the Code of Ethics and the Standards.

The Internal Audit Charter and the Internal Audit Strategy was last bought before the Audit and Governance Committee in July 2021 and the updated Charter and Strategy is in the accompanying documents.

There are just two sections where the wording has been updated from the version agreed in July 2021. The first relates to our recent external quality assessment review to ensure conformance with the Public Sector Internal Auditing Standard and the International Standards for the Professional Practice of Internal Auditing must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation (page 5).

The outcome of our assessment is that we Generally Conform.

DEFINITIONS	
Generally Conforms	The internal audit activity has a charter, policies, and processes that are judged to be in conformance with the Standards and the Code of Ethics.
Partially Conforms	Deficiencies in practice are noted that are judged to deviate from the Standards and the Code of Ethics; however, these deficiencies did not preclude the internal audit activity from performing its responsibilities in an acceptable manner
Does Not Conform	Deficiencies in practice are judged to deviate from the Standards and the Code of Ethics and are significant enough to seriously impair or preclude the internal audit activity from performing adequately in all or in significant areas of its responsibilities.

(Ref: Institute of Internal Auditors)

The second section (page 11) details changes in qualifications due to staff movement.

Track changes have been used to highlight all differences.

The Audit Strategy is a high-level statement of how the internal audit service will be delivered and developed in accordance with the Charter and how it links to the organisational objectives and priorities. It communicates the contribution that Internal Audit makes to the organisation and includes:

- internal audit objectives and outcomes,
- how the Head of Devon Audit Partnership will form and evidence his opinion on the governance, risk and control framework to support the Annual Governance Statement,
- how Internal Audit's work will identify and address significant local and national issues and risks,
- how the service will be provided, and
- the resources and skills required to deliver the Strategy.

The Strategy should be approved, but not directed, by the Audit and Governance Committee.

1. The Internal Audit Charter and Strategy complies with the mandatory requirements of the Public Sector Internal Audit Standards.
2. Delivery of the Internal Audit Service will be by the Devon Audit Partnership.

Recommendations and Reasons

A requirement of the Public Sector Internal Audit Standards is that the purpose, authority and responsibility of internal audit activity are formally defined in an internal audit charter and strategy.

Members of the Audit and Governance Committee are asked to agree the Internal Audit Charter & Strategy for the year 2022/23.

Alternative options considered and rejected

None, as failure to maintain an adequate and effective system of internal audit would contravene the Accounts and Audit Regulations 2015 and the Public Sector Internal Audit Standards.

Relevance to the Corporate Plan and/or the Plymouth Plan

The Internal Audit service assists the Council in delivering robust standards of public accountability and probity in the use of public funds and has a role in promoting high standards of service planning, performance monitoring and review throughout the organisation, together with ensuring compliance with the Council's statutory obligations.

Our work supports delivery of the values and priorities set out in the Corporate Plan by ensuring that resources are used wisely, and service areas meet the needs of residents, businesses and communities through the delivery of quality public services.

Implications for the Medium Term Financial Plan and Resource Implications:

Delivery of the audit plan will assist the council in delivering value for money services.

Carbon Footprint (Environmental) Implications:

No direct carbon/environmental impacts arising from the recommendations.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

The work of the internal audit service is an intrinsic element of the Council's overall corporate governance, risk management and internal control framework.

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Internal Audit Charter and Strategy 2022/23							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	pl/22.23 55	Leg	EJ/38851 (2)	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member Brendan Arnold (Service Director Finance & SI51)											
Please confirm the Strategic Director(s) has agreed the report? Date agreed: 23/06/2022											
Cabinet Member approval: Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)											
Date approved: 11/07/2022											

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PLYMOUTH CITY COUNCIL

INTERNAL AUDIT CHARTER AND STRATEGY

(July 2022)

MISSION

The Mission of Devon Audit Partnership is to enhance and protect organisational value by providing risk based and objective assurance, advice and insight across its partners.

TERMS OF REFERENCE

This document details the **Internal Audit Charter and Internal Audit Strategy** for the Council as required by the Public Sector Internal Audit Standards (PSIAS). The Audit Charter formally describes the purpose, authority, and principal responsibilities of the Council's Internal Audit Service, which is provided by the [Devon Audit Partnership](#) (DAP), and the scope of Internal Audit work. This Charter complies with the mandatory requirements of the PSIAS. The accompanying Audit Strategy is designed to deliver the requirements outlined in the Charter.

DEFINITIONS

Internal auditing is defined by the PSIAS as “an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”.

The PSIAS set out the requirements of a 'Board' and of 'senior management'. For the purposes of the internal audit activity within The Council the role of the Board within the Standards is taken by the Council's Audit and Governance Committee and senior management is the Council's Corporate Leadership Team.

The PSIAS make reference to the role of “Chief Audit Executive”. For The Council this role is fulfilled by the Head of Devon Audit Partnership (HoDAP).

AUDIT CHARTER

STATUTORY REQUIREMENTS

Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015, which state:

5.—(1) A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.

In addition, the Local Government Act 1972, Section 151, requires every local authority to designate an officer to be responsible for the proper administration of its financial affairs. In the Council, the Service Director for Finance is the 'Section 151 Officer'. One of the ways in which this duty is discharged is by maintaining an adequate and effective internal audit service.

THE PURPOSE AND AIM OF INTERNAL AUDIT

The role of Internal Audit is to understand the key risks of the Council; to examine and evaluate the adequacy and effectiveness of the system of risk management and the entire control environment as operated throughout the organisation and contribute to the proper, economic, efficient and effective use of resources. In addition, the other objectives of the function are to:

- Support the Section 151 Officer to discharge his / her statutory duties
- Contribute to and support the Finance function in ensuring the provision of, and promoting the need for, sound financial systems
- Support the corporate efficiency and resource management processes by conducting value for money and efficiency studies and supporting the work of corporate working groups as appropriate
- Provide a quality fraud investigation service which safeguards public monies.

The existence of Internal Audit does not diminish the responsibility of management to establish systems of internal control to ensure that activities are conducted in a secure, efficient, and well-ordered manner.

Internal Audit for The Council is provided by Devon Audit Partnership. We aim to provide a high quality, professional, effective, and efficient Internal Audit Service to the Members, service areas and units of the Council, adding value whenever possible.

PROFESSIONALISM, ETHICS AND INDEPENDENCE

Being Professional

We (Devon Audit Partnership) will adhere to the relevant codes and guidance. In particular, we adhere to the Institute of Internal Auditors (IIA's) mandatory guidance including the Definition of Internal Auditing, the Code of Ethics, and the Public Sector Internal Audit Standards. This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of internal auditing within the public sector and for evaluating the effectiveness of Internal Audit's performance. The IIA's Practice Advisories, Practice Guides, and Position Papers will also be adhered to as applicable to guide operations. In addition, Internal Audit will adhere to The Council's relevant policies and procedures and the internal audit manual.

Internal Auditors must apply the care and skill expected of a reasonably prudent and competent internal auditor. Due professional care does not, however, imply infallibility.

Our Ethics

Internal auditors in UK public sector organisations must conform to the Code of Ethics as set out by The Institute of Internal Auditors. This Code of Ethics promotes an ethical culture in the profession of internal auditing. If individual internal auditors have membership of another professional body, then he or she must also comply with the relevant requirements of that organisation.

The Code of Ethics extends beyond the definition of internal auditing to include two essential components:

1. Principles that are relevant to the profession and practice of internal auditing.
2. Rules of Conduct that describe behaviour norms expected of internal auditors.

The Code of Ethics provides guidance to internal auditors serving others and applies to both individuals and entities that provide internal auditing services.

The Code of Ethics promotes an ethical, professional culture. It does not supersede or replace Codes of Ethics of employing organisations. Internal auditors must also have regard to the Committee on Standards of Public Life's Seven Principles of Public Life.

Being Independent

Internal Audit should be independent of the activities that it audits.

The status of Internal Audit should enable it to function effectively. The support of the Council is essential and recognition of the independence of Internal Audit is fundamental to its effectiveness.

The Head of Devon Audit Partnership should have direct access to and freedom to report in his or her own name and without fear or favour to, all officers and members and particularly to those charged with governance (the Audit and Governance Committee). In the event of the necessity arising, the facility also exists for Internal Audit to have direct access to the Chief Executive, the S.151 Officer and the Chair of the Audit and Governance Committee.

The Council should make arrangements for Internal Audit to have adequate budgetary resources to maintain organisational independence.

The Head of Devon Audit Partnership should have sufficient status to facilitate the effective discussion of audit strategies, audit plans, audit reports and action plans with senior management and members of the Council.

Auditors should be mindful of being independent. They:

- Must have an objective attitude of mind and be in a sufficiently independent position to be able to exercise judgment, express opinions and present recommendations with impartiality.
- Notwithstanding employment by the Partnership / Council, must be free from any conflict of interest arising from any professional or personal relationships or from any pecuniary or other interests in an activity or organisation which is subject to audit.
- Must be free from undue influences which either restrict or modify the scope or conduct of their work or significantly affect judgment as to the content of the internal audit report; and
- Must not allow their objectivity to be impaired by auditing an activity for which they have or have had responsibility.

AUTHORITY

Internal Audit, with strict accountability for confidentiality and safeguarding records and information, is authorised full, free, and unrestricted access to any and all of the organisation's records, physical properties, and personnel pertinent to carrying out any engagement.

All employees are requested to assist Internal Audit in fulfilling its roles and responsibilities. This is enforced in the Accounts and Audit (England) Regulations 2015 section 5(2-3) that state that:

Any officer or member of a relevant authority must, if required to do so for the purposes of the internal audit -

- (2) (a) make available such documents and records; and
- (b) supply such information and explanations, as are considered necessary by those conducting the internal audit.
- (3) In this regulation "documents and records" includes information recorded in an electronic form.

In addition, Internal Audit, through the HoDAP, where deemed necessary, will have unrestricted access to:

- The Chief Executive
- Members
- Individual Heads of Service
- Section 151 Officer
- Monitoring Officer
- All authority employees
- All authority premises.

ACCOUNTABILITY

Devon Audit Partnership is a shared service established and managed via a Partnership Committee and Board with representation from each of the founding partners. The Partnership operates as a separate entity from the client authorities and Internal Audit is therefore independent of the activities which it audits. This ensures unbiased judgements essential to proper conduct and the provision of impartial advice to management. Devon Audit Partnership operates within a framework that allows the following:

- Unrestricted access to senior management and members
- Reporting in its own name
- Separation from line operations

Every effort will be made to preserve objectivity by ensuring that all audit members of audit staff are free from any conflicts of interest and do not, ordinarily, undertake any non-audit duties.

The Head of Devon Audit Partnership fulfils the role of Chief Audit Executive at the Authority and will confirm to the Audit and Governance Committee, at least annually, the organisational independence of the internal audit activity.

The Service Director for Finance 'Section 151 Officer' will liaise with the Head of Devon Audit Partnership and is therefore responsible for monitoring performance and ensuring independence.

Internal Auditors must exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. Internal Auditors must make a balanced assessment of all the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgments.

The HoDAP reports functionally to the Audit and Governance Committee on items such as:

- Approving the internal audit charter.
- Approving the risk based internal audit plan.
- Receiving reports from the Head of Devon Audit Partnership on the section's performance against the plan and other matters.
- Approving the Head of Devon Audit Partnership's annual report.
- Approve the review of the effectiveness of the system of internal audit.

The HoDAP has direct access to the Chair of Audit and Governance Committee and the opportunity to meet with the Audit and Governance Committee in private.

RESPONSIBILITIES

The Chief Executive, Service Directors and other senior officers are responsible for ensuring that internal control arrangements are sufficient to address the risks facing their services.

The HoDAP will provide assurance to the Service Director Finance 'Section 151 Officer' regarding the adequacy and effectiveness of the Council's financial framework, helping meet obligations under the LGA 1972 Section 151.

The HoDAP will provide assurance to the Monitoring Officer in relation to the adequacy and effectiveness of the systems of governance within the Council helping him/her meet his/her obligations under the Local Government and Housing Act 1989 and the Council's Constitution. The HoDAP will also work with the Monitoring Officer to ensure the effective implementation of the Council's Whistleblowing Policy.

Internal Audit responsibilities include but are not limited to:

- Examining and evaluating the soundness, adequacy, and application of the Council's systems of internal control, risk management and corporate governance arrangements.

- Reviewing the reliability and integrity of financial and operating information and the means used to identify, measure, classify and report such information.
- Reviewing the systems established to ensure compliance with those policies, plans, procedures and regulations which could have a significant impact on operations.
- Reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- Investigating alleged fraud and other irregularities referred to the service by management, or concerns of fraud or other irregularities arising from audits, where it is considered that an independent investigation cannot be carried out by management.
- Appraising the economy, efficiency and effectiveness with which resources are employed and the quality of performance in carrying out assigned duties including Value for Money Studies.
- Working in partnership with other bodies to secure robust internal controls that protect the Council's interests.
- Advising on internal control implications of new systems.
- Providing consulting and advisory services related to governance, risk management and control as appropriate for the organisation.
- Being responsible for reporting significant risk exposures and control issues identified to the Audit and Governance Committee and to senior management, including fraud risks, governance issues.

INTERNAL AUDIT MANAGEMENT

The PSIAS describe the requirement for the management of the internal audit function. This sets out various criteria that the HoDAP (as Chief Audit Executive) must meet, and includes:

- Be appropriately qualified.
- Determine the priorities of, deliver and manage the Council's internal audit service through a risk based annual audit plan.
- Regularly liaise with the Council's external auditors to ensure that scarce audit resources are used effectively.
- Include in the plan the approach to using other sources of assurance if appropriate.
- Be accountable, report and build a relationship with the Council's Audit and Governance Committee and S.151 Officer; and
- Monitor and report upon the effectiveness of the service delivered and compliance with professional and ethical standards.

These criteria are brought together in an Audit Strategy which explains how the service will be delivered and reflect the resources and skills required.

The HoDAP is required to give an annual audit opinion on the governance, risk and control framework based on the audit work done.

The HoDAP should also have the opportunity for free and unfettered access to the Chief Executive and meet periodically with the Monitoring Officer and S.151 Officer to discuss issues that may impact on the Council's governance, risk and control framework and agree any action required.

INTERNAL AUDIT PLAN AND RESOURCES

At least annually, the HoDAP will submit to the Audit and Governance Committee a risk-based internal audit plan for review and approval. The HoDAP will:

- Develop, in consultation with Heads of Service, an annual audit plan based on an understanding of the significant risks to which the organisation is exposed.
- Submit the plan to the Audit and Governance Committee for review and agreement.
- Implement the agreed audit plan.
- Maintain a professional audit staff with sufficient knowledge, skills, and experience to carry out the plan and carry out continuous review of the development and training needs.
- Maintain a programme of quality assurance and a culture of continuous improvement.

The internal audit plan will include timings as well as budget and resource requirements for the next fiscal year. The HoDAP will communicate the impact of resource limitations and significant interim changes to senior management and the Audit and Governance Committee.

Internal Audit resources must be appropriately targeted by assessing the risk, materiality and dependency of the Council's systems and processes. Any significant deviation from the approved Internal Audit plan will be communicated through the periodic activity reporting process.

It is a requirement of the Council's Anti-Fraud and Corruption Strategy that the HoDAP be notified of all suspected or detected fraud, corruption, or impropriety. All reported irregularities will be investigated in line with established strategies and policies. The audit plan will also include sufficient resource to carry out proactive anti-fraud work.

Internal Audit activities will be conducted in accordance with Council strategic objectives and established policies and procedures.

Monitoring of Internal Audit's processes is carried out on a continuous basis by Internal Audit management, and the Council's members and management may rely on the professional expertise of the HoDAP to provide assurance. From time to time, independent review is carried out: for example, through peer reviews; ensuring compliance with the PSIAS is an essential approach to such a review.

REPORTING

The primary purpose of Internal Audit reporting is to communicate to management within the organisation information that provides an independent and objective opinion on governance, the control environment and risk exposure and to prompt management to implement agreed actions.

Internal Audit should have direct access and freedom to report in their own name and without fear or favour to, all officers and members, particularly to those charged with governance (the Audit and Governance Committee).

A written report will be prepared for every internal audit project and issued to the appropriate manager accountable for the activities under review. Reports will include an 'opinion' on the risk and adequacy of controls in the area that has been audited, which, together, will form the basis of the annual audit opinion on the overall control environment.

The aim of every Internal Audit report should be:

- To give an opinion on the risk and controls of the area under review, building up to the annual opinion on the control environment; and
- To recommend and agree actions for change leading to improvement in governance, risk management, the control environment and performance.

The Manager will be asked to respond to the report in writing, within 30 days, although this period can be extended by agreement. The written response must show what actions have been taken or are planned in relation to each risk or control weakness identified. If action is not to be taken this must also be stated. The HoDAP is responsible for assessing whether the manager's response is adequate.

Where deemed necessary, the Internal Audit report will be subject to a follow-up, normally within six months of its issue, in order to ascertain whether the action stated by management in their response to the report has been implemented.

The Head of the Devon Audit Partnership will

- Submit periodic reports to the Audit and Governance Committee summarising key findings of reviews and the results of follow-ups undertaken.
- Submit on an annual basis an Annual Internal Audit Report to the Audit and Governance Committee, incorporating an opinion on the Council's control environment, which will also inform the Annual Governance Statement.

RELATIONSHIP WITH THE AUDIT AND GOVERNANCE COMMITTEE

The Council's Audit and Governance Committee will act as the Board as defined in the Public Sector Internal Audit Standards (PSIAS),

The Specific Functions of the Audit and Governance Committee are set out in the Council's Constitution (Part E).

The HoDAP will assist the Committee in being effective and in meeting its obligations. To facilitate this, the HoDAP will:

- Attend meetings and contribute to the agenda.
- Ensure that it receives, and understands, documents that describe how Internal Audit will fulfil its objectives (e.g., the Audit Strategy, annual work programmes, progress reports).
- Report the outcomes of internal audit work, in sufficient detail to allow the committee to understand what assurance it can take from that work and/or what unresolved risks or issues it needs to address.
- Establish if anything arising from the work of the committee requires consideration of changes to the audit plan, and vice versa.
- Present an annual report on the effectiveness of the system of internal audit; and
- Present an annual internal audit report including an overall opinion on the governance, risk and control framework

CHARTER – NON-CONFORMANCE AND REVIEW

Any instances of non-conformance with the Internal Audit Definition, Code of Conduct or the Standards must be reported to the Audit and Governance Committee, and in significant cases consideration given to inclusion in the Annual Governance Statement.

The HoDAP will advise the Audit and Governance Committee on behalf of the Council on the content of the Charter and the need for any subsequent amendment. The Charter should be approved and regularly reviewed by the Audit and Governance Committee.

QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME

The PSIAS states that a quality assurance and improvement programme must be developed; the programme should be informed by both internal and external assessments.

An external assessment must be conducted at least once in five years by a suitably qualified, independent assessor. For DAP this was recently conducted at the end of 2021 by the Head of Southwest London Audit Partner, and the Chief Internal Auditor of Orbis (a partnership organisation covering Brighton and Hove, East Sussex, and Surrey County Council).

~~In December 2016 the Head of Assurance for Hertfordshire Shared Internal Audit Service who completed an external validation of the Partnership and concluded that:~~

~~"It is our overall opinion that the Devon Audit Partnership **generally conforms*** to the Public Sector Internal Audit Standards, including the Definition of Internal Auditing, the Code of Ethics and the Standards.~~

The assessment result was that "Based on the work carried out, it is our overall opinion that DAP **generally conforms*** with the Standards and the Code of Ethics".

** **Generally Conforms** – This is the top rating and means that the internal audit service has a charter, policies and processes that are judged to be in conformance to the Standards*

AUDIT STRATEGY

PURPOSE

The PSIAS require the HoDAP to produce an Audit Charter setting out audits purpose, authority and responsibility. We deliver this through our Audit Strategy which:

- Is a high-level statement of how the internal audit service will be delivered and developed in accordance with the Charter and how it links to the organisational objectives and priorities.
- Should be approved, but not directed, by the Audit and Governance Committee.
- Will communicate the contribution that Internal Audit makes to the organisation and should include:
 - Internal audit objectives and outcomes.
 - How the HoDAP will form and evidence his opinion on the governance, risk and control framework to support the Annual Governance Statement.
 - How Internal Audit's work will identify and address significant local and national issues and risks.
 - How the service will be provided, and
 - The resources and skills required to deliver the Strategy.

The Strategy should be kept up to date with the organisation and its changing priorities.

OPINION ON THE GOVERNANCE, RISK AND CONTROL FRAMEWORK

A key objective of Internal Audit is to communicate to management an independent and objective opinion on the governance, risk and control framework, and to prompt management to implement agreed actions.

Significant issues and risks are to be brought to the attention of the S.151 Officer as and when they arise. Regular formal meetings should also be held to discuss issues arising and other matters.

The HoDAP will report progress against the annual audit plan and any emerging issues and risks to the Audit and Governance Committee.

The HoDAP will also provide a written annual report to the Audit and Governance Committee, timed to support their recommendation to approve the Annual Governance Statement, to the Council.

The Head of Devon Audit Partnership's annual report to the Audit and Governance Committee will:

- Provide an opinion on the overall adequacy and effectiveness of the Council's governance, risk and control framework.
- Disclose any qualifications to that opinion, together with the reasons for the qualification.
- Present a summary of the audit work from which the opinion is derived, including reliance placed on work by other assurance streams.
- Draw attention to any issues the HoDAP judges particularly relevant to the preparation of the Annual Governance Statement.
- Compare the audit work actually undertaken with the work that was planned and summarise the performance of the internal audit function against its performance measures and targets; and
- Comment on compliance with the Public Sector Internal Audit Standards and communicate the results of the internal audit quality assurance programme.

PLANNING, INCLUDING LOCAL AND NATIONAL ISSUES AND RISKS

The audit planning process includes the creation of and, ongoing revision of an "audit universe". This seeks to identify all risks, systems and processes that may be subject to an internal audit review.

The audit universe will include a risk assessment scoring methodology that takes account of a number of factors including: the Council's own risk score; value of financial transactions; level of change, impact on the public; political sensitivity; when last audited; and the impact of an audit. This will inform the basis of the resources allocated to each planned audit area.

The results from the audit universe will be used in creating an annual audit plan; such a plan will take account of emerging risks at both local and national level.

Assignment planning & Delivery

Further planning and risk assessment is required at the commencement of each individual audit assignment to establish the scope of the audit and the level of testing required.

The primary objective of the audit is to provide management with an independent opinion on the risk and control framework through individual audits in the audit plan. Individual audits will be completed using our methodology in our Audit Manual to the standards set by PSIAS, to independently evaluate the effectiveness of internal controls. Our audit assignment report will communicate our opinion and include agreed management action, where required, to improve the effectiveness of risk management, control and governance processes

PERFORMANCE MANAGEMENT AND QUALITY ASSURANCE

The PSIAS state that the HoDAP should have in place an internal performance management and quality assurance framework; this framework must include:

- A comprehensive set of targets to measure performance. These should be regularly monitored and the progress against these targets reported appropriately.
- Seeking user feedback for each individual audit and periodically for the whole service.
- A periodic review of the service against the Strategy and the achievement of its aims and objectives. The results of this should inform the future Strategy and be reported to the Audit and Governance Committee.
- Internal quality reviews to be undertaken periodically to ensure compliance with the PSIAS and the Audit Manual (self-assessment); and
- An action plan to implement improvements.

Performance Measures and Targets

The PSIAS and the Internal Audit Manual state that internal audit performance, quality and effectiveness should be assessed for each individual audit, and for the Internal Audit Service as a whole. The HoDAP will closely monitor the performance of the team to ensure agreed targets are achieved. A series of performance indicators have been developed for this purpose (please see the following pages).

Customer feedback is also used to define and refine the audit approach. Devon Audit Partnership will seek feedback from: auditees; senior leadership; and executive management. The results from our feedback will be reported to the Corporate Management Team and the Audit and Governance Committee in the half year and annual reports.

The HoDAP is expected to ensure that the performance and the effectiveness of the service improves over time, in terms of both the achievement of targets and the quality of the service provided to the user.

Performance Indicator		Full year target
Percentage of Audit Plan completed		90%
Customer Satisfaction - % satisfied or very satisfied as per feedback forms		90%
Draft reports produced with target number of days (currently 15 days)		90%
Final reports produced within target number of days (currently 10 days)		90%
Task	Performance measure	
Agreement of Annual audit plan	Agreed by Chief Executive, Leadership Team and Audit Committee prior to start of financial year	
Agreement of assignment brief	Assignment briefs are agreed with and provided to auditee at least two weeks before planned commencement date.	
Undertake audit fieldwork	Fieldwork commenced at agreed time	
Verbal debrief	Confirm this took place as expected; was a useful summary of the key issues; reflects the findings in the draft report.	
Draft report	Promptly issued within 15 days of finishing our fieldwork. Report is "accurate" and recommendations are both workable and useful.	
Draft report meeting (if required)	Such a meeting was useful in understanding the audit issues	
Annual internal audit report	Prepared promptly and ready for senior management consideration by end of May. Report accurately reflects the key issues identified during the year.	
Presentation of internal audit report to Management and Audit Committee.	Presentation was clear and concise. Presented was knowledgeable in subject area and able to answer questions posed by management / members.	
Contact with the audit team outside of assignment work.	You were successfully able to contact the person you needed, or our staff directed you correctly to the appropriate person. Emails, letters, telephone calls are dealt with promptly and effectively.	

Internal Audit
Performance
Monitoring
Targets

Other indicators
measured as part
of the audit
process that will be
captured and
reported to senior
management

RESOURCES AND SKILLS

Resources

The PSIAS and the Audit Manual states that:

- Internal Audit must be appropriately staffed in terms of numbers, grades, qualifications, and experience, having regard to its responsibilities and objectives, or have access to the appropriate resources.
- The Internal Audit service shall be managed by an appropriately qualified professional with wide experience of internal audit and of its management; and
- The Chief Audit Executive (Head of Devon Audit Partnership) should be of the calibre reflecting the responsibilities arising from the need to liaise with members, senior management, and other professionals, and be suitably experienced.

Devon Audit Partnership currently has c.40 staff who operate from any one of our three main locations (Plymouth, Torquay and Exeter), we also operate from offices at Torridge DC (Bideford), Mid Devon DC (Tiverton) and South Hams/West Devon Councils (Totnes). The Partnership employs a number of specialists in areas such as Computer Audit, Contracts Audit and Counter Fraud Investigators as well as a mix of experienced, professionally qualified, and non-qualified staff.

The Partnership draws on a range of skilled staff to meet the audit needs. Our current staff includes: -

- ~~3~~ 4 x CCAB qualified
- ~~8~~ 7 x qualified IIA
- ~~2~~ 1 x qualified computer audit (QICA & CISA)
- 1 x risk management (IRM)
- ~~40~~ 9 x AAT qualified
- ~~7~~ 6 x ACFS (accredited counter fraud specialists)
- ~~5~~ x ILM (Institute of Leadership & Management) level 5 or above
- 5 Apprentices (Finance, Data Analyst, IIA, Business Admin)

Staff Skills and Development

Devon Audit Partnership management assess the skills of staff to ensure the right people are available to undertake the work required.

Staff keep up to date with developments within internal audit by attending seminars, taking part in webinars and conferences, attending training events and keeping up to date on topics via websites and professional bodies. Learning from these events helps management to ensure they know what skills will be required of our team in the coming years, and to plan accordingly.

Devon Audit Partnership follows formal appraisal processes that identify how employees are developing and create training and development plans to address needs.

Internal Audit Software System

Devon Audit Partnership uses Pentana MK as an audit management system. This system allows Partnership management to effectively plan, deliver and report audit work in a consistent and efficient manner. The system provides a secure working platform and ensures confidentiality of data. The system promotes mobile working, allowing the team to work effectively at client locations or at remote locations should the need arise.

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Audit and Governance Committee – Tracking Decisions 2022/23

Minute No.	Resolution	Progress
26 July 2021 Minute 11 – Counter Fraud Services Annual Report 2020/21	<p>The Audit and Governance Committee agreed to:</p> <ol style="list-style-type: none"> 1. note the Counter Fraud Services Annual Report 2020/21 2. recommend that Ken Johnson meets with the relevant Cabinet Member to discuss the report, specifically with regards to how fraud awareness should be publicised. 	<p>Progress:</p> <p>Item 1 – Complete – no further action required.</p> <p>Item 2 – Ongoing - the recommendation from committee was forwarded onto Ken Johnson for his action.</p> <p>Update – this was discussed at 11.10.21 meeting under “tracking resolutions” and it was agreed that Brendan Arnold (Service Director for Finance) would liaise with Ken Johnson (Counter Fraud Services Manager) regarding the action to meet with the relevant Cabinet Member to discuss the Fraud report, specifically with regards to how fraud awareness should be publicised; this would be prioritised.</p> <p><i>Update:</i> Ongoing – briefing documents were in preparation and the engagement was expected in the near future.</p> <p>Update from January meeting: Minute 53: “Members were advised that a meeting was to be scheduled with the Leader within the next few weeks to discuss the management of fraud risk within the organisation. Officers were also exploring ways to produce metrics around fraud risk with the aim of providing this to the committee in the future.”</p> <p>Update – July 2022 – The Leadership of the Council changed – officers were in the process of arranging to meet with the new Leader.</p>

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26 July 2021 Minute 12 – Committee Training Programme	<p>The Audit & Governance Committee agreed:</p> <ol style="list-style-type: none"> 1. that as part of the training programme, Ian Fyfield would be approached as well as other external providers to deliver training, and that training would be offered to all Members of the Council when considered appropriate to do so; 2. that the development of the training programme for the Audit and Governance Committee would include a closer look at how the committee operated going forward, specifically with regards to its terms of reference; the Chair, Vice Chair and key officers would discuss potential solutions; 3. to endorse the programme of training being developed. 	<p>Progress:</p> <p>Item 1 – Ongoing – the training programme is still being developed however approach has been made to Ian Fyfield as suggested and currently awaiting a response. . All members were invited to a training session run by Grant Thornton on 6 September 2021. <i>Update</i> - Initial discussions had been had with Ian; this as well as the training programme would be considered and progressed by the new Head of Governance, Performance and Risk.</p> <p>Item 2 – Ongoing - arrangements were being made as to the review of the committee's terms of reference. <i>Update</i> – a working group had met on 8 November 2021 and an update would be discussed at November committee meeting. The terms of reference were to be discussed at 14 January 2022 committee meeting.</p> <p>Item 3 – Complete – no further action required.</p> <p>Update: this would be considered by the Sub Group of the Audit and Governance Committee and would be monitored as part of their tracking document.</p>
Minute 20 - Tracking Resolutions 11 October 2021	It was agreed that Brendan Arnold (Service Director for Finance) would liaise with Ken Johnson (Counter Fraud Services Manager) regarding the action to meet with the relevant Cabinet Member to discuss the Fraud report, specifically with regards to how fraud awareness should be publicised; this would be prioritised.	Please refer above to counter fraud report progress (minute 11) for update.
29 November 2021 Minute 36 Tracking Resolutions	It was agreed that the Chair and Vice Chair would discuss the issues surrounding the public availability of the Grant Thornton Governance Review report and	<p>Date: November 2021</p> <p>Progress: This is being progressed.</p>

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	would report back to the Audit & Governance Committee with an update.	
29 November 2021 Minute 42 Risk and Opportunity Management Strategy 2020/2022	<p>The Audit and Governance Committee agreed to note the Risk and Opportunity Management Strategy 2020 – 2022.</p> <p>It was also agreed that Members would be provided with a process note describing the flow of the risk management process and would provide a timeline. A recent example of how something had been on the register and had been changed would also be provided.</p>	<p>Date: November 2021</p> <p>Progress: The risk management framework is currently under review and officers of the Performance and Risk Team have met with other local authorities in the region and consulted with a Devon Audit Partnership risk specialist to identify best practice, provide assurance against our approach and consider how the current framework may be developed. An update is likely to be available at the March Audit and Governance meeting with requested information.</p> <p>The flow of risk management will be emailed to Members.</p>
29 November 2021 Minute 48 Health & Wellbeing Board Change to Terms of Reference	The Audit & Governance Committee agreed to defer the Health and Wellbeing Board – Changes to the Terms of Reference document to the January 2022 committee meeting.	<p>Date: November 2021</p> <p>Progress: Due to the development of the Integrated Care System for Devon the Health and Wellbeing Board will undertake a full review of its terms of reference, to ensure alignment with the ICS and Local Care Partnership. A further report will be brought to A&G in March.</p> <p>Update: This item will be considered by the Sub Group of the Audit and Governance Committee for their consideration and would be monitored as part of their tracking document.</p>
14 January 2022 Minute 56 Audit and Governance Committee Terms of Reference	<p>The Audit and Governance Committee agreed:</p> <ol style="list-style-type: none"> 1. That the Audit and Governance Committee move to a scheduled five meetings per year. <p><i>Reason: To ensure the required meeting time is available for members to adequately perform the core audit role.</i></p>	<p>Date: January 2022</p> <p>Progress:</p> <ol style="list-style-type: none"> 1. Complete - 5 meetings have been scheduled for the 22/23 calendar of meetings. 2. Ongoing – this will be scheduled into the work programmes for all committees mentioned. 3. This will be actioned when appropriate.

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	<p>2. That the Chair makes a report and on the activity of the Audit and Governance Committee to Cabinet on a half yearly basis and to Council on an annual basis.</p> <p><i>Reason: This recommendation seeks to increase the profile and influence of the Audit and Governance Committee by providing regular updates and recommendations to Cabinet and an Annual Report to Council in line with CIPFA best practice.</i></p> <p>3. That when considering areas of strategic risk the Audit and Governance Committee make recommendations to other parts of the Council's democratic governance structure.</p> <p><i>Reason: This recommendation seeks to increase the profile of, and manage the committee's workload, through closer working with other parts of the democratic governance structure.</i></p> <p>4. That the committee adopt the CIPFA model terms of reference outlined at appendix I with the inclusion of the overview of the council's family of companies (2.11) and the ethical framework (7)</p> <p><i>Reason: This recommendation ensures that the committee can focus on its core functions and maintain strategic oversight of the operation of the Council's family of companies and ethical framework.</i></p> <p>5. That the committee establishes a non-proportional subcommittee with responsibility for councillor,</p>	<p>4. Complete – the committee agreed to this</p> <p>5. Complete – the committee agreed to this – arrangements are being made</p> <p>6. Complete</p> <p>7. Ongoing – a meeting will be convened to discuss this</p>
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	<p>constitution, and civic issues, the ethical framework and electoral oversight functions.</p> <p><i>Reason: This will enable the parent committee to remain focused on core audit issues and allow the Audit and Governance Committee to benefit from the input of councillors who hold a high level of knowledge and expertise in respect of constitutional issues.</i></p> <p>6. That the number of independent members is maintained, but the requirement to have one independent member to remain quorate is removed.</p> <p><i>Reason: The input of independent members will continue to be essential to the work of the committee. This recommendation will allow meetings to take place whilst providing independent members the flexibility to attend remotely.</i></p> <p>7. Request that the Independent Remuneration Panel consider the allowances applicable to Independent Members.</p> <p><i>Reason: Working group members recommend that the IRP review allowances applicable to Independent Members to ensure remuneration is appropriate to continue to attract high calibre candidates for independent roles across the Council's governance structure.</i></p>	
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<p>28 March 2022 Minute 69 – Risk and Opportunity Management Monitoring Report</p>	<p>The Audit and Governance Committee agreed to:</p> <ol style="list-style-type: none"> 1. request that their concerns of the risk register, specifically regarding the number of risks, the lack of trend data and mitigation, who and where the register was considered, how risks were scrutinised and prioritised, were considered as part of the informal review scheduled for May 2022; 2. note the current position with regard to the Strategic Risk and Opportunity Register. 	<p>Date: July 2022 Progress:</p> <p>It has been agreed that risk registers and risk monitoring reports will be discussed at the Scrutiny Management Board. The management board will ensure that risks are considered at relevant Scrutiny Committees where appropriate. This process has commenced with risk on the agenda at the Scrutiny Management Board on the 20th July.</p> <p>We have commenced a review of risk management with risk consultants, taking advantage of services provided by our insurer. This will include an assessment of our risk processes, the culture of risk management within the paid service, the role of the Audit and Governance Committees and its members and risk appetite. This review, which will include interviews with elected members, senior council officers and risk managers will take into account the feedback received by the Audit and Governance at the March meeting.</p>

Key:

Grey shaded box = action complete

Audit and Governance Committee

Draft Work Programme 2022 - 2023



Please note that the work programme is a 'live' document and subject to change at short notice.

For general enquiries relating to the Audit and Governance Committee, including this Committee's work programme, please contact Helen Rickman, Democratic Advisor on 01752 398444.

Date of meeting	Agenda item	Responsible Officer	Reason for consideration
25 July 2022	Election Cycle Report	Giles Perritt/Glenda Favor Ankersen	To consider the Election Cycle Report.
	Counter Fraud Services Annual Report 21/22	Ken Johnson	To consider the work carried out during 2021/22 by the Counter Fraud Services Team at Devon Audit Partnership in order to counter fraudulent threats to the Council's budget and reputation.
	Risk Management Monitoring Report – May 2022	Rob Sowden	To consider the strategic risk register for the organisation including key controls, sources of assurance and how progress against mitigation will be measured.
	Health, Safety and Wellbeing Annual Report 2021/ 22	Clare Cotter	To consider an annual report on Health, Safety and Wellbeing.
	Internal Audit Annual Report	Brenda Davies	To consider the work undertaken by Devon Audit Partnership during 2021/22, and review the performance and effectiveness of the Internal Audit service and the audit opinion on the adequacy of the Authority's internal control environment.

Date of meeting	Agenda item	Responsible Officer	Reason for consideration
	Internal Audit Charter and Strategy 2022/ 23	Brenda Davies	To consider the Internal Audit Charter and Strategy as part of the requirement of the Public Sector Internal Audit Standards to ensure they are consistent with the Definition of Internal Auditing, the Code of Ethics and the Standards.
	External Audit Progress Report	Grant Thornton	To consider the Audit Progress Report from the Council's external auditor, Grant Thornton.
	Audit Actions Review	Paul Looby	To provide the Committee with an update on the tracking of Audit recommendations from Grant Thornton and Devon Audit Partnership.
29 September 2022	Risk Management Strategy	Ross Jago/ Rob Sowden	
	Internal Audit Progress Report	Brenda Davies	To note the findings in the report which provides Members with a position statement on audit work carried out.
	Whistleblowing Policy (a refresh)	Brenda Davis/ Ken Johnston	To note the changes and approve the updated Whistleblowing Policy.
	Annual Governance Statement 2021/ 22	Ross Jago/ Rob Sowden	To approve the Annual Governance Statement (statutory document required by Accounts and Audit Regulations).
	External Audit – Progress Report	Grant Thornton	To consider the Audit Progress Report from the Council's external auditor, Grant Thornton.
	Audit Actions Review	Paul Looby	To provide the Committee with an update on the tracking of Audit recommendations from Grant Thornton and Devon Audit Partnership.
	Statement of Accounts 2021/ 22	Carolyn Haynes	The Statement of Accounts 2021/22 are being presented for approval. The Accounts and Audit Regulations require the accounts to be formally approved and published in September.

Date of meeting	Agenda item	Responsible Officer	Reason for consideration
28 November 2022	Treasury Management Strategy	Carolyn Haynes	To set out the Treasury Management Strategy and include the Annual Investment Strategy, the Non-Treasury Management Investment Strategy and the Minimum Revenue Provision Statement.
	Capital Finance Strategy	Brendan Arnold	To set out the Capital Financing Strategy for 2023/24 (this is a requirement of The Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice for Treasury Management in Public Services.)
	Counter Fraud Services Half Year Report	Ken Johnson	Half year report to summarise the work carried out during the first 6 months of 2022/23 by the Counter Fraud Services Team.
	Strategic and operational Risk Register	Ross Jago/Rob Sowden	To consider the Council's Strategic and Operational Risk Register.
	External Auditor – Progress Report	Grant Thornton	To consider the Audit Progress Report from the Council's external auditor, Grant Thornton.
	Audit Actions Review	Paul Looby	To provide the Committee with an update on the tracking of Audit recommendations from Grant Thornton and Devon Audit Partnership.
	Internal Audit Half Year Report	Brenda Davis	To consider the Council's Internal Audit Half Year Report.
16 January 2023	Strategic and Operational Risk Monitoring	Ross Jago/Rob Sowden	
	Audit Actions Review	Paul Looby	To provide the Committee with an update on the tracking of Audit recommendations from Grant Thornton and Devon Audit Partnership.

Date of meeting	Agenda item	Responsible Officer	Reason for consideration
20 March 2023	Audit Actions Review	Paul Looby	To provide the Committee with an update on the tracking of Audit recommendations from Grant Thornton and Devon Audit Partnership.
	External Audit – Progress Report	Grant Thornton	To consider the Audit Progress Report from the Council's external auditor, Grant Thornton.
	Treasury Management Practices and Principles	Wendy Eldridge	A review produced annually of practices and principles used to conduct TM activities.

Items to be scheduled:

Review of Council's ICT Policy
Review of Council Officers Code of Conduct
Review of Arrangements for dealing with complaints through the code of conduct
Review of Risk Register