



Oversight and Governance

Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Jamie Sheldon
T 01752 668000
E jamie.sheldon@plymouth.gov.uk
www.plymouth.gov.uk
Published 21 September 2018

AUDIT AND GOVERNANCE COMMITTEE

Monday 1 October 2018
4.00 pm
Warspite Room, Council House, Plymouth

Members:

Councillor Kate Taylor, Chair
Councillor Dr Mahony, Vice Chair
Councillors Mrs Pengelly, Stevens and P Smith.

Independent Members:

Mr R Clarke
Mr I Stewart

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

Part I (Public Meeting)

1. Apologies

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

2. Declarations of Interest

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

3. Minutes (Pages 1 - 6)

To confirm the minutes of the meeting held on 30 July 2018.

4. Chair's Urgent Business

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

5. Health, Safety and Wellbeing Annual Report (Pages 7 - 34)

6. Internal Audit Progress Report (Pages 35 - 50)

7. Internal Audit Follow Up Report (Pages 51 - 62)

8. Annual Audit Letter - To Follow

9. Fee letter for 2018/19 (Pages 63 - 66)

10. Housing Benefits fee quote for 2018/19 (Pages 67 - 68)

**11. Analysis of Local Government and Social Care Ombudsman
Annual Report 2017/18 - To Follow**

12. Strategic Risk Register (Pages 69 - 80)

13. Polling District Review - To Follow

14. Councillor Long Service Award (Pages 81 - 84)

15. Delegation of functions to Audit and Governance Committee (Pages 85 - 88)

16. Tracking resolutions (Pages 89 - 90)

17. Work Programme (Pages 91 - 96)

18. Exempt Business

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and the public from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of the Schedule 12A of the Act, as amended by the Freedom of Information Act 2000. At the time this agenda is published no representations have been made that this part of the meeting should be in public.

(Members of the public to note that, if agreed, you will be asked to leave the meeting).

Part II (Private Meeting)

Agenda

Members of the public to note

that under the law, the committee is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

19. Information Governance Report (EI) (Pages 97 - 106)

This page is intentionally left blank

Audit and Governance Committee**Monday 30 July 2018****PRESENT:**

Councillor Kate Taylor, in the Chair.
Councillor Dr Mahony, Vice Chair.
Councillors Smith, Stevens and Carson (Substituting for Councillor Mrs Pengelly)

Co-opted Representatives: Mr Stewart

Apologies for absence: Mr Clarke and Councillor Mrs Pengelly (Councillor Carson Substituting)

Also in attendance: Siân Millard (Oversight and Governance Manager), Andrew Hardingham (Director for Strategic Transformation and Change), Brenda Davis (Audit Manager), Julie Hosking (Corporate Risk Advisor), Ken Johnson (Counter Fraud Services Manager), Ross Jago (Senior Governance Advisor), Chris Wlaznik (Audit Manager BDO), Donald Plane (BDO), Carolyn Haynes (Financial Controller), Chris Flower (Finance Business Partner Capital Treasury and Management), Linda Torney (Assistant Head of Legal Services) and Jamie Sheldon (Democratic Advisor).

The meeting started at 3.00 pm and finished at 4.45 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.

14. Declarations of Interest

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

15. Minutes

The minutes of the meeting held on 31 May 2018 were approved as an accurate record.

16. Chair's Urgent Business

Under this item, the Chair proposed changing the order of business to take the Statement of Accounts 2017/18 and the Annual Report Charged to those with Governance as the last two items. The chair also proposed adjourning prior to these items so that members could be briefed on the supplementary information that was provided on the day.

The Audit & Governance Committee agreed the Chair's proposals.

Order of Business

With the permission of the Chair, the order of business was amended, as set out below in the minutes.

17. **Internal Audit Interim Follow-Up Report**

Brenda Davis (Audit Manager) presented the Internal Audit Interim Follow-Up Report highlighting the following points to Members:

- this was a follow up report that was requested at Audit and Governance Committee on 31 May 2018;
- discussed the “improvements required” areas in the report.

The Audit & Governance Committee agreed to note the findings within the report.

18. **Operational Risk Monitoring Report**

Julie Hosking (Corporate Risk Advisor) presented the Operational Risk Monitoring Report highlighting the following points to Members:

- outlined the continuing progress being made across Services in delivering Operational Risk and Opportunity Registers in line with the Council’s shared vision and priorities;
- the total number of operational risks now reported has increased from 112 to 121, comprising of 1 high (red) risk, 76 medium (amber) risks and 44 low (green) risks.

Members discussed the following:

- how frequently risk are monitored

The Audit & Governance Committee agreed note and endorse the current position with regard to operational risk and opportunity management.

19. **Risk and Opportunity Management Annual Report**

Julie Hosking (Corporate Risk Advisor) presented the Risk and Opportunity Management Annual Report highlighting the following points to Members:

- the work carried out during 2017/18 to develop the Council’s approach to risk and opportunity management;
- the Risk & Opportunity Management Strategy;
- the Corporate and Operational Risk Management Groups;
- the Plymouth City Council/NEW Devon CCG Joint Risk Register;
- the performance and risks;
- the Internal Audit Report;
- the Focus for 2018/2019;

The Audit & Governance Committee agreed:

1. to note the Risk and Opportunity Management Annual Report.
2. to note the Risk and Opportunity Management Strategy 2018-20.
3. to note the Internal Audit Risk Management Follow-up Report 2017/18.

20. **Counter Fraud Report**

Ken Johnson (Counter Fraud Services Manager) presented the Counter Fraud Report highlighting the following points to Members:

- summarised the work carried out during 2017/18 by the Corporate Fraud Team in order to counter fraudulent threats to the Council's budget and reputation.

Members discussed the following:

- advertising the Fraud E-Learning training to Councillors;
- the breakdown of internal and external allegations;
- whether it was cost effective to have more staff if it generates income;
- how information is shared between law enforcement agencies;
- exploring the possibility of using apprentices to assist with work.

Action - Ken Johnson (Counter Fraud Services Manager) to send the Fraud E-Learning training package to Councillors

The Audit & Governance Committee agreed to note the Annual Report.

21. **Delegated Decision Publication Dates**

Ross Jago (Senior Governance Advisor) presented the Delegated Decision Publication Dates report highlighting the following points to Members:

- the proposal to amend the day on which Executive Decisions were normally published from Mondays to Wednesdays;
- changing the day on which all decisions were published will bring Cabinet decisions into line with the standard call-in timescales;
- how under the current process decisions taken at Cabinet are not published until the following Monday and were then subject to a further call-in period of a week.

Members discussed the following:

- Possible further delegations of power to the Audit & Governance Committee.

The Audit & Governance Committee agreed to recommend to Council that the Constitution is amended to reflect that the day on which executive decisions are usually published is Wednesday. (Part C of the Constitution Para 4.4)

22. **Key Decision Threshold and Forward Plan**

Ross Jago (Senior Governance Advisor) presented the Key Decision Threshold and Forward Plan report highlighting the following points to Members:

- the proposed changes to the definition of a key decision;
- the changes will provide additional responsibility and accountability to individual cabinet members for decisions in their portfolio area;
- the improved efficiency of the decision making process;
- the changes would still maintain open and transparent decision making;
- decisions would still remain subject to scrutiny and call in;
- the process of the Forward Plan and the Call-in process for executive decisions.

Members discussed the following:

- the rationale for the requested change.

The Audit & Governance Committee agreed:

1. to recommend to Council that the new definition of a Key Decision as outlined at appendix one is adopted;
2. to note the Forward Plan and Call-in processes;
3. subject to (1) above, delegate to the Monitoring Officer any required consequential amendments to the constitution for Council approval in September.

23. **Lord Mayoralty Update**

Siân Millard (Oversight and Governance Manager) gave the committee an update on Lord Mayoralty highlighting the following points to Members:

- the procedure for flag pole being raised at Elliot Terrace when the Lord Mayor stays overnight and the health and safety issues surrounding this. This practice had been paused and solutions were being explored.

Members discussed the following:

- an issue regarding a recent dinner at a civic event and that refunds had been offered to those affected.

The Audit & Governance Committee noted the update.

24. **Tracking Resolutions**

Members noted the update.

25. **Work Programme**

Members discussed the work programme for 2018/19 and agreed to add the following items:

- Whistle Blowing and Anti-Fraud
- Strategic Risk Register
- Key election dates

26. **Statement of Accounts 2017/18 - To Follow**

The Committee adjourned to have sight of the supplementary information provided to members.

Carolyn Haynes (Financial Controller) presented the Statement of Accounts 2017/18 highlighted the following points to Members:

- the Council's draft Statutory Statement of Accounts for year ending 31 March 2018 were prepared and approved ready for our external auditors by the Interim Joint Strategic Director for Transformation and Change on 31 May 2018;
- the Accounts had now been audited and were being presented to Audit Committee for approval;
- the Accounts and Audit Regulations require the accounts to be formally approved and published on or before 31 July 2018;
- the Issues raised by the auditor were outlined in the report, including a summary of the changes made since the draft accounts were produced.

Members discussed the following:

- authorising the Interim Director for Transformation and Change (section 151) officer to agree minor amendments to the Statement of Accounts before 31 July 2018 deadline.

The Audit & Governance Committee agreed:

1. to note the amendments made to the Statement of Accounts for 2017/18 as agreed with the Auditor, and outlined in this report.
2. to approve The Statement of Accounts for 2017/18 as attached at Appendix A.
3. to authorise the Letter of Representation attached at Appendix B of the report for submission to the Auditor.
4. approve the Statement of Accounts and authorise the Interim Director for Transformation and Change (Section 151 Officer) to agree any minor amendments following confirmation of the auditor's report, subject to any such amendments not having an impact on the Council tax payer.

27. **Annual Report to Those Charged with Governance - To Follow**

The Committee adjourned to have sight of the supplementary information provided to members.

Chris Wlaznik (Audit Manager BDO) And Donald Plane (BDO) presented the Annual Report To Those Charged With Governance highlighting the following points to Members:

- summarised the results of completing the planned audit approach for the year ended 31 March 2018;
- that this report was an integral part of BDO's communication strategy with Plymouth City Council;
- that this report had been prepared solely for the use of the Audit and Governance Committee and those charged with Governance.

The Audit & Governance Committee agreed:

- to note the report

PLYMOUTH CITY COUNCIL

Subject:	Health, safety and wellbeing annual report 2017-18
Committee:	Audit and Governance
Date:	1 st October 2018
Cabinet Member:	Councillor Peter Smith
CMT Member:	Andrew Hardingham (Interim Director Transformation and Change)
Author:	Clare Cotter Head of health, safety and wellbeing assurance
Contact details	Tel: 01752 307006 email: clare.cotter@plymouth.gov.uk
Ref:	Your ref.
Key Decision:	No
Part:	I

Purpose of the report:

The health, safety and wellbeing annual report for 2017-18 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 2017-18 to improve our management arrangements for health, safety and wellbeing and what we are planning to do in 2018-19 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.

Corporate Plan

The health, safety and wellbeing vision for the Council is fundamental to the achievement of the Council's vision and objectives:

'A Council with an active and embedded health, safety and wellbeing culture, fully compliant with health and safety legislation and guidance. A safe, happy and thriving work force able to deliver the Council's vision and objectives'

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

N/A

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

N/A

Equality and Diversity

Has an Equality Impact Assessment been undertaken? 2016-17

Recommendations and Reasons for recommended action:

The audit and governance committee is asked to note the contents of this report.

Alternative options considered and rejected:

N/A

Published work / information:

N/A

Background papers:

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert references of Finance, Legal and Monitoring Officer reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin	SA18 .19.1 00	Leg	ALT/ 3050 8	Mon Off		HR		Assets		IT		Strat Proc	
-----	---------------------	-----	-------------------	------------	--	----	--	--------	--	----	--	---------------	--

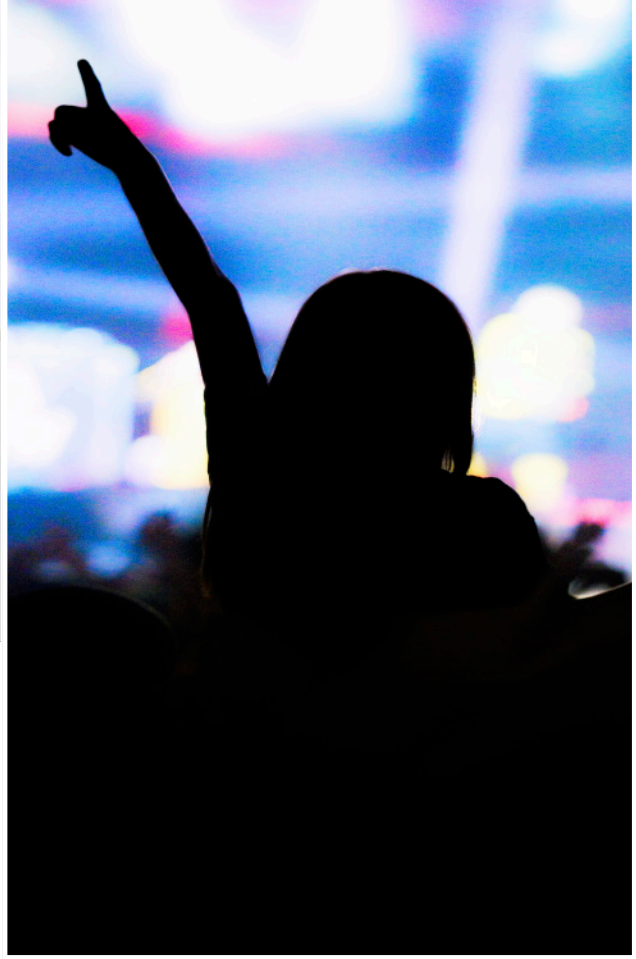
Originating SMT Member: Andrew Hardingham

Has the Cabinet Member(s) agreed the contents of the report? Yes



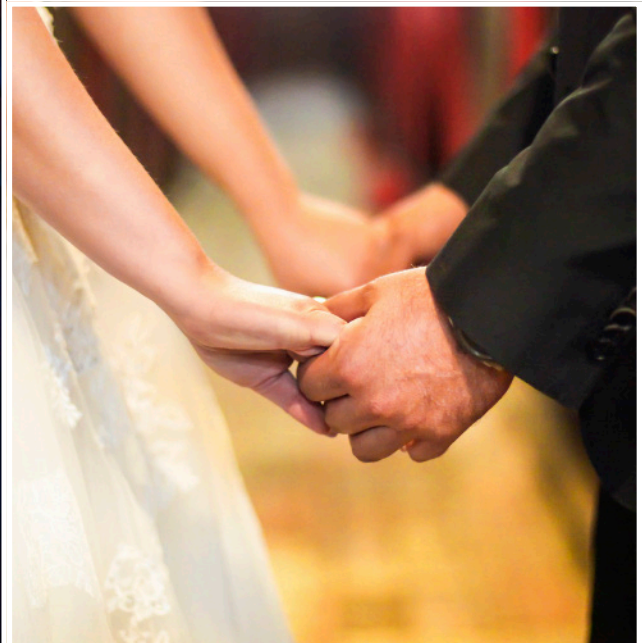
HEALTH SAFETY AND WELLBEING

ANNUAL REPORT 2017-2018



PLYMOUTH CITY COUNCIL

WHAT WE DO...





KEY FACTS

- At the end of 2017-18 there were 2,629 people in our workforce serving a city of 262,900 citizens
- We have 20 maintained schools with a workforce of 1,144 serving 5,085 pupils
- 2,079 of our core workforce are resident in Plymouth, representative of all 20 wards
- 856 workers are in customer facing or front line roles such as librarians, children's social workers, school transport staff, customer services staff, waste collectors and staff at recycling centres, gardeners and parks maintenance staff
- Some of our staff are exposed to health hazards during their working day including biological hazards, contact with or use of latex, skin and respiratory irritants and sensitisers, noise, vibration, use of machinery. Each activity is risk-assessed and control measures are put in place to reduce exposure to as low as reasonably practicable to prevent any ill-effects
- The estimated prevalence of the four main health conditions (Coronary Heart Disease, Cancer, Chronic Obstructive Airways Disease and Stroke) in the workforce population is equal to that in The City and the South West Region, and 1 per cent higher than in England
- Based on Plymouth ward behaviours 1,604 workers may eat five or more portions of fruit and veg a day; 1,945 may participate in two or more sessions of 30 minutes of moderate physical activity per day; 729 workers may have a drink containing alcohol 4 or more times a week and 105 workers may smoke



INTRODUCTION

In 2017-18 the focus has been on four key priorities to ensure that the basic building blocks are in place for a positive health, safety and wellbeing culture. In 2018-19 I expect Managers to provide pro-active leadership in health and safety integrated with their business leadership, role modelling the behaviours that embed a pro-active health, safety and wellbeing culture and best practice.

I maintain close scrutiny of the health, safety and wellbeing agenda as a priority. During the year I have been able to see the impact of the improvements noted in this annual report, and feel a stronger pulse of health and safety run through the organisation; however the year has not been without its challenges. The HSE served the Council with an improvement notice in December 2018, with regards to our management of the control of exposure to vibration. We have taken our response to this very seriously and are putting in place the necessary controls to ensure our employees exposure is as low as reasonably practicable.

TRACEY LEE

Chief Executive



I assumed the role of Executive Lead for health, safety and wellbeing (HSW) in February 2018 when the planning for the steering group away day in April was underway. The event was attended by over 50 staff representing five Directorates and provided an opportunity for sharing the challenges and achievements of the year; and to identify the improvement objectives for 2018-19. As part of the Council's new business planning framework each Directorate now has HSW improvements integrated with business priorities and a clear understanding of the corporate HSW priorities; I look forward to seeing how these progress in the coming year.

ANDREW HARDINGHAM

Strategic Director Transformation and Change



The corporate Health, Safety and Wellbeing Assurance Team was restructured early in 2017, redistributing the resource available to create a new Wellbeing Specialist role and Health, Safety and Wellbeing Apprentice post. With a clear focus on raising the consciousness of health, safety and wellbeing at all levels of the organisation, we have worked with various teams under the banner of 'coaching for safety'; bespoke programmes created to meet the needs of specific groups of staff. We have also overhauled our information for staff to make it more user friendly and accessible. Positive progress has been made in 2017-18; this report demonstrates what has been achieved, and the agreed priorities for 2018-19.

CLARE COTTER

Head of Health, Safety and Wellbeing Assurance



CONTENTS

Executive Summary

Delivery in 2017-18

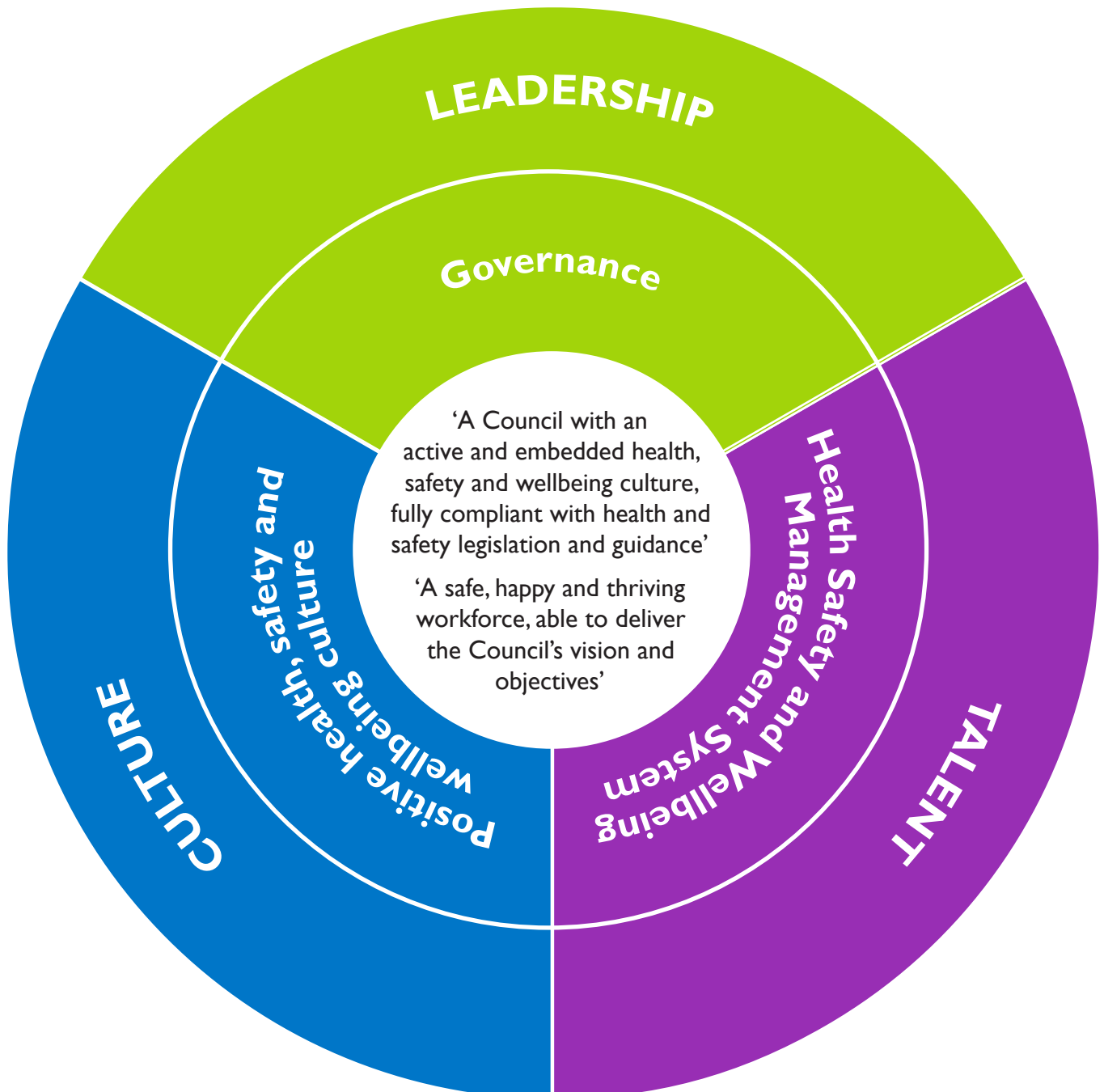
Appendix - Corporate HSW Improvement Plan 2018-19

EXECUTIVE SUMMARY

This report is a statement of Plymouth City Council's occupational health and safety performance to the end of the financial year 2017-18, and our improvement plan for 2018-19. This includes a summary and recommendations from the health needs assessment of our working population commissioned by the Health, safety and wellbeing (HSW) Steering Group from the Office of the Director of Public Health to support our targeted health promotion activity.

The health, safety and wellbeing vision agreed in 2016 has driven the improvements we achieved last year, and is aligned to the priorities of the new Conservative Administration: 'A growing city, a caring Council'. Whilst this did not take effect until May 2018, it is referenced here as the context for the 2018-19 improvement plan.

HEALTH, SAFETY AND WELLBEING VISION





OUR PLAN A CITY TO BE PROUD OF

CITY VISION Britain's Ocean City

One of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone.

OUR MISSION Making Plymouth a fairer city, where everyone does their bit.

OUR VALUES

**WE ARE
DEMOCRATIC**

We will provide strong community leadership and work together to deliver our common ambition.

**WE ARE
RESPONSIBLE**

We take responsibility for our actions, care about our impact on others and expect others will do the same.

**WE ARE
FAIR**

We are honest and open in how we act, treat everyone with respect, champion fairness and create opportunities.

**WE ARE
CO-OPERATIVE**

We will work together with partners to serve the best interests of our city and its communities.

OUR PRIORITIES

A GROWING CITY

- A clean and tidy city
- An efficient transport network
- A broad range of homes
- Economic growth that benefits as many people as possible
- Quality jobs and valuable skills
- A vibrant cultural offer
- A green, sustainable city that cares about the environment.

A CARING COUNCIL

- Improved schools where pupils achieve better outcomes
- Keep children, young people and adults protected
- Focus on prevention and early intervention
- People feel safe in Plymouth
- Reduced health inequalities
- A welcoming city.

HOW WE WILL DELIVER

Listening to our customers and communities.

Providing quality public services.

Motivated, skilled and engaged staff.

Spending money wisely.

A strong voice for Plymouth regionally and nationally.

Governance and accountability

Accountability for our statutory duties for health, safety and wellbeing sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in our corporate policy, and describe a systems leadership approach, with roles and responsibilities for health, safety and wellbeing dispersed throughout the organisation.

The Executive Director and Chair of the HSW Steering Group is the Strategic Director for Transformation and Change, the Portfolio Holder for HSW is Deputy Leader Peter Smith. The HSW Assurance Team is part of the HROD Department and was restructured in 2017. This resulted in the creation of a new Wellbeing Specialist post and Apprentice, complimenting the Team of HSW Assurance Specialists and Assistants. The team come from a broad range of backgrounds with a wealth of varied knowledge, skills and expertise to enable them to advise the Council in a progressive journey of practice and cultural HSW improvements.

New highlight reports are now being received by the HSW Steering Group on a quarterly basis, produced by each Directorate. These are being utilised to provide the golden thread of HSW risk management and escalation between the front line and HSW Steering Group. They are also utilised as a basis for Trade Union engagement through Joint Consultative Committee arrangements.

A digital system has been procured at the tail end of 2017, which will transform the way in which health and safety is managed in the future. At the time of writing this report preparations are in place to support implementation across the organisation and schools.

Training

There has been a clear focus in 2017-18 on mandatory and essential training, resulting in changes to our approach. Monitoring systems have been put in place to assure compliance with mandatory training; coaching for safety programmes have been delivered in various forms and to various audiences, providing a more interactive and experiential learning opportunities. Team Plymouth had a creative session on building and sustaining resilience. More formal training has been reviewed and the Institute of Occupational Health and Safety (IOSH) Managing Safety Programme has been reduced from 4 days to 3 to enable more Senior Managers to attend.

Risk

Three activities have been delivered in 2017-18 to supplement and strengthen our current approach to risk management.

All service areas have completed a self-assessment exercise against HSG65, the Health and Safety Executive's best practice standards for compliance with HSW legislation and regulations. Action plans are owned by Heads of Service, which describe activities that need to be achieved to tighten controls.

We have put in place monthly management information reports to support the monitoring of mandatory training compliance at local level, and also introduced 'heat pad' methodology. This is a simple way of engaging front line staff in conversations about: 'the safety concerns we have today' and ensuring where local resolution cannot be found, these concerns are escalated to the right level for the concerns to be addressed.



Wellbeing

The Council has held the national Wellbeing Charter award since 2015 and last year our progress was reassessed. We are proud to have maintained our 'excellence' status in health, safety and wellbeing and to have reached 'achievement' status in leadership, absence management and alcohol and substance misuse.

We have 21 active volunteer Wellbeing Champions across the organisation who have all received training for their roles. They support colleagues in their Directorates in a variety of issues and co-ordinate health promotion activity.

In March 2018 Full Council signed the Local Authority pledge for Mental Health and as part of this 'Mindful Employer' is included. This is to drive parity between the way we view and take account of mental ill health, in the same way as physical ill health.

The primary causes of sickness absence continue to be stress, muscular skeletal disorders and cold / flu. In 2017 we moved to a more targeted approach for our flu campaign and an analysis of its impact is offered in the main body of the report.

Incident and accident reporting and learning

The statistical information will show that there has been an increase in the overall rate of incidents reported per thousand workforce population since 2016-17. This could be due to two main reasons including: the decreasing number of people employed by the Council, the increase in incidents being reported as a result of awareness raising activity.

The three highest causes of incidents include unintentional violence, slips trips and falls and verbal aggression. Together these account for just over half of incidents reported. We have changed the way in which we record incidents of unintentional violence and excluded these from our accident and incident rates per thousand population. This is to ensure that they don't mask other important themes and trends due to their outlying position.

There have been seventeen RIDDORS reported to the HSE, two of which resulted in an inspection by the HSE of our arrangements for the Control of vibration. We are currently subject to an improvement notice issued as a consequence of the Inspectors visit, which is due to expire on 30th September 2018.

Audit

The 2017-18 audit programme focused on two aspects. This included completion of the schools audits and associated monitoring activity, and a self-assessment programme across all other service areas as noted above.



DELIVERY IN 2017-18

The health, safety and wellbeing (HSW) improvement plan for 2017-18 was purposefully ambitious; designed to align the way we work with the responsibilities outlined in our revised HSW policy and to address 4 high level priorities:

- Governance and training: to ensure all employees are clear about their individual role and responsibility for HSW and have completed the relevant training to support this
- Risk: suitable and sufficient risk registers are completed for all service areas
- Wellbeing reaccreditation at 'achievement' level for the national wellbeing charter
- Auditing of the HSW Management System across all service areas

Overall, seventy five per cent of the actions were successfully delivered (n=79). This includes actions that were completed, or have now been embedded as business as usual or suspended due to the need to re-prioritise. The remaining twenty five per cent have been carried forward to 2018-19; fifty per cent of these are a continuation of planned work. At the time of presenting this report these actions are complete.

Governance and training

The corporate Health, Safety and Wellbeing Team were restructured early in 2017, redistributing the resource available to create a new Wellbeing Specialist role and Health, Safety and Wellbeing Apprentice post. There were no financial targets required in recognition of the need to maintain a comprehensive HSW Assurance function across all areas of operation in the Council. All posts were successfully recruited to, retaining the organisation and subject matter knowledge, skills and expertise of long standing members in the team, and recruiting three people from external organisations, bringing new perspectives from other local authorities, NHS and the private sector.

Whilst there is no national standard for HSW apprentices currently, our new recruit is undertaking an NVQ3 in Business and Administration, with a clear HSW focus. This is with the view of providing in-house learning opportunities aligned to the HSW agenda with the expectation of a smooth transfer to an HSW apprentice programme when this is available.

A new 'Coaching for Safety' programme was launched

in 2017. The first event was attended by some fifty delegates from across the organisation who had the opportunity to creatively explore various situations through the lens of health, safety and wellbeing. Several bespoke coaching for safety activities have been offered in different parts of the organisation to support service areas according to their needs. The programmes are facilitated by the Health, Safety and Wellbeing Assurance Team working alongside colleagues in service areas to strengthen our safety culture.

A session on wellbeing and resilience was facilitated for Team Plymouth, our network of third tier managers to support their understanding of how to maintain their own resilience and that of their teams. A guided mindfulness opportunity based on the thought: "when I am at my best" provided space for managers to reconnect with their strengths, followed by a practical session on how to build and maintain resilience within teams.

In September 2017 we began publishing monthly data for service areas to review their own performance regarding compliance with mandatory health, safety and wellbeing mandatory training. In the first instance this relates to the introduction to health, safety and wellbeing e-learning package. In 2018-19 this will be developed to cover all other levels of training. Managers can review individual compliance for their direct reports via itrent, our HR management system. We have seen an increasing trend in compliance which at year end stands at 78 per cent.

The IOSH Managing Safely course has been reduced from four days to three in response to feedback about the time needed out of delivery to complete this. 41 Senior Leaders completed the course in 2017-18. Our success rate is one hundred per cent. In 2018-19 we will be exploring ways to offer choice in the way managers are able to achieve this course, in particular through accredited e-learning.

The Council has procured a digital HSW management system from SHE Assure which will be installed in 2018-19. The system will provide real time visibility of HSW risk corporately and in service areas to enable pro-active risk management and to drive continuous improvement priorities.

The Health, safety and wellbeing web pages on staff room have been overhauled to make information, advice and support more easily accessible. New information has been included; for example 'Good

HSW questions to ask at management meetings' and 'frequently asked questions about mandatory training'.

The first safety climate survey has been run, and at the time of writing this report is in the process of being analysed. 253 individuals completed the survey, which is a poor response rate overall; however, the critical mass of respondents came from our front line staff / customer facing workers (175). The majority of whom completed a hard copy return, due to not having IT access.

The HSW Steering Group held its annual away day on 16th April 2018 which was attended by staff from across the organisation and Trade Union representatives. All delegates went away with a clear understanding of priorities for improvement in 2018-19 and key deliverables to be incorporated into Directorate business plans (Appendix A).

Risk

There have been four risk summits held in year to address areas of high risk. These are Chaired by the Executive Lead for HSW, and attended by the relevant Director and Heads of Service to ensure any blocks to reducing the risk to as low as reasonably practicable are addressed. Two summits have been closed and two remain open in 2018-19 until all actions have been completed.

With the introduction of a corporate Key Performance Indicator (KPI) monitoring the 10 day reporting standard for the reporting of incident / accidents and near misses, we are now achieving 85.2% compliance. In part this has been achieved by a change to our arrangements with schools in respect of the reporting of unintentional violence. In 2018-19 this standard will be reduced to 8 days, with a view to reducing further with the introduction of the digital reporting system.

The reporting and management of HSW risks and opportunities is provided biannually to the Corporate Management Team by the Head of Assurance, Directorates feed into this process via operational risk registers. A separate HSW risk register extracted from this is also reviewed by the HSW Steering Group quarterly to ensure the timely management of risk and strategic oversight.

Three significant activities have also been implemented to supplement and strengthen our current approach to risk management:

Self-assessment process:

All service areas (n=68) were asked to conduct an HSW self-assessment based on the Health and Safety Executives (HSE) best practice model – HSG65, as one of a number of measures to help shape a positive culture and continuous improvement in HSW.

The self-assessment was designed to support Heads of Service review the effectiveness of their HSW management arrangements and identify any gaps in their current Operational Risk and Opportunity Registers.

On completion Heads of Service have a comprehensive view of positive HSW practice within their service area, and a HSW action plan which supports any improvements needed. At a strategic level, the self-assessments have been analysed, and key findings have informed the HSW Audit Programme for 2018-19. These and recommendations were shared at the April 2018 HSW Steering Group away day.

Mandatory training compliance monitoring:

Learning and development functionality within our core HR system has been utilised to enable all Managers to review compliance against HSW mandatory training. The HSW Assurance Team publish percentage compliance rates on a monthly basis to prompt review of performance at individual level by Managers.

Introduction of heat pad methodology

A new methodology has been introduced to support the identification and escalation of risk within Directorates, as a simple way of all staff saying: 'these are the health and safety concerns we have today'. The principle is to resolve all concerns at the most local level, and to escalate to the next level where help is required to resolve the concern.

Wellbeing



**THE WORKPLACE
WELLBEING CHARTER**
NATIONAL AWARD for ENGLAND

As part of the restructure of the HSW function provision was made to appoint a Wellbeing Specialist. As a result significant progress has been made in developing opportunities for staff to think about and engage in activities related to their wellbeing.

The first Wellbeing Week was held in May to coincide with Mental Health Week. In partnership with Unite staff could attend free mindfulness sessions, and have a health check with free gym membership for a month.

We provided over 900 pieces of evidence to Livewell South West as part of their review of our Wellbeing Charter achievement. The following table presents our achievement.

	2015	2017	Change
Leadership	Commitment	Achievement	↑
Absence management	Commitment	Achievement	↑
Health and safety	Excellence	Excellence	↔
Alcohol and substance abuse	Commitment	Achievement	↑
Smoking	Achievement	Achievement	↔
Mental health	Commitment	Commitment	↔
Healthy eating	Commitment	Commitment	↔
Physical activity	Achievement	Achievement	↔

In March 2018 Full Council signed the Local Authority Pledge to Mental Health, and as part of this the pledge to 'Time to Change' for our employees. It is acknowledged that achieving parity between physical and mental health in the application of HR policies is challenging, and that we have further to go to ensure fairness and consistency of application across the organisation. It is acknowledged that whilst fairness and equality are underpinning values of HR practice, Lead Trade Unions representatives consider current policies to be inconsistently applied by managers and in some circumstances unfairly applied; work is in place to achieve a mutually agreed understanding and way forward.

Our performance standard for manual handling has been reviewed and updated, providing a more reader

friendly format. Trade Unions and staff were engaged in the process and the standard is published on staff room.

Some work identified in the 2017-18 improvement plan for wellbeing has been carried forward into 2018-19. This has been due to the need to respond to emerging risks and issues which take precedence over development work.

The Wellbeing Specialist has worked with our HR Employment Relations Team to identify people who are in complex situations and need additional support to bring about a resolution. This has been at individual and team level.

Health Needs Assessment



In 2018, a health needs assessment of the current PCC workforce was undertaken. The aim of this piece of work was to determine the health and wellbeing needs of the workforce in relation to the Thrive Plymouth lifestyle behaviours, so that the authority can understand how best to support its workforce and target health promotion interventions appropriately. Looking at existing data sources, a profile was produced of the workforce looking at standard demographics, the range of occupational groups, known risks to health and wellbeing and sickness absence. The profile also included prevalence estimates of chronic conditions and lifestyle behaviours amongst the workforce.

Whilst sickness absence within PCC is below the national average for similar local authorities, the level of absence is still significant with 17,135 lost working days in the previous year – equivalent to 76 full time equivalent employees. Thus there is clearly great potential to improve the health and wellbeing of the workforce. The data estimates showed that around 35 per cent of the workforce do not eat 5 portions of fruit or veg a day (a measure of a healthy diet) and about 25 per cent of the workforce do not participate in 2 or more sessions of 30 minutes moderate physical activity a week (a measure of adequate activity). Providing a supportive environment at work to support improving these figures would contribute to significant improvement in the health of the workforce. Whilst rates of smoking and harmful alcohol consumption were much lower, supporting changes in these behaviours would also provide demonstrable health benefits for individual employees.

The recommendations from the needs assessment were;

- Continue to work towards the Workplace Wellbeing Charter excellence award
- Continue to enable workplace wellbeing champions to deliver a programme of support across the 4 key lifestyle behaviours and mental wellbeing to the workforce
- Provide the workforce with signposting to Public Health England’s “one You” campaign and to the workplace wellbeing champions
- Update and develop PCC policies around smoking, drinking, healthy eating and physical activity
- If further data is required consider the use of the Warwick and Edinburgh Mental Wellbeing Tool of Public Health England’s health needs assessment survey
- Ensure all initiatives are monitored and evaluated



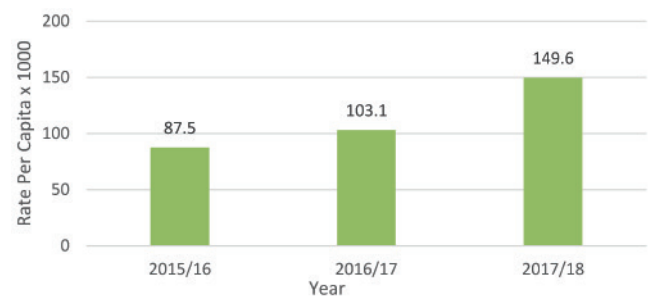
Accident and incident reporting and learning

All data presented in this report has been extracted from an access data base managed by the corporate HSW Assurance Team. Data is presented as a ratio of incidents per thousand workforce population (headcount) to standardise the rate and allow comparisons between years.

The data is not benchmarked with other organisations due to the variation in the way that incident and accident information is captured which may present a misleading picture.

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. Overall the reader will see that there has been a stepped increase in the number of incidents reported in 2017-18, and caution should be exercised in concluding that more incidents and accidents are actually occurring. A positive reporting and learning culture is being embedded to ensure we learn from the root causes of incidents and accidents and are able to share any lessons learnt across service areas where learning is transferable.

Graph I – Employee incident rate



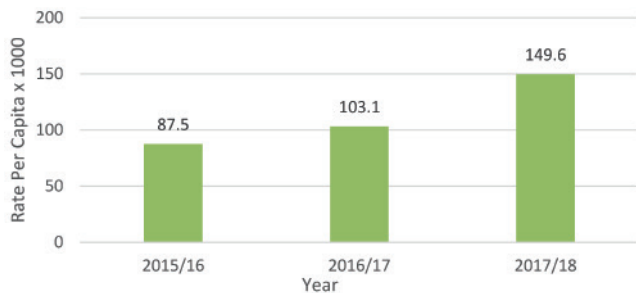
Please note that these figures do not correspond with the data provided in 2016-17 annual report. This is because we have changed the way in which we are recording unintentional violence incidents in our special schools and we have recalculated previous years to provide consistency.

A significant amount of work has been achieved this year to raise awareness of the importance of reporting with a positive result. There was an increase in the incident rate per 1000 employees from 103 in 2016-17 year to a 150 (figures rounded) in 2017-18; which is likely to be due to previous under reporting. However;

the number of staff has decreased incrementally across the three years so it is not possible to draw a definitive conclusion.

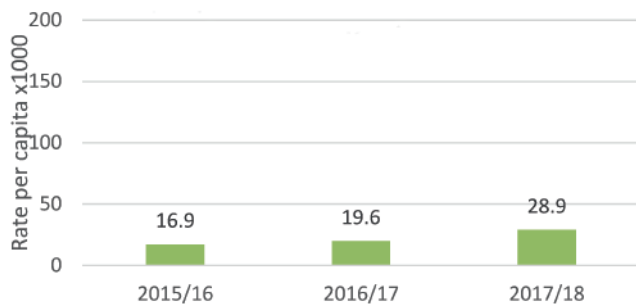
Graph 2 – Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) trend

RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive.



The total number of RIDDOR reportable incidents for the year was 17, this was 4 more than the previous year and was made up of 2 reportable diseases, 10 over seven day absences, 1 member of the public taken to hospital and 4 specified injuries.

Graph 3 – Employee incident rates violence and aggression



There has been a particular drive to encourage staff to report incidents of violence and aggression in customer facing service areas, therefore the increase in incident rate may be attributed to an increase in reporting rather than an increase in violence and aggression towards staff.

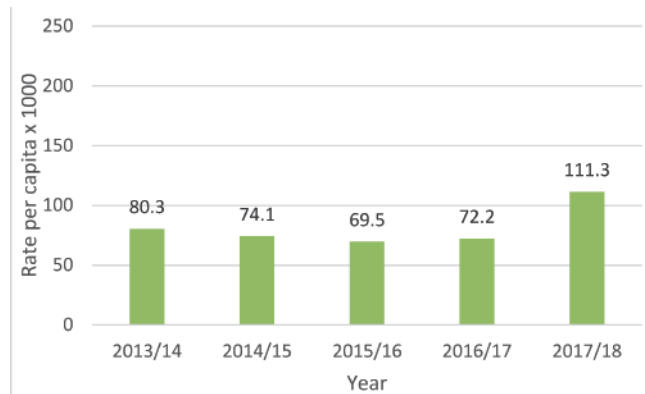
Work is on-going to support and improve the way in which we learn lessons from the incidents that occur so we can share these across the organisation and

reduce the likelihood of there being repeat failures. We recognise that good investigations that identify the root causes are essential for identifying improvement opportunities.

A new HSW incident and accident training course has been implemented in 2017, to support understanding of the investigations process.

Graph 4 – no injury incidents

The significant increase in no injury incidents shown below is positive; however, the incident may be related to injury to premises or the witness of unacceptable behaviour.



Graph 5 – overdue incident reports



Performance against the 10 day standard for incident and accident reporting has generally improved compared to 2016-17, and since November 2017 performance has been maintained above 80 per cent. In 2018-19 this has been reduced to 8 days, and will be reduced further with the implementation of the digital management system.

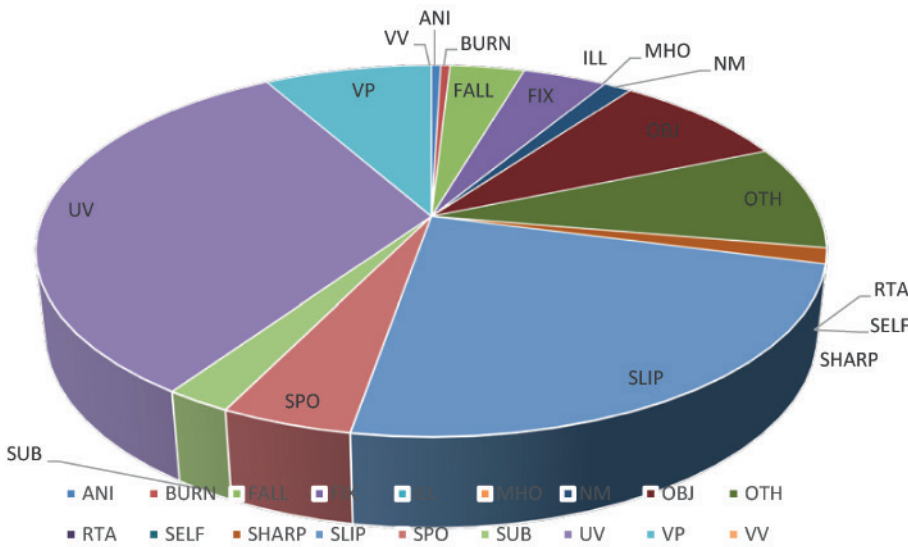
The following graphs report the types of incidents reported and demonstrate that the top 3 incident types for the year remain the same as in 2016-17:

- Unintentional violence accounted for 34 per cent of the total incidents reported, this equated to 346 reports with all of these occurring within our adult care facilities and associated with the transport provision for these centers.
- Slips, trips and falls accounts for 13.4 per cent of the total incidents reported, this equated to 137 reports. Slips, trips and falls are in the top 5 of all except one Directorates' annual figures.

Verbal aggression toward PCC staff accounts for 9 per cent or 93 incidents, the majority of these occurred within customer service facing departments.

Graph 6 – Incidents by type in Plymouth City Council Maintained Schools

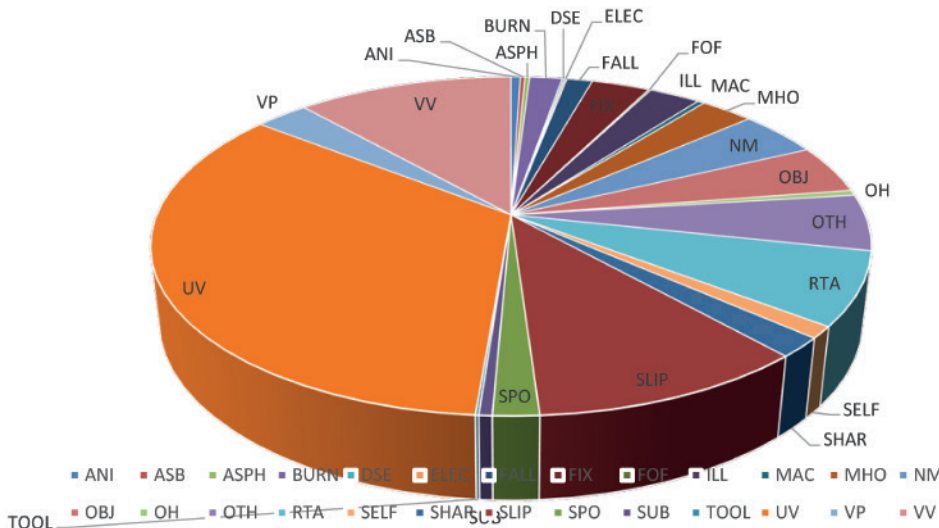
Plymouth City Council was the employer of 1,144 staff in 20 maintained schools in 2017-18



Key:

ANI	Injured by animal
ASB	Exposure to asbestos
ASPH	Drowned or asphyxiated
BURN	Burn/ Scald
ELEC	Contact with electricity
FALL	Fall from a height
FIX	Hit something fixed or stationary
FOF	Client/ member of public on floor with no reason
ILL	Illness, not work-related
MAC	Contact with moving machinery
MHO	Injured handling, lifting or carrying
NM	Near Miss
OBJ	Hit by moving or falling object
OTH	Other (including play incidents)
RTA	Road Traffic Accident
SELF	Self-harm (work related only)
SHAR	Cut by sharp object
SLIP	Slip, trip or fall on same level
SPO	Injured during sports activity
SUB	Exposed to harmful substance
TOOL	Injured using hand tools
UV	Unintentional violence
VP	Physically assaulted
VV	Verbally assaulted or threatened

Graph 7 – Incidents by type in all other departments



Health and Safety Executive Improvement notice

On the 7 December 2017 our Street Services department was the subject of an HSE Inspection in relation to our compliance with the control of vibration regulations 2005. This was as the result of two RIDDORs reported; one due to a diagnosis of white finger and one a possible diagnosis of carpal tunnel syndrome.

The Inspector found us in breach of the regulations and issued a compliance notice; the compliance date is the 30 September 2018.

A risk summit was convened internally to monitor the remedial actions required to comply with the improvement notice and evidence has been provided to the HSE demonstrating our improvements. The Inspector is now reviewing how we are monitoring and adjusting our controls over the grass cutting season to ensure that risk assessments are dynamic and exposure to vibration is as low as reasonably practicable.

The Council is committed to our vision for health, safety and wellbeing and would not wish to see any employees come to harm due to their work activities. It is the expectation of the Chief Executive that all

responsibilities for health, safety and wellbeing are discharged appropriately in accordance with the corporate policy, and that all risks are reduced to as low as reasonably practicable.

Claims

The following table relates to claims from employees who have suffered injury or ill- health which has been attributed to breach of the duty of care owed by the Council. Note that claimants have up to three years from the date of the event to make a claim (three years from the date of diagnosis in the case of disease) so these figures may change significantly.

EL Claims Analysis	2015/16	2016/17	2017/18
Total Claims	13 (8 settled, 5 outstanding)	6 (all outstanding, none settled)	13 (4 settled, all 4 repudiated, 9 outstanding)

In 2017 seven of the claims relate to accidents and six to a diagnosed disease; the funding available relates only to insured costs. The HSE estimates that for every £1 of insured costs there is a cost of £10 of uninsured costs. There are currently 20 claims in due process.



Celebrating good practice – people making a difference

In 2017-18 The Council had 21 active Wellbeing Champions across the organisation. These are volunteer roles, supporting staff within their Directorates pro-actively campaigning for health and wellbeing and being a point of contact for individuals at a specific moment in time.

All Champions receive comprehensive training for their roles including:

- Introduction to the role of the wellbeing champion
- Wellbeing Champion training – Livewell Southwest
- Alcohol IBA
- Mental Health First Aid
- Quarterly network meetings

Our Highways Department has identified two people to co-ordinate key messages about health and safety and they have initiated monthly newsletter for all staff.



Helen Cocks – Wellbeing Champion

I became involved in the wellbeing champion programme as I was already a health and safety lead and risk champion in my department and because my boss at the time nominated me for being a supportive colleague.

The training was really interesting; we covered things like how to recognise signs and symptoms and how to make appropriate interventions, we also covered alcohol, healthy eating, mental health conditions and lots more. We were provided with tools, resources and contact details of local charities and organisations – all to support people improve their health and wellbeing.

The most invaluable tool has been the 'five ways to wellbeing'; five ways that everyone can improve their wellbeing by creating opportunities to Connect, Learn, be Active, Notice and Give (CLANG) – whenever I share this with colleagues I get feedback about how simple it can be to build such things into daily life.

Since becoming a wellbeing champion several years ago, not a month has gone by without me having a wellbeing conversation with a colleague. I would say that most of the interventions relate in some way to reducing stress and improving mental health and I'm really pleased that as an organisation we have such great support mechanisms in place like the PAM Assist employee assistance programme, the Workplace Wellbeing Charter and the Time to Change employer pledge.

Colleagues have told me that having a trusted colleague to go to, even just for a listening ear, has helped avoid things that are on their minds becoming serious issues both at work and at home.

Audit

Audit activity during 2017-18 focused on the Health and Safety Executives best practice model HSG65. This comprised two strands:

HSW Self-Assessment Programme - all service areas (n=68)

The Health, Safety and Wellbeing Steering Group, with support from Trade Union Lead Representatives, agreed that all service areas would conduct an initial self-assessment in 2017-18 based on the Health and Safety Executives (HSE) best practice model - HSG65 as one of a number of measures to help shape a positive culture and continuous improvement in HSW.

The self-assessment was designed to support Heads of Service assess the effectiveness of their HSW management arrangements and identify any gaps in their current operational risk and opportunity registers.

Heads of Service now have a comprehensive view of positive HSW practice within their service area, and a HSW action plan which supports any improvements needed. At a strategic level, the self-assessments were analysed, and key findings have informed the audit programme for 2018-19. It has also helped identify higher risk areas for targeted support from the HSW Assurance Team

Controlled Schools audits

Following on from the self-assessment process undertaken in 2016-17, all 24 of PCC controlled schools were formally audited by July 2017.

Audits were carried out by the Plymouth City Council Health, Safety & Wellbeing (HSW) Assurance Team supported by Cornwall County Council and Terrain Safety Health & Safety.

Taking account of the overall scores, auditor feedback and quality assurance review, it is considered that the control framework for health and safety in the PCC portfolio of controlled schools, as currently laid down and operated at the time of the review, provides adequate assurance that risks material to the achievement of Plymouth City Council's objectives in respect of H&S arrangements are being managed.

Each of the 20 audits carried out in 2017, was undertaken by a HSW Professional using a consistent

methodology and scoring system. 4 audits had previously been completed in 2016 using a different methodology and scoring system, but that information was extrapolated to reflect the newer methodology and scoring.

Scope and objectives of the audit program

The scope was to provide detailed H&S review based on HSE managing for Health and Safety - HSG 65 (<http://www.hse.gov.uk/pubns/books/hsg65.htm>)

The following areas were considered and reviewed as per HSG 65 best practise:

- Management
- Leadership
- Legal Compliance
- Employee engagement/understanding
- Competence
- Risk assessment

The audit was separated into three definitive sections:

- Governance
- Premises Safety
- Fire Safety

Post Audit Actions/Support

Each school has been provided with a detailed audit report, with information on compliance, recommendations and a prioritised action plan. The HSW Team have provided advice and support with completion of the action plan.

Training delivery

Each year the HSW Assurance Team provide a core training programme for staff comprising mandatory and essential training courses; IOSH Managing Safely is also available to external partners. Two courses are currently commissioned externally: First Aid and Conflict Resolution, and there are a number of associated e-learning packages available on learning zone.

There has been an improvement in uptake of training courses in 2017-18 compared to 2016-17, which has resulted in a reduction in cancelled courses and 'did not attend' rates. Whilst less people overall have booked to attend courses, there has been an improvement in attrition rates. Table 2 illustrates this.

Table 2

	2016-17	2017-18
Number of courses planned	111	107
Number of courses run	81	90
Number of courses cancelled (main reason less than 6 people attending; last minute cancellations)	30	17
Total number booked on courses	990	762
Total course attendance	516	602
Did not attend rate	29%	21%
Percentage attendance of courses run	71%	79%
Percentage evaluations received	39%	34%
Percentage satisfaction score	91%	72%

As previously reported, the self-assessment process has raised awareness of health, safety and wellbeing generally, and resulted in higher demand for courses, specifically manual handling and risk assessment training. In 2018-19 work is in progress to reassess the way that training is provided to ensure capacity is available in a suitable form to meet demand.

The Council has changed the way in which feedback is received from participants which has resulted in a 5 per cent decrease in evaluations received. However, there has been a 20 per cent decrease in satisfaction which will be informing our review of training.

Wellbeing and resilience

Wellbeing at The Council describes our happiness, confidence, physical condition and general outlook on life. It is about feeling good and taking care of ourselves.

Wellbeing is important to The Council because evidence shows that people with high levels of wellbeing live longer; have lower rates of illness, recover quicker from illness and stay well for longer; have more positive health behaviours and generally have better physical and mental health. Wellbeing is a key facet of delivering our health, safety and wellbeing vision and the Corporate Plan.

We have supported our vision by:

- Switching from a re-active to pro-active approach
- Striving towards a sense of belonging and involvement
- Supporting effective leadership and management across the organisation to embed and maintain health and wellbeing as part of everyday activities
- Helping staff develop and maintain a healthy lifestyle by creating opportunities in the workplace and promoting the benefits of physical activity and healthy eating
- Building personal resilience in individuals through practical strategies, training and support in managing stress
- Providing early intervention and support to staff with health problems or disabilities to remain at work or to return to work as soon as possible following a period of absence
- Developing and monitor the effectiveness of policies which support staff wellbeing
- Focusing on employee engagement.

Examples of success include:

- The production by The Office of the Director of Public Health, of a Health Needs Assessment of our workforce. This is to ensure our wellbeing programme is consistent with the workforce health needs with evidence based interventions (see section 2 for the full report).
- The first wellbeing week held by The Council took place in April 2017, coinciding with National Mental Health Week. Staff had opportunities to attend mindfulness sessions arranged by UNITE,

and to have health checks provided by Nuffield Health. This also enabled participating staff to have a month's free gym membership. Wellbeing Champions from across the Council arranged various activities in their service areas.

- Appointment to the role of wellbeing specialist created to:
- Co-ordinate wellbeing activity across the Council
- Deliver wellbeing training to improve the resilience of individuals, teams, service areas and Directorates
- Provide support to individuals requiring bespoke solutions to improve attendance at work
- Be the first point of contact for Occupational Health (OH) and Employee Assistance.

In order to:

- Ensure we achieve continuous improvement in meeting the Wellbeing Charter Standards
- Improve the level of understanding about the factors effecting people's wellbeing at work at the support available within the council to improve resilience
- Improve attendance at work.

Volunteer Wellbeing Champions who work together and within their departments to:

- Help identify different health and wellbeing campaigns for staff
- Use health promotion materials to support positive interventions
- Be available to advise colleagues (and clients/ customers where appropriate) about health and wellbeing and be able to signpost to relevant information and support
- They are trained mental health first aiders and have also had training to improve their understanding of how lifestyle behaviours and environmental factors affect wellbeing.

New web pages for staff to discover 'what's on for wellbeing' at various locations across the Council. Examples include yoga session, a photography interest group and The Sound Council Choir.

Flu programme

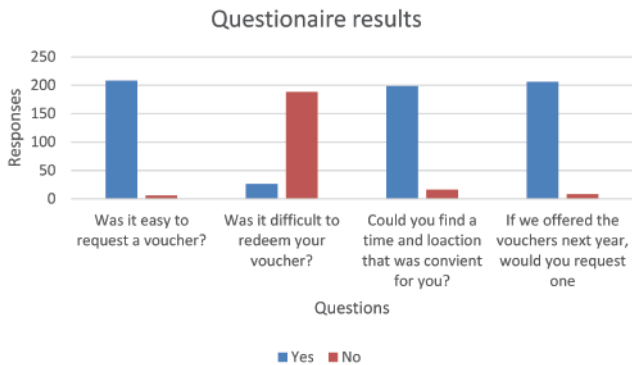
In 2017-18 the Council changed the way in which our flu programme is delivered, from a clinic based approach to a voucher scheme. We also moved away from a universal offer to targeting specific staff groups. These included staff working at the front line with vulnerable groups, and teams with higher sickness levels due to colds and flu.

Table 4 illustrates the target distribution of vouchers across service areas

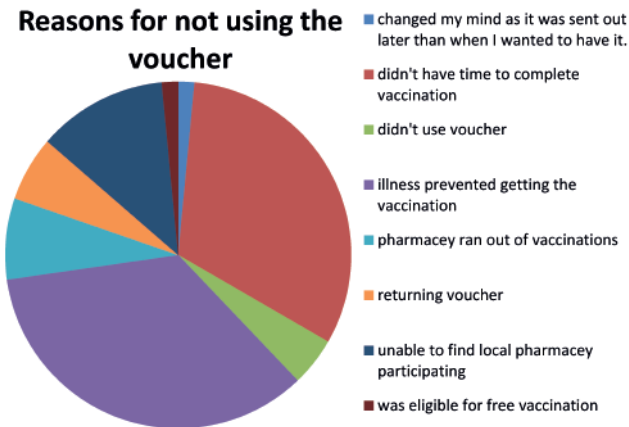
Department	2017-18 Projected	Achieved
Education, Participation and Skills	87	61
Children, Young People and Families	70	86
Cooperative Commissioning	30	38
Street Services	84	49
Finance	62	34
Customer Services	61	90
Council Wide	396	393

Following the distribution of vouchers 61 Per cent of people reported that they had redeemed their voucher; 17 percent of people said they did not redeem their voucher and 22 per cent did not inform us. Participants in the voucher scheme were invited to provide feedback about their experience, illustrated in the graph below.

Graph 8



Graph 9 illustrates the reasons why vouchers were not redeemed.



As a result of the free text feedback received the approach is being adjusted for 2018-19, including the following elements:

- Target of 75% uptake
- Choice in regards to preferred method of receipt: voucher / clinic
- Earlier communications in line with National Flu programme

The Full Council signed up to the Local Authority Pledge for positive mental health in the City and as part of this made a commitment to 'Time to Change'. This is an initiative to bring parity between physical and mental health in the application of HR processes, and to encourage people to talk about their mental health in order to reduce the stigma around this. Work has been in progress between HR Specialist Services, The Wellbeing Specialist and Trade Unions to review our capability and grievance procedures.

IMASS



We commission IMASS to provide independent occupational advice to Managers to support them in assessing fitness to work and making reasonable adjustments to support staff to be productive and successful at work.

During 2017-18 there were 324 referrals made which is consistent with 2016-17 taking account in the decreased numbers of staff.

The main reasons for referral remain as stress and mental wellbeing, and muscular skeletal disorders, which is consistent with our two main reasons for sickness absence.

IMASS has undertaken 519 pre-employment checks in support of The Council's recruitment process and continues to work with us to validate and deliver our health surveillance programmes. Work is in progress to develop a variation to our contract with IMASS to include a service level agreement for health surveillance with associated key performance indicators.

In 2017 our ergonomist withdrew his services and a new process has been instigated through IMASS with Jj Physio. All avenues of DSE assessment are explored in house before an external referral is made.

Employee Assistance Programme



The Council continues to contract with PAM Assist to provide a comprehensive employee assistance programme which all employees are able to access. During 2017-18 there were 1420 hits on the website which provides a range of supportive information relating to health and wellbeing, money management and access to legal advice. The most frequently viewed pages relate to all aspects of mental health and access to on-line counselling support.

The total number of people who received telephone counselling in 2017-18 was 229 people received face to face counselling with a total of 388 sessions being delivered overall (4.5 session's average).

PAM Assist also provide an emergency response service following staff being exposed to traumatic circumstances. This service was invoked after staff witnessed a violent physical assault outside one of our customer service centres.

APPENDIX I: CORPORATE HSW IMPROVEMENT PLAN 2018/2019

HEALTH, SAFETY AND WELLBEING ASSURANCE			
Objective	Key actions	Measurement	Target Date
All employees are clear about their individual role and responsibility for health, safety and wellbeing (HSW)	Develop and implement guidance for role profiles in relation to HSW responsibilities and health surveillance	Published guidance; role profiles updated on a rolling programme as restructures / vacancies occur	30.09.18
	Roll out revised induction for non-PC users using train the trainer approach	Critical mass of trainers available	30.09.18
	Embed key questions within regular performance reviews and annual appraisal objectives in relation to HSW	Routine programme of induction and review available for non-PC users Monitoring information available for assurance purposes	
	Coaching for safety programmes delivered in higher risk areas	RPR and appraisal documentation updated Staff survey	31.09.18
		Feedback from staff	31.03.19
Compliance with mandatory and essential HSW training	Deliver scheduled HSW training programme, ensuring people attain mandatory compliance for taught aspects Commission additional capacity to meet demand for HSW training (risk assessment; IOSH Managing Safely; IOSH e-learning, MH first aid and mindful employer) Service areas monitoring compliance information and taking action where compliance is not achieved	Training programme available for people to book IOSH pass rate Additional activity available; IOSH e-learning available Improvement trajectory evident for all levels of mandatory training	31.03.19
Strengthen and maintain a contemporary HSW risk profile across all functions	Deliver audit programme and support service areas to deliver actions arising from self-assessment Implementation of HSW e-system Migration of management information to digital system Implementation of risk assessment module Implementation of incident and accident reporting module Implementation of the audit module	Completed action plans Digital system operational at all levels of the organisation User feedback indicates intuitive system, and efficient Managers able to view information in real time e.g. incidents /RIDDDOR reports	31.03.19

<p>Deliver sustainable health improvements</p>	<p>Agree Service Level Agreement (SLA) for health surveillance and apply variation to MEDIGOLD contract</p> <p>Review and update list of known health hazards to ensure complete following organisational restructures</p> <p>Initiate a corporate approach to the wellbeing and resilience survey and action planning</p> <p>Wellbeing week</p> <p>Flu vaccination programme</p> <p>In-house work place assessments</p> <p>Produce new performance standard on health and wellbeing</p> <p>Co-ordinate seasonal programme of lifestyle factor: smoking and drinking</p> <p>Complete top 100 case review for mental health related absences</p> <p>Review and update capability process to ensure parity between physical and mental health</p>	<p>SLA agreed and monitored</p> <p>Contemporary hazard list with relevant HS programmes in place</p> <p>Corporate survey achieved June / July</p> <p>Evaluation</p> <p>percentage uptake</p> <p>percentage saving</p> <p>Standard published</p> <p>Evaluation</p> <p>Analysis and action plan informing changes to policy and practice</p> <p>New process agreed with TU reps</p>	<p>30.09.18</p>
<p>Collaborative actions in Directorate Business plans</p>	<p>Implementation of the HSW E-system</p> <p>Participate in training schedule for use of the new system</p> <p>Migrate current system into new digital system</p> <p>Implement digital Incident/accident management and reporting</p> <p>Continue with actions arising from the self-assessment process to ensure compliance with HSG65 and working towards ISO 18001 / 45001</p> <p>Embed core requirements for HSW into new / revised role profiles as per new guidance</p> <p>Monitor</p> <p>Mandatory training compliance</p> <p>Eight day reporting</p> <p>Service area HSW action plans</p> <p>Embed clear feedback loop between all levels of meetings in regards to HSW management and escalation of risks</p> <p>Develop action plans in response to the Safety climate tool (TBC)</p> <p>Wellbeing survey (June)</p> <p>Support wellbeing champions in their role</p> <p>Produce quarterly report for HSW Steering group, JCC and sub-committees as relevant</p> <p>Designate HSW co-ordination to appropriate persons within your service area</p>	<p>Evidence of engagement and participation in key deliverables across all service areas</p> <p>Confident staff utilising system to best effect</p> <p>Effective management systems in each service area supporting the management, escalation and resolutions to risk as far as reasonably practicable</p> <p>Employees clear about individual roles and responsibilities</p> <p>Clear improvement trajectory</p> <p>General awareness of HSW at all levels of the organisation raised, and risks addressed in a timely way</p> <p>Action plans delivered</p> <p>Feedback from champions</p> <p>Evidence of activity</p> <p>Meaningful reports tabled at relevant meetings</p> <p>HSW activity and reporting well-co-ordinated</p>	<p>31/03/19</p>

HSW Annual Report 2017-18
Published by Plymouth City Council
September 2018

CONTACT

Human Resources and Organisational Development
Plymouth City Council
Ballard House
Plymouth PL1 1BJ

PLYMOUTH CITY COUNCIL

Subject: Internal Audit Progress Report
Committee: Audit and Governance Committee
Date: 1 October 2018
Cabinet Member: Councillor Lowry
CMT Member: Andrew Hardingham (Strategic Director
Transformation & Change)
Author: Robert Hutchins, Head of Devon Audit Partnership
Brenda Davis, Audit Manager
Contact details: Tel: 01752 306710
email: robert.hutchins@devonaudit.gov.uk
brenda.davis@devonaudit.gov.uk
Ref: Your ref. AUD/BD
Key Decision: No
Part: 1

Purpose of the report:

This report provides Members of the Audit and Governance Committee with a position statement on the audit work carried out since April 2018 and based on work performed to date during 2018/19, Internal Audit is able to provide reasonable assurance on the adequacy and effectiveness of the Authority's internal control environment.

Corporate 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 understand and deliver quality public services which meet customer and community needs and keep people safe.

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

None.

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

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

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

The Audit and Governance Committee:

- Note the findings within the report.
-

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.

Published work / information:

Internal Audit Plan 2018/19 (March 2018)

Background papers:

None

Sign off:

Fin	Pl.18.19 .98	Leg	ALT/30508	Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member Andrew Hardingham, Strategic Director Transformation & Change													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

Internal Audit

Internal Audit Progress Report 2018-19

Plymouth City Council
Audit Committee

October 2018

Robert Hutchins
Head of Audit Partnership

Auditing for achievement

Introduction

This report provides a summary of performance in the year up to 31 August 2018 against the internal audit plan for the 2018/19 financial year, highlighting the key areas of work undertaken and summarising our main findings and audit opinions. The key objectives of the Devon Audit Partnership (DAP) are to provide assurance to the Audit Committee, Section 151 Officer (Interim Strategic Director for Transformation & Change) and senior management on the adequacy and security of the systems and controls operating within the Council and to provide advice and assurance to managers and staff.

The level of risk associated with each of the areas in Appendix A has been determined either from the Local Authorities Strategic / Operational Risk Register (LARR), or the Audit Needs Assessment (ANA). Where the audit was undertaken at the request of client, it has not been risk assessed. Assurance and recommendations should be considered in light of these risk levels and the impact this has on achievement of corporate / service goals.

Review of Audit Coverage

Overall, good progress has been made against the plan agreed with management for the 2018/19 financial year. Progress in the period up to 31 August 2018 has included completion of work carried forward from 2017/18, undertaking follow up audits, and in completing assignments in accordance with timescales agreed with management.

A summary of Internal Audit's opinion on the individual reviews that have been carried out or concluded for the period from 1 April 2018 is included in Appendix A.

Internal Audit Opinion

In carrying out systems and other reviews, Internal Audit assess whether key, and other, controls are operating satisfactorily within the area under review, 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 any address control issues or recommendations for efficiencies identified during each review. Implementation of action plans are reviewed during subsequent audits or as part of a specific follow-up process.

Overall, and based on work performed to date during 2018/19, Internal Audit is able to provide reasonable assurance on the adequacy and effectiveness of the Authority's internal control environment.

Inherent Limitations

The opinions contained within this report are based on our examination of restricted samples of transactions / records and our discussions with officers responsible for the processes reviewed.

Acknowledgements

We would like to express our thanks and appreciation to all those who provided support and assistance during the course of the audits.

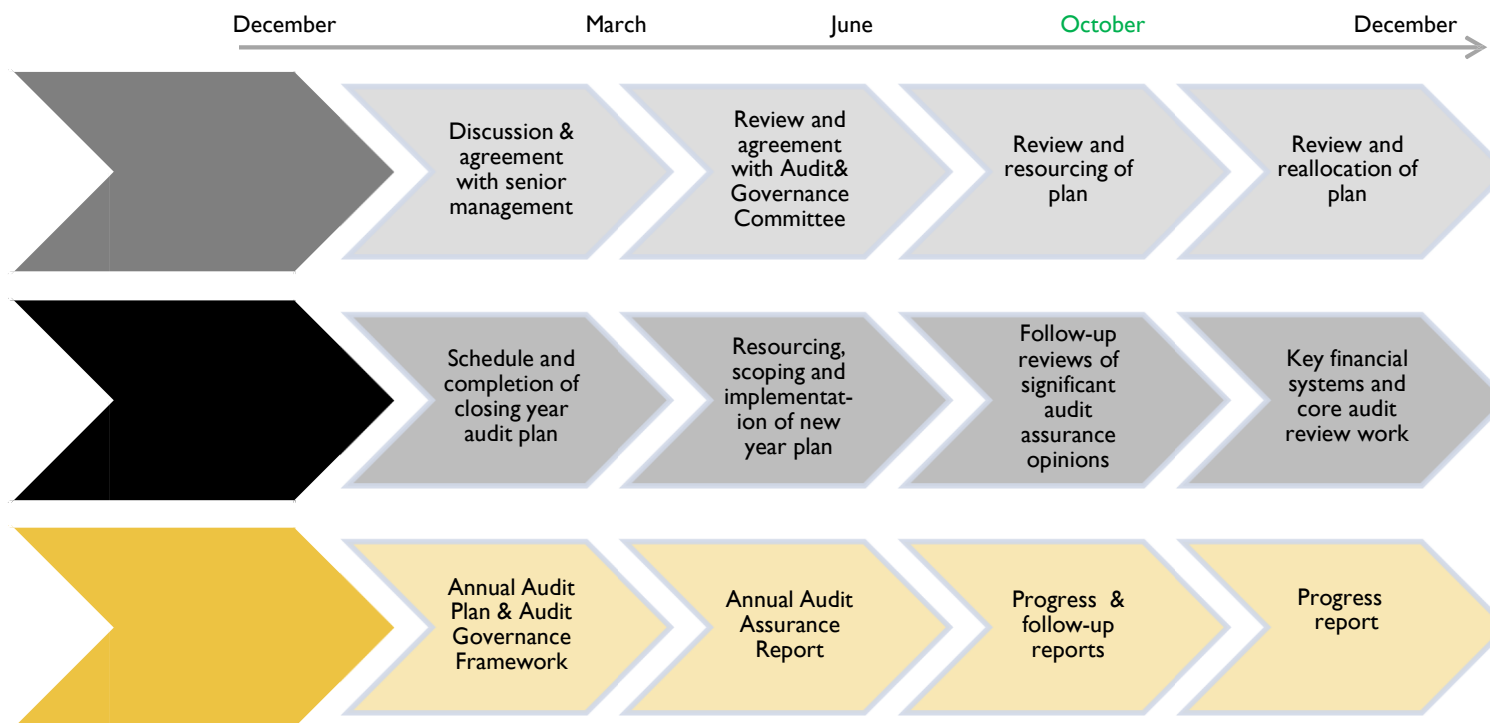
Recommendations

It is recommended that the report be noted.

Robert Hutchins

Head of Audit Partnership

Our Audit Team and the Audit Delivery Cycle



<p>Robert Hutchins Head of Audit Partnership T 01392 383000 M 07814681196 E robert.hutchins@devonaudit.gov.uk</p>	<p>David Curnow Deputy Head of Audit Partnership T 01392 383000 M 07794201137 E david.curnow@devonaudit.gov.uk</p>	<p>Brenda Davis Audit Manager – Plymouth T 01752 306713 M 07816934144 E brenda.davis@devonaudit.gov.uk</p>
--	--	--

Date	Activity
Dec / Jan 2018	Directorate planning meetings
March 2018	Internal Audit Plan & Audit Governance Framework to Audit & Governance Committee
	Year-end field work completed
April 2018	Annual Performance reports written
May 2018	Annual Internal Audit Report to Audit & Governance Committee
	Follow-up work of previous years audit work commences
Oct 2018	Follow-up and progress reports to Audit & Governance Committee
Dec 2018	Half-year progress reports to Audit & Governance Committee
Dec / Jan 2019	Directorate planning meetings
March 2019	2019/20 Internal Audit Plan to Audit & Governance Committee

Appendix I – Assurance Opinion and extract Executive Summaries – Up to 31 August 2018

Risk Assessment Key

SRR /ORR – Local Authority Strategic or Operational Risk Register reference

ANA - Audit Needs Assessment risk level

Client Request - no risk assessment information available

Assurance Progress Key Where Report Issued

Green – action plan agreed with client or delivery over an appropriate timescale

Amber – agreement of action plan delayed or we are aware progress is hindered

Red – action plan not agreed or we are aware progress on key risks is not being made

* report recently issued, assurance progress is of managers feedback at debrief meeting

Assurance Progress Key for Project Work

Green – progressing well

Amber – continuing to progress but some issues to address

Red – significant delays or issues to address

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Residual Risk / Audit Comment	Assurance Opinion	Assurance Direction of Travel
Transformation and Change				
Core Assurance – Key Financial System				
The key financial reviews will be commenced in the second half of 18/19				
<ul style="list-style-type: none"> ◆ Civica Financials: <ul style="list-style-type: none"> ! Creditors ANA - High ! Main Accounting ANA - High ! Debtors ANA – Medium ! Cash/Bank Receipting ANA – Medium ◆ Treasury Management ANA – Medium ◆ I.T.Systems ANA - High 		<ul style="list-style-type: none"> ◆ Academy Revs & Bens: <ul style="list-style-type: none"> ! Housing Benefits ANA - High ! Council Tax ANA - Medium ! Business Rates (NNDR) ANA - Low ◆ iTrent – Payroll ANA - Medium 		
Core Assurance - Other				
<ul style="list-style-type: none"> Corp Information Management <ul style="list-style-type: none"> • ILOG, Fol, DPA, Policies & P's, EDRMS, End User Computing 	ANA – High	<p>DAP continues to provide “trusted advisor” support to the Information Lead Officers Group (ILOG) and Management Information Security Forum (MISF). Excellent work continues to be conducted by ILOG and the Information Governance Manager. We anticipate a good working relationship will be formed with the new Corporate Records Manager which will mirror the strong relationship with the previous incumbent.</p> <p>The Council is facing many challenges in the form of ever increasing cyber security threats, managing its data effectively and compliantly. The</p>	Status: On-going	N/A

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Audit Report	
		Residual Risk / Audit Comment	Assurance Opinion Assurance Direction of Travel
ICT Operation and Security (Cyber)	ANA - High	<p>Corporate Information Manager has conducted a considerable amount of work to embed new processes, procedures and documentation to meet with the requirements of the new Data Protection Act 2018 (commonly referred to as the GDPR). Work is to be conducted later in the year to review and support this work.</p> <p>The overall level of 'cyber' security remains of a good standard, with examples of good practice being identified within the two cyber security audits conducted in the past fourteen months. Of note is the added value obtained from the knowledge and wisdom provided by key individuals within the Council and Delt Services and the investment made to keep technologies up to date.</p> <p>As a consequence of rapid change and personnel within the Council in recent years, it is a challenge to ensure that the various policy governance processes remain understood and visible to all stakeholders. This is true of the Council's Information Security Policy (ISP) and the associated policy governance processes would benefit from review and update in the coming months. This would also benefit the periodic educational initiatives required by best practice.</p>	Good Standard Status: Draft
Management of Employee Data	ANA – High Client Request	<p>We have liaised with HR & OD as they have developed a corporate framework to ensure that all personnel and supervision records are held securely, formally passed to the employee's new manager if the employee changes their role within the Council and archived when an employee leaves the Authority. Once this policy and associated documentation has been finalized and approved by the Corporate Management Team, a period will be allowed for implementation prior to audit commencing further work to assess policy compliance.</p>	On-going
Client Financial Services	ANA – High Client Request	<p>This audit is planned to commence mid-September and will review the adequacy of controls, processes and procedures operating within Client Financial Services Team to ensure that service users receive timely and accurate financial assessments; are charged accordingly and outstanding debts are followed up.</p>	


Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Audit Report	
		Residual Risk / Audit Comment	Assurance Opinion Assurance Direction of Travel
Deputyships	ANA – Medium Client Request	Our work will consider the effectiveness of the processes and procedures in place for the management of the affairs of people who lack the mental capacity to manage themselves and where the Court of Protection has appointed Plymouth City Council as a Deputy.	In-Progress
Purchasing Cards	ANA – Medium	We are in the process of undertaking some purchasing card spot checks to ensure compliance with Council and regulatory (VAT) requirements.	In-Progress
Travel & Subsistence	ANA – Medium Client Request	The mileage and expense claim process requires employees to retain evidence to support their claims for four years. We are contacting officers throughout the Council to understand if officers know what is required of them and whether or not they are complying with those requirements.	In-Progress
Schools Financial Value Standards (SFVS)	Statutory ANA - Low	SFVS Dedicated Schools Grant Chief Finance Office assurance statement for 2017/18 submitted to the Department for Education.	Good Standard Status: Final
<p>The following reviews will be commenced in the second half of 18/19</p> <ul style="list-style-type: none"> ❖ ICT Operation and Security (Cyber) - ANA – High ❖ Devon Business Rate Pilot - ANA - High ❖ Retained Client – ICT ANA - Medium, Client Request ❖ Customer Feedback - ANA – Medium ❖ e-Budgeting - ANA – High, Client Request ❖ Risk Management - ANA - High ❖ Purchasing - ANA – Medium, Client Request ❖ Retained Client ICT – ANA -Medium ❖ Retained Client Shared Services – ANA – High, Client Request 			
<p>Executive Office</p> <p>Core Assurance - Other</p>			
<p>The following reviews will be commenced in the second half of 18/19</p> <ul style="list-style-type: none"> ❖ Data Quality - ANA – High, Client Request ❖ Community Grants - ANA – Medium, Client Request 			

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Audit Report	
		Residual Risk / Audit Comment	Assurance Opinion Assurance Direction of Travel
People			
Core Assurance – Key Financial System Income Collection (Deferred Payments) – Follow-Up	ORR - Amber ANA – High	See follow-up report included elsewhere on this agenda for details.	Good Standard Status: Final 
The following reviews will be commenced in the second half of 18/19			
<ul style="list-style-type: none"> ❖ Payments (Care Leavers) – ANA – Medium ❖ Payments (Fostering) - ANA – Medium 			
Core Assurance - Other			
Livewell South West	ANA – High Client Request	Good collaborative working relationships between Livewell Southwest and the Council, with regular and effective communication between managers and staff across the organisations has helped to reduce spending, achieve savings and review specific cases with outstanding debt. The Scheme of Delegation is in place and up to date and is reviewed regularly. Workforce development continues to strengthen with a comprehensive induction programme and, mandatory joint training sessions in place.	Good Standard Status: Final 
Pre-Paid Cards - Direct Payments (Adults) Follow-up	ANA - Medium	See follow-up report included elsewhere on this agenda for details.	Good Standard Status: Final
Pre-Paid Cards - Direct Payments Delivery Method (Children's)	ANA - Medium	Overall control of Direct Payments within the Special Educational Needs and Disability Team was deemed to be operating to a good standard with both new and amended Direct Payments authorised at panel. Suggestions were made as to how the DP Agreement (Children's) could be furthered strengthened.	Good Standard Status: Final
Legal Care Proceedings (Children's)	ANA – Medium	See follow-up report included elsewhere on this agenda for details.	Improvements Required Status: Draft

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Audit Report		
		Residual Risk / Audit Comment	Assurance Opinion	Assurance Direction of Travel
Finance & Assurance Review Group (FARG)	ANA – High Client Request	DAP continues to monitor and support the actions of the Integrated Fund. Assurance has been sought, and support provided through attendance and input at the Finance and Assurance Review Group which is tasked with coordinating assurance, financial reporting and risk management for the Integrated Commissioning Board.	Ongoing	N/A
The following reviews will be commenced in the second half of 18/19				
<ul style="list-style-type: none"> ❖ Children’s Services (Contractual Arrangements with Torbay) - SRR - Red ANA – High, Client Request ❖ Children’s Safeguarding Board (PSCB) - ❖ Multi-Agency Hub - SRR – Amber ANA – High, Client Request 		<ul style="list-style-type: none"> ❖ Extra Care Housing - ANA – Medium ❖ Carefirst Dashboard - ANA – Medium ❖ Community Connections - ANA – Medium 		
The following audits have been deferred or cancelled at the request of the client:				
<ul style="list-style-type: none"> ❖ Plan for Education (ANA – Medium, Client Request) ❖ Deficit Budgets (Early Years) ❖ On Course South West Contract 				
Public Health				
Bereavement Service	ANA – Medium Client Request	The objective of this audit is to evaluate and report on the adequacy of the financial controls, processes and procedures operating within the Bereavement Service.	In-Progress	
Licensing	ANA – Medium Client Request	The focus of this audit is a review of the administrative processes in operation within the Licencing service to ensure that they adequately manage risk and meet regulatory requirements whilst being as efficient and streamlined as possible.	In-Progress	
Environmental Protection	ORR - Amber ANA – Medium Client Request	Our work for the service is to consider the systems and processes the Services has in place to ensure that there is adequate separation of duties taking into account: <ul style="list-style-type: none"> • the regulatory enforcement activities undertaken, • the business advice the service provides, and • the requirement to grow commercial income. 	In-Progress	

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Audit Report	
		Residual Risk / Audit Comment	Assurance Opinion Assurance Direction of Travel
The following review will be undertaken toward the end of 18/19			
◆ Business Continuity Follow -Up ANA - High			
Place			
Concessionary Fares	ANA – Medium Client Request	We will review of the effectiveness of the procedures and controls in operation for the administration of Concessionary Fares to ensure that payments to bus operators are calculated and processed using the correct reimbursement rates and concessionary fare usage.	In-Progress
Building Control	ANA – Medium Client Request	The scope of this review is to evaluate and report on the adequacy and effectiveness of Building Control processes We will also consider the impact of the Hackett Review and the Housing, Communities and Local Government Select Committee report on the current management and operation of Plymouth Building Control.	In-Progress
Highways Management – Works Ordering	ANA -	Effective systems ensure that highways works orders are identified, raised and issued to the approved contractor accurately, completely, consistently and promptly in accordance with policy, contract arrangements and best practice. The information systems Yotta Mayrise, E-works, Reflow, and Civica Financials efficiently enable the automatic transfer of data at appropriately controlled trigger points, providing complete and accurate real-time information that ensures payments are made correctly and promptly whilst enabling effective budget management and timely decision making.	High Standard Status: Draft
Fleet Management System Follow-Up	ANA - Medium	See follow-up report included elsewhere on this agenda for details.	In-Progress
Trade Waste Follow-Up	ANA - Medium	See follow-up report included elsewhere on this agenda for details.	Improvements Required

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Residual Risk / Audit Comment	Audit Report	
			Assurance Opinion	Assurance Direction of Travel
Commercial Properties	ANA - Medium	<p>A review of the commercial property proforma process, led by the Council's Asset & Data controller, identified a number of improvements to aid communication and interpretation, of the often complex information, relating to commercial property transactions.</p> <p>An audit review of the proforma process concluded that the proposed changes would reduce the risk of different departments working with differing versions of documentation and help ensure that actions taken following distribution of the proforma remain consistent with the final legal documentation issued.</p> <p>There does remain scope for errors if the information is not accurately actioned, as a result of either an untimely or inaccurate pro-foma, un-notified changes, or just human error in data entry and Audit advice has been provided to help mitigate this risk.</p> <p>The proforma process is currently being reviewed within Portfolio Transformation with a view to digitalising the process and assessing the suitability of the Firmstep platform to administer it. DAP will keep a 'watching brief' to assess whether finalised procedures adequately mitigate the risks identified.</p>	Position Statement Status: Complete	
<p>The following reviews will be commenced in the second half of 18/19</p> <ul style="list-style-type: none"> ◆ Plymouth Energy Community - ANA – Medium, Client Request ◆ Highways (Ability to Defend Insurance Claims) - SRR – Red, ANA – High, Client Request ◆ Street Services (Financial Management System) - ANA –High, Client Request 				
<p>Cross Cutting</p> <p>The following reviews will be commenced in the second half of 18/19</p> <p>General Data Protection Regulation (GDPR) - SRR – Amber, ANA – High, Client Request Health & Safety - ANA – High, Client Request</p>				

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA)	Residual Risk / Audit Comment	Audit Report	
			Assurance Opinion	Assurance Direction of Travel
Grants				
Families with a Future (Payment by Results)	Statutory Client Request	DAP have verified and certified five claims in the year to date and continue to work with the Families with a Future Team to ensure the accuracy and completeness of key data and that demonstrable evidence of intervention is maintained.	Certified Status: Ongoing	
Grants x 5	Regulatory Requirement	Grants certified without amendment <ul style="list-style-type: none"> • Derriford Transport Scheme – Growth Fund • Derriford Hospital Interchange – Growth Fund • Northern Corridor Improvement – Growth Fund • Eastern Corridor SCN – Growth Fund • Oceansgate – Growth Fund 	Certified Status: Complete	

Definitions of Audit Assurance Opinion Levels

Assurance	Definition
High Standard.	The system and controls in place adequately mitigate exposure to the risks identified. The system is being adhered to and substantial reliance can be placed upon the procedures in place. We have made only minor recommendations aimed at further enhancing already sound procedures.
Good Standard.	The systems and controls generally mitigate the risk identified but a few weaknesses have been identified and / or mitigating controls may not be fully applied. There are no significant matters arising from the audit and the recommendations made serve to strengthen what are mainly reliable procedures.
Improvements required.	In our opinion there are a number of instances where controls and procedures do not adequately mitigate the risks identified. Existing procedures need to be improved in order to ensure that they are fully reliable. Recommendations have been made to ensure that organisational objectives are not put at risk.
Fundamental Weaknesses Identified.	The risks identified are not being controlled and there is an increased likelihood that risks could occur. The matters arising from the audit are sufficiently significant to place doubt on the reliability of the procedures reviewed, to an extent that the objectives and / or resources of the Council may be at risk, and the ability to deliver the service may be adversely affected. Implementation of the recommendations made is a priority.

Definition of Recommendation Priority

Priority	Definitions
High	A significant finding. A key control is absent or is being compromised; if not acted upon this could result in high exposure to risk. Failure to address could result in internal or external responsibilities and obligations not being met.
Medium	Control arrangements not operating as required resulting in a moderate exposure to risk. This could result in minor disruption of service, undetected errors or inefficiencies in service provision. Important recommendations made to improve internal control arrangements and manage identified risks.
Low	Low risk issues, minor system compliance concerns or process inefficiencies where benefit would be gained from improving arrangements. Management should review, make changes if considered necessary or formally agree to accept the risks. These issues may be dealt with outside of the formal report during the course of the audit.

This page is intentionally left blank

PLYMOUTH CITY COUNCIL

Subject: Internal Audit Follow-Up Report
Committee: Audit and Governance Committee
Date: 1 October 2018
Cabinet Member: Councillor Lowry
CMT Member: Andrew Hardingham (Strategic Director
Transformation & Change)
Author: Robert Hutchins, Head of Devon Audit Partnership
Brenda Davis, Audit Manager
Contact details Tel: 01752 306710
email: robert.hutchins@devonaudit.gov.uk
brenda.davis@devonaudit.gov.uk
Ref: Your ref. AUD/BD
Key Decision: No
Part: 1

Purpose of the report:

At the Audit and Governance Committee on 31 May 2018 members were presented with the 2017/18 Internal Audit Annual report which provided a summary of the work undertaken by Devon Audit Partnership during 2017/18 along with an audit opinion on the adequacy of internal control.

This report is to provide assurance to Members of the Audit and Governance Committee that where an audit has been undertaken and an opinion of “Improvements Required” or less has been provided, Devon Audit Partnership have undertaken follow up audit reviews, wherever possible, or discussed progress with relevant officers. The results from this process are contained in this report. It should be noted that we did not give an opinion of “Fundamental Weaknesses Identified” for any of the audits undertaken in 2017/18.

Corporate 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 understand and deliver quality public services which meet customer and community needs and keep people safe.

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

None.

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

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

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

The Audit and Governance Committee:

- Note the findings within the report.
-

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.

Published work / information:

Internal Audit – Annual Report 2017/18 (May 2018)

Background papers:

None

Sign off:

Fin	Pl.18.19 .97	Leg	ALT/30508	Mon Off	HR		Assets		IT		Strat Proc	
Originating SMT Member Andrew Hardingham, Strategic Director Transformation & Change												
Has the Cabinet Member(s) agreed the contents of the report? Yes												

Internal Audit Report

Follow Up Report on Areas Requiring Improvement

Plymouth City Council

October 2018

Robert Hutchins
Head of Audit Partnership



Auditing for achievement

Introduction

At the May Audit and Governance Committee, members were provided with the Annual Internal Audit report for the Council. Appendix 4 of that report provided a summary of the audits undertaken during 2017/18, along with our assurance opinion. Where a “high” or “good” standard of audit opinion was provided we confirmed that, overall, sound controls were in place to mitigate exposure to risks identified; where an opinion of “improvements required” was provided then issues were identified during the audit process that required attention. We provided a summary of some of the key issues reported that were being addressed by management and pointed out that we were content that management were appropriately addressing these issues.

As part of adding value, Devon Audit Partnership has completed follow up reviews to provide updated assurance to members. The results from this process are contained in this report at Appendix A.

Assurance Statement

Our assurance opinion remains as reported in our Annual Audit Report 2017/18; ‘Significant Assurance’.

Progress Impact Assessment

The progress made means the previously identified risks are being managed or mitigated where appropriate.

Improvements in the areas affecting operational and strategic risks have progressed. There remain areas where progress is ongoing and some of these areas will be subject to further examination later in the year as part of our planned work or the issues raised have been taken into account in developments within the service area.

In addition, where the agreed actions are set for future dates and have therefore not formed part of this follow up exercise, the identified risks will remain until such time as the actions are complete.

This follow up activity was an opportunity to facilitate, review and expedite progress for individual audits, to inform Management of the current position and to integrate the outcomes into the organisation’s strategic management.

Internal Audit Coverage and Results

We can report that overall good progress is being made against the agreed recommendations following our initial work and this is shown in the direction of travel chart in Appendix A of this report.

It should be noted that where the opinions remain unchanged at this time, this does not necessarily reflect a lack of action. In a number of instances, action is being taken

to address the issues identified, but this is ongoing and therefore, we have been unable to form a new overall assurance opinion. It is acknowledged that the need to make changes to some processes can take time to achieve, and as a consequence not all recommendations have been actioned in full, but this is as expected.

During our initial audit work we made reference to areas where risk exists; however, in some cases management may consider it is either not economically appropriate to address this risk, or technical solutions are not yet available. In such cases management will need to agree to accept this risk, and use other monitoring arrangements to ensure that the risk is kept to a minimum. In such cases we are unable to provide an improved audit opinion, although we fully appreciate that the risk is identified and recognised and that management will resolve the issue as and when opportunities arise.

Appendix A of this report sets out the audits which, at the end of 2017/18, were identified as 'improvements required'. The appendix shows the original and current assurance opinions together with a 'direction of travel' indicator. We have also provided some more detailed commentary on progress being made and the remaining risks. Appendix B provides a definition of the assurance opinion categories.

Annual Governance Statement

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

These should be considered along with the conclusions from the Annual Audit Report 2017/18 presented to the Committee in May 2018.

Process

For areas where an overall audit opinion of "improvements required" was provided at the end of 2017/18 we completed a follow up review. The follow up review was undertaken to provide assurance to management and those charged with governance, that the agreed actions identified at our initial audit visit had been implemented, or suitable progress is being made to address the areas of concern.

Our approach was to initially write to the appropriate service manager to obtain an update on progress being made against agreed audit recommendations. The level of assurance we requested was dependent upon the priority of the agreed recommendation.

For "high" priority recommendations we required written confirmation that the action had been enacted upon, or an update on the progress being made, plus some evidence to support this (as above) plus, and depending upon the nature of the recommendation, we considered a physical visit to confirm that the recommendation was operating as expected and that the identified risk had been reduced to an acceptable level.

For "medium" priority recommendations we required written confirmation that the action has been enacted upon, or an update on the progress being made, plus some evidence to support this. For example, if the recommendation was for a monthly imprest reconciliation to be produced and signed as correct, then a copy of the most recent reconciliation was required.

For recommendations of "low" priority we required written confirmation that the action had been enacted upon, or an update on the progress being made.

Following the completion of each review we considered the progress made against each of the agreed recommendations and updated each assurance opinion as appropriate.

It should be noted that this updated opinion is based upon the assumption that systems and controls as previously identified at the original audit remain in operation and are being complied with in practice. The purpose of our follow up exercise has not been to retest the operation of those previously assessed controls, but to consider how management have responded to the agreed action plans following our previous work

Recommendations

It is recommended that the report be noted.

Robert Hutchins
Head of Audit Partnership

Summary of Audit Follow-Ups and Findings 2017-18

Risk Assessment Key


LARR – Local Authority Risk Register score Impact x Likelihood = Total & Level


ANA - Audit Needs Assessment risk level as agreed with Client Senior Management



Client Request – additional audit at request of Client Senior Management




Direction of Travel Key (RAG Rating)

 Green – recommendations implemented, assurance opinion upgraded

 Amber – implementation of recommendations continues and / or some issues remain

 Red – significant delays or issues to address

Risk Area / Audit Entity	Risk Assessment / Audit Needs Assessment	Audit Assurance Opinion as at 31 March 2017	Updated Audit Assurance Opinion as at 31 August 2018	Audit Report	
				Commentary and residual risk	Direction of Travel
Transformation & Change					
Housing Benefit Overpayments	ORR - Amber ANA – High Client Request	Improvements Required	N/A	Details of our work were included in the interim follow-up report presented to Audit and Governance Committee in July 2018. Further work will be undertaken on the administration of housing benefit overpayments as part of the annual audit of housing benefits due to commence in the second half of the year.	
Information Governance	ANA - High	Improvements Required	N/A	The original review was conducted as a Situation Report to update on the combined subject areas required to manage the Council's information and data assets. The purpose of the report was to identify actions that would further improve Information Governance. Whilst there has not been a formal follow-up review, progress is being monitored through audit participation in the Information Lead Officers Group and the Devon-wide Management Information Security Forum along with other areas within the Audit Plan e.g.General Data Protection Regulation (GDPR) and Corporate Information Management.	

Legal Care Proceedings (Children's)	SRR - Amber ANA – High Client Request	Improvements Required	Improvements Required	<p>Positive actions have been taken in response to audit recommendations including:</p> <ul style="list-style-type: none"> • Awareness raising; • Development of a new monitoring tool; • Improvements to record keeping; • Ensuring all necessary information is made available in a timely manner to the Legal Team prior to legal planning meetings. <p>Staff resourcing continues to be an issue in both the Legal and Social Care services, with caseloads remaining high but it is anticipated that by December 2018 both teams will be fully resourced with the additional capacity enabling any outstanding recommendations to be addressed.</p>	
Purchasing Cards	ANA – Medium Client Request	Improvements Required	N/A	<p>We are in the process of performing purchasing card spot checks to ensure compliance with Council and regulatory (VAT) requirements. Initial findings indicate that steps have been taken to implement previous audit recommendations and a further update will be included in our half-year report.</p>	
People Income Collection (Adults – Deferred Payments)	ANA - High	Improvements Required	Good Standard	<p>There were major changes to staff within the Client Financial Services Team (CFST) in 2017, including the appointment of an interim team leader. There is now a permanent structure in place with one team leader in post responsible for both the CFST and the Income Recovery Team; this stability has seen audit recommendations being implemented, a consistent approach to debt recovery and regular liaison with officers for Adult Social Care and Livewell Southwest.</p> <p>There is however, currently only one officer with the knowledge and experience to carry out deferred payment applications and monitoring but steps are being taken to address the situation and training is planned to be rolled out to the rest of the team.</p>	

Pre-Paid Cards - Direct Payments (Adults) Follow-up	ANA - Medium	Improvements Required	Good Standard	<p>A comprehensive suite of documentation has been produced for Adult Social Care workers which includes handouts for service users. Direct Payments are now also included in Livewell Southwest's mandatory Care Act training which is being rolled out to all Adult Social Care workers and process and guidance for Plymouth City Council Business Support was almost complete at the time of this review.</p> <p>The CareFirst dashboard was found to be well developed and reports include:</p> <ul style="list-style-type: none"> • Number of reviews outstanding; • Where contribution does not match the assessed contribution. 	
Place Trade Waste	ANA – Medium Client Request	Improvements Required	Improvements Required	<p>A further review of the invoicing arrangements in operation within the Trade Waste Service has confirmed that billing for service continues to be administered accurately and in a timely manner. However, the Service still lacks documented procedures and the systems in operation to manage workloads and record and analyse operational information remain inefficient with information needing to be duplicated across separate databases and spreadsheets.</p>	
Fleet Management System	ANA – Medium Client Request	Improvements Required	N/A	<p>Work is ongoing to confirm progress made with the service area and our findings will be included within our half year report to Audit and Governance Committee. Initial findings indicate that there have been improvements made in respect of stock control, however, the system could still be utilised more effectively to improve the efficiency and resilience of key processes such as the annual validating of driving licences.</p>	

Definitions of Audit Assurance Opinion Levels

Assurance	Definition
High Standard.	The system and controls in place adequately mitigate exposure to the risks identified. The system is being adhered to and substantial reliance can be placed upon the procedures in place. We have made only minor recommendations aimed at further enhancing already sound procedures.
Good Standard.	The systems and controls generally mitigate the risk identified but a few weaknesses have been identified and / or mitigating controls may not be fully applied. There are no significant matters arising from the audit and the recommendations made serve to strengthen what are mainly reliable procedures.
Improvements required.	In our opinion there are a number of instances where controls and procedures do not adequately mitigate the risks identified. Existing procedures need to be improved in order to ensure that they are fully reliable. Recommendations have been made to ensure that organisational objectives are not put at risk.
Fundamental Weaknesses Identified.	The risks identified are not being controlled and there is an increased likelihood that risks could occur. The matters arising from the audit are sufficiently significant to place doubt on the reliability of the procedures reviewed, to an extent that the objectives and / or resources of the Council may be at risk, and the ability to deliver the service may be adversely affected. Implementation of the recommendations made is a priority.

Definition of Recommendation Priority

Priority	Definitions
High	A significant finding. A key control is absent or is being compromised; if not acted upon this could result in high exposure to risk. Failure to address could result in internal or external responsibilities and obligations not being met.
Medium	Control arrangements not operating as required resulting in a moderate exposure to risk. This could result in minor disruption of service, undetected errors or inefficiencies in service provision. Important recommendations made to improve internal control arrangements and manage identified risks.
Low	Low risk issues, minor system compliance concerns or process inefficiencies where benefit would be gained from improving arrangements. Management should review, make changes if considered necessary or formally agree to accept the risks. These issues may be dealt with outside of the formal report during the course of the audit.

Confidentiality under the Government Security Classifications

Marking	Definitions
Official	The majority of information that is created or processed by the public sector. This includes routine business operations and services, some of which could have damaging consequences if lost, stolen or published in the media, but are not subject to a heightened threat profile.
Secret	Very sensitive information that justifies heightened protective measures to defend against determined and highly capable threat actors. For example, where compromise could seriously damage military capabilities, international relations or the investigation of serious organised crime.
Top Secret	The most sensitive information requiring the highest levels of protection from the most serious threats. For example, where compromise could cause widespread loss of life or else threaten the security or economic wellbeing of the country or friendly nations.

Devon Audit Partnership

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. 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 .

This page is intentionally left blank



Tracey Lee
Chief Executive
Plymouth Council
Ballard House
West Hoe Road
Plymouth
PL2 2AE

Grant Thornton UK LLP
2 Glass Wharf
Bristol
BS2 0EL

T 44 (0)1173057600

www.grant-thornton.co.uk

19 April 2018

Dear Tracey,

Planned audit fee for 2018/19

The Local Audit and Accountability Act 2014 (the Act) provides the framework for local public audit. Public Sector Audit Appointments Ltd (PSAA) has been specified as an appointing person under the Act and the Local Authority (Appointing Person) Regulations 2015 and has the power to make auditor appointments for audits of opted- in local government bodies from 2018/19.

For opted- in bodies PSAA's responsibilities include setting fees, appointing auditors and monitoring the quality of auditors' work. Further information on PSAA and its responsibilities are available on the [PSAA website](#).

From 2018/19 all grant work now falls outside the PSAA contract, as PSAA no longer has the power to make appointments for assurance on grant claims and returns. Any assurance engagements will therefore be subject to separate engagements agreed between the grant-paying body, the Council and your auditor and separate fees agreed with the Council.

Scale fee

PSAA published the 2018/19 scale fees for opted-in bodies in March 2018, following a consultation process. Individual scale fees have been reduced by 23 percent from the fees applicable for 2017/18. Further details are set out on the [PSAA website](#). The Council's scale fee for 2018/19 has been set by PSAA at £105,393.

PSAA prescribes that 'scale fees are based on the expectation that audited bodies are able to provide the auditor with complete and materially accurate financial statements, with supporting working papers, within agreed timeframes'.

The audit planning process for 2018/19, including the risk assessment, will continue as the year progresses and fees will be reviewed and updated as necessary as our work progresses.

Chartered Accountants

Grant Thornton UK LLP is a limited liability partnership registered in England and Wales: No.OC307742. Registered office: 30 Finsbury Square, London EC2 1AG. A list of members is available from our registered office. Grant Thornton UK LLP is authorised and regulated by the Financial Conduct Authority. Grant Thornton UK LLP is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. Services are delivered by the member firms. GTIL and its member firms are not agents of, and do not obligate one another and are not liable for one another's acts or omissions. Please see grantthornton.co.uk for further details.

Scope of the audit fee

There are no changes to the overall work programme for audits of local government audited bodies for 2018/19. Under the provisions of the Local Audit and Accountability Act 2014, the National Audit Office (NAO) is responsible for publishing the statutory Code of Audit Practice and guidance for auditors. Audits of the accounts for 2018/19 will be undertaken under this Code. Further information on the NAO Code and guidance is available on the [NAO website](#).

The scale fee covers:

- our audit of your financial statements;
- our work to reach a conclusion on the economy, efficiency and effectiveness in your use of resources (the value for money conclusion); and
- our work on your whole of government accounts return (if applicable).

PSAA will agree fees for considering objections from the point at which auditors accept an objection as valid, or any special investigations, as a variation to the scale fee.

Value for Money conclusion

The Code requires us to consider whether the Council has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is known as the Value for Money (VfM) conclusion.

The NAO issued its latest guidance for auditors on value for money work in November 2017. The guidance states that for local government bodies, auditors are required to give a conclusion on whether the Council has put proper arrangements in place.

The NAO guidance identifies one single criterion for auditors to evaluate:

In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

Billing schedule

Fees will be billed as follows:

Main Audit fee	£
September 2018	26,348.25
December 2018	26,348.25
March 2019	26,348.25
June 2019	26,348.25
Total	105,393.00

Outline audit timetable

We will undertake our audit planning and interim audit procedures in November to February. Upon completion of this phase of our work we will issue a detailed audit plan setting out our findings and details of our audit approach. Our final accounts audit and work on the VfM conclusion along with our work on the whole of government accounts return will be completed in July 2019.

Phase of work	Timing	Outputs	Comments
Audit planning and interim audit	November to January- planning January to February - interim	Audit plan	The plan summarises the findings of our audit planning and our approach to the audit of the Council's accounts and VfM.
Final accounts audit	June to July	Audit Findings (Report to those charged with governance)	This report sets out the findings of our accounts audit and VfM work for the consideration of those charged with governance.
VfM conclusion	January to July	Audit Findings (Report to those charged with governance)	As above
Whole of government accounts	July	Opinion on the WGA return	This work will be completed alongside the accounts audit.
Annual audit letter	September	Annual audit letter to the Council	The letter will summarise the findings of all aspects of our work.

Additional work

The scale fee excludes any work requested by the Council that we may agree to undertake outside of our Code audit. Each additional piece of work will be separately agreed and a detailed project specification and fee agreed with the Council.

Quality assurance

We are committed to providing you with a high quality service. If you are in any way dissatisfied, or would like to discuss how we can improve our service, please contact me in the first instance. Alternatively you may wish to contact Jon Roberts, our Public Sector Assurance regional lead partner, via jon.roberts@uk.gt.com.

Yours sincerely



Geraldine Daly
Engagement Lead

For Grant Thornton UK LLP

CC – Andrew Hardingham – Strategic Director for Transformation and Change (Finance)



Grant Thornton

An instinct for growth™

Our Ref GD/HB2018-19

Paul Looby
 Head of Financial Planning and Reporting
 Plymouth City Council
 Ballard House
 West Hoe Road
 Plymouth
 PL1 3BJ

Grant Thornton UK LLP
 2 Glass Wharf
 Bristol
 BS2 0EL

T +44 (0)117 305 7600
 F +44 (0)117 305 7784

www.grantthornton.co.uk

1 June 2018

Dear Paul

Housing Benefit Certification Audit – Fee Proposal

We are delighted to provide this fee proposal for the certification of Plymouth City Council's Housing Benefit Subsidy claim for 2018/19.

Grant Thornton is the largest provider of Housing Benefit Subsidy audits to English local authorities. We have:

- detailed knowledge of all Housing Benefit systems and approaches;
- specialist knowledge of the audit testing requirements; and
- a collaborative audit approach focused on helping you get it right first time.

We look forward to working with your team to provide an efficient audit that meets DWP requirements and supports you in delivering a high quality Benefits service.

Our approach

Our approach is built on our extensive experience of delivering Housing Benefit Subsidy certification audits. It is:

Collaborative – we work with your HB teams to project manage the audit process, encouraging your staff to complete workbook testing as part of your internal quality management processes.

Supportive – we provide training on DWP requirements and workbook completion including our [Housing Benefit webinar](#), designed to help you understand the changes to Housing Benefit Subsidy audit requirements.

Proportionate – we complete our workbook testing based on our assessment of the quality of your workbook completion, focus our attention on key variances and ensuring that software 'patches' have been applied appropriately.

Chartered Accountants

Grant Thornton UK LLP is a limited liability partnership registered in England and Wales: No.OC307742. Registered office: 30 Finsbury Square, London EC2A 1AG.

A list of members is available from our registered office. Grant Thornton UK LLP is authorised and regulated by the Financial Conduct Authority.

Grant Thornton UK LLP is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. Services are delivered by the member firms. GTIL and its member firms are not agents of, and do not obligate, one another and are not liable for one another's acts or omissions. Please see grantthornton.co.uk for further details.

Quality assured – our audit teams receive thorough training and are supported by our specialist ‘HB Champions’. Audit work is subject to quality review during the audit process and selected audits are reviewed in detail post audit completion to ensure our high standards are met and opportunities for further improvements shared.

Proposed fee

We have based our estimate on testing 40 initial cases, representing the initial discovery sample of 20 cases from each of cells 011 and 094. The cost of this audit work is shown in the table below.

The fee set out below is assuming that no errors are identified. Where 40+ (current year issues) or CAKE (prior year issues) testing is required this will be charged at the rate also set out in the table below:

Scenario	Price (excluding VAT)
Completion of 40 initial cases and all additional tests and reporting requirements.	£14,041
This cost would increase should any 40+ workbooks be required. We would charge any additional work at the following daily rate.	£685

I trust that this meets your requirements. If you wish to discuss or clarify any of our response further, please do not hesitate to contact me on the details below.

Yours sincerely



Geraldine Daly
Associate Director
For Grant Thornton UK LLP

T 0117 305 7741
E geri.n.daly@uk.gt.com

PLYMOUTH CITY COUNCIL

Subject:	Strategic Risk and Opportunity Register – Monitoring Report
Committee:	Audit and Governance Committee
Date:	1 October 2018
Cabinet Member:	Councillor Lowry
CMT Member:	Giles Perritt (Assistant Chief Executive)
Author:	Julie Hosking, Corporate Risk Advisor
Contact details	Tel: 01752 304495 email: Julie.hosking@plymouth.gov.uk
Ref:	CRM/JKH
Key Decision:	No
Part:	1

Purpose of the report:

This report provides a summary of the latest formal monitoring exercise completed for the Strategic Risk and Opportunity Register for the period March 2018 to August 2018.

Appendix A to the report provides the revised risk and opportunity register showing the current status of each risk and the movement in risk score compared with the previous monitoring period.

Overall, as a result of the review, the total number of risks now reported on the strategic risk and opportunity register has reduced from 18 to 14 with the deletion of five and the addition of one new risk.

The Corporate Plan 2016 - 19:

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 Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

None arising specifically from this report but control measures identified in risk and opportunity registers could have financial or resource implications.

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

None arising specifically from this report but community safety, health and safety issues and risks are taken into account in the preparation of risk and opportunity registers.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Not required.

Recommendations and Reasons for recommended action:

The Audit and Governance Committee is recommended to:
 Note and endorse the current position with regard to the Strategic Risk and Opportunity Register.

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.

Published work / information:

Plymouth City Council's Risk and Opportunity Management [Strategy](#).
 Previous Strategic Risk Monitoring reports to the Audit and Governance Committee

Background papers:

None.

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	

Sign off:

Fin	pl.18.19 .84	Leg	lt/311 64/06 09	Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member: Giles Perritt, Assistant Chief Executive													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

1.0 Introduction

- 1.1 The position with regard to the Strategic Risk and Opportunity Risk Register was last reported to this Committee on [15 March 2018](#) and this report now provides a summary of the latest monitoring exercise covering the position as at 31 August 2018.

2.0 Strategic Risk and Opportunity Register – Monitoring Summary

- 2.1 In accordance with the strategy requirement for twice-yearly monitoring, the latest review and monitoring exercise was completed in July and August 2018 with the results discussed, and further actions agreed, by Corporate Management Team on 21 August 2018.
- 2.2 Attached to this report at Appendix A is the revised strategic risk and opportunity register showing the current status of each risk and any movement in risk score compared with previous monitoring periods together with explanatory commentary on the key issues for each risk.

3.0 Headline Issues

3.1 Red Risks

Red Risk SF2 – Medium Term Financial Strategy (MTFS) 2017-2020 - (Row No. 1)

The MTFS was approved at Full Council in November 17 and is updated quarterly and agreed annually by Full Council. An officer working group comprising of our Senior Leadership Team and senior finance management has met regularly to advance the MTFS.

Red Risk SF3 - Being unable to deliver Council services within the envelope of the resources provided in 2018/19 – (Row No. 2)

Traffic light ratings identified for all savings and cost pressures that emerge during the year. Budget presented to members and senior officers in scoreboard format, delivering greater transparency and challenge. Corporate Management Team has the MTFS as a standing agenda item.

3.2 New Red Risk

Red Risk SEPSI – Reduction in the quality of education provision negatively affecting level of pupil attainment and damage to reputation following poor Ofsted inspection – (Row No. 3)

80% of Primary schools and 50% of Secondary schools in Plymouth were judged as 'Good' or 'Outstanding' by Ofsted at the end of quarter one. This is lower than the national averages reported (90% and 79% retrospectively, although this includes schools not inspected yet following academy conversion). The risk is very high in Secondary provision and less so in the Primary provision, although the Primary provision remains a concern. Whilst overall there is a desire to improve the quality of school provision in the city, a priority for the Plymouth Education Board is delivering the 'Plymouth Challenge' which is focussed on Secondary provision.

Further action is also being discussed at the Education and Children's Social Care Scrutiny Committee in November 2018.

3.3 Risk Score Decreased

Amber Risk SCEO2 (Reduced from 16 to 12) - Potential failure to deliver effective electoral services functions due to inadequate resourcing and processes and lack of appropriately qualified staff – (Row No. 8)

Risk score reduced following the successful delivery of both the Local Election on 3 May and Stoke Ward By-Election on 26 July 2018.

3.4 Deleted Strategic Risks

Amber Risk SEDI – Failure to secure adequate market interest and funding in the South Yard Marine Industries Production – (Row 15)

Risk moved to the Place operational risk register.

Green Risk STPI – Risk of not exploiting the opportunity to explore more cost effective shared service delivery models – (Row 16)

Risk moved to the Finance operational risk register.

Green Risk SFI – Failing to develop a contractual arrangement with Torbay Council to deliver their children's services – (Row No. 17)

Full Council endorsed the Cabinet's decision to enter into a formal contractual arrangement for Plymouth City Council to manage Torbay Council's Children's Service. Contracts have been signed and the formal arrangement officially started on 1 April 2018.

Amber Risk SF4 – Failing to adhere to the Data Protection Act Regulations from May 2018 – (Row No. 18)

Merged with Risk SF5 – The Council not meeting its obligation to keep data secure by failing to adhere to Data Protection Act 2018 - (Row 7).

Green Risk SF6 – Risk of data loss and/or compromise of connected national infrastructure due to vulnerable infrastructure – (Row 19)

Merged with Risk SF5 as above.

4.0 Performance and Risk

4.1 Alignment of performance and risk continues to be developed. Risk narrative is included within the Quarter 1 Corporate Plan Performance Report to add value to the quality of information provided.

4.2 Performance scorecards continue to be reviewed against risk registers to identify any gaps in reporting.

4.3 Services are also recognising the benefit of coordinating and aligning management information. Place Directorate has established a timeline to collate information from colleagues across the organisation in order to provide operational performance related information to their management team on a monthly basis. Areas include

Performance and Risk, Finance, Customer Services, Human Resources and Health, Safety and Wellbeing.

- 4.4** This approach will be shared with Risk Champions across the organisation as an example of good practice.

5.0 Summary and Conclusion

- 5.1** The Council's success in dealing with the risks that it faces can have a major impact on achievement of key promises, objectives and ultimately therefore, the level of service to the community.
- 5.2** Risk management is not a stand-alone activity that is separate from the main activities and processes of the organization. Risk being formally aligned and working alongside other compliance functions helps to promote a joined-up approach to all aspects of governance.
- 5.3** This aligned approach acts as an effective early warning system for the recording, monitoring and management of risks that threaten the delivery of the Council's strategic objectives and plans.
- 5.4** The next formal review of the Strategic Risk and Opportunity Register will take place in February 2019.

This page is intentionally left blank

ROW NO	RISK REF	DEPT	DESCRIPTION OF RISK (Risk description should include cause / risk event / consequence and risk category)	LINK TO CORPORATE PLAN	KEY CONTROLS / SOURCES OF ASSURANCE (aligned to three lines of defence)			PREVIOUS RESIDUAL RISK RATING		CURRENT RESIDUAL RISK RATING		RAG RATING /CHANGE IN RISK RATING	ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	HOW WILL PROGRESS BE MEASURED (LIST MEASURABLE BENEFITS AND NON-QUANTIFIABLE BENEFITS)	TARGET DATES (or review date if target unknown)	RESPONSIBLE OFFICER(S)	DIRECTOR / ASSISTANT DIRECTOR	RISK CHAMPION		
					Policies and procedures Link to business plan Delegations of authority / Fraud checks Risk and control framework Performance Management Project Management reviews	Programme Boards Functional compliance reviews Working Groups	Audit Reports Regulatory Reviews Snr Executive Committees Scrutiny Committees Portfolio Boards Peer Reviews	Feb-18		Aug-18										
					First Line of Defence (Operational management activity)	Second Line of Defence (Strategy/Policy oversight and support)	Third Line of Defence & Framework Oversight (Audit / Member, Snr Executive and External oversight/validation)		P	I	P								I	
1	SF2 On IRR	Finance	Inability to meet the longer term target budgets given the size of the resource reductions and increasing cost pressures as detailed in our Medium Term Financial Strategy 2017-2020 . This would result in a negative impact on budgets, loss of reputation, negative impact on front line services and a negative VFM opinion from external audit. <small>The Medium Term Financial Strategy (MTFS) sets out how we will finance the priorities for the Council, having regard to the Plymouth Plan, the Corporate Plan and the uncertainties around a number of issues including the level of reductions in future funding from Central Government and the consequent changes required of the Council.</small> Risk Category: FINANCIAL	Spending money wisely	The Medium Term Financial Strategy was approved at Full Council in November 17 and will now be updated quarterly. The Council set a balanced budget in 2018-19 following the identification of additional efficiencies. Joint Integrated Commissioning Risk Register.	An officer working group comprising of our Senior Leadership Team and senior finance management has met regularly to advance the MTFS. Finance and Assurance Review Group (FARG)	MTFS agreed by Full Council The Chief Financial Officer (s151). CMT and Cabinet continue to receive monthly monitoring reports identifying risks and pressures leading to the consideration of proposals for corrective action. Integrated Health and Wellbeing Board. PCC Finance and People Directorate SMT continue to work in collaboration with the NHS Success Regime to ensure the Plymouth Integrated Fund is not compromised. Internal Audit Reviews by DAP and Audit SW.	4	5	20	4	5	20	R	The MTFS was presented to Council in November 2017. This has been updated as at the end of quarter 3 to reflect the latest budget position and the impact of the Provisional Local Government Settlement. CMT and Members have been actively consulted and involved in the development of the MTFS. The MTFS has been reviewed by Scrutiny and considered as part of the January Scrutiny meetings. Modelling has taken into account the impact of Business Rates revaluation the impact of new business rates appeals rules. Council Tax base assumptions have been updated. Work is ongoing with Arlingclose (our treasury management advisors) to fully understand the treasury management impact of Britain's exit from the European Union and other treasury management opportunities.	Continued development and review of MTFS is a key priority for CMT. All savings plans have been through a robust challenge process by CMT, SMTs and Members. Protect PCC's funding entitlements and maximise its position under the pilot scheme through careful monitoring. Develop countermeasures and alternative investments	Ongoing Ongoing Ongoing	Paul Looby	Andrew Hardingham	Aaron Perrin
2	SF3 On Op (OF2) & IRR	Finance	Being unable to deliver Council services within the envelope of the resources provided in 2018/19 leading to negative impact on budgets, loss of reputation, negative impact on front line services and a negative opinion from external audit. Risk Category: FINANCIAL	Spending money wisely	RAG ratings have been identified for all savings and cost pressures that emerge during the year. Budget presented to senior officers and members in scoreboard format, delivering greater transparency and challenge. Portfolio fact cards have been produced for each portfolio member setting out areas of responsibility and savings targets and efficiencies. Budget sessions and DMTs.	Finance and Assurance Review Group monitor Integrated Commissioning risks. MTFS Working Group has met regularly to manage the budget process.	Progress reported within monthly finance reporting to Cabinet members. Continued Member engagement in Budget process and MTFP setting process by having regular Member briefings. Regular project accounting reports to the Transformation Portfolio Review Group. Audit & Governance Committee oversee the financial reporting process. The Chief Internal Auditor supports the Audit & Governance Committee and reviews its effectiveness annually. Higher profile of Council's finances at both CMT and Cabinet. CMT have the MTFS as a standing agenda item.	4	5	20	4	5	20	R	Treasury Management diversification of portfolio to increase income. Investment in income earning assets. Ambitious capital programme and strategic investments from income earning assets. Cross department strategy on grant maximisation. Continue the Transformation Programme which is improving efficiency and reducing costs whilst still delivering benefits to the customer. Significant savings are focussed in the following key programmes:- Growth, Assets and Municipal Enterprise (GAME2); Integrated Health & Wellbeing; Transforming the Corporate Centre Identification of new revenue funding sources to support the budget e.g. use of section 106 income in current and future years. To mitigate against this risk all options and innovative solutions will continue to be explored in the final two months of the year so further reductions can be made to the forecast overspend.	Better return on the investment portfolio. Income generation monitored via revenue budget. Improved efficiency and reduced costs. Increase in successful bids. Reduced contract costs.	Ongoing Qly MTFS updates Ongoing Qly reviews Ongoing	Paul Looby	Andrew Hardingham	Aaron Perrin
3	SEPS1 On IRR	Education, Participation & Skills	Reduction in the quality of education provision negatively affecting level of pupil attainment and damage to reputation following poor Ofsted inspection. The risk is very high (red) in the secondary sector but less so in the primary sector (amber). Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	A caring council - Improved schools where pupils achieve better outcomes	Ofsted inspection outcome tracking. Data analysis. Plymouth Leadership Advisor works with schools and provides challenge to Multi Academy Trust CEOs	Trust development to secure school improvement.	Ofsted inspection. Plymouth Education Board. Education & Children's Social Care Overview & Scrutiny Committee.	New		4	5	20	R	Plymouth Education Board (and sub groups) will increasingly hold all schools to account. Development of an accountability and support model involving a number of partners. The Plymouth Challenge will create a partnership of distinct interventions to drive improvement.	Ofsted Inspection results. Attainment levels and data analysis. Evidence of innovative solutions based programmes that are evaluated against outcomes. Education & Children's Social Care Overview & Scrutiny Committee (November 2018)	Review Nov 18	David Bowles	Judith Harwood	Julie Reed	
4	SCYPF1 On IRR	Children's Social Care	Risk to vulnerable children, young people and families by not delivering early intervention and prevention and responding as soon as possible to their needs and promote better long term life outcomes. <small>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.</small> Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	A caring council - Focus on prevention and early intervention	The Children and Young People's Commissioning Plan Troubled Families Outcomes Plan Families with a Future initiative	CYP System Design Group. Performance and Complaints monitoring.	Local Safeguarding of Children Board.	4	4	16	4	4	16	A	Continue to drive forward transformational 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.	Reduction in caseloads	Ongoing	Tracey Green / Siobhan Wallace	Neelam Bhardwaja	Sandy Magee
5	SCEO1 On IRR	Chief Executive Office	Failing to support our most financially vulnerable residents by not monitoring the risk of increased poverty/hardship as a result of the impact of Welfare Reform and reduced funding for discretionary welfare funds. Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	A caring council - Focus on prevention and early intervention	Impact of welfare reform continues to be monitored and discretionary welfare schemes reviewed and quarterly welfare dashboard produced. Plans implemented and strategies in place to create jobs. Support continues to Credit Unions and other financial inclusion initiatives. Local support agreement for Universal Credit claimants. Adoption of the Child Poverty Action Plan in October 2016.	Safer Plymouth Partnership aligns governance structure with Health and Wellbeing Board. Child Poverty Cross Party Working Group		4	4	16	4	4	16	A	Review and recommitment advice services. Regular review of local Council Tax Support Scheme. Support for implementation of Universal Credit and those affected by the benefit cap. Create jobs and widening access to employment market. Reduce use of costly loans. Review and implementation of the Child Poverty action plan.	Contract monitoring of commissioned Advice Services. Customer Satisfaction Rates/Welfare dashboard. Economic Performance Monitoring arrangements. Child Poverty Action Plan	Ongoing	Darin Halifax	Giles Perritt	Maddie Halifax

ROW NO	RISK REF	DEPT	DESCRIPTION OF RISK (Risk description should include cause / risk event / consequence and risk category)	LINK TO CORPORATE PLAN	Policies and procedures Link to business plan Delegations of authority / Fraud checks Risk and control framework Performance Management Project Management reviews	Programme Boards Functional compliance reviews Working Groups	Audit Reports Regulatory Reviews Snr Executive Committees Scrutiny Committees Portfolio Boards Peer Reviews	PREVIOUS RESIDUAL RISK RATING		CURRENT RESIDUAL RISK RATING		RAG RATING /CHANGE IN RISK RATING	ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	HOW WILL PROGRESS BE MEASURED (LIST MEASURABLE BENEFITS AND NON-QUANTIFIABLE BENEFITS)	TARGET DATES (or review date if target unknown)	RESPONSIBLE OFFICER(S)	DIRECTOR / ASSISTANT DIRECTOR	RISK CHAMPION		
								P	I	P	I									
					First Line of Defence (Operational management activity)	Second Line of Defence (Strategy/Policy oversight and support)	Third Line of Defence & Framework Oversight (Audit / Member, Snr Executive and External oversight/validation)													
6	SODPH1 On ORR HSW	Office of the Director of Public Health	The organisation's ability to meet performance and delivery expectations in relation to statutory duties and deadlines are reduced. This is due to operational service pressures arising from a combination of: 1. Growing volume and complexity of demand across services; 2. Reduced staff and staffing resilience in a time of significant and rapid change to the design and delivery of services. Examples of where such pressures potentially create this risk include product safety, food borne illness and contaminated land compliance with health and safety. Public Protection Service is an upstream service, that is highly preventative in protecting health, safety and wellbeing Risk Category: COMPLIANCE & REGULATION & SAFEGUARDING	A caring council - Keep children, young people and adults protected	All areas of work have been assessed and prioritised to attempt to focus attention on those areas of highest need. All areas have been risk assessed and we follow a triage system to focus resources on areas of greatest risk, however, residual risk remains. We continue to make efficiencies and continue to make progress however we have suffered from staffing issues and corporate support from IT and Transformation programs		Food Standards Audit has taken place. An action plan has been agreed and we are working towards completion. An action plan for workplace stress has been produced and plans to improve staff wellbeing.	3	5	15	3	5	15	—	Continual reassessment of prioritisation system to ensure our targeting of resources is correct. Constant review of intelligence and information to identify trends and emerging risks and to identify efficiencies in ways of working	Customer satisfaction, balanced budgets including income targets, monitoring demand. Staff wellbeing and stress surveys. Benchmarking with other local authorities or providers. Generation of performance score card has been implemented.	Oct-18	Alex Fry, Rachael Hind, Nicola Horne, Katharine O'Connor	Ruth Harrell	Scott Senior
7	SF5 On IRR	Finance	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 ICO Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	Providing quality public services	Staff awareness training has been rolled out. Incident reporting and management in place. Escalation of breaches to Management of Information Security Forum (MISF) and 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	Management of Information Security (MISF) Group Devon Information Security Partnership (DISP) Information Lead Officer Group (ILOG) raise awareness within department Information Governance Manager has raised awareness of GDPR at CMT and DMTs Completion of mandatory eLearning being tracked through Balanced Scorecards	Senior Information Risk Owner (SIRO) in place. Annual Information Governance report to Audit and Governance Committee External Compliance assessment. CMT regularly briefed.	5	3	15	5	3	15	—	Roll out staff awareness training to all staff. Implement greater reporting consistency within directorates. Implement improved incident analysis within the Service Desk. Ensure full corporate attendance for MISF. Improved contract management with partners. Implement greater reporting consistency within directorates. Implement improved incident analysis within the Service Desk. Ensure full corporate attendance for MISF. Standardised breach management processes distributed to key staff. 2017 saw a decrease in breaches, however 2017/18 has seen an increase in escalations to the ICO. Implement compliance requirements into Delt business as usual - This is a workstream of the information management project. Corporate Privacy Notice complete, service specific Notices being finalised.	Reports from HR training detailing completion statistics Improved breach reports distributed to directorates Detailed breach reports for partners and escalation at contract management meetings Reporting of non-attendance to directors Monitor action plan through MISF/LOG	Ongoing Ongoing Ongoing Ongoing	John Finch	Andrew Hardingham	Aaron Perrin
8	SCEO2	Chief Executive Office	Potential failure to deliver effective electoral services functions due to inadequate resourcing and processes and lack of appropriately qualified staff. Consequences could include a negative impact upon maximising registration and a risk of disenfranchising voters. <i>All eligible people are able to participate in the electoral process, should they wish to do so with resident and stakeholder confidence through: -Capability and resilience developed -Integrity of systems -Rigour in process and planning</i> Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	Providing quality public services	Establishment of all new posts (including Head of Electoral Services) Election risk register regularly updated. Local and By-elections successfully delivered. New Electoral Registration System (Xpress) implemented.	Elections Programme has dedicated Programme Manager and operational management resource. Elections Programme Board review Election risk register. Continue to monitor business continuity arrangements and review data quality.	Chief Executive is the Senior Risk Owner. Assistant Chief Executive is the Project Executive. Strategic Election Board Audit & Governance Committee and Local Partnership Gateway review give Council reassurance on delivery of the development programme	4	4	16	3	4	12	→	Capture learning from 2018 Canvass. Scope options for ICT investment to enhance data quality. Workforce development. Resource planning and recruitment with HROD and Comms with CMT support.	Ongoing review as per Programme	Ongoing	Glenda Favor-Ankersen	Tracey Lee	Maddie Halifax
9	SSS1	Street Services	Risk of non delivery of a plan for waste that delivers increased recycling levels in Plymouth and ensures it meets the PFI targets agreed in the SW Devon Waste Partnership <i>The city's recycling targets are achieved and the service is modernised and fit for purpose so that the increase in demand on the service in accordance with the Plymouth Plan Housing Growth can be met</i> Risk Category: DEVELOPMENT & REGENERATION	A growing city - A green, sustainable city that cares about the environment	Modernisation Plan in place across Street Scene and Waste Department focussing on back office systems and processes which are designed to improve the delivery of frontline services for customers. Measures either delivered or in progress include communications campaigns; utilising other teams in the Council who are engaging with residents to also encourage recycling; improving service request resolution times; optimising crew routes; and new technology to transform task allocations and data recording.	Monthly Modernisation Board to review progress against Modernisation Plan, supported by regular Performance meetings to assess customer experience. Monthly Balanced Scorecard of KPIs which include recycling rates.	The South West Devon Waste Partnership hold quarterly meetings.	3	4	12	3	4	12	—	Delivery of the Modernisation Plan. Continued delivery of alternate weekly collections against adopted business case - monthly monitoring with SWDWP partners with regard to disposal tonnages. Utilisation of commissioned participation survey to target areas that have lower rates of recycling. Investment in recycling campaigns across the city. Introduction of recycling on the go pods.	Delivery against Modernisation Plan, service standards and KPIs. Monitoring of tonnages against forecasted disposal amounts	Ongoing	Lou Hayward	Lou Hayward	Gill Peele

ROW NO	RISK REF	DEPT	DESCRIPTION OF RISK (Risk description should include cause / risk event / consequence and risk category)	LINK TO CORPORATE PLAN	Policies and procedures Link to business plan Delegations of authority / Fraud checks Risk and control framework Performance Management Project Management reviews	Programme Boards Functional compliance reviews Working Groups	Audit Reports Regulatory Reviews Snr Executive Committees Scrutiny Committees Portfolio Boards Peer Reviews	PREVIOUS RESIDUAL RISK RATING		CURRENT RESIDUAL RISK RATING		RAG RATING /CHANGE IN RISK RATING	ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	HOW WILL PROGRESS BE MEASURED (LIST MEASURABLE BENEFITS AND NON-QUANTIFIABLE BENEFITS)	TARGET DATES (or review date if target unknown)	RESPONSIBLE OFFICER(S)	DIRECTOR / ASSISTANT DIRECTOR	RISK CHAMPION		
								Feb-18		Aug-18										
								P	I	P	I									
					First Line of Defence (Operational management activity)	Second Line of Defence (Strategy/Policy oversight and support)	Third Line of Defence & Framework Oversight (Audit / Member, Snr Executive and External oversight/validation)													
10	STS1 On IRR	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. This risk impacts the city's growth ambitions as well as the sustainability of the health and social care system through increased demands on welfare care, support and health services. Further risk of failing to achieve the city's vision where "an outstanding quality of life is enjoyed by everyone" and the key Caring Plymouth objective to reduce health and social inequalities. Reducing inequalities particularly in health and between communities is a long term priority for the City Council to support the delivery of the vision for Plymouth where an outstanding quality of life is enjoyed by everyone Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	A caring city Reduced health inequalities	Thrive Plymouth framework adopted by full council and reading across in Plymouth Plan and Integrated Commissioning Strategies provides good foundation to achieve prevention in all services and decision making processes. The focus of Thrive Plymouth in year 2 was on schools and young children. The focus in year 3 was on localising national One You health improvement campaign. The current year 4 focus is on mental wellbeing. The focus for Year 5 is 'connecting people through food.' This will launch on 16 October 2018. The focus of Year 6 (starting in November 2019) is Mayflower 400.	Finance and Assurance Review Group review Joint Integrated Commissioning Risk Register quarterly.	The Health & Wellbeing Board. Thrive Plymouth integral to the Plymouth Plan which is monitored via CMT/Cabinet/Full Council. The DPH annual report will focus on Thrive Plymouth.	3	4	12	3	4	12	A	Persistent action across the Council required at many levels to tackle inequalities. Continue to work with employers and schools to influence healthier lifestyles and to embed the national One You campaign and 5 Ways to Wellbeing across the city. Thrive Plymouth has an annual focus determined by local and national priorities an annual action plan is developed and implemented.	At the highest level health inequalities can be measured in changes in life expectancy. ODPH produces a report each year to monitor this, along with a Thrive Plymouth Performance Framework providing more detail at a local level. At the 5 year and 10 year stage we will hope to repeat the Health and Wellbeing survey to give us additional monitoring progress.	Annual launch in October each year. PDH report in March each year. Next review date Oct 2018.	Sarah Lees / Rob Nelder	Ruth Harrell	Scott Senior
11	SSP11	Strategic Planning & Infrastructure	Cladding issues on buildings in Plymouth above 18m that have the potential to contain, or have been identified as containing ACM cladding that has a risk of combustion Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	A caring council - Keep children, young people and adults protected	National guidance has been produced and actioned or communicated by PCC. A strategic overview on affected buildings has taken place and communication to all relevant building owners. 24 hour patrols and a full list of fire and safety measures have been fully implemented at 3 sites including compartmentalisation and all publically owned buildings are being reviewed. Sprinkler system is being installed in 3 Devonport towers.		The responsibility lies with the individual building owners but PCC and Devon and Somerset Fire and Rescue Service have taken the lead on communicating relevant information to all affected properties. Strategic lead overview (Gold) at PCC with support from DSFRS and the relevant affected building 'responsible person'.	2	5	10	2	5	10	G	Monitoring of remedial measures by PCC to ensure building owners are carrying out their responsibilities effectively. Re-cladding of some buildings has taken place and is satisfactory. Some buildings still have the ACM but are currently being procured to action and interim measures still in place. Central Governments 'DELTA' system (to identify all risk buildings) has been completed and closed out.	Internal business process monitoring. PCC taking a complete overview of monitoring and intervention where necessary. Possible enforcement action in the future via relevant legislation.	Feb-19	Paul Barnard	Anthony Payne	Gill Peele
12	SHR1	Finance	Maintaining Corporate/Senior Leadership Team capacity and resilience to deliver the Council Plan. Potential for adverse impact on the citizens of Plymouth and the Council's reputation if strategic workforce plans are not effectively implemented. We take responsibility for our actions, care about their impact on others and expect others will do the same. Critical success factors, attraction, recruitment, development and retention of senior leaders; organisational design which is fit for purpose to deliver our statutory duties and Council objectives; Senior Leaders reporting they feel safe, happy and thriving at work with appropriate arrangements in place to support resilience Risk Category: SERVICE DELIVERY / REPUTATION	Providing quality public services	Organisational Restructure toolkit in place. CMT/SLT leadership development programme under evaluation. Team Plymouth quarterly events in place. Multi-agency coaching network in place. Occupational Health and Employee Assistance Programme in place. Succession Plans being developed for all critical roles. Agile HR policies and procedures available on staffroom. Workforce data. Sickness absence and staff turnover. Agency/interim spend controls.		Organisational Design proposals approved by Council in January for full implementation by summer 2018. People Strategy 2016-20 endorsed by Cabinet May 2017 (Talent, Leadership & Culture).	2	5	10	2	5	10	G	Organisational Development Phase 2 Action Plan for the Senior Leadership Team to be implemented to include: Strategic workforce plans for the Senior Leadership Team. New Senior Leadership Team structure to be appointed. Implementation of 'The Way We Work' transformation programme (technology, information management, accommodation) to enable the right conditions for success.	Sickness absence due to stress, anxiety or depression; performance against Council's objectives; delivery of People Strategy; staff survey; wellbeing and resilience survey; safety climate survey; senior leadership staff turnover; exit interviews	Implementation 01/10/2018 with 6 month review	Andrew Hardingham	Tracey Lee	Aaron Perrin
13	SSP12	Strategic Planning & Infrastructure	Risk of failing to deliver the range of housing to meet Plymouth's need via the Joint Local Plan (JLP) and the Homes for Plymouth Programme Risk Category: DEVELOPMENT & REGENERATION	A growing city - A broad range of homes	Progress on previous Plan for Homes sites regularly reviewed. Sites identified in the JLP 5 year land supply regularly reviewed. Each JLP site now has a Delivery Strategy, with various forms of proposed intervention based upon the identification of resources. Review of partnerships and partners to manage delivery and ensure capability. On-going strategic relationship management with Homes England to achieve a fair share of the national funding.		Plymouth Growth Board. GAME Board. JLP Member Steering Group. JLP Leadership Delivery Group.	3	3	9	3	3	9	G	Undertake a Strategic Land Review of PCC sites to identify sites for housing delivery. We will consider acquiring and lending to unlock direct delivery. Reviews of small and stalled sites complete with delivery strategies to be implemented. Development of bids to a number of Government funding programmes to support new homes e.g. Accelerated Construction, Housing Infrastructure Fund, Land Release Fund, Starter Homes and Care and Support funding. Ongoing innovation to improve the proactive and fast track approach to planning to deliver housing. Starter Homes Land Fund Partnership Authority to work with Homes England to bring forward a portfolio of stalled, lapsed and brownfield sites to unlock delivery and accelerate new homes in what is becoming a highly competitive environment for government funding.	Regular reports to Portfolio Holders. JLP Member Steering Group and JLP Leadership Group	Annual delivery monitoring year end and on going	Paul Barnard	Paul Barnard	Gill Peele

ROW NO	RISK REF	DEPT	DESCRIPTION OF RISK (Risk description should include cause / risk event / consequence and risk category)	LINK TO CORPORATE PLAN	Policies and procedures Link to business plan Delegations of authority / Fraud checks Risk and control framework Performance Management Project Management reviews	Programme Boards Functional compliance reviews Working Groups	Audit Reports Regulatory Reviews Snr Executive Committees Scrutiny Committees Portfolio Boards Peer Reviews	PREVIOUS RESIDUAL RISK RATING		CURRENT RESIDUAL RISK RATING		RAG RATING /CHANGE IN RISK RATING	ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	HOW WILL PROGRESS BE MEASURED (LIST MEASURABLE BENEFITS AND NON-QUANTIFIABLE BENEFITS)	TARGET DATES (or review date if target unknown)	RESPONSIBLE OFFICER(S)	DIRECTOR / ASSISTANT DIRECTOR	RISK CHAMPION		
								Feb-18		Aug-18										
								P	I	P	I									
					First Line of Defence (Operational management activity)	Second Line of Defence (Strategy/Policy oversight and support)	Third Line of Defence & Framework Oversight (Audit / Member, Snr Executive and External oversight/validation)													
14	SSPI3	Economic Development	<p>Risk of not delivering sustained and accelerated economic and population growth in line with the Council's Corporate Plan and vision for the City which could lead to higher unemployment and lack of the right labour skills to match the needs of businesses.</p> <p>The city's Local Economic Strategy seeks to concentrate efforts on the things that will generate the greatest returns to our economy. It recognises the opportunity presented by Mayflower 2020 as a major milestone in the reinvention of Plymouth as Britain's Ocean City and as a catalyst for business growth in marine and related industries, the visitor economy, the culture of the city in its broadest sense, and raising the city's profile and reputation in global markets.</p> <p>Risk Category: DEVELOPMENT & REGENERATION</p>	A growing city - Economic growth that benefits as many people as possible	We have put in place a series of economic development measures including for People - 1000 Club, Building Plymouth, Urban Enterprise Programme, Manufacturers Challenge. Place regeneration we have undertaken direct development (Header Court), started on-site at Oceansgate, signed a City Deal, embarked on Plymouth Science Park phase 5 now open. Inward investment - continued support, two new landings in the city - the Ship (Sitel) and at Turnchapel. Supporting Babcock to grow. Business Support we have set out a £2.5m social enterprise investment fund, supported the Gain Growth Fund, attended trade shows and reworked the inward investment guide/website. Secured £69.9m of external and grant funding. Other developments - Oceansgate phase 1 topping out ceremony, completion of Plymouth Science Park phase 5, Langage Phase 2, The Box, Roborough Eco Village, Drake Circus Leisure. Combined efforts are also having economic impact with a jobs pipeline of over 3000, over 3500 apprenticeships starts in 2017, GVA growth and continue low unemployment. Employers such as Thales, Sitel, Becton Dickinson, Dartmouth Foods, Burts Crisps, Babcock, Princess Yachts, Crowne Plaza and Premier have all made significant investments in Plymouth.	GAME Programme Board.	Growth Board.	3	3	9	3	3	9	G	Future plans include: Business Support - development of the marine/blue tech sector, co-ordinating inward investment, leveraging off the LEP to improve connectivity and exploiting the Mayflower to reposition the city at the centre of celebrations. We are developing Nuclear and Marine national deals linked to the HotSW Productivity Plan further building on our strengths. Brexit element of this risk will be considered in line with corporate Brexit risk template. Series of business support projects (growth hubs, start up and advice) commissioned. Launched new STEM strategy. The future development pipeline is now standing at over £500m. Site work has either started, or will do shortly, for the following developments; The Range HQ Derriford, 1620, Colin Campbell Court/Bath Street, Plymouth Railway Station and Oceansgate Phase 2.	Monitor:- Weekly wage rates, Gross Value Added per hour worked. Job Seeker Allowance claimants. Youth Job Seeker Allowance claimants, Business births, employee numbers, visitor numbers, growth in jobs	Ongoing	David Draffan	David Draffan	Gill Peele
15	SED1	Economic Development	<p>Failure to secure adequate market interest and funding in the South Yard Marine Industries Production Campus (MIPC) site, slows or prevents site occupation such that economic growth and funding projections are not achieved and/or the Council has to provide financial revenue support to run and maintain the site</p> <p>The city's Local Economic Strategy seeks to concentrate efforts on the things that will generate the greatest returns to our economy. It recognises the opportunity presented by Mayflower 2020 as a major milestone in the reinvention of Plymouth as Britain's Ocean City and as a catalyst for business growth in marine and related industries, the visitor economy, the culture of the city in its broadest sense, and raising the city's profile and reputation in global markets.</p> <p>Risk Category: DEVELOPMENT & REGENERATION</p>	A growing city - Quality jobs and valuable skills	The Council has the flexibility in its legal agreement with the MOD to slow down the legal transfer of the final phases of South Yard and has done so for Area 5 to enable sufficient income to be generated to pay for running costs. The Council is continually exploring opportunities for grant funding and other income to develop the site. There is a proactive approach to marketing and launching at local, regional and government levels. Phase 1 was completed in May 18		There is governance in place at the City Deal Programme Board and strategic oversight provided by the Growth Board	3	4	12	Delete	D	Phase 1 was completed in May and two tenants have moved in with a further three tenants to follow. A Funding Package for Phase 2 is well developed with the Council approving a £6.1m loan and a £2.2m European Regional Development Fund bid is currently being appraised. A funding model has been devised for Oceansgate, which indicates that ongoing security costs are affordable but there is a further £16m public investment required to complete Phase 3. Options are currently being reviewed as to how this gap can be closed. At the same time we require a single operator to take on Phase 3 and we continue to work with interested parties. A dialogue with government is now underway to look at options to accelerate Moved to ORR	When external grant funding is secured to assist with development and income can cover all site running costs. Number of businesses landing in South Yard.	Ongoing	Patrick Hartop	David Draffan	Gill Peele		
16	STP1	Finance	<p>Risk of not exploiting the opportunity to explore more cost effective shared service delivery models / Supply back office services to potential future partners and customers / Develop our digital capability in order to support customer service improvement.</p> <p>Risk Category: OPERATIONAL/SERVICE DELIVERY</p>	Providing quality public services	Delt Shared Services delivery model developed. Other Shared Service delivery models are also being considered. Risks being tracked through project management process to ensure all known concerns about any proposed transfers are addressed with suitable mitigations.	Regular project accounting reports to the Future of Shared Services and The Way We Work Programme Boards.	Review mitigation at pre-decision Scrutiny Panel and Cross Party Working Group	2	4	8	Delete	D	Ensure continuous engagement with Trade Unions, Cabinet and Shadow Cabinet to stay on top of issues that might prevent decision making Moved to ORR	Review risks of transfer prior to submission of proposals to democratic processes and following Cabinet decisions on proposals	Ongoing	Peter Honeywell	Andrew Hardingham	Aaron Perrin		
17	SF1 On IRR	Finance	<p>Failing to develop a contractual arrangement with Torbay Council to deliver their children's services. Risk of not exploiting the opportunity to explore new and more cost effective service delivery models, based on greater economies of scale and the sharing of best practice, to benefit both councils. Plymouth Council would also lose the opportunity to align more closely with other commissioning and governance arrangements such as those emerging in the Health and Care Sustainability and Transformation Plans and the changing public sector landscape.</p> <p>Risk Category: FINANCIAL</p>	A caring city - Keep children, young people and adults protected	Due diligence exercise being undertaken. Officer project teams set up within both councils to develop the detail required. Risk log in place.	Cross Party working group meet every 2 weeks to review progress. Key stakeholders engagement day has been held. Workstream leads from both authorities now working together on assurance as part of ongoing project.	Project Board chaired by Plymouth City Council's Chief Executive. Regular updates and workshops with both political groups. Wellbeing Overview and Scrutiny Committee has reviewed the assurance work undertaken and have not raised any concerns. Financial decision will be required by Full Council before the contract can be formally established.	3	4	12	Delete	D	Chief Executive has discussed senior management capacity with Commissioner, Leader and Leader of the Opposition; consultation has now started with SMT. Explore opportunities for secondments and career development across the larger workforce of the two councils; due diligence/assurance now complete and Cabinet Paper prepared. Explore opportunities to harmonise working practices and IT systems across the joint workforce. Complete	Should the strategic contract progress the DfE will issue a Statutory Direction setting out the terms of the contract, as defined in the agreement.	Apr-18	David Northey	Andrew Hardingham	Aaron Perrin		
18	SF4	Finance	<p>Failing to adhere to the Data Protection Act Regulations from May 2018. Failure to adhere to these Regulations may lead to a fine from the ICO and damage to reputation. There will also be a resource cost to the council in implementing actions to manage the new regulations.</p> <p>Risk Category: FINANCIAL</p>	Providing quality public services	ICO Action Plan. Information Audit completed for all departments. Staff workshops completed.	Devon Information Security Partnership (DISP). Information Lead Officer Group (ILOG) raise awareness within departments. Information Governance Manager has raised awareness at CMT and DMTs.	Senior Information Risk Owner (SIRO) in place. CMT regularly briefed. Audit & Governance Information Governance Committee Annual Report	4	4	16	Delete	D	Delt are conducting assessment of ICT systems for compliance. Corporate Privacy Notice complete, service specific notices being finalised. Merged with SF5	Monitor action plan through MISF/LOG	Ongoing	John Finch	Andrew Hardingham	Aaron Perrin		

ROW NO	RISK REF	DEPT	DESCRIPTION OF RISK (Risk description should include cause / risk event / consequence and risk category)	LINK TO CORPORATE PLAN	Policies and procedures Link to business plan Delegations of authority / Fraud checks Risk and control framework Performance Management Project Management reviews	Programme Boards Functional compliance reviews Working Groups	Audit Reports Regulatory Reviews Snr Executive Committees Scrutiny Committees Portfolio Boards Peer Reviews	PREVIOUS RESIDUAL RISK RATING		CURRENT RESIDUAL RISK RATING		RAG RATING /CHANGE IN RISK RATING	ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	HOW WILL PROGRESS BE MEASURED (LIST MEASURABLE BENEFITS AND NON-QUANTIFIABLE BENEFITS)	TARGET DATES (or review date if target unknown)	RESPONSIBLE OFFICER(S)	DIRECTOR / ASSISTANT DIRECTOR	RISK CHAMPION
								Feb-18		Aug-18								
								P	I	P	I							
					First Line of Defence (Operational management activity)	Second Line of Defence (Strategy/Policy oversight and support)	Third Line of Defence & Framework Oversight (Audit / Member, Snr Executive and External oversight/validation)											
19	SF6	Finance	<p>Risk of data loss and/or compromise of connected national infrastructure due to vulnerable infrastructure or attacks via standard hacking methods, phishing emails or malware infection.</p> <p>An information security incident occurs when there is a compromise, potential compromise or unauthorised use of Plymouth City Council data or physical assets. Poor education and training, misuse, and breach of security controls of information systems may result in data and information being put at risk, may be used to misrepresent the Council and result in the ineffective use of Council resources</p> <p>Risk Category: OPERATIONAL/SERVICE DELIVERY</p>	Providing quality public services	<p>Annual IT Health Check</p> <p>Regular vulnerability scans carried out</p> <p>IT Infrastructure patching policy in place</p> <p>Pro-active protective monitoring by Babcock</p>	<p>Management of Information Security (MISF) Group monitor incidents.</p>	<p>External Compliance assessment;</p> <p>Senior Information Risk Owner (SIRO)</p>	2	4	8	Delete	D	<p>Implement compliance requirements into Delt business as usual - This is a work stream of the information management project</p> <p>Ensure vulnerability scans are conducted and reported to PCC</p> <p>The 2017 IT Health Check has been completed and all vulnerabilities were addressed by February 2018 in order to meet compliance requirements.</p> <p>Merged with SF5</p>	<p>Transformation programme monitoring</p> <p>Ongoing</p> <p>Build into service level reporting</p> <p>Ongoing</p>	<p>Ongoing</p> <p>Ongoing</p>	John Finch	Andrew Hardingham	Aaron Perrin

This page is intentionally left blank

PLYMOUTH CITY COUNCIL

Subject:	Councillor Long Service Criteria and Recognition
Committee:	Audit and Governance Committee
Date:	1 October 2018
Cabinet Member:	Cllr Pete Smith, Deputy Leader
CMT Member:	Giles Perritt, Assistant Chief Executive
Author:	Siân Millard, Oversight and Governance Manager
Contact details	Tel: 01752 304870 email: sian.millard@plymouth.gov.uk
Ref:	CLS 2018
Key Decision:	No
Part:	I

Purpose of the report:

There is currently a long-service award for officers, but not for Councillors. Officers are employees of the Council and Councillors are elected Members of Council with a democratic mandate from the local electorate.

Councillors' long-service is currently only recognised on retirement from office, or as a former Lord Mayor, by being awarded the title of Honorary Alderman. They receive an insignia, an EGM of Council is called to perform an Alderman ceremony and confer the title (which is the reserve of Council) and a dinner held in the person's honour.

A long-service award would recognise the service of Councillors still engaged as an elected Member. This is proposed to recognise the significant contribution of those Councillors during their period of office.

Proposed criteria

- Councillors with 25 years or more as an elected Member of Plymouth City Council
- Continuous or collective service
- Currently serving Councillor
- Consistency with approach to staff long-service award in terms of recognition

Proposed recognition

- Once a year, towards the end of May, a dinner or afternoon tea with the Lord Mayor for all councillors who have reached 25 years of continuous or collective service in that year
- Presentation of a framed certificate for each eligible councillor signed by the Lord Mayor and Chief Executive recognising their service achievement

Corporate Plan

This proposal supports the value of 'Democratic' in recognising community leadership of elected-members through their extraordinary long-service.

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

There will be a total cost of up to approx. £500 per year for each annual dinner, individual certificates and framing which will be sourced from existing internal budget (the total cost is dependent on the number of Councillors reaching the requisite number of years' service in any one year).

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

Not applicable

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Not applicable.

Recommendations and Reasons for recommended action:

That Audit and Governance Committee:

- to note the proposed criteria and proposed recognition and to recommend implementation of these proposals to the Leader in consultation with the Shadow Leader.

Alternative options considered and rejected:

None – new proposal

Published work / information:

None

Background papers:

None

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

Sign off:

Fin	pl.18. 19.94	Leg	ALT/ 3050 8	Mon Off		HR		Assets		IT		Strat Proc	
-----	-----------------	-----	-------------------	------------	--	----	--	--------	--	----	--	---------------	--

Originating SMT Member: Sian Millard, Oversight and Governance Manager
Has the Cabinet Member(s) agreed the contents of the report? Yes

This page is intentionally left blank

PLYMOUTH CITY COUNCIL

Subject: Delegation of Functions to the Audit and Governance Committee –
Amendment to Constitution

Committee: Audit and Governance Committee

Date: 1 October 2018

Cabinet Member: Councillor Peter Smith, Deputy Leader

CMT Member: Andrew Hardingham Interim Director for Transformation and Change

Author: Linda Torney, Assistant Head of Legal Services

Contact details: linda.torney@plymouth.gov.uk

Ref:

Key Decision: No

Part: 1

Purpose of the report:

The purpose of this report is to recommend that Council authorise the Audit and Governance Committee to approve changes to the Constitution, subject to Council retaining responsibility for those functions set out in Appendix One to the report.

This will improve the efficiency of the decision making process, and maintain open and transparent decision making.

Corporate Plan:

Maintenance of the Constitution is a central element of the Democratic process of the Council which supports the Democratic values of the Corporate Plan.

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land:**

As this is a change to internal business processes there are no anticipated financial implications.

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

None

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

Agree to

- I. Recommend that Council authorises the Audit and Governance Committee to approve changes to the Constitution, set out in Appendix One to the report; subject to Council retaining responsibility for the core documents in the Constitution.

Reason: This will improve the efficiency of the decision making process and the Audit and Governance Committee will provide an appropriate forum for discussion of any technical proposals to amend the Constitution.

Alternative options considered and rejected:

Not accepting the change would not lead to efficiencies in the decision making process.

Published work / information:

None

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	

Sign off:

Fin	pl.1 8.19 .88	Leg	lt/31 194/ 1209	Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member – Andrew Hardingham													
Has the Cabinet Member(s) agreed the content of the report? Yes													

1.0 Changes to the Constitution

- 1.1 The Constitution is the key document which sets out the rules of the council. It contains important information on procedures and processes from dealing with petitions to rules of conduct for council employees and councillors. It also describes which bodies and people are authorised to take decisions on behalf of the Council.
- 1.2 The decision by Council to widen the scope of the Audit Committee to include Governance gives an opportunity to reduce the number of reports that go to Council in respect of constitutional matters by authorising the Audit and Governance Committee to deal with changes to some of the parts of the Constitution.
- 1.3 The proposals draw a distinction between the more durable core of a Council constitution i.e. the Articles which establish the Council and empower its main decision-making bodies; the functions that are dealt with at the Annual General Meeting; and the codes and procedural documents which are more likely to be subject to periodic up-dating, replacement and revision. However it is proposed that Council will retain responsibility for the Councillor's Code of Conduct, the Members Allowance Scheme, the Policy Framework, Neighbourhood Working and the Rules of Debate.
- 1.4 This means that all Councillors will continue to be involved in decisions about the key elements of the constitution, however procedural changes can be dealt with by the Audit and Governance Committee in order to be more efficient.
- 1.5 Any proposed changes to the constitution will be notified to all members via email when the relevant agendas are published to the Audit and Governance Committee to allow for members representations. Any changes to the constitution agreed at the Audit and Governance Committee will be notified to all members via email and published on the city council website.

Proposed Amendments to the Constitution

Existing Article 13.3

13.3 Changes to the Constitution

- (a) The Monitoring Officer can change the constitution, in consultation with the appropriate Cabinet member and the Chief Executive, if it is to put right clerical mistakes, to make it follow or clarify the law or to comply with full Council decisions to amend the constitution.
- (b) The Monitoring Officer can also change the Leader's Scheme Part C Responsibility for executive functions to reflect the wishes of the Leader.
- (c) Any other changes must be agreed by Council after considering a report from the Monitoring Officer.

Proposed new Article 13.3

13.3 Changes to the Constitution

- (a) The Audit and Governance Committee can change the following parts of the Constitution:
 - Part F – Access to Information Procedure Rules,
 - Part G – Codes and Protocols apart from the Councillor's Code of Conduct,
 - Part H – Standing Orders and Regulations.
- (b) The Audit and Governance Committee can also make changes to the Council Procedures, the Budget and Policy Procedure Rules, the Call In Procedure Rules, the Cabinet Procedure Rules, the Overview and Scrutiny Procedure Rules and the General Rules applying to Committees.
- (c) The Audit and Governance Committee can refer any proposed changes to the Constitution to Council where considered appropriate.
- (d) The Monitoring Officer can change the constitution, in consultation with the appropriate Cabinet member and the Chief Executive, if it is to put right clerical mistakes, to make it follow or clarify the law, or to comply with Council or Audit and Governance Committee decisions to amend the constitution.
- (e) The Monitoring Officer can also change the Leader's Scheme Part C Responsibility for executive functions to reflect the wishes of the Leader.
- (f) Any other changes must be agreed by Council after considering a report from the Audit and Governance Committee or the Monitoring Officer.

Audit & Governance Committee – Tracking Resolutions

Minute No.	Resolution	Progress
30 July 2018 20. Counter Fraud Report	Ken Johnson (Counter Fraud Services Manager) to send the Fraud E-Learning training package to Councillors.	Fraud E-Learning training has been circulated to members
30 July 2018 21. Delegated Decision Publication Dates	The Audit & Governance Committee <u>agreed</u> to recommend to Council that the Constitution is amended to reflect that the day on which executive decisions are usually published is Wednesday. (Part C of the Constitution Para 4.4)	Approved at 17 September 2018 Full Council
30 July 2018 22. Key Decision Threshold and Forward Plan	<ol style="list-style-type: none"> 1. to recommend to Council that the new definition of a Key Decision as outlined at appendix one is adopted; 2. to note the Forward Plan and Call-in processes; 3. subject to (1) above, delegate to the Monitoring Officer any required consequential amendments to the constitution for Council approval in September. 	Approved at 17 September 2018 Full Council

Page 89

	Greyed out box = action completed
--	-----------------------------------

Agenda Item 16

This page is intentionally left blank

Audit Committee Work Plan 2018/19

		2018							2019					
Item	Lead Officer	M 31	J	J 30	A	S	O I	N	D 10	J	F	M 11	A	M
Draft Statement of Accounts 2017/18 and Annual Governance Statement	Carolyn Haynes			*										
Strategic Risk and Opportunity Register Monitoring Report and the Integrated Commissioning Risk Register	Julie Hosking											*		
Operational Risk and Opportunity Management - Update Report	Julie Hosking			*										
Risk and Opportunity Management Annual Report 2017/18	Julie Hosking			*										
Information Annual Governance Report	John Finch						*							
Annual Report on Treasury Management Activities for 2017/18	Chris Flower	*												

Audit Committee Work Plan 2018/19

Item	Lead Officer	2018							2019					
		M 31	J	J 30	A	S	O I	N	D I O	J	F	M I I	A	M
Treasury Management Practices, Principles and Schedules 2019/20	Chris Flower											*		
Mid-Year Treasury Management Report 2018/19	Chris Flower								*					
Treasury Management Strategy 2019/20	Chris Flower								*					
Counter Fraud Annual Report	Mike Hocking / Ken Johnson			*										
Health and Safety Annual Report	Clare Cotter							*						
Internal Audit Annual Report 2017/18	David Curnow / Brenda Davis	*												

Audit Committee Work Plan 2018/19

Item	Lead Officer	2018							2019					
		M 31	J	J 30	A	S	O I	N	D I 0	J	F	M I I	A	M
Internal Audit Half Year Report 2017/18	David Curnow / Brenda Davis								*					
Internal Audit – Progress Report	David Curnow / Brenda Davis							*						
Internal Audit Follow Up Report 2017/18	David Curnow / Brenda Davis							*						
Internal Audit Charter and Strategy 2018/19	David Curnow / Brenda Davis											*		
Internal Audit Plan 2018/19	David Curnow / Brenda Davis											*		
Annual Report to Those Charged with Governance (ISA260 Report) 2017/2018 including Value for Money (VFM) (External Auditor)	External Auditor BDO			*										

Audit Committee Work Plan 2018/19

		2018							2019					
Item	Lead Officer	M 31	J	J 30	A	S	O I	N	D I O	J	F	M I I	A	M
External Audit Progress Report	External Auditor GT								*					
Planning Report (External Auditor)	External Auditor GT								*					
Annual Audit Letter	External Auditor BDO						*							
Grant Claims and Returns Certification (External Auditor)	External Auditor BDO								*					
Integrated Commissioning – Finance Assurance Review Group – Annual Report 2017/18 including ASW Audit Programme for CCG	David Northey								*					
Terms of Reference for Audit & Governance Committee	Andrew Hardingham/ Sian Millard	*												

Audit Committee Work Plan 2018/19

Item	Lead Officer	2018							2019					
		M 31	J	J 30	A	S	O I	N	D I O	J	F	M I I	A	M
Independent Remuneration Panel Review	Sian Millard	*												
Review of Rolling Work Plan	Lead Officer/DSO	*												
New election offences	Glenda Favor-Ankersen / Linda Torney						*							
Whistle Blowing and Anti Fraud	Ken Johnson						*							
Strategic Risk Register	Julie Hosking						*							
Councillor Long Service Award	Sian Millard						*							
Delegation of functions to Audit and Governance Committee	Linda Torney						*							
Items to be Scheduled 2019/20														

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank