

**Oversight and Governance**

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

Please ask for Jamie Sheldon
T 01752 305155
E jamie.sheldon@plymouth.gov.uk
www.plymouth.gov.uk
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AUDIT AND GOVERNANCE COMMITTEE

Monday 23 September 2019
3.00 pm
Warspite - Council House

Members:

Councillor Parker-Delaz-Ajete, Chair
Councillors Carson, Kelly, P Smith and Stevens

Independent Members:

Mr Clarke, Mr Shipperley and Mr Stewart

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

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Tracey Lee

Chief Executive

Audit and Governance Committee

Agenda

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 - 12)

To confirm the minutes of the meeting held on 22 July 2019.

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. Internal Audit Progress Report 2019/20 (Pages 13 - 24)

6. Strategic Risk and Opportunity Register (Pages 25 - 32)

7. Risk and Opportunity Management Annual Report (Pages 33 - 62)

8. Integrated Commissioning - Finance Assurance Review Group - Annual Report 2018/19 including ASW Audit Programme for CCG (Pages 63 - 118)

9. Grant Thornton - Audit update (To follow) (To follow)

10. Analysis of Local Government and Social Care Ombudsman Annual Report 2018/19 (Pages 119 - 188)

11. Health and Safety Annual Report (Pages 189 - 220)

12. Planning Committee ToR's and Code of Good Practice (Pages 221 - 262)

13. Contract Awards (Pages 263 - 268)

I4. Review of Outside Bodies

**(Pages 269 -
280)**

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Audit and Governance Committee**Monday 22 July 2019****PRESENT:**

Councillor Lorraine Parker-Delaz-Ajete, in the Chair.
 Councillor Carson, Vice Chair.
 Councillors Pete Smith, Stevens and Kelly.

Co-opted Representatives: Mr Clarke and Mr Stewart.

Also in attendance: David Bray (Grant Thornton, External Auditor) and Geri Daly (Grant Thornton, External Auditor), Brenda Davis (Audit Manager), Chris Flower (Finance Business Partner), Andrew Hardingham (Service Director for Finance), Carolyn Haynes (Financial Controller), Julie Hosking (Corporate Risk Advisor), Ken Johnson (Counter-Fraud Manager), Siân Millard (Oversight & Governance Manager).

The meeting started at 3.00 pm and finished at 6.06 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.

18. **To Note the Appointment of the Chair and to appoint a Vice Chair**

The Committee noted the appointment of Councillor Lorraine Parker-Delaz-Ajete as Chair. Councillor Smith proposed and Councillor Stevens seconded the appointment of Councillor Carson as Vice-Chair. Councillor Carson was duly appointed by consensus.

19. **Declarations of Interest**

The following declarations of interest were made in accordance with the Members Code of Conduct:

Name	Subject	Reason	Interest
Councillor Pete Smith	Item 7 – Annual Governance Statement	Cabinet member responsible for the portfolio area (approver of the reports)	Pecuniary
	Item 15 – Awarding Contracts		
	Item 16 – Member development		

Councillor Carson	Item 15 – Awarding of Contracts	Business interest	Pecuniary
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20. **Minutes**

The minutes of the meeting held on 11 March 2019 were approved as an accurate record.

21. **Chair's Urgent Business**

The Chair proposed to vary the order of business as follows:

Item 13 – Planning Committee Terms of Reference and Code of Good Practice, to be taken first

Item 6 – Audit Report and Item 7 – Statement of Accounts to swap order

The committee agreed the proposal by consensus.

The Chair further invited Councillor Stevens to raise an issue with regards the voting system in the Council Chamber for a recent meeting of Planning Committee. The issue had resulted in incorrect votes being recorded for members, whereby a manual show of hands vote was resorted to.

The Oversight and Governance Manager, Siân Millard, provided an update to the Committee on the cause of the issue which has been due to human error. Procedure notes for the voting system set-up had since been updated to avoid the issues occurring again.

22. **Planning Committee Terms of Reference and Code of Good Practice**

Councillor Stevens proposed this item be deferred to a later meeting to enable fuller consultation to be undertaken with both political groups as issues had been raised since the original drafting had taken place.

Members discussed the following:

- a) the decision-making process for the Terms of Reference and Code of Good Practice – that the Committee has authority per the constitution to approve the Code of Good Practice and Council would approve the Terms of Reference;
- b) that any elected-member can feed in comments on any items on the Committee agenda to any member of the Committee;
- c) Page 136, 1.3, last line but one should read 'partial' rather than 'impartial'.

The Committee agreed by consensus to defer the item to the September meeting on the understanding that consultation will be had with each political group on the proposed changes.

23. **Statement of Accounts 2018/19 - To follow**

Carolyn Haynes (Financial Controller) presented this item and highlighted the following:

- a) it is a legal requirement of the Accounts and Audit Regulations 2015 that the Statement of Accounts (Appendix A) is approved by a resolution of the Council or the relevant

Committee of the Council by 31 July 2019. The Scheme of Delegation to Committees within the Council constitution delegates the responsibility to the Audit and Governance Committee to consider and approve the Council's Statement of Accounts;

- b) the Accounts and Audit Regulations require that the draft Statement of Accounts is signed by the Council's Section 151 Officer by 31 May each year. The pre-audited accounts were approved by the Service Director for Finance and published on the Council's website on the 31 May 2019;
- c) formal audit of the accounts for 2018/19 commenced on 1st July. The 30 working days period in which the Council has to make the draft accounts available for public inspection started on 1 June;
- d) as part of the final audit requirement, and prior to the issue of the audit certificate, the Council is required to complete and sign a formal letter of representation and submit this to the auditor. This letter will be signed by the Service Director for Finance and the Chair of the Audit & Governance Committee;
- e) the Council's outturn position was reported to Cabinet on 11 June 2019 showing an overspend of £1.117m (before any adjustments), which is a 0.6% variance on the budget;
- f) the General Fund Balances (also known as the Working Balance) as at 31 March 2019 was £8.050m. The Working Balance has a recommended minimum set at 5% of the net revenue budget, as set by Council. However, due to the continued budget pressures in 2018/19, the Council had to make further use of its Working Balance reducing it to 4.3% of the net revenue budget;
- g) the Balance Sheet showed the Council's assets, liabilities and reserves. The reserves are split in to usable and unusable reserves. The unusable reserves are not available to the council but are part of technical accounting requirements;
- h) the Council has a negative Balance Sheet as at 31 March 2019 which means that the Council's liabilities are £156,513 million greater than its assets;
- i) the main movements on the Balance Sheet between 31 March 2018 and 31 March 2019 were summarised as:

Non-current Assets

- Property, Plant and Equipment had increased by £40.505 million partly due to the revaluation of a number of assets and also due to the addition of assets through the capital programme.
- Investment Property had increased by £60.104 million due to the Council's Asset Investment fund. The Council's Capital Programme included the provision for the purchase of Investment Properties. Investing more in these types of properties allows the Council to deliver wider benefits to the residents and economy of Plymouth.
- Long Term Investments had increased by £1.635 million reflecting a movement from short to long term investment on the advice of the Council's Treasury Management consultants Arlingclose.

Current Assets

- Short Term Debtors had increased by £4.105 million due to:
 - Increase in commercial rent invoices

- Various central government grants outstanding
- Capital debtors for a variety of capital schemes
- PCC's share of Tamar Bridge debtors
- Cash and Cash Equivalents had increased by £1.583 million to £31.863 million to reflect an increase in our cash investments.

Current Liabilities

- Short Term Borrowing had increased by £85.224 million. This is to finance the Capital Programme in accordance with the 2018/19 approved budget and Treasury Management Strategy.
- Short Term Creditors had increased by £8.416 million for the following reasons:
 - Outstanding payment to HMRC
 - Increase in revenue grants received in advance
 - Increase in the short term creditor for the NHS and for the Devon Pension Scheme
 - Capital creditor accruals have increased in line with the increase in capital expenditure

Long Term Liabilities

- Long Term Creditors had decreased by £1.259 million. Most of the movement was reflected in the slight reduction in the liability for unfunded pension liabilities relating to pre Local Government Reorganisation.
- Long Term Provisions had decreased by £1.704 million which related to a decrease in the provision for business rate appeals, insurance and landfill site provision
- Long Term Borrowing had increased by £12.938 million. Some of this increase related to additional funding for the Capital Programme.
- Long Term Liabilities Pensions had reduced by £20.625 million. The Council's net liability had reduced due to a reduction in the present value of the defined benefit and an increase in the fair value of the plan assets.

Members discussed the following:

- a) the appropriateness of the Council tax collection rate target. It was clarified that the budget assumes a lower collection rate than the target and that performance reflects in-year performance as opposed overall performance. The Director of Finance undertook to explain the data more clearly within the report in future iterations
- b) the implications of the reduction in working balances to 4.3% in order to make-up the deficit, against the recommended level of 5%. The Director of Finance:
 - a. confirmed that the generally accepted principle across local government is to retain a minimum of 5% of working balances to cover unforeseen events;
 - b. that Council has agreed the 5% level for the organisation and that the implications for going below the threshold is that less is potentially available for unforeseen events.

- c. that the Medium Term Financial Plan is being developed to build back up the level of working balances to restore what was taken out in 2018/19.
- c) the increased provision made for the collection fund referenced in section 19.3. The Director of Finance clarified that this fund is an amalgamation of mainly business rates and that the increased provision was due to the downturn in the economy and subsequent impact on businesses in the city.
- d) the appropriateness of investment in properties. The Director of Finance explained that any decision to invest in property is undertaken as part of the council's capital investment programme. The decision-making processes resulting occur in line with the Constitution and there is a robust governance process of the asset portfolio. The Council's Asset Investment Strategy sets out the areas of potential investment.
- e) the 46.9% reported spend on business in Plymouth postcode against the 55% target and actions in place to improve the performance. The Director of Finance explained that the 55% level was a self-imposed target and that the Council works within procurement regulations and relevant business law. The Council works with other major public sector organisations through a city-wide procurement forum, to make things as easy as possible for local providers/suppliers to access work with the council.
- f) the approach to capital infrastructure such as Next at March Mills and whether such investments take footfall from the city centre. Although an issue for Planning Committee, it was confirmed by the Financial Controller that there was a requirement for Next to maintain their presence in the city centre as part of their planning application for Marsh Mills.

By way of consensus, the Committee:

1. **approved** the Statement of Accounts for 2018/19 attached as Appendix A to the report, with the understanding that they are currently being audited by GTUK (Grant Thornton UK). Should any issues be identified during the GTUK audit and after the date of this committee, Members delegated the approval of the Statement of Accounts to the Chair of the Audit and Governance Committee, in consultation with the Service Director for Finance, to be done before the 31 July 2019. In the context of this approval, Councillor Kelly asked that his significant concerns about financial sustainability of the Council, based on the accounts, be noted in the minutes.
2. **noted** the 'Letter to Management' responses attached as Appendix B of the report which were agreed with the Chair of Audit and Governance Committee prior to being sent to GTUK at the end of April 2019.
3. **noted** the contents of the GTUK IT Audit Report attached at Appendix C of the report.

24. **Audit Findings Report - To Follow**

David Bray (Grant Thornton) and Geri Daly (Grant Thornton) attended to present this item and highlighted the following points:

- a) the report summarised the key findings and other matters arising from the statutory audit of Plymouth City Council and the preparation of the Council's financial statements for the year ended 31 March 2019 for those charged with governance.
- b) auditors have to produce an audit findings report and will produce a final report once the audit is complete;
- c) the risk assessment and key matters in progress as at 16 July (the time of writing of the audit);
- d) a focus of testing has been on the Council's loans and LOBOs given national publicity on LOBOs last year; this is required per IFRS 9 (financial instruments);
- e) that those charged with governance should satisfy themselves that unadjusted items don't cause any concern re being materiality;
- f) the Value for Money (VfM) conclusion is something that all public sector auditors have to report on;
- g) the Council has appropriately made available the draft accounts to the public and no objections had been forthcoming;
- h) with regards the definition of materiality, auditors determine £9.775m (1.75% of the prior year gross expenditure) to be an acceptable threshold with regards any errors; auditors are required to report on any error over £489k;
- i) income recognition, particularly in relation to grant income, was a focus for the audit given an error last year;
- j) in relation to land and buildings, the auditors had concentrated on those items that had not been valued in-year, alongside the Tamar Bridge and waste plant given their value, to ensure accuracy of the figures
- k) with regards the pensions liability, the auditors were continue to seek advice from their own legal advisors on the legality of the proposed borrowing; that work had not yet been concluded and therefore advice provided so far could not be shared.
- l) The McCloud issue referred to within the report had impacted every local authority and has meant that all councils have had to go back to their actuaries as all pension liabilities would be increased. The actuary had estimated an increase in pension liability of £7.931m which the Council had decided not to reflect as the value was under the materiality threshold and it was a balance sheet issue; this was consistent with the approach taken by most other local authorities.

Members discussed the following:

- a) the key risks that the auditors considered faced the council. The auditors outlined three key risk areas in the audit plan and accounts: 1. Pension liability estimation technique, 2. McCloud problem, 3. decision-making regarding the potential pension transaction (the committee noted that any detailed discussion required on the potential pension transaction was commercial in confidence and would require moving into a Part II discussion);
- b) concern about the state of the Council's finances in general including savings targets and potential further impact on the working balances. The auditors confirmed that the Council's reserves are lower than ideal;
- c) That the figures in the auditors report were slightly out of date due to the timing of the meeting and when the report was written and that officers would be working with the auditors to ensure the most up-to-date figures are reflected in the final report.

The Committee **noted** the draft audit report, including the auditor's statement of independent, and the verbal update provided by the auditors.

25. **Annual Governance Statement**

Councillor Pete Smith left the room for this discussion due to a declared DPI.

Julie Hosking (Corporate Risk Advisor) introduced this report and highlighted the following points:

- a) Regulation 6(1) of the Local Government, England and Wales Accounts and Audit Regulations 2015 requires all relevant bodies to prepare an Annual Governance Statement (AGS);
- b) the purpose of the AGS was to provide evidence of a continuous review of the Council's internal control and risk management processes, to provide assurance as to their effectiveness and to identify action being taken or planned to address any key weaknesses identified;
- c) the Accounts and Audit (Amendment) (England) Regulations 2006 also introduced a requirement to include an annual review of the effectiveness of the internal audit system.
- d) the report outlined the process followed in order to produce the AGS for 2018/19 and recommended approval of the Statement prior to signature by the Leader, the Chief Executive and the Service Director for Finance.

Members discussed the following:

- a) the validity of the assertion within the report of financial pressure in Children and Young People's Services due to an increase in the number of children with complex needs; it was confirmed that the increase in cost pressure was largely due to an increased in the number of children with high cost and complex needs;
- b) with regards the key improvement area of use of vibration tools, whether there would be any financial implications; it was confirmed that a financial penalty is possible and the Council is awaiting the Health and Safety Executive to revert;
- c) in relation to point b) the level of involvement of the unions in the monitoring of actions relating to the vibration issue and whether the unions were satisfied with the process being following; [post meeting note: briefing circulated to committee members confirming union engagement through management of the issue].

Action: Julie Hosking (Corporate Risk Advisor) to confirm to the Committee the level of union involvement with the vibration health and safety issue.

The Committee:

1. **noted** the processes adopted for the production of the 2018/19 Annual Governance Statement.
2. **endorsed** the adequacy and effectiveness of the system of internal audit.
3. **approved** the Annual Governance Statement, alongside the Statement of Accounts, prior to signature by the Leader, Chief Executive and Service Director for Finance (S.151 Officer).

26. **Operational Risk & Opportunity Management Update Report**

Julie Hosking (Corporate Risk Advisor) introduced this report and highlighted the following points:

- a) the operational risk process

- b) the three highlighted red operational risks, alongside the recent audit opinion on risk management;
- c) that the next operational risk update would be considered by the Committee in December 2019.

Members discussed the approach to scoring risks and the Council's approach to risk appetite.

Action: Julie Hosking to provide a briefing note to the Committee on the Council's approach to risk appetite.

The Committee **noted** and **endorsed** the current position with regard to operational risk and opportunity management.

27. **Annual Report on Treasury Management Activities for 2018/19**

Chris Flower (Finance Business Partner) introduced this report and highlighted the following points:

- a) report covered the treasury management activities for financial year 2018/19 including the final position on the statutory Prudential Indicators.
- b) uncertainty in the financial markets due to Brexit
- c) increasing loan interest rates

The Committee:

- **noted** the Treasury Management Annual Report 2018/19; and

Per the Constitution (Part H, Financial Regulations, Section 19.1), **referred** the Treasury Management Annual Report 2018/19 to Full Council for noting.

28. **2018/19 Internal Audit Annual Report**

Brenda Davis (Internal Audit Manager) introduced this report and highlighted the following points:

- a) the internal audit plan for 2018/19 had been approved by the committee in March 2018 and the report detailed the audit coverage and activity against that plan;
- b) the audit outcomes informed the Annual Governance Statement;
- c) based on work undertaken in 2018/19 and previous work, the Head of Internal Audit's opinion was one of substantial assurance;
- d) risk management had become much more closely aligned to the Councils performance management, strengthening decision-making;
- e) as a direct result of the improved alignment of risk and performance, service and strategic directors had requested more complex internal audit work to be undertaken to help better understand issues and seek assurance;
- f) internal audit had focused on effectiveness of governance arrangements with contracts such as with Livewell Southwest regarding adult social care, and arrangements with Plymouth Energy Community.

The Committee **noted** that, based on work performed during 2018/19 and previous years' audit, the Head of Internal Audit's opinion was of "Substantial Assurance" on the adequacy and effectiveness of the Authority's internal control framework.

29. **2018/19 Counter Fraud Annual Report**

Ken Johnson (Counter Fraud Services Manager) introduced this report and highlighted the following points:

- a) the risk of fraud was higher than ever before due to the broader national economic position;
- b) the notable achievements of the Counter Fraud team, included savings generated to the Council of approximately £1.4m through their work

The Committee thanked Ken Johnson for his and his team's hard work.

Action: Ken Johnson to brief the political groups on the work of the Counter Fraud team.

The Committee **noted** the 2018/19 Counter Fraud Annual Report

30. **Independent Members Recruitment Update (Verbal)**

Siân Millard, Oversight and Governance Manager, provided a verbal update on progress on recruitment for new independent members of Audit and Governance Committee and highlighted the following points:

- a) Per the Constitution, the Committee can have up to three independent members in its membership and quorum requires at least one independent member
- b) the two existing members are both long serving, and Mr Clarke had notified the Council of his intention to step-down at the end of his term of office in September 2019;
- c) a recruitment process was therefore underway for up to two additional independent members;
- d) following an extensive approach to advert two national recruitment websites, social media platforms and direct approaches, one application had been received;
- e) a panel comprising the Committee Chair, Vice-Chair and service Director for Finance would meet the candidate and make a recommendation for appointment to Council

Members discussed the relevance of professional qualifications to the recruitment process and the value that independent members bring in terms of different perspectives to the process of challenge.

The Committee **noted** the update provided on independent member recruitment and that the Panel would make a recommendation on appointment to Council.

31. **Awarding of contracts**

Councillors Tony Carson and Pete Smith let the room for this item due to declared DPLs.

Linda Torney, Monitoring Officer, introduced the report and highlighted the following points:

- a) Cabinet had asked the Committee to provide some advice on its views on whether the Council should always take a consistent approach to tendering for services and announcing who has been successful in those bids;

- b) at present, the decision on approach was taken on a case-by-case basis;
- c) the problems that are sometimes encountered when awarding contracts at Cabinet, particularly in relation to live webcasts; and
- d) the options available thereof as set out in the report and the potential benefits and implications of each option.

The Committee discussed:

- a) whether the issue could be dealt with by putting in a range rather than the specific budget, that specific budgets should be advertised on a case-by-case basis and that officers should be trusted to make that determination in this regard;
- b) the courtesy and respect that should be extended to contractors if they are an existing provider and have been unsuccessful at re-tender;
- c) the option of providing guidance and principles as opposed to rigidity;
- d) the factors that might influence a decision to announce a contract award at Cabinet (e.g. scale and impact on the city)
- e) the need for the Committee to more fully consider the options set out in the report.

The Committee **agreed** to refer the report to its informal subgroup of elected-members for further consideration.

32. **Member Development Annual Report**

Councillor Pete Smith had declared a DPI and left the room for this item.

Siân Millard, Oversight and Governance Manager, introduced this item and highlighted the following points:

- a) member development comprises both internal and external training, web-based e-learning, briefings and written texts
- b) during 2018/19, 12 face-to-face training events were held
- c) the budget for member development was £2,000, of which £1,279 had been spent in 2018/19
- d) a refreshed induction for New Councillors had been introduced in 2018 with positive feedback, and the same model used for 2019
- e) the current position on training for 2019/20

Members discussed the training available to members of Audit and Governance Committee and the importance of the Committee as a body that should not be political

Members **noted** the 2018/19 Annual Report on Member Development.

33. **Work Programme**

The Committee was not quorate for this agenda item as both independent members had left the room.

Members discussed:

- the importance of having clarity on the work programme and content therefore to facilitate time for good questioning by Committee members;

- the value of a specific briefing session on the Annual Accounts prior to the first Committee meeting of the municipal year to allow more time to digest the documentation

The Committee **noted** the work programme and no amendments were proposed.

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Audit and Governance Committee



Date of meeting:	23 September 2019
Title of Report:	Internal Audit Progress Report 2019/20
Lead Member:	Councillor Mark Lowry (Cabinet Member for Finance)
Lead Strategic Director:	Andrew Hardingham (Service Director for Finance)
Author:	Brenda Davis, Audit Manager
Contact Email:	brenda.davis@devonaudit.gov.uk
Your Reference:	AUD/BD
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

This report provides Members of the Audit and Governance Committee with a position statement on the audit work carried out since April 2019. Based on work performed to date during 2019/20 together with previous years' audit, we are able to provide reasonable assurance on the adequacy and effectiveness of the Authority's internal control environment.

Recommendations and Reasons

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.

Relevance to the Corporate Plan and/or the Plymouth Plan

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

Our work supports delivery of the values and priorities set out in Corporate Plan by ensuring that resources are used wisely, and service areas understand and deliver quality public services which meet customer and community needs and keep people safe.

Implications for the Medium Term Financial Plan and Resource Implications:

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

Carbon Footprint (Environmental) Implications:

No direct carbon/environmental impacts arising from the recommendations.

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

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

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

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Internal Audit Progress Report 2019/20							

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	pl.19.2 0.83	Leg	lt/331 86/21 08	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Andrew Hardingham											

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

Date agreed: 21/08/2019

Cabinet Member approval: Cllr Mark Lowry – approved by email.

Date approved: 02/09/2019

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Internal Audit

Internal Audit Progress Report 2019-20

Plymouth City Council Audit & Governance Committee

September 2019



Robert Hutchins
Head of Audit Partnership



Auditing for achievement

Introduction

This report provides a summary of performance in the year up to 20 August 2019 against the internal audit plan for the 2019/20 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 and Governance Committee, Section 151 Officer (Service Director for Finance) 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 Authority's 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 2019/20 financial year. Progress in the period up to 20 August 2019 has included completion of work carried forward from 2018/19, undertaking follow up audits, and in completing assignments in accordance with timescales agreed with management.

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.

A summary of Internal Audit's opinion on the individual reviews that have been carried out or concluded for the period from 1 April 2019 is included in Appendix A.

Assurance Opinion and Extract Executive Summaries – up to 20 August 2019

Risk Assessment Key

ANA - Audit Needs Assessment risk level

Client Request - no risk assessment information available

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
Customer and Corporate / Finance		
Core Assurance – Key Financial System		
I.T. Material Systems 18/19 ANA - High	Good Standard Status: Final	The review confirmed that core processes remain of a good standard and that the positive direction of travel is continuing as service improvements are made. The relationship between PCC and Delt has matured and is collaborative and effective.
The key financial reviews will be commenced in the second half of 19/20		
<div> <ul style="list-style-type: none"> • Civica Financials: <ul style="list-style-type: none"> ❖ Creditors ANA - High ❖ Main Accounting ANA - High ❖ Debtors ANA – Medium ❖ Purchasing ANA – High ❖ Cash / Bank Receipting System ANA - High • iTrent – Payroll ANA - Medium </div> <div> <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 • Treasury Management ANA – Medium • I.T.Systems ANA - High </div>		
Core Assurance - Other		
Corp Information Management ANA – High	Status: On-going	The Council continues to face many challenges including the ever present cyber security threats and evolving its information management. DAP continues to provide “trusted advisor” support to the Information Lead Officers Group (ILOG) and Management Information Security Forum (MISF). The Corporate Information Manager conducted a considerable amount of work to embed new processes, procedures and documentation to meet with the requirements of the Data Protection Act 2018 (GDPR). Informal work conducted by Internal Audit in the completion of other reviews confirmed that the implementation period measured well against the ICO’s ‘Twelve Steps’ (to GDPR Compliance). Our work during 2019/20 will confirm how Data Protection processes continue to evolve.

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
HR/Payroll Business Solution ANA – High Client Request	Status: On-going	Delt have commenced implementation of the CoreHR HR/ Payroll system and have recognised the importance of having a suitably skilled and experienced Project Manager to assist in fulfilling timelines and delivering required outcomes. Internal Audit have now initiated a piece of work to gain oversight and provide advice and assurance as the project progresses.
Health & Safety ANA – High	Status: In-progress	Following on from H&S self-assessments, DAP is providing support to the corporate Health, Safety & Wellbeing Team by undertaking system reviews within service areas to ensure compliance with Health & Safety Standards; including the management of the control of exposure to vibration.
Procurement ANA – High Client Request	Status: On-going	We continue to work collaboratively with the Corporate Procurement Team. To date this has included input into system and process improvements relating to purchasing cards and involvement in the review of contract standing orders.
Client Financial Services (follow-up to the 2018/19 review) ANA – High	Improvements Required Status: Draft	The ongoing commitment to tackling the 2018/19 audit action plan has resulted in progress being made with the ASC Recovery and Income Collection Project and improvements to the checking of error and data quality reports. However, due to the delay in publication of the Fairer Charging Policy, the need to formalise write off procedures and produce a working practices manual for CFST the overall audit opinion remains unchanged at "improvements required".
Deputyships (follow-up to the 2018/19 review) ANA - Medium	Status: In-progress	Work has commenced on a detailed follow-up to measure progress in implementing the action plan following 18/19 review which was given an assurance opinion of improvements required.
Schools Financial Value Standards (SFVS)	Good Standard Status: Final	SFVS Dedicated Schools Grant Chief Finance Office assurance statement for 2018/19 submitted to the Department for Education.

The following reviews have not yet commenced:

- Cyber Security ANA – High
- General Data Protection Regulation (GDPR) ANA – High, Client Request
- Temporary & Interim Employees ANA – High, Client Request

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
Executive Office		
Core Assurance - Other		
Data Quality ANA – High	Status: On-going	Following on from the work undertaken 2018/19 and in liaison with the Performance Team in Oversight & Governance, we are continuing with the review of corporate indicators to provide assurance on the quality and robustness of the source data used in the reporting.
Gifts & Hospitality ANA - Medium	Status: In-progress	Work is in progress to evaluate the adequacy and effectiveness of policy and procedures in respect of Gifts and Hospitality. To enable us to establish the level of understanding of existing arrangements we developed questionnaires for Members and staff; we have received more than 500 responses.
People		
Core Assurance – Key Financial System		
CareFirst - Children Independent Placements ANA – Medium Client Request		Review of the new spend & approval processes (including forms and workflow) currently being developed.
Core Assurance - Other		
Finance & Assurance Review Group (FARG) ANA – High Client Request	Status: On-going	The purpose of FARG is to provide oversight, scrutiny and assurance of the integrated fund and internal audit continue to have a seat on FARG providing real time support and challenge.
Children's Multi Agency Safeguarding Arrangements ANA - Medium	Status: On-going	Following a government announcement requiring local authorities to make arrangements to replace their Local Safeguarding Children Boards with a multi-agency team of “Safeguarding Partners” internal audit have provided support and challenge to help ensure that the transition is completed by 29 September 2019.

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
HMO Licensing ANA - Medium Client Request	Status: In-progress	Work is underway to review the adequacy and effectiveness of controls, processes and procedures operating within the licensing of Houses in Multiple Occupation (HMOs). On completion of this work, findings will be reported to November Audit & Governance Committee.
Private Sector Enforcement ANA – Medium Client Request	Status: In-progress	Our work to consider the effectiveness of the enforcement system for decent homes standards in the private rented sector is nearing completion and our findings will be reported to November Audit & Governance Committee.
Integrated Care Partnership ANA - Medium	Status: On-going	Audit continues with a high-level review of the procurement process to ensure that the Council's interests are protected.
Families with a Future (Payment by Results) Statutory Client Request	Certified Status: Ongoing	DAP have verified and certified four 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.
<p>The following reviews have not yet commenced:</p> <ul style="list-style-type: none"> Special Guardianships (Children) ANA – High Legal Care Proceedings (Children) ANA – Medium Children's Short Break Contracts ANA – Medium, Client Request Dynamic Purchasing System (DPS) ANA – Medium, Client Request Commissioning Contracts ANA – Medium, Client Request Anti-Social Behaviour Tools ANA – Medium, Client Request Education, Participation & Skills Dept ANA – Medium, Client Request 		
<p>Review of the following audit has been deferred at the request of the client.</p> <ul style="list-style-type: none"> Universal Youth Services ANA – Medium, Client Request 		

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
Office of the Director of Public Health		
Taxi Licensing Trade Accounts ANA – Medium Client Request	Good Standard Status: Draft	Taxi Licence Trading Accounts reported to Licence Committee in the report of the 21 st March 2019 provide a true and fair view of the financial transactions of the service. Accurate and complete accounting records have been maintained, with actual service income and costs used to calculate the new licence fees and ensure the trading accounts come back into balance. The basis of the apportionment of service income and expenditure across the five licence account categories has been clearly defined, is considered reasonable and ensures there is no cross subsidy.
The following review has not yet commenced: <ul style="list-style-type: none"> Business Continuity Follow -Up ANA – High 		
Place		
Waste PFI ANA – High	Status: On-going	Audit continues its participation with the South West Devon Waste Partnership, attending meetings of the Project Executive, providing support and advice on contract management issues.
New Business Solutions - Tech Forge (Cloud) ANA – Medium Client Request	Status: In Progress	Audit assurance required in respect of the project to migrate of property data to Tech Forge Cloud. Work undertaken by the service will include data cleanse, centralisation of data, interfaces with Civica Financials.
Garage ANA – Medium Client Request	Status: In Progress	Following the transfer to Plymouth Highways, management initiated a review of the service, implementing a series of immediate actions and formulating an ongoing action plan in response to identified issues and challenges, with a view to managing risk, improving standards and stabilising financial performance. Work is underway to provide an independent opinion on the adequacy and efficiency of the systems and processes operating across the Garage and how effectively they support the service's service provision and contain costs.
Commercial Properties – Digitalisation of Proforma Process	Status: In Progress	Following a service review of the commercial property proforma process in 2018/19, action is being taken to digitalise the proforma and DAP is working in “real time” with the service to

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
ANA – Medium Client Request		ensure any risks are identified and mitigated and controls are effective as the project progresses.
Grant Certification Statutory	Regulatory Requirement	Grants certified without amendment: <ul style="list-style-type: none"> • Regional Growth Fund GAIN 201819 • Regional Growth Fund Oceansgate 201819 • LGF Northern Corridor • LGF Eastern Corridor • LGF Derriford Hospital Interchange • LGF Charles Cross and Exeter Street
The following reviews have not yet commenced: <ul style="list-style-type: none"> • Highways, Fleet & Garage – Insurance Claims ANA – Medium, Client Request • Trade Waste Follow-Up ANA – Medium • Capital Programme ANA – Medium, Client Request • Joint Local Plan ANA – Medium, Client Request • Fleet Management ANA – Medium, Client Request 		

Audit and Governance Committee



Date of meeting:	23 September 2019
Title of Report:	Strategic Risk and Opportunity Register
Lead Member:	Councillor Mark Lowry (Cabinet Member for Finance)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Julie Hosking
Contact Email:	julie.hosking@plymouth.gov.uk
Your Reference:	SM/JH
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

This report provides a summary of the latest formal monitoring exercise completed for the Strategic Risk and Opportunity Register for the period March 2019 to August 2019.

Appendix A to the report provides the revised Strategic 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 Register has decreased from 16 to 15.

Recommendations and Reasons

The Audit and Governance Committee is recommended to:

Approve the current position with regard to the Strategic Risk and Opportunity Register. Reason: As part of the Committee's responsibility for monitoring the implementation and ongoing processes for identifying and managing key risks of the authority.

Alternative options considered and rejected

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

Relevance to the Corporate Plan and/or the Plymouth Plan

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

Implications for the Medium Term Financial Plan and Resource Implications:

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

Carbon Footprint (Environmental) Implications:

None arising specifically from this report.

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

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

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.

Appendices

**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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

Sign off:

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Originating Senior Leadership Team member: Giles Perritt (Assistant Chief Executive)											

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

Date agreed: 14/08/2019

Cabinet Member approval: *Councillor Mark Lowry - Approved verbally*

Date approved: 03/09/2019

1.0 Introduction

- 1.1 The position with regard to the Strategic Risk and Opportunity Risk Register was last reported to this Committee on [11 March 2019](#). This report provides a summary of the latest monitoring exercise covering the position as at 31 August 2019.

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 2019 with the results discussed, and further actions agreed, by Corporate Management Team on 20 August 2019.
- 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 – Delivering Council services within the envelope of the resources provided in 2019/20-2021/22 Medium Term Financial Plan (MTFP). Risk to services of not delivering within reduced budgets and to delivery of the Plymouth Plan from reduced revenue and funding of the Capital Programme - (Row No. 1)

The Council has launched a “Fresh Look” programme to review all departments examining current budget and actual spend, contracts, income opportunities and any synergies and efficiencies across the whole council.

Red Risk SF3 - Being unable to deliver Council services within the envelope of the resources provided in 2019/20 – (Row No. 2)

Implementation of outcomes from the “Fresh Look” programme will improve efficiency and reduce costs whilst still delivering benefits to the customer.

Red Risk SEPS1 – Reduction in the quality of education provision negatively affecting level of pupil attainment – (Row No. 3)

The Plymouth Challenge (a collaboration of several educational specialists who are working together to improve educational outcomes across Plymouth), has identified three strands designed to raise achievement. The School Support, Challenge and Intervention Policy went to Cabinet in March 2019. The Policy makes clear the Council’s relationship with schools.

Red Risk SCYPF2 – Projected in-year overspend in Children’s Social Care caused by unprecedented demand and level of support needed to keep young people safe, such as specialist residential care placements with high levels of staffing – (Row No. 4)

There has been a significant increase in young people’s placement cost. The cost of care is particularly high due to the level of support needed to keep young people safe, such as specialist residential care placements with high levels of staffing and the need to place young people with complex needs in wrap around as no suitable placement is available. Our position reflects a national problem and similar rises in demand and costs are being experienced by many other authorities around the county. Additional management solutions and escalated action to deliver further savings from the council’s transformation programme will be brought to the table over the coming months together with ongoing rigour in decision making to manage demand.

3.2 Risk Score Reduced

Green Risk SSP11 – Cladding issues on buildings in Plymouth above 18m that have the potential to contain, or have been identified as containing aluminium composite material (ACM) cladding that has a risk of combustion – (Row No. 15)

The current risk is low however the risk score is likely to increase if Government broaden the scope of risk buildings. We are awaiting the outcome of the implementation plan consultation which is due autumn 2019.

3.3 Deleted Strategic Risk

Green Risk SF6 – Maintaining awareness of anti-fraud measures to help prevent or identify instances of fraud, corruption and bribery and help protect public funds – (Row No. 16)

The Counter Fraud Services Manager is a member of the Operational Risk Management Group to maintain counter fraud link to corporate risk processes and raise awareness of anti-fraud measures. The risk will continue to be monitored via Finance’s Operational Risk Register.

4.0 Summary and Conclusion

- 4.1** The Council’s success in dealing with the risks that it faces can have a major impact on achievement of key priorities, objectives and ultimately therefore, the level of service to the community.
- 4.2** Risk management is formally aligned and working alongside other compliance functions which helps to promote a joined-up approach to all aspects of governance.
- 4.3** 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.
- 4.4** The next formal review of the Strategic Risk and Opportunity Register will take place in January 2020.

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)										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	PREVIOUS RESIDUAL RISK RATING						CURRENT RESIDUAL RISK RATING										
					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)	Feb-19			Jul-19													
								P	I		P	I												
1	SF2 ORR (OF2) IRR BREXIT	Finance	Delivering Council services within the envelope of the resources provided in 2019/20-2021/22 Medium Term Financial Plan - Risk to services of not delivering within reduced budgets and to delivery of the Plymouth Plan from reduced revenue and funding of the Capital Programme Risk Category: FINANCIAL Brexit Risk - Enhanced financial instability causes the UK to enter a recession post-Brexit impacts on local economy, ability of residents to pay council tax, increases the number eligible for council tax support. Negatively impacts investments and affects MTFP.	Spending money wisely	Higher profile of Council's finances at both CMT and Cabinet. Budget presented to senior officers and members in scoreboard format, delivering greater transparency and challenge. Budget sessions and DMTs. The Council has launched a "Fresh Look" programme to review all departments within all directorates, examining current budget and actual spend, contracts, income opportunities and any synergies and efficiencies across the whole council. These reviews are being led by Corporate Services. Brexit Officer Group reviewing potential impacts of Burden Doctorate to inform business case for New Burdens money from Central Government.	Regular Finance Management meetings to review the current financial position. The Cabinet have been briefed and plans are continually reviewed and developed to close the affordability gap. Finance and Assurance Review Group (FARG) monitor integrated commissioning risks	Progress reported within monthly finance reporting to Cabinet members. Continued Member engagement in Budget process and MTFP setting process by having regular Member briefings. CMT have the MTFP as a standing agenda item. Audit & Governance Committee oversee the financial reporting process. The Chief Internal Auditor supports the Audit & Governance Committee and reviews its effectiveness annually.	5	5	25	5	5	25	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. Identification of new revenue funding sources to support the budget e.g. use of section 106 income in current and future years. Section 151 Officer will be meeting all Strategic Directors and undertaking a 'deep dive' of all budgets, in addition to the "Fresh Look" reviews. Budget Recovery Group will be undertaking a line-by-line analysis of all budgets. Exploring innovative ways to reduce the costs for funding long term liabilities e.g. pension deficit.	Better return on the investment portfolio. Income generation monitored via revenue budget. Improved efficiency and reduced costs. Increase in successful bids. Reduced contract costs via a full review of all contracts. Regular updates to be provided to CMT.	Ongoing Qty MTFP updates Ongoing Qty reviews Ongoing Ongoing	Paul Looby	Andrew Hardingham	Aaron Perrin				
2	SF3 IRR	Finance	Being unable to deliver Council services within the envelope of the resources provided in 2019/20 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 including an analysis of which savings have been delivered and which are at risk. Budget presented to senior officers and members in scoreboard format, delivering greater transparency and challenge. Budget sessions and DMTs.	Finance and Assurance Review Group monitor Integrated Commissioning risks. CMT have MTFP as a standing agenda item.	Progress reported within monthly finance reporting to Cabinet members. Monthly reports are presented to Scrutiny. Continued member engagement in budget process and MTFP setting process by having regular member briefings Audit and Governance Committee oversee the financial reporting process. The Chief Internal Auditor supports the Audit and Governance Committee and reviews its effectiveness annually. Higher profile of Council's finances at both CMT and Cabinet. CMT have the MTFP as a standing agenda item. Staff suggestions for cost saving have been requested. Portfolio Holders undertaking line-by-line reviews of budgets.	5	5	25	5	5	25	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. Implementation of outcomes from 'Fresh Look' Programme which will improve efficiency and reduce 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 and Wellbeing; Identification of new revenue funding sources to support the budget e.g. use of section 106 income in current and future years. Investigating earlier implementation of Fees and Charges, review of reserves, bad debt provision, accelerated income generation. Further capitalisation. Undertaking an in year review of all services to ensure a balanced budget can be achieved.	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 Qty MTFP updates Ongoing Qty reviews Ongoing	Paul Looby	Andrew Hardingham	Aaron Perrin				
3	SEPS1 IRR	Education, Participation & Skills	Reduction in the quality of education provision negatively affecting level of pupil attainment. 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 Education Board The School Support, Challenge and Intervention Policy makes clear the relationship with schools.	Trust development to secure school improvement. LA oversight of Maintained Schools	Education & Children's Social Care Overview & Scrutiny Committee. Standards Partnership and LA work across system	4	5	20	4	5	20	R	Plymouth Education Board (PEB) (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. The Plymouth Challenge has identified three strands designed to raise achievement. Cause for concern meetings. Inclusion strand of PEB work. Proposed Inclusion Mark for the City to celebrate inclusion.	Ofsted Inspection results. Over 50% secondary schools good or better. Attainment levels and data analysis. Evidence of innovative solutions based programmes that are evaluated against outcomes.	Review Nov 19	David Bowles	Judith Harwood	Julie Reed				
4	SCYPF2 Formerly ORR IRR	Children's Social Care	Projected in-year overspend in Children's Social Care caused by unprecedented demand and level of support needed to keep young people safe, such as specialist residential care placements with high levels of staffing. Risk Category: FINANCIAL	Spending money wisely	Independent fostering review action plan. Service redesign implemented including invest to save case for increase in number of Social Workers. Savings have been identified but pressure still exists	Finance and Assurance Review Group (FARG)	Independent fostering review Regional Youth Justice Board Budget Management Group	4	5	20	4	5	20	R	Additional management solutions and escalated action to deliver further savings from the council's transformation programme will be brought to the table over the coming months in order to address the in year forecasted overspend. Ongoing rigour in decision making to manage demand. Ensuring action plan milestones are reached	Financial Results Delivery Performance		Jean Kelly	Alison Botham	Sandy Magee				
5	SEPS2 Formerly ORR IRR	Education, Participation & Skills	Growing volume and complexity of demand across services increases risk of failure to meet statutory duties and impacts our ability to improve outcomes for vulnerable children and young people with Special Education Needs and Disabilities (SEND):- Short/medium-term consequences:- -Compliance failures -Customer disappointment/failure to manage expectations -Media reporting and adverse publicity -Damage to reputation -Impact on other departments/increased caseloads -Reduced staff resilience - uncertainty of E2E review Long-term consequences:- -Litigation -Reduced ability of those affected to achieve full potential / impact on future economy / increased demand for adult services Risk Category: COMPLIANCE, REGULATION & SAFEGUARDING	A caring council - Keep children, young people and adults protected	Ofsted inspection outcome tracking; Role profiles are reviewed when staff leave; KPIs	Monitoring of EPS Scorecard; Monitoring of risks	Ofsted inspections; Plymouth Education Board; Education & Children's Social Care Overview & Scrutiny Committee	4	4	16	4	4	16	A	Action plans to manage impact; Performance management going forward; Review of Service demands to identify trends; Strategic planning for the department will set our future arrangements to secure functions and capacity; Transformation and move to partnership working with schools to secure functions and improve capacity. Ongoing detailed review of exceptional attendance - Off Rolling/ Exclusions. Special Education Needs Co-ordinator (Senco) briefings to build parental confidence and manage parental expectations for school places.	Delivery plans and clear service standards; Performance Scorecard; Actions from staff wellbeing and stress surveys. Applications to mediation tracked - currently reflect national trend	Ongoing	Judith Harwood	Alison Botham	Julie Reed				

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Audit and Governance Committee



Date of meeting:	23 September 2019
Title of Report:	Risk and Opportunity Management – Annual Report
Lead Member:	Councillor Mark Lowry (Cabinet Member for Finance)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Julie Hosking
Contact Email:	Julie.hosking@plymouth.gov.uk
Your Reference:	SM/JKH
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

This report summaries the work carried out during 2018/19 to develop the council's approach to risk and opportunity management and covers:

- Risk and Opportunity Management Strategy
- Corporate and Operational Risk Management Groups
- Integrated Assurance
- Risk Management Fund
- Focus for 2019/2020

Recommendations and Reasons

That Audit and Governance Committee:

- Discuss and note the Risk and Opportunity Management Annual Report
- Approve the Risk and Opportunity Management Strategy 2019-21

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

Alternative options considered and rejected

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

Relevance to the Corporate Plan and/or the Plymouth Plan

Maintaining sound systems of internal control and risk management enables the council to monitor and review the key risks that may prevent it from achieving its corporate and service objectives.

Implications for the Medium Term Financial Plan and Resource Implications:

Due to the financial challenges the Council faces, the £50,000 budget for the risk management fund has been removed with no plans to reinstate it in future years.

Carbon Footprint (Environmental) Implications:

None arising specifically from this report.

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

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

The Risk and Opportunity Management Strategy specifically supports the council's overall governance arrangements.

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Risk and Opportunity Management Strategy 2019-21							

Background papers:

*Add rows as required to box below

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

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

Sign off:

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Originating Senior Leadership Team member: Giles Perritt (Assistant Chief Executive)											

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

Date agreed: 14/08/2019

Cabinet Member approval: *Councillor Mark Lowry Approved verbally*

Date approved: 03/09/2019

1.0 Introduction

1.1 This report summarises the work carried out during 2018/19 to further develop the council's approach to risk and opportunity management.

1.2 The review covers:

- Risk and Opportunity Management Strategy
- Corporate and Operational Risk Management Groups
- Integrated Assurance
- Risk Management Fund
- Focus for 2019/2020

2.0 Risk and Opportunity Management Strategy

2.1 The Risk and Opportunity Management Strategy provides a comprehensive framework and process designed to support members and officers in ensuring that the council is able to discharge its risk management responsibilities fully.

2.2 The strategy is reviewed annually to ensure it remains current and fit for purpose. A copy of the latest version is attached at appendix A.

2.3 The revised strategy was presented to the Corporate Management Team (CMT) on 20 August 2019.

3.0 Corporate and Operational Risk Management Groups

3.1 CMT acts as the Corporate Risk Management Group (CRMG) with responsibility for the strategic risk and opportunity register and the overall risk and opportunity management strategy.

3.2 Service directors have engaged fully in the risk management process in taking ownership of the strategic risk and opportunity register both formally at CRMG meetings and throughout the year in proposing amendments to the register in line with changing circumstances and priorities for the council.

3.3 Matters of day to day operational risk management are the responsibility of the Operational Risk Management Group (ORMG) which comprises of risk champions from each directorate and/or service and representatives from the oversight functions that support the council's internal control assurance framework.

3.4 The ORMG met twice during 2018/19 to review and monitor operational risk and opportunity risk registers in line with the risk monitoring timetable and to promote and develop a consistent approach to risk and opportunity management.

4.0 Integrated Assurance

4.1 Risk information is included within the Corporate Plan Performance Report to add value to the quality of information provided.

4.2 Risk identification has been further enhanced by the business planning process implemented across the organisation in March 2018 and Operational Risk and Opportunity Registers were updated during February and March 2019 as part of this year's business planning process.

4.3 In addition, risks are reviewed at quarterly (in some cases monthly) department management team meetings in line with guidance provided in the Risk and Opportunity Management Strategy.

4.4 Risks that are deemed to have a health and safety element which present a risk to either staff or members of the public are also reviewed by the Health, Safety and Wellbeing Steering Group and quarterly meetings are chaired at Director-level.

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

5.0 Risk Management Fund

5.1 In previous years, a risk management fund of £50,000 per annum was available for departments to bid for funding to implement risk reduction initiatives in areas such as physical security improvements (fire/intruder alarms, CCTV etc.) training and health and safety.

5.2 Unfortunately, the financial challenges the Council faces has necessitated the funds removal, with no plans to reinstate it in future years.

5.3 Business plans are aligned to the budget and resources for each service and consideration and evaluation of risk controls and associated costs will continue to be made during the planning stage.

6.0 Focus for 2019/20

6.1 Continue to support departments to identify risks to achievement of objectives contained within their business plans.

- 6.2** Continue to review and develop risk management processes and work with performance colleagues to improve the quality of information being provided to managers.

7.0 Conclusion

- 7.1** There is good evidence of the development of a risk management culture within the council with proactive engagement of members, directors and heads of service, and senior operational managers.
- 7.2** The council has well-developed and proven risk management processes in place which have been integrated into business planning, budget and project management.
- 7.3** As reported to this Committee in [July](#), following a review in April, Devon Audit Partnership's audit opinion of the Council's risk management arrangements improved this year from 'Working' to 'Embedded and Integrated'.
- 7.4** This improved opinion reflects the work implemented to embed risk management arrangements within formal business planning processes and the closer alignment of risk and performance processes.
- 7.5** The Risk and Opportunity Management Annual Report should therefore give Audit and Governance Committee members assurance as to the adequacy and effectiveness of the internal control arrangements and, in particular, the contribution of risk and opportunity management to the overall governance framework.

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RISK AND OPPORTUNITY MANAGEMENT STRATEGY 2019-2021



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EXECUTIVE SUMMARY

We live in very challenging times, and also one that provides us with real opportunities. We are a large, complex organisation and need to continuously looking at how we can be more efficient and customer focused. Risk and opportunity management is both a statutory requirement and an indispensable element of good corporate governance and good management. It has never been more important to have an effective Risk and Opportunity Management Strategy in place to ensure we are able to discharge our various functions and deliver public services efficiently and cost effectively.

Risk is unavoidable. It is an important part of life that allows us all to move forward and develop. Successful risk management is about ensuring that we have the correct level of control in place to provide, as far as reasonably practicable, sufficient protection from harm without stifling our development. The Council's overriding attitude to risk is to operate in a culture of creativity and innovation, in which all key risks are identified in all areas of the business and are understood and proactively managed, rather than avoided. In respect of health and safety risks, this requires the weighing up of the risk verses the time, cost and effort to control the risk, irrespective of the risk score. Risk and opportunity management therefore needs to be at the heart of the Council and our key partners. We need to have the structures and processes in place to ensure the risks and opportunities of daily Council activities are identified, assessed and addressed in a standard way. We do not shy away from risk; we seek to proactively manage it. This will allow us not only to meet the needs of the community today, but also be prepared to meet future challenges.

The Council will record the significant risks identified as potential threats to the delivery of its objectives within Risk and Opportunity Registers and incorporate mitigation controls within action plans to include details of any opportunities that may arise from the successful management of each risk. Risks will be monitored every six months and findings reported via the Council's formal reporting process.

The benefits gained with a Risk and Opportunity Management Framework are improved strategic, operational and financial management, better decision making, improved compliance and, most importantly, improved customer service delivery and better outcomes for the citizens of Plymouth.

We embrace risk and opportunity management to support the delivery of our vision for the city and to enable the provision of high quality services to the citizens of Plymouth.

Cllr Mark Lowry
Cabinet Member for Finance

Tracey Lee
Chief Executive

Giles Perritt
Assistant Chief Executive

THE RISK AND OPPORTUNITY MANAGEMENT STRATEGY

1. Definitions

What is a Risk?

Risk is most commonly held to mean “hazard” and something to be avoided but it has another face – that of opportunity. Improving public services requires innovation – seizing new opportunities and managing the risks involved. In this context risk is defined as uncertainty of outcome, whether positive opportunity or negative threat of actions and events. It is the combination of likelihood and impact, including perceived importance.

What is Risk and Opportunity Management?

Risk and opportunity management is the culture, processes and structures that are directed towards effective management of potential opportunities and threats to an organisation achieving its objectives and delivering services to the community.

This Strategy is intended to reaffirm and improve effective risk and opportunity management in Plymouth, comply with good practice and in doing so, effectively manage potential opportunities and threats to the Council achieving its objectives.

2. Types of risk - Strategic and Operational

Strategic risks affect or are created by our business strategy and strategic objectives. They can be defined as the uncertainties and untapped opportunities embedded in strategic intent and how well they are executed. As such, they are key matters for our Corporate Management Team and impact on the whole organisation, rather than just an isolated department. Inclusion of a risk in the strategic risk and opportunity register indicates that it is one of a number of risks that the Council (particularly elected members and senior managers) need to be aware of and ensure appropriate management arrangements are in place to manage/mitigate them.

Operational risk is defined as the risk of loss resulting from inadequate or failed processes, people and systems. Operational risks should link to each service area's Business Plan/Performance Framework or Partnership Plan, high level documents that bring key information together in one place and demonstrate the service's focus on Council and city priorities. All major risks facing the service and to other services and partners resulting from the consequences of a service's plans should be recorded with brief mitigation and potential outcome.

3. Risk management responsibilities

Risk and opportunity management is the responsibility of all employees, working together within teams and management structures to ensure timely consideration and control at the appropriate level.

The Corporate Risk Management Group will monitor and manage the delivery of the Risk and Opportunity Management Strategy at a strategic level. The Group's purpose is to effectively embed risk and opportunity management within the ethos of the Council's culture as an integral part of strategic planning, decision-making and its performance management framework. The Group is also be responsible for the development and monitoring of the Strategic Risk and Opportunity Register.

The Operational Risk Management Group, comprising departmental Risk Champions and chaired by the Oversight and Governance Manager, will be responsible for the delivery of this strategy at an operational level and for the development and monitoring of service level Operational Risk and Opportunity Registers.

Any risks to health, safety or wellbeing of our employees or others affected by our operations are compiled into a separate risk register and additionally monitored by the HSW Steering Group on a quarterly basis. This may result in additional assurance being required to ensure controls are reducing risk to as low as reasonably practicable. HSW Assurance Specialists support service areas to ensure risk assessments are suitable and sufficient.

4. Risk and Opportunity Management Policy Statement

Plymouth City Council is aware that, as a large organisation, it is exposed to a very wide range of risks and threats to the delivery of key services to the community it serves.

The Council recognises that it has a responsibility to identify, evaluate and manage risk whilst still creating a fertile climate for innovation. It therefore supports a structured approach to risk and opportunity management through this corporate Risk and Opportunity Management Strategy, the aims and objectives of which are described below:

The aims of the Risk and Opportunity Management Strategy are to:

- Integrate and raise awareness of risk and opportunity management for all those connected with the delivery of Council services
- Embed risk and opportunity management as an integral part of strategic, service, information use, business, financial and project planning and policy making
- Establish a standard systematic approach to risk identification, analysis, control and monitoring and reviewing
- Provide a process for identifying threats or drawbacks that also includes finding and considering opportunities
- Provide a robust and transparent framework for managing risk and supporting decision making
- Support well thought-through risk taking
- Anticipate and respond to changing external and internal environment
- Embed risk and opportunity management as an integral part of delivering and aligning successful partnerships

The objectives of the Risk and Opportunity Management Strategy are:

- To embed Risk and Opportunity Management as part of the Council's culture of governance
- To provide a robust and systematic framework for identifying, managing and responding to risk
- To provide a robust and transparent track record of managing, communicating and responding to risk
- To encourage staff to think creatively about ways to work better, simpler and more effectively

5. Framework

The Council maintains two main types of Risk and Opportunity Register; Strategic and Operational. The Strategic Register records risks that affect the aims and objectives of the corporate body – risks that could have an effect on the successful achievement of our long term core priorities and outcomes, e.g:-

- risks that could potentially have a council-wide impact; and/or
- risks that cannot be managed solely at a business unit level because higher level support/intervention is needed.

The Operational Register records those risks affecting the day to day departmental operations, e.g:-

- Potential process failures
- Failure to adhere to internal policies
- Poor quality management

Both registers detail the following:-

- possible consequences of the risks identified, both negative (risks and threats) and positive (opportunities)
- potential impact and likelihood of the risk identified
- existing controls in place to mitigate the risks
- actions planned to mitigate the risks with relevant timescales and the responsible officers

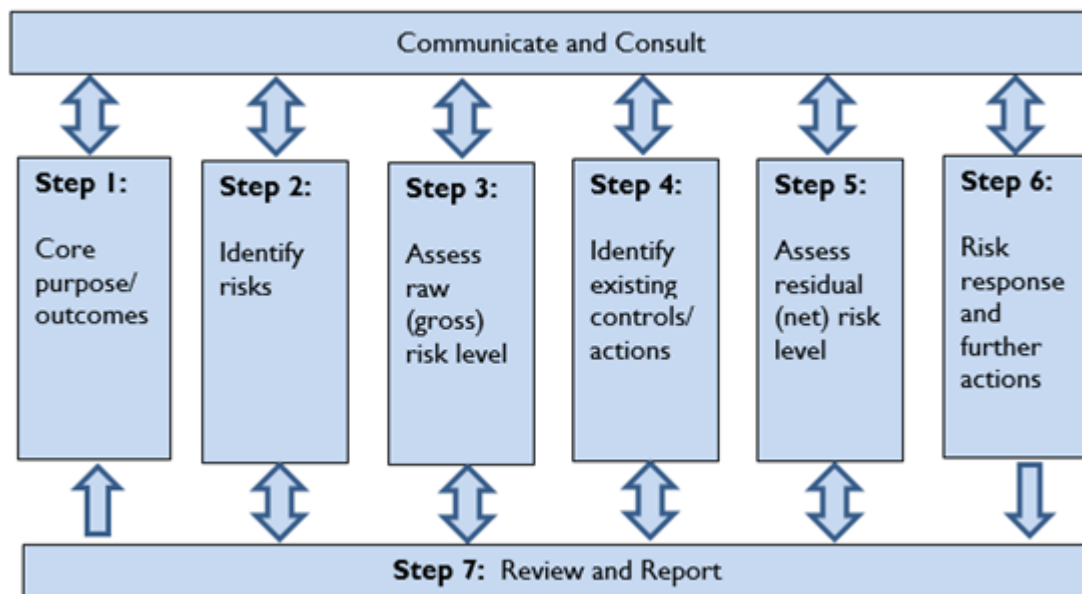
The Strategic Register is owned by the Corporate Management Team in its capacity as the Corporate Risk Management Group and maintained by the Corporate Risk Advisor. Operational Registers are owned by the relevant Service Director and maintained by the relevant department's Risk Champion.

6. Approach

For a number of years the Council has been working towards a comprehensive and integrated approach to risk management where:

- staff are clear about what risk management is intended to achieve;
- significant risks are being identified and managed effectively;
- training and guidance on risk management are easily accessible;
- a consistent corporate approach is followed using a common 'risk language'; and
- it is seen as an integral part of good corporate governance.

This section details the agreed arrangements that are needed to ensure the effective management of risk across the organisation. The Council's approach to risk management is based on best practice and involves a number of key steps as outlined below:-



Effective communication and consultation are critical to the successful management of risk. These are not one off standalone events but important factors at every point of the process and it is vital that staff at all levels across the organisation are involved if risk management is to be truly embedded and a useful management tool.

Step 1: Core purpose / outcomes

Before we can identify our risks we need to establish the context by looking at what we are trying to achieve and what our proposed outcomes are. Depending on the area under review, the relevant objectives and outcomes will usually be detailed in existing documents, including the following:

- Corporate Plan (for core purpose, priorities and outcomes)
- Business Plans (for directorate/departments aims, priorities and actions)
- Project Plans (for project aims and objectives)
- Partnership Agreements (for partnership aims and objectives)

Step 2: Identify risks

There are a number of different types of risks that an organisation may face including financial loss, failure of service delivery, risks to people and damage to reputation.

Opportunities can also be identified by giving consideration to those that have been neglected because of perceived, but unexamined risk. These include:-

- Learning from the past – whilst past experience cannot necessarily be a predictor for future performance, signals that were ignored and missed opportunities can provide insight into organisational blind spots.
- Customer sensitivity – trying to understand customer needs and creating systems to exploit this information can lead to great gains.
- Learning from others – exploring and sharing best practice with other organisations can lead to benefits.
- Scenario planning – can be a powerful tool for generating new ideas.

Once the opportunity has been identified it should be described to include the expected benefits, contributions to business objectives and stakeholders.

A checklist for risk and opportunity identification is shown below as a guide (not an exhaustive list):

Category of Risk	Risk Examples
Compliance, Regulation and Safeguarding	<ul style="list-style-type: none"> ▪ Legislation and internal policies/regulations ▪ Health, safety and wellbeing ▪ Grant funding conditions ▪ Legal challenges, legal powers, judicial reviews or public interest reports ▪ Change in government policy
Operational/Service Delivery	<ul style="list-style-type: none"> ▪ Emergency preparedness/business continuity ▪ Poor quality/reduced service delivery ▪ Health and safety

	<ul style="list-style-type: none"> ▪ Information security and retention accuracy ▪ ICT integrity and availability ▪ Damage to physical assets ▪ Changing needs and expectations of customers – poor communication/consultation
Financial	<ul style="list-style-type: none"> ▪ Budgetary pressures ▪ Loss of/reduction in income/funding, increase in energy costs ▪ Cost of living, interest rates, inflation etc. ▪ Financial management arrangements ▪ Investment decisions, sustainable economic growth ▪ Affordability models and financial checks ▪ Inadequate insurance cover ▪ System/procedure weaknesses that could lead to fraud
Reputation	<ul style="list-style-type: none"> ▪ Negative publicity (local and national) ▪ Image ▪ Increase in complaints ▪ Brand building ▪ Fines
Strategic Change	<ul style="list-style-type: none"> ▪ New initiatives, new ways of working, new policies and procedures ▪ New relationships – accountability issues/unclear roles and responsibilities ▪ Monitoring arrangements ▪ Managing change ▪ Add value or improve customer experience/satisfaction ▪ Reduce waste and inefficiency ▪ Improve staff skills/morale ▪ Business alignment ▪ New operating models and revenue streams ▪ Market needs/growing competition ▪ New technologies
Development and Regeneration	<ul style="list-style-type: none"> ▪ Demographics ▪ Economic downturn – prosperity of local businesses/local communities ▪ Impact of planning or transportation policies ▪ Environmental, landscape, countryside, historic environment, open space ▪ Property, land, buildings and equipment

People & Culture	<ul style="list-style-type: none"> ▪ Political personalities ▪ Member support/approval ▪ New political arrangements ▪ Loss of key staff, recruitment and retention issues ▪ Training issues ▪ Lack of/or inadequate management support ▪ Poor communication/consultation ▪ Capacity issues – availability, sickness and absence etc.
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Risk Description

The risks and opportunities identified need to be recorded in a structured format. A description covering the Cause, Event and Effect is used to scope a risk or opportunity. Guidance on some typical phrasing or statements are listed below:-

Cause	Event	Effect
Because of As a result of Due to	<an uncertain event i.e. risk or opportunity> may occur	which would lead to <effect on objective(s)>
Event	Cause	Effect
Risk of Failure to Failure of Lack of Loss of Uncertainty of Delay in Inability to Inadequate Partnership with Development of / Opportunity to due to leads to and/or result in

Example of risk description – Risk of being unable to deliver Council services within the envelope of the resources provided in (year) which would lead to a negative impact on budgets, loss of reputation, negative impact on front line services and a negative opinion from external audit.

Step 3: Assess raw (gross) risk level

To ensure resources are focussed on the most significant risks, the Council's approach to risk management is to assess the risks in terms of both the potential likelihood and impact so that actions can be prioritised.

The risk management process requires each new risk to be assessed twice – raw (gross) and residual (net) levels.

The first assessment (the raw/gross risk level) is taken on the basis that there is no action being taken to manage the identified risk and/or any existing actions are not operating effectively. In other words, the worst case scenario if the risk were to occur.

To ensure that a consistent scoring mechanism is in place across the Council, risks are assessed using the agreed criteria for likelihood and impact. Risk scoring guidance is shown below:-

Risk Analysis and Scoring Guidance

Score	Likelihood	Threat / Risk
5	Almost Certain (80-100%)	Is expected to occur in most circumstances Will undoubtedly happen, possibly frequently e.g. annually or more frequently Imminent/near miss For health and safety risk – one in 100 chance of the adverse event happening
4	Likely (50-80%)	Will probably occur in many circumstances Will probably happen, but not a persistent issue e.g. once in three years Has happened in the past For health and safety risk – one in 1000 chance of the adverse event happening
3	Possible (25-50%)	Could occur in certain circumstances May happen occasionally, e.g. once in 10 years Has happened elsewhere For health and safety risk – one in 10,000 chance of the adverse event happening
2	Unlikely (10-25%)	May occur only in exceptional circumstances Not expected to happen, but is possible e.g. once in 25 years Not known in this activity For health and safety risk – one in 100,000 chance of the adverse event happening
1	Rare (0-10%)	Is never likely to occur Very unlikely this will ever happen e.g. once in 100 years For health and safety risk – one in a million chance of the adverse event happening

Risk Impact (Severity)

Score	Impact	Threat / Risk
5	Catastrophic Risk	Risks which can have a catastrophic effect on the operation of the Council or service. This may result in critical financial loss, severe service disruption or a severe impact on the public. Examples:- Unable to function without the aid of government or other external Agency Inability to fulfil obligations Medium – long term damage to service capability Severe financial loss – supplementary estimate needed which will have a catastrophic impact on the Council's financial plan and resources are unlikely to be available

		<p>Death (single or multiple) or work related diagnosis leading to death</p> <p>Adverse national publicity – highly damaging, severe loss of public confidence</p> <p>Significant public interest</p> <p>Litigation certain and difficult to defend</p> <p>Breaches of law punishable by imprisonment</p> <p>Very significant exposure of public funds with funding being managed across organisations and complex reporting</p> <p>Total project budget in excess of £5,000,000</p> <p>Very complex stakeholder community with new partnerships, collaborations and suppliers/stakeholder environment volatile or with significant external change factors</p> <p>Extensive use of leading edge, novel or innovative technology which requires specialist management and external audit</p>
4	Major Risk	<p>Risks which can have a major effect on the operation of the Council or service. This may result in major financial loss, major service disruption or a significant impact on the public. Examples:-</p> <p>Significant impact on service objectives</p> <p>Short–medium term impairment to service capability</p> <p>Major financial loss – supplementary estimate needed which will have a major impact on the Council's financial plan</p> <p>Extensive injuries, major permanent harm, long term sick</p> <p>Permanent/significant disability</p> <p>Major adverse local publicity, major loss of confidence</p> <p>Litigation likely and may be difficult to defend</p> <p>Breaches of law punishable by fines or possible imprisonment</p> <p>Relatively large budget £1M - £5M</p>
3	Moderate Risk	<p>Risks which have a noticeable effect on the services provided. Each one will cause a degree of disruption to service provision and impinge on the budget. Examples:-</p> <p>Service objectives partially achievable</p> <p>Short term disruption to service capability</p> <p>Significant financial loss – supplementary estimate needed which will have an impact on the Council's financial plan</p> <p>RIDDOR (Reporting of injuries, diseases and dangerous occurrences regulations) or major injury</p> <p>Medical treatment required, semi-permanent harm up to one year</p> <p>Some adverse publicity, needs careful public relations</p> <p>High potential for complaint, litigation possible</p> <p>Breaches of law punishable by fines only</p>

		Budget between £500k - £1M
2	Minor Risk	<p>Risks where the consequences will not be severe and any associated losses will be minor. As individual occurrences they will have a negligible effect on service provision. If action is not taken, then such risks may have a more significant cumulative effect. Examples:-</p> <p>Minor impact on service objectives</p> <p>No significant disruption to service capability</p> <p>Moderate financial loss – can be accommodated at head of service level</p> <p>Three day + injury</p> <p>First aid treatment, non-permanent harm up to one month</p> <p>Some public embarrassment, no damage to reputation</p> <p>May result in complaints/litigation</p> <p>Breaches of regulations/standards</p> <p>Budget within delegation</p>
1	Insignificant Risk	<p>Risks where the consequences will not be severe and any associated losses will be relatively small. As individual occurrences they will have a negligible effect on service provision. If action is not taken, then such risks may have a more significant cumulative effect. Examples:-</p> <p>Minimal impact, no service disruption</p> <p>Negligible impact on service capability</p> <p>Minimal loss – can be accommodated at senior technical accounting level</p> <p>First aid injury</p> <p>Unlikely to cause any adverse publicity, internal only</p> <p>Breaches of local procedures/standards</p> <p>Budget within delegation and relatively small or within operational costs</p>

When assessing the risk, the highest measure identified in each table is the score taken to plot the risk level on the risk matrix. The risk ratings for each part of the assessment are multiplied to give an overall ranking for each risk. The risk matrix uses a “traffic light” approach to show high (red), medium (amber) and low (green) risks.

Risk Matrix Table

Likelihood / Probability	Almost Certain	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Insignificant	Minor	Moderate	Major	Catastrophic
Impact / Severity						

Risk Tolerance

Red (High Risk)	20 - 25	Must be managed down urgently
Amber (Med/High Risk)	12 - 16	Seek to influence medium term/monitor (as per risk appetite escalation)
Amber (Medium Risk)		
Green (Low Risk)	6 - 10	Acceptable – continue to monitor if circumstances are subject to change, if not, remove from register
Yellow (No risk)	1 - 5	Can be removed from register and managed locally within team but consider adding to risk register if controls are likely to change

Step 4: Identify existing risk controls / actions

Existing controls and actions, which are helping to eliminate or minimise the likelihood and/or impact of the risk occurring, are identified for each risk. These actions are specifically those in place or completed.

Step 5: Assess residual (net) risk level

The second assessment (the residual or net level) re-evaluates the risk, taking into consideration the effectiveness of the identified existing actions. In other words, the reality if the risk were to occur in the immediate future. Residual risks are prioritised by applying the same criteria and matrix for assessing the raw risk level (Step 3). It is the risk owner's responsibility to ensure the agreed residual risk level for each risk is an accurate reflection of the likelihood and impact measures.

Step 6: Risk response and further actions

Not all risks can be managed all of the time, so having assessed and prioritised the identified risks, cost effective action needs to be taken to manage those that pose the most significant threat. Risk response may be managed in one, or a combination of, the following ways:-

Risk Response	Risk Examples (not exhaustive list)
Avoid – The risk is avoided by process changes which bypass the risk or deciding where possible not to continue with the activity in view of the level of risk involved.	Some political risks e.g. adverse public opinion. Some technical/operational/infrastructure risks e.g. maintenance problems. Legal and regulatory risks e.g. regulatory controls, licensing requirements.
Transfer – Some or all of the risk is transferred to a third party e.g. insurance.	Some strategic/commercial risks e.g. theft insolvency can be insured against. Environmental risks e.g. natural disasters, storms, flooding may also be insured against.
Treat/Reduce – Action is taken to reduce either the likelihood of the risk occurring or the impact that it will have, if cost effective. Consider use of KPI metrics to monitor progress of risk treatment action plans and key controls.	The most frequently used response to risk. Widely applicable – Technical/Operational/Infrastructure e.g. negligence, performance failure, scope creep, unclear expectations. Organisational/management/human factors e.g. personality clashes, poor leadership and poor staff selection.
Tolerate/Accept – The risk may be accepted perhaps because there is a low impact or likelihood. A contingency plan will be identified should it occur.	Some political, legal and regulatory and economic / financial risks may need to be accepted with a contingency plan in place e.g. civil disorder, exchange rate fluctuation.
Opportunity response	Opportunity Types (not exhaustive list)
Share – An opportunity is shared with a partner or supplier to maximise the benefits	Shared resource/technology/infrastructure, Improved designs
Exploit – A project could be adjusted to take advantage of a change in technology or a new market	Economic/financial/market e.g. new and emerging markets, positive changes in exchange rates or interest rates
Enhance – Action is taken to increase the likelihood of the opportunity occurring or the positive impact it could have	Strategic/commercial opportunities such as new partnerships, new capital investment, new promoters
Reject – Here no action is taken and the chance to gain from the opportunity is rejected	*Contingency plans may be put in place should the opportunity occur. Political or environmental e.g. new transport links, change of government bringing positive changes in policy/opportunities for lobbying etc.
* Note: Contingency plans should identify the actions that will be taken if a risk occurs. Contingent actions will often have associated costs and a budget should be set aside in the business case to cover this.	

Risk Appetite

Risk appetite is the amount of risk, on a broad level, that Plymouth City Council is willing to accept in pursuit of value. It is strategic and reflects the organisations risk management philosophy, and in turn influences the organisation's culture and operating style. Risk appetite guides resource allocation and provides the infrastructure necessary to effectively respond to and monitor risks. Our aim is to consider all options to respond to risk appropriately and make informed decisions that are most likely to result in successful delivery of benefits whilst also providing an acceptable level of value for money.

The risk appetite table below helps to align risk exposure with management and escalation activities. An event or risk is assessed and assigned a risk score by multiplying the impact and likelihood scores. Ranges of risk scores are then associated with different levels of management attention. The acceptance of risk is subject to ensuring that all potential benefits and risks are fully understood and that appropriate measures to mitigate risk are established before decisions are made. We recognise that the appetite for risk will vary according to the activity undertaken and hence different appetites and tolerances to risk apply. Specifically, our approach is to minimise exposure to compliance, regulation, safeguarding and reputation risk, whilst accepting and encouraging an increased degree of risk in other areas in pursuit of our strategic and business objectives as illustrated in the following table:

Residual Risk Score		6-10	12-15	16	20	25
Risk Category	Compliance, Regulation & Safeguarding (including Health, Safety & Wellbeing)	Accept but monitor	Management effort worthwhile	Management effort required	Extensive management essential	Extensive management essential
	Financial	Accept but monitor	Management effort worthwhile	Management effort required	Extensive management required	Extensive management essential
	Reputation	Accept but monitor	Manage effort worthwhile	Management effort required	Extensive management required	Extensive management essential
	Operational/Service Delivery	Accept but monitor	Manage & monitor	Management effort worthwhile	Considerable management required	Extensive management essential
	Strategic Change	Accept but monitor	Manage & monitor	Management effort worthwhile	Considerable management required	Extensive management essential
	Development & Regeneration	Accept but monitor	Manage & monitor	Management effort worthwhile	Considerable management required	Extensive management essential
	People & Culture	Accept but monitor	Manage & monitor	Management effort worthwhile	Considerable management required	Extensive management essential

Lower Risk			Higher Risk			
Risk Appetite Scale	Accept but monitor	Manage & monitor	Management effort worthwhile	Management effort required	Considerable management required	Extensive management essential
← Higher Risk Appetite			→	← Lower Risk Appetite		

Appetite Level	Escalation / Action Required
Extensive management essential	<p>Escalate to Strategic Risk Register and brief Portfolio Holder.</p> <p>Monthly review at Senior Leadership Team level.</p> <p>Quarterly review at Corporate Management Team.</p> <p>Risk owner to review monthly.</p> <p>Consider use of performance indicators to monitor performance of action plans and key risk controls.</p>
Considerable management required	<p>Consider escalation to Strategic Risk Register and brief Portfolio Holder.</p> <p>Monthly review at Department Management Team level.</p> <p>Quarterly review at Corporate Management Team.</p> <p>Risk owner to review monthly.</p> <p>Consider use of performance indicators to monitor performance of action plans and key risk controls.</p>
Management effort required	<p>Add to Operational Risk Register and review at least quarterly at Department Management Team level (consider escalation to Strategic Risk Register if risk cannot be mitigated at department level and ensure Portfolio Holder is briefed).</p> <p>Six month review by Corporate Management Team.</p> <p>Risk owner to review monthly.</p> <p>Consider use of performance indicators to monitor performance of action plans and key risk controls.</p>
Management effort worthwhile	<p>Add to Operational Risk Register and review quarterly at Department Management Team level.</p> <p>Risk owner to review at least quarterly.</p> <p>Consider use of performance indicators to monitor performance of action plans and key risk controls.</p>
Manage and monitor	<p>Add to Operational Risk Register.</p> <p>Risk owner to review at least quarterly.</p>
Accept but monitor	Risk owner to review every six months.

Risk Classifications

Compliance, Regulation and Safeguarding (no appetite for risk) - The Council recognises the need to place high importance on compliance, health, safety and wellbeing, regulation, and public protection and has no appetite for breaches in statute, regulation, professional standards, ethics, bribery or fraud. It is not acceptable for any hazard, risk or safety incident to be ignored by any member of our workforce and the Council will ensure that systems and processes exist to identify and mitigate risk as well as for reporting, investigating and learning from incidents when they do occur. All health, safety and wellbeing risks should be managed as per absolute duties cited in relevant regulations or to as low as reasonably practicable irrespective of risk score.

Operational/Service Delivery (higher appetite for risk) - The Council and accepts a moderate to high level of risk arising from the nature of the Council's business operations and service delivery

to deliver an appropriate level of service at value for money, whilst minimising any negative reputational impact.

Financial (lower appetite for risk) - The Council acknowledges the responsibility it has for administration of public funds, and wishes to emphasise to both the public and its employees the importance it places upon probity, financial control and honest administration. Financial Regulations provide the framework for managing the Council's financial affairs and should be adhered to at all times. All schemes must be fully financed and approved by the Capital Delivery Board. Finance Business Partners are an integral part of Department Management Teams and should be consulted when planning any new project.

Reputation (lower appetite for risk) - It is regarded as essential that the Council preserves a high reputation and hence it has set a low appetite for risk in the conduct of any of its activities that puts its reputation in jeopardy through any adverse publicity.

Strategic Change (higher appetite for risk) - The environment the Council works in is continually changing through both its internal operations and the services it provides. Change projects provide the Council with an opportunity to move forward and develop and establish benefits for the longer term. The Council recognises that this may require increased levels of risk and is comfortable accepting the risk subject to always ensuring that risks are appropriately managed.

Development and Regeneration (higher appetite for risk) - The Council has a continuing obligation to invest in the development and regeneration of the city. To continue to be progressive and innovative in the work performed the Council is willing to accept a higher risk appetite whilst ensuring that benefits are assessed and risks are fully scrutinised and appropriately mitigated before developments are authorised.

People and Culture (higher appetite for risk) - The Council recognises that staff are critical to achieving its objectives and therefore the support and development of staff is key to making the Council an inspiring and safe place to work. It has moderate to high appetite for decisions that involve staffing or culture to support transformational change and ensure the Council is continually improving.

The Council's Risk Appetite Statement will be continually monitored to ensure it supports the organisation's risk and opportunity management strategy. Risk appetite is an important tool for effective risk monitoring and provides the following benefits:-

- Forms an integral part of corporate governance
- Guides the allocation of resources
- Guides an organisations infrastructure, supporting its activities related to identifying, assessing, responding to and monitoring risks in pursuit of organisational objectives
- Is multi-dimensional, including when applied to the pursuit of value in the short term and the longer term of the strategic planning cycle
- Requires effective monitoring of the risk itself

Step 7 – Review and report

The reason for monitoring key risks is to create an early warning system for any movement in risk – key risks are defined as those which score 12 or above in accordance with the Council's risk appetite. High level red risks may be referred to the Scrutiny Board subject to Audit and Governance Committee recommendation. Risks scoring below 12 are considered to be managed effectively and therefore within the Council's "risk tolerance". Any risk scored below six can be removed from the risk register and archived.

Risk Registers are living documents and therefore must be regularly reviewed and amended. The Risk and Opportunity Management Strategy requires risks recorded on the Strategic Risk and Opportunity Register and service level Operational Risk and Opportunity Registers to be formally

monitored every six months by departmental risk champions in consultation with senior managers and lead officers.

Monitoring reports are presented for approval to the Corporate Risk Management Group prior to final ratification by the Audit and Governance Committee. Operational red risks may be referred to the Overview and Scrutiny Management Board.

The questions asked during monitoring are:-

- Is the risk still relevant?
- Is there any movement in the risk score?
- Are the controls still in place and operating effectively?
- Has anything occurred which might change its impact and/or likelihood?
- Have potential opportunities been considered and maximised?
- Have any significant control failures or weaknesses occurred since the last monitoring exercise?
- If so, does this indicate whether the risk is increasing or decreasing?
- If the risk is increasing do I need to devise more controls or think of other ways of mitigating the risk?
- If the risk is decreasing can I relax some existing controls?
- Are controls/actions built into appropriate documented action plans?
- Are there any new or emerging risks?
- Have any of the existing risks ceased to be an issue (and can therefore be archived?)

7. Evaluating Key Controls

A framework exists to performance measure effectiveness of key controls aligned to the Council's risk appetite. Risks where we have a lower appetite for risk taking are treated with a higher level of management activity and oversight.

Examples of key controls

Preventative key controls	Detective key controls	Corrective key controls
Policies and procedures	Review of performance	Business continuity plans
Authorisation and approval	Reconciliations	Insurance
Verifications	Audit and investigations	Disaster recovery plans
Staff training	Data analysis	Variance reports
	Monitoring	Case reviews

Managers should contact the Performance and Risk Team for further advice on setting up key control performance measures for risks categorised under compliance, regulation, safeguarding, financial and reputation.

8. Fraud Risk Controls

Fraud is a major drain on the Public Purse and it is therefore imperative that all staff prevent fraudulent activity and understand the threats and risks. The Anti-Fraud, Bribery and Corruption

Strategy and [Policy](#) will assist the Council in becoming more resilient to fraud risks. The aim is to minimise fraudulent activity with a zero tolerance approach to those who commit criminal acts of fraud against Plymouth City Council whether the threat is from outside or internally within the Council.

Operational managers and supervisors are responsible for:-

- Ensuring that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively;
- Preventing and detecting fraud;
- Assessing the types of risk involved in the operations for which they are responsible;
- Reviewing and testing the control systems for which they are responsible regularly;
- Ensuring that controls are being complied with and their systems continue to operate effectively;
- Implementing new controls to reduce the risk of similar fraud occurring where frauds have taken place.

9. Health, Safety and Wellbeing Performance Standards and Risk Assessments

The Council's health and safety policies, performance standards and [guidance](#) notes should be regarded as the health and safety standard each department, service unit and team is expected to achieve and against which health and safety performance will be monitored and audited.

The purpose of the performance standard is to:

- Support the implementation of a health and safety risk management system and assist the Council in meeting its legal obligations in providing a safe working environment where risks are effectively controlled to their lowest tolerable level.
- Identify managers and risk assessors' responsibilities and encourage employees to recognise and inform their managers of hazards and risks associated with their work activities, report defects in processes and equipment and to assist in developing a positive health and safety culture.

It is the manager's responsibility to develop and maintain action plans relating to risk assessments and record them in a Health, Safety and Wellbeing Risk Assessment Register (HSWRAR). The action plan also assists in prioritising, planning and monitoring the effectiveness of the actions and controls that have been identified to reduce the risk of a particular hazard.

Risk assessments follow Health and Safety Executive (HSE) guidance and scoring methodology.

Any significant hazard requires risk control measures and/or a risk treatment plan to be put into place in order to minimise risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequence, or both.

Generally actions relating to risk assessments can be managed locally at team level, however, it may be necessary to escalate a health, safety and wellbeing risk to the departments Operational Risk Register in order to achieve a higher degree of management oversight. Examples of escalation criteria are:-

- Treatment of the risk requires decisions/actions, e.g. expenditures that are beyond what the budget holder is authorised to decide;
- risk controls cannot be implemented within appropriate timescales (as identified in consultation with a HSW Advisor);
- the risk is widespread beyond local area span of control;
- the risk is assessed to be significant - one in which staff, members of the public or facilities may be subject to legal, media or other interest and where, if not managed effectively, the risk could result in loss of life or significant loss of the council's assets or reputation;
- addressing the risk requires corporate changes to policy;
- Grievances from stakeholders have been received to which the risk owner cannot impartially and/or effectively respond.

A HSW risk escalation procedure within The Council's HSW Policy ensures that risks threatening the health, safety and wellbeing of employees and other people using Council premises and services are escalated in real time. Risks should be managed at the most local level, however there are some circumstances that should be notified to relevant members of the Corporate Management Team and to the Chief Executive as the accountable person for HSW as quickly as possible. [Click here](#) for access to the Council's Risk Escalation Procedure

10. Embedding Risk and Opportunity Management

The Risk and Opportunity Management Strategy is reviewed annually to ensure it remains up to date and presented to the Audit and Governance Committee. The Cabinet Member for Finance and the Assistant Chief Executive jointly champion the process.

Each directorate has an officer appointed as Risk Champion who is trained to advise staff on best practice to ensure that the risk and opportunity management process is embedded in the Council's business processes, including:-

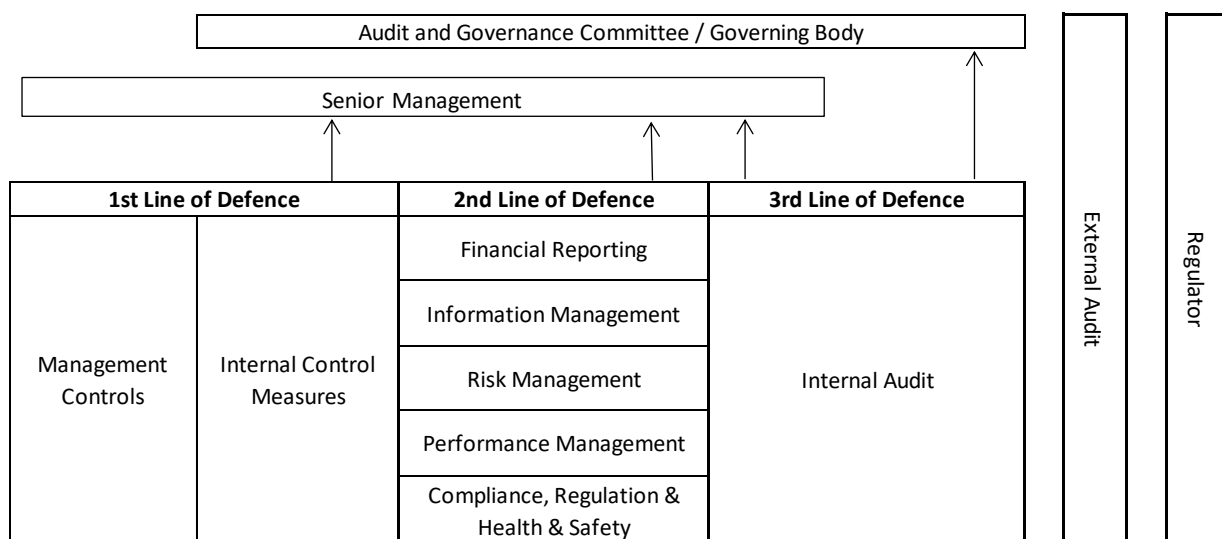
- strategic and business planning
- information quality and use
- financial planning
- policy making and review
- project management

11. Guidance and Assistance

The Chief Executive Office, through the Oversight and Governance Manager and Corporate Risk Advisor, will promote and monitor good practice, provide guidance, support, advice and information and organise training. There is also a Risk Management eLearning module available on the Staff Room Page of the intranet within the Learning Zone.

12. Corporate Governance and Integrated Assurance

Integrated Assurance has resulted in risk management being formally aligned and working alongside other compliance functions to promote a joined-up approach to all aspects of corporate governance. The Three Lines of Defence Model is used as the primary means to demonstrate and structure roles, responsibilities and accountabilities for decision making, risk and control to achieve effective governance and integrated assurance. The diagram below shows the relationship between these functions:-



First Line of Defence – Management Controls and Internal Control Measures

Line managers are responsible for ensuring that a risk and control environment is established as part of day to day operations. Line management should be adequately skilled to create risk definitions and make risk assessments. The risk profile needs to be proactively reviewed, updated and modified for changes to the business environment and emerging risk changes. Active risk management and periodic reporting on risk is crucial to quick identification and response.

The first line of defence provides management assurance by identifying risks and business improvement actions, implementing controls and reporting on progress.

Second Line of Defence – Oversight Functions

The second line of defence consists of activities covered by several components of internal governance. This line of defence monitors and facilitates the implementation of effective risk management practices by operational management and assists the risk owners in reporting adequate risk related information across the organisation. These are usually management functions that may have some degree of objectivity, but are not entirely independent from the first line.

Third Line of Defence – Internal Audit

Internal audit forms the third line of defence. An independent internal audit function will, through a risk-based approach to its work, provide assurance to the organisation's senior management. This assurance will cover how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence. It encompasses all elements of the council's risk management framework (from risk identification, risk assessment and response, to communication of risk related information) and all categories of organisational objectives.

Financial Reporting

Financial Regulations provide the framework for managing the Council's financial affairs. They apply to every member, committee, school governing body, department, officer, partner, employee of the Council, and anyone acting on behalf of the Council. The Responsible Finance Officer (Section 151 Officer) carries out the statutory duties in relation to the financial administration and stewardship of the Council. Departmental finance managers are required to bring the Responsible Finance Officer's attention to any section 151 issue they are unable to resolve.

Information Management

Like its people, information is a key Council asset. Information management is how our information is collected, used, evaluated, protected and distributed. Information must be obtained, handled, retained and disposed of in line with organisation guidelines.

Information practices must help to improve the efficiency of the services offered by the Council.

Performance Management

Managing employee or system performance and aligning their objectives facilitates the effective delivery of strategic and operational goals and maintains transparency. Effective performance management by using performance indicators to monitor performance of action plans and risk mitigation can also provide an early warning indicator so that issues can be resolved before they become a risk to the achievement of objectives.

Compliance, Regulation and Health and Safety

Adequate compliance monitoring is required in order to ensure we are working within applicable laws and regulations in areas such as health and safety, supply chain, business continuity, civil protection, statutory complaints, environmental, anti-fraud, legal, safeguarding, HR and equalities.

External Auditors and Regulators

External auditors and regulators reside outside of the Council structure but have an important role in the overall governance and control structure by providing an independent and objective function to assess the whole, or some part of the first, second or third line of defence.

Audit and Governance Committee

All three lines of defence have specific tasks in the internal control governance framework. It is the Audit and Governance Committee's role to maintain oversight and to monitor the effectiveness of internal controls and risk management processes, as well as internal audit activities.

13. Roles and Responsibilities

Cabinet Member for Finance

- Approve the Council's Risk and Opportunity Management Strategy
- Receive and approve monitoring reports on the Strategic Risk and Opportunity Register and an annual Risk and Opportunity Management report

Corporate Risk Management Group/CMT

- Ensure the Council implements and manages risk effectively through the delivery of the Risk and Opportunity Management Strategy and consider risks affecting delivery of services
- Appoint a Senior Information Risk Officer (currently the Strategic Director of Customer and Corporate Services). This role also includes being the Senior Responsible Officer for overseeing the impact on the Council from the use of covert surveillance
- Ensure risk and opportunity management is considered by the Corporate Management Team Agenda on a quarterly basis
- Provide assurance to Members and the Audit and Governance Committee regarding risk and opportunity management compliance
- Be responsible for and monitor the Strategic Risk and Opportunity Register
- Receive and approve risk and opportunity management status reports from the Operational Risk Management Group
- Approve and monitor the progress and effectiveness of the Risk and Opportunity Management Strategy and Operational Risk Management Group
- Support the embedding of risk and opportunity management within the culture of the Council as an integral part of strategic/business planning, decision-making and performance management framework
- Approve risk and opportunity management monitoring reports to Members and the Audit and Governance Committee.

Lead Member and Officer for Risk and Opportunity Management

- The Cabinet Member for Finance and the Assistant Chief Executive act as Member and Officer risk champions respectively
- Ensure that the Council manages risk effectively through the development of a robust and comprehensive Risk and Opportunity Management Strategy.

Oversight and Governance Manager / Corporate Risk Advisor

- Support the Council and its departments in the effective development, implementation and review of the Risk and Opportunity Management Strategy

- Share experiences across the Council and partners, promoting, facilitating and overseeing the arrangements for managing and monitoring of risk
- Provide training and guidance in risk and opportunity management
- Support the Corporate Risk Management Group
- Lead and direct the work of the Operational Risk Management Group.

Operational Risk Management Group

- Monitor, review and communicate information on operational and strategic risks within their directorate
- Ensure risk and opportunity management is embedded within departmental business plans.
- Review cross cutting operational issues
- Report to the Corporate Risk Management Group every six months
- Meet at least four times per year

Audit and Governance Committee

- Provide independent assurance to the Council on the effectiveness of the Council's risk and opportunity management, internal control and overall assurance framework.

Directors

- Take responsibility for the promotion of the Risk and Opportunity Management Strategy within their areas
- Ensure that operational risk and opportunity registers are managed, monitored, responded to and communicated effectively in their areas
- Ensure that risk and opportunity management is a key consideration in the delivery of the Council's priorities.

Managers

- Identify, evaluate, prioritise and control risks and opportunities facing the Council in achieving its objectives
- Support, assist and inform their Directorate Risk Champion on risk issues
- Include staff without direct responsibility for owning and managing risk in risk discussions to ensure teams identify potential risks associated with service delivery.

Risk Champions

- Attend Operational Risk Management Group meetings
- Promote, maintain and monitor risk and opportunity registers in line with risk and opportunity management/business planning guidance
- Support and provide guidance on the risk and opportunity management process in their department
- Promote and advise on the risk and opportunity management strategy
- Integrate and raise awareness of risk and opportunity management within their directorate.

Employees

- Assess and manage risks effectively in their job and report hazards/risks to their service managers
- Undertake their job within contractual, policy and statutory guidelines

- Consult with department Risk Champion as necessary.

Devon Audit Partnership

- Provide a risk based Audit Plan to monitor the effectiveness of internal controls and provide a trigger and action plan for management intervention
- Audit the Risk and Opportunity Management Strategy and processes
- Deliver professional counter fraud advice, guidance and investigatory work via its dedicated Counter Fraud Team.

Insurance

- Ensure appropriate risk-financing arrangements are in place to mitigate against identified insurable risks
- Work with the Corporate Risk Advisor to identify and control insurable risks effectively and economically.

Health, Safety and Wellbeing (HSW)

- Provide independent health and safety advice to the Operational Risk Management Group
- Ensure that risks threatening the health, safety and wellbeing of employees and other people using Council premises and services are escalated in real time via the HSW Steering Group
- Support the Council in managing and monitoring health and safety performance.

Civil Protection Team

- Assess, manage and monitor risks associated with civil emergencies
- Co-ordinate and advise on the production, maintenance and testing of a Business Continuity Management Plan for the council.

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Audit and Governance Committee



Date of meeting:	23 September 2019
Title of Report:	Integrated Commissioning – Finance Assurance Review Group – Annual Report 2018/19 including ASW Audit Programme for CCG
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Craig McArdle (Interim Strategic Director of People)
Author:	David Northey
Contact Email:	David.northey@plymouth.gov.uk
Your Reference:	DJN/FARG 2018/19
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

Under the terms of reference for the Integrated Commissioning Finance and Assurance Review Group (FARG), the Chair will prepare an Annual Report and an Effectiveness Review on the activities of the FARG to be completed in the spring of each year. This report will detail the work undertaken during the financial year, the successes and risks plus look into the coming year to highlight key tasks. This formal report will be presented to FARG for approval and onward distribution to Plymouth City Council's Federated Directorates Strategic Planning Commissioning Group meeting, the CCG Board and Plymouth City Council's Audit and Governance Committee.

Recommendations and Reasons

The Audit and Governance Committee note the report and endorse the next steps as set out. The governance of the FARG requires the report is noted at the Committee.

Alternative options considered and rejected

None, it is a requirement of the governance arrangements

Relevance to the Corporate Plan and/or the Plymouth Plan

FARG monitors all financial matters for Plymouth City Council's contribution to the Integrated Fund

Implications for the Medium Term Financial Plan and Resource Implications:

There are no implications as a result of this report.

Carbon Footprint (Environmental) Implications:

No impact

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

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

All implications for child poverty are contained in the individual budget allocations from both organisations. There are no implications as a result of this report.

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Month 12 (March 2019) Joint Finance Report							
B	Devon Audit Partnership: Internal Audit Report July 2018: Integrated Fund - (Plymouth City Council and Livewell Southwest) People Directorate							
C	NEW Devon Clinical Commissioning Group: Final Internal Audit Report: Plymouth Integrated Commissioning Fund – Section 75 Framework Agreement and Financial Framework High Level Review December 2018							

Background papers:

*Add rows as required to box below

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

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

Sign off:

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Originating Senior Leadership Team member: Anna Coles (Director of Intergrated Commissioning)

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

Date agreed: 05/09/2019

Cabinet Member approval: Councillor Kate Taylor *approved verbally*

Date approved: 05/09/2019



Northern, Eastern and Western Devon
Clinical Commissioning Group



Integrated Commissioning Finance and Assurance Review Group (FARG) Annual Report 2018/19

Executive Summary

Under the terms of reference for the Integrated Commissioning Finance and Assurance Review Group (FARG), the Chair will prepare an Annual Report and an Effectiveness Review on the activities of the FARG to be completed in the spring of each year. This report will detail the work undertaken during the financial year, the successes and risks plus look into the coming year to highlight key tasks. This formal report will be presented to FARG for approval and onward distribution to Plymouth City Council's Federated Directorates Strategic Planning and Commissioning Group meeting and the CCG Board.

On an Integrated Fund of £611m both the CCG and PCC each recorded an over spend against their budget share, resulting in the risk share on the Plymouth Integrated Fund of £0.157m payable from Plymouth City Council. The Section 75 sets out the methodology for the application of the risk share.

The following extract from the Month 12 Integrated Finance Report details the respective positions with CCG reporting an over spend of £4.245m against the budget of £351.844m (1.21%). The PCC position was reported as an over spend of £2.706m against the budget of £258.902m (1.05%). Overall, the Fund ended the year with an over spend of £6.951m against the total budget of £610.746m (1.14%).

This is a disappointing result when compared to last year's overall position of a small under spend. However, it became clear during the year that both organisations were coming under considerable financial pressure, from the Children's Directorate within PCC and Acute sector plus contingency costs within the CCG.

99P	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	Adv / (Fav)	£000's	£000's	Adv / (Fav)
CCG COMMISSIONED SERVICES						
Acute	162,780	164,435	1,654	162,780	164,435	1,654
Placements	35,980	35,255	-725	35,980	35,255	-725
Community & Non Acute	49,681	50,336	654	49,681	50,336	654
Mental Health Services	36,370	36,288	-81	36,370	36,288	-81
Other Commissioned Services	18,326	18,101	-225	18,326	18,101	-225
Primary Care	46,247	46,790	543	46,247	46,790	543
Subtotal	349,384	351,204	1,821	349,384	351,204	1,821
Running Costs & Technical/Risk	2,461	4,885	2,424	2,461	4,885	2,424
CCG Net Operating Expenditure	351,844	356,089	4,245	351,844	356,089	4,245
Risk Share				-157	-157	
CCG Net Operating Expenditure (after Risk Share)	351,844	356,089	4,245	351,844	355,932	4,088
PCC COMMISSIONED SERVICES						
Children, Young People & Families	37,168	41,174	4,006	37,168	41,174	4,006
Strategic Cooperative Commissioning	83,729	83,475	-253	83,729	83,475	-253
Education, Participation & Skills	101,106	101,106	-0	101,106	101,106	-0
Community Connections	3,784	3,739	-45	3,784	3,739	-45
Director of people	295	-705	-1,000	295	-705	-1,000
Public Health	16,048	16,048	-	16,048	16,048	-
Subtotal	242,131	244,837	2,706	242,131	244,837	2,706
Support Services costs	14,473	14,473	-	14,473	14,473	-
Disabled Facilities Grant (Cap Spend)	2,298	2,298	-	2,298	2,298	-
Recovery Plans in Development	-	-	-	-	-	-
PCC Net Operating Expenditure	258,902	261,609	2,706	258,902	261,609	2,706
Risk Share				157	157	
PCC Net Operating Expenditure (after Risk Share)	258,902	261,609	2,706	258,902	261,765	2,863
Combined Integrated Fund	610,746	617,697	6,951	610,746	617,697	6,951

There have been major changes within both organisations during 2018/19 which have meant a change of focus, albeit temporary, to availability of key finance resources.

With effect from 1st April 2018 Plymouth City Council took over responsibility of the management of Torbay's Children's Services. Although there is no impact on the funding of the Integrated Fund, the arrangement resulted in the establishment of a separate Children's Directorate with resultant changes to reporting requirements.

The Council's overall budget also came under severe strain as a result of pressures within the Children's Directorate budget. These pressures were the result of increasing costs due to the

complexity of care required by looked after children. Although the department worked hard throughout the year to cover these pressures from other savings, they still came in £4m over budget.

Within the CCG, there has been a focus required on both the Devon Sustainability Transformation Plan (STP) control total and the imminent creation of a new CCG. NHS Devon CCG – the fifth largest in England – formed on 1 April 2019, following the merger of the two previous CCGs in Devon: NHS Northern, Eastern and Western Devon CCG and NHS South Devon and Torbay CCG.

Both the new CCG and the Children's Directorate are now up and running and FARG started 2019/20 with full resource and support. In addition, there have been significant new appointments to the senior leadership team within both organisations which could have had an adverse effect on the Integrated Fund.

FARG continues to provide oversight, scrutiny and assurance of the Integrated Fund on behalf of Plymouth's Integrated Commissioning and is responsible for contributing to the overall process of financial planning, control and review. The group meets bi-monthly and amongst other agenda items reviews financial risks of the Integrated Fund by exception.

Audit South West and Devon Audit Partnership

Audit South West (ASW) provides the Internal Audit services for the Devon CCG, and Devon Audit Partnership (DAP) provides the services for Plymouth City Council. Over the course of the Integrated Fund, both organisations have adopted the working arrangement of not duplicating each other's audit work programme, but supplementing each other, allowing more audit assurance to both the CCG and PCC.

Based on the ground-breaking approach to the provision of audit and assurance to public sector organisations in the South West, including PCC and in particular the work on the Integrated Fund, DAP were awarded national recognition as finalists in the 2018 Public Finance Innovation Awards.

In July 2018, DAP undertook an audit of the Integrated Fund - Plymouth City Council and Livewell Southwest, People Directorate, Plymouth City Council. The remit stated:

Plymouth City Council and Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) formed an Integrated Commissioning function to allow budgets to be pooled and resources and management to be integrated. This provided the opportunity to commission an integrated provider function for health and social care with an aim to improving health and wellbeing outcomes for people in Plymouth and to improve people's experience of care. In April 2015, Plymouth City Council's Adult Social Care workers transferred to a new provider organisation; Livewell Southwest (formally PCH) to allow for an integrated delivery of Adult Social Care Services. Currently, there are a number of statutory duties which cannot be delegated to a provider and remain within the retained client function within Plymouth City Council.

To ensure accountability is not lost, Plymouth City Council require a robust oversight as the responsibility of the service remains with the Local Authority despite services being outsourced.

The Audit Opinion states:

Good Standard – The systems and controls generally mitigate the risks identified but a few weaknesses have been identified and / or mitigating controls may not be fully applied. There are no significant matters arising for the audit and the recommendations made serve to strengthen what are mainly reliable procedures. The full report, with management responses is included as **Attachment 2**.

In December 2018, ASW undertook an audit: Plymouth Integrated Commissioning Fund – Section 75 Framework Agreement and Financial Framework High Level Review.

The objective of this review was to assess the current s75 Agreement and the supporting Financial Framework to ensure that the documents have been fully completed, are up to date and have been approved and signed as required. As part of agreeing the scope of work for this review, suitable assurances were provided by the Chief Finance Officer (Western Locality) that the recommendations arising from the audit undertaken in 2014/15 were addressed before the Fund was established. It was also highlighted that Integrated Commissioning Fund arrangements and the supporting agreement and framework have evolved and been updated since the audit was completed. We continue to attend the Finance and Assurance Review Group (FARG) meetings, the key governance group for the Integrated Commissioning Fund, and can confirm the further development of the suitable governance arrangements since the creation of the Fund in April 2015 in order to support the ongoing management on a day to day basis. As such, a formal follow-up of the recommendations arising from the 2014/15 work was not required as part of this review.

The Audit's key findings state:

The governance arrangements in place surrounding the s75 Agreement and the Financial Framework are clearly defined in the corresponding documents and are appropriately structured. In respect of the robustness of the supporting s75 Agreement and the Financial Framework, we were advised that there is no jointly signed s75 Agreement in place, with copies of the original document from April 2015 being separately signed and held within each respective organisation. In partial mitigation, the recent update to the s75 Agreement resulted in a jointly signed covering letter detailing changes that had been made to the document. This also applies to the Financial Framework document for which we were unable to obtain a jointly signed and final version of the document.

We have highlighted within this report a number of areas in the Financial Framework which would benefit from updating during its imminent review to ensure that the document continues to be up to date and reflects current arrangements. In order to better demonstrate robust governance arrangements and management of the Integrated Commissioning Fund we have recommended that both parties hold a jointly signed copy of the s75 Agreement and Financial Framework. The full report, with management responses, is included as **Attachment 3**.

Better Care Fund (BCF) and Improved Better Care Fund (iBCF)

FARG JTWG (Joint Technical Working Group) continue to monitor these funding streams at each meeting. The table below shows the total BCF and IBCF for 2018/19, and the distribution between CCG and PCC.

2018/19 BCF & IBCF	PCC	CCG	Total
	£m	£m	£m
BCF Capital (Disabled Facilities Grant)	2.298	0.000	2.298
BCF Revenue	9.425	8.619	18.044
Sub Total BCF	11.723	8.619	20.342
IBCF (part of Councils RSG funding)	5.344	0.000	5.344
IBCF (other)	2.160	1.500	3.660
Sub Total IBCF	7.504	1.500	9.004
Total Funds	19.227	10.119	29.346

These funds were paid to the Local Authority and came with conditions that they are “to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.”

IT

A major breakthrough in 2017/18 saw the introduction of a Shared Drive which allows both organisations to save data in a common location. The significance of this is improved efficiency for FARG and JTWG; files can be updated “live” ensuring we are working on only one master; it eliminates the need to share sensitive data via email, improving data protection; links rather than actual files can be sent, reducing the size of the emails.

At the time of writing, we are continuing to work with DELT colleagues to implement a shared calendar function. This will allow sight of all calendars which will greatly improve the booking of meetings.

There have been too many false starts on this project, but Delt are now stating we are in the testing phase with an anticipated go –live during August 2019.

Membership

- Pooled Fund Manager (Associate Director of Finance (Western Locality), CCG)
- Deputy Pooled Fund Manager (Head of Integrated Finance, PCC)
- Finance Business Partner Integrated Commissioning & Public Health, PCC
- Finance & Contracting Administrator, CCG
- Contracting Accountant, CCG
- Internal Audit Representatives from Audit South West and Devon Audit Partnership (non-voting)
- Plus:
 - Integrated Commissioning Project Manager
 - Commissioning Representative, CCG
 - Commissioning Representative, PCC
 - Public Health Representative

During the financial year 2018/19 FARG has moved from monthly meetings to bi-monthly. This reflects the maturity of the relationship between both organisations which facilitate ad-hoc meetings when particular items need discussing. Any decisions required are then passed to FARG to ratify. We continue to hold these meetings in conjunction with the now bi-monthly JTWG meetings. In January 2018 it was agreed that starting in the new financial year 2018/19 the meetings would each become alternate months.

Key progress to date

During the year FARG has:

- Continued to work closely with DELT colleagues on the implementation of a shared calendar view, to facilitate meeting bookings:
- Held full FARG and JTWG meetings as scheduled:
- Undertaken due diligence on each organisation's 2018/19 budget for the Fund:
- Rolled out further improvements to the content and timing of the now Business as Usual monthly finance monitoring report.
- Regularly reviewed progress and performance of each of the approved savings schemes and, where necessary, reviewed reports and presentations by lead directors/project managers on progress against planned savings.
- Improved the financial controls around the Better Care Fund and the Improved Better Care Fund (iBCF):
- Refined the Work Plan and Forward Plan:
- Reviewed the data capture for the monthly joint reporting, including increasing the input and awareness of more members of the finance team:
- Refined both CCG and PCC risk and assurance reporting:
- Continued to work with both CCG Audit Committee and PCC Audit Committee to ensure the correct level of assurance is provided:
- Refined the agreed joint KPIs for the Fund which include:
 - ✓ finance ratios,
 - ✓ payments performance,
 - ✓ debtor control,
 - ✓ NHS England assurance framework requirements,

- Where necessary, seek explanation and corrective action to meet the agreed level of performance.
- Enhanced our overall assurance review, with regular contributions from officers.
- Worked closely on refining and cleansing SI I7 data to instigate a “pool within the pool”

Key Risks

Below is an overview of the key financial risks:

- Savings delivered from the integration are insufficient to meet the funding gap
- Resources required to deliver integration are not available / funding does not exist to commission external resources
- Statutory, regulatory or political differences between Health and Social Care or partners may lead to tensions
- External factors such as the Success Regime and STP may require a change of commissioning priorities
- Change in key finance personnel
- Financial pressures within the partner organisations and between the partners and the Integrated Fund lead to threats to the on-going resilience of the Integrated Fund

Next Steps/Priorities

- Continue working with DELT colleagues on the introduction of a shared calendar for all FARG members.
- Work continues within the FARG JTWG meetings to “Making it real” – designing pools within the overall Integrated Fund.
- Ensuring the local work streams are aligned with the wider Sustainable Transformation Plan (STP) for Devon.
- Working with the STP Director of Finance (DoFs) Working Group and the Deputy DoFs meetings to highlight the importance of integrated working and the role of the local authority in health and social care working collaboratively.
- Working closely with commissioning colleagues to maintain the link between budget allocations and the four commissioning strategies.
- Work collaboratively on the retendering of the Integrated Care Provision (ICP) contract.
- Undertake a review of the next steps for the Integrated Fund which will include:
 - Confirmation of Pooled Fund Host
 - Confirmation of Pooled Fund Manager arrangements
 - Are there any financial implications preventing a full integration?
 - Is the Risk Share arrangement still valid?

Attachments:**1. Month 12 (March 2019) Joint Finance Report**

Finance Report
Western M12 FINAL F

2. Devon Audit Partnership: Internal Audit Report July 2018: Integrated Fund - (Plymouth City Council and Livewell Southwest) People Directorate

Integrated Fund
Final Report DAP.pd

3. NEW Devon Clinical Commissioning Group: Final Internal Audit Report: Plymouth Integrated Commissioning Fund – Section 75 Framework Agreement and Financial Framework High Level Review December 2018

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A blue ink signature, appearing to be 'D Northey', written in a stylized, cursive manner.

David Northey
Head of Integrated Finance
Plymouth City Council
Deputy Pooled Fund Manager

A blue ink signature, appearing to be 'B Chilcott', written in a stylized, cursive manner.

Ben Chilcott
Associate Director of Finance
Devon CCG
Pooled Fund Manager

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Northern, Eastern and Western Devon
Clinical Commissioning Group



Plymouth Integrated Fund Finance Report – Month 12 2018/19

Introduction

This report sets out the financial performance of the Plymouth Integrated Fund for the financial year 2018/19.

The report is in several sections.

- The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements.
- The second identifies the Better Care Fund, which is a subset of the wider Integrated Fund, but has specific monitoring and outcome expectations.
- The third section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group (CCG).
- Appendix 1 which shows the Plymouth Integrated Fund performance and risk share.
- Appendix 2 which shows the PDU managed contracts financial performance.
- Appendix 3 which is a glossary of terms used in the report.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 12 Report 2018/19

As highlighted in previous months, the pressures for health were mainly focussed on the variable use of the independent sector acute contracts, and primary care prescribing. For Plymouth City Council there are pressures in residential, domiciliary care and children's packages.

The report highlights an outturn overspend position against budget for health of £4.2m. This deteriorated in month 12 due to system management agreements. For the Council, the overspend was £2.7m which represented a small improvement on the previous month's forecast.

The overall fund position is reflected in Appendix 1, and shows an overall overspend of £6.9m, before corporate contingencies, and resulted in a risk share impact of £158k.

Plymouth City Council Integrated Fund Outturn – Month 12

Service	Approved Budget M12	Year End Outturn	Variation at Month 12	Variation at Month 11	Change in Month
	£m	£m	£m	£m	£m
Children, Young People & Families	37.168	41.174	4.006	4.064	(0.058)
Strategic Cooperative Commissioning	83.729	83.476	(0.253)	0.000	(0.253)
Education Participation and Skills	101.106	101.106	0.000	0.000	0.000
Community Connections	3.784	3.739	(0.045)	0.000	(0.045)
Director of People	0.295	(0.705)	(1.000)	(1.000)	0.000
Public Health	16.048	16.048	0.000	0.000	0.000
Sub Total	242.130	244.838	2.706	3.064	(0.355)
Support Service Recharges	14.473	14.473	0.000	0.000	0.000
Disabled Facilities Grant (Capital)	2.298	2.298	0.000	0.000	0.000
Total	258.902	261.610	2.706	3.064	(0.355)

The integrated fund for Plymouth City Council (PCC) is shown as gross spend and now also includes the Support Service Recharge costs for the People directorate and Public Health department along with the capital spend for Disabled Facilities Grant, which is funded from the Better Care Fund.

Children, Young People and Families

The Children Young People and Families Service are reporting a year end outturn adverse position £4.006. There has been a favorable reduction of (£0.058m) in the month.

The overall year end variation position can be attributed to the cost and volume of looked after children's placements £3.866.

The cost of the care is particularly high due to the level of support needed to keep young people safe, such as specialist residential care placements with high levels of staffing. A number of very costly care packages have been as a result of Court of Protection orders that have placed a duty on the Council to provide specialist care.

This increasing financial demand on Children's Services is not just a local issue, but is seen nationally and is a culmination of rising demand, complexity of care, rising costs and the availability of suitable placements.

Ongoing or one off savings plans have delivered £2.714m of the CYPF targeted £4.655m savings this year, leaving a deficit of £1.941m at year end.

The Service through business as usual have continued to hold expenditure wherever possible through the quarterly budget review exercise, holding vacant positions and grant maximization this has offset the overall pressure by (£1.801m).

The Service continue to keep the pressure on going into the new financial year by carrying on with the following actions to address the pressures in the system.

- Looked After Children - only one point of contact for all new entrants;

- Fortnightly placement review to ensure step down of high cost placements
- Maximize contribution from partners including Health and Education
- Maximize local residential placements to avoid higher out of area costs.

Ongoing work continues, all placements are reviewed regularly in order to reduce the pressure on cost and volume where appropriate.

Strategic Co-operative Commissioning

The Strategic Commissioning service is reporting an under spend of (£0.253m) for 2018/19. This is a significant achievement given the cost and volume pressures in the system especially around residential & nursing care and supported living.

As part of the MTFS for 2018/19, Strategic Commissioning have achieved savings of £2.546m as well as £2.248m of savings brought forward from 2017/18 that were realised from one off savings and needed to be achieved in this financial year.

Work will continue into 2019/20 to review all cost and volume impacts on the department spend with management actions to minimise all administration costs where possible.

Education, Participation and Skill

Education, Participation and Skills balanced to budget at year end.

As part of the MTFS for 2018/19, Education Participation and Skills has made savings of over £0.699m as well as £0.687m of savings brought forward from 2017/18 that were previously realised from one off savings.

There was an added pressure of £0.159m due to Adult Community Meals, however, £0.130m of this was offset by grant maximisation.

Community Connections

Community Connections has finished the year (£0.047m) under budget.

Average B & B numbers for the year have been reducing and finished with an average of 46 placements per night, although there was a reduction in Housing Benefit income claimed at the start of the year due to the change across to the universal credit system. This presented a £0.351m overspend within 2018/19.

This reduction has been achieved by the service with use of alternative properties provided through existing contracts as well as use of additional contracted staff to target single occupancy stays.

Director of People

The People Management & Support budget recorded a £1m underspend due to a one-off balance sheet adjustment

Public Health

Public Health has come in on budget for 2018/19 despite a reduction in the Public Health grant received in 2018/19 of £0.405m from 2017/18. This has been contained by a variety of

management actions, mainly around the contracts that are held within the department, as well as using approximately £0.500m of grant that was carried forward from previous years.

Plymouth City Council Delivery Plans

Between People Directorate and Public Health, over £11.5m of savings have been delivered during 2018/19, which includes savings of over £6m of savings brought forward from 2017/18 which were delivered as one-off savings. It is forecast that all savings will be achieved - breakdown shown below:

Plymouth City Council Delivery Plans		Forecast Year to Date		
Month 2 - May 2019		Budget	Actual	Variance (Adv) / Fav
		£000's	£000's	£000's
Children, Young People & Families		776	776	0
Strategic Cooperative Commissioning		799	799	0
Education Participation & Skills		231	231	0
Community Connections		110	110	0
Public Health		13	13	0
		1,928	1,928	0

Plymouth City Council Delivery Plans		Forecast Year to Date		
Month 2 - May 2019		Budget	Actual	Variance (Adv) / Fav
		£000's	£000's	£000's
Children, Young People & Families		776	776	0
Strategic Cooperative Commissioning		799	799	0
Education Participation & Skills		231	231	0
Community Connections		110	110	0
Public Health		13	13	0
		1,928	1,928	0

Integrated Fund Summary

Health are reporting a final outturn position of an unplanned overspend of £4.2m for services commissioned for patients registered with Plymouth GP practices whilst the Local Authority are reporting an unplanned overspend of £2.7m.

This position reflects a deterioration in the health position of £0.7m from the position reported in month 11. The reason for the deterioration in the CCG financial position was due to the cumulative effect of a number of relatively smaller changes in year

end contractual positions. The largest of these was a system agreement that resulted in an increase in unbudgeted acute sector spend in the west.

The risk share adjustment that results from the respective health and local authority positions at month 12 indicates that an adjustment of £157k will be transacted, with a flow of funding into the CCG.

SECTION 2 – BETTER CARE FUND (BCF)

Better Care Fund (BCF) and Improved Better Care Fund (IBCF)

The table below shows the total BCF and IBCF for 2018/19, and the distribution between CCG and PCC.

2018/19 BCF & IBCF	PCC	CCG	Total
	£m	£m	£m
BCF Capital (Disabled Facilities Grant)	2.298	0.000	2.298
BCF Revenue	9.425	8.619	18.044
Sub Total BCF	11.723	8.619	20.342
IBCF (part of Councils RSG funding)	5.344	0.000	5.344
IBCF (other)	2.160	1.500	3.660
Sub Total BCF	7.504	1.500	9.004
Total Funds	19.227	10.119	29.346

These funds are being paid to the Local Authority and come with conditions that they are *“to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.”*

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 12

This report sets out the outturn financial performance of the CCG for 2018/19.

The CCG outturn position was breakeven for both organisations. These positions were achieved after planned deficits of £20.0m for North East and West Devon CCG and £5.0m of South Devon and Torbay CCG were delivered which lead to the release of Commissioner Sustainability Funding being released worth a further £25m collectively.

The CCG plan for 2018/19 was produced in conjunction with our main acute providers within a wider System Transformation Plan (STP) footprint encompassing South Devon and Torbay CCG (SD&T CCG).

The CCG plans required the delivery of a £78.59m savings programme in order to meet the respective positions agreed with NHS England. £70.85m of this challenge relates to NEW Devon CCG and the balance of £7.75m with South Devon & Torbay CCG. The CCG's delivered 96% against the plan.

Delivery of the required savings plan was the main financial risk and challenge to the CCGs, however there were other risks in relation to out of area placements and within the independent sector contracts which materialised. These were managed by a combination of continued focus, priority and joint working across the local community and wider STP footprint.

Western PDU Finance Position

Introduction

This report previously described emerging risks within the acute independent sector contracts and these risks have materialised in year. The Western PDU have reported an overspend of £4.0m for the contracts that are managed within the PDU.

The detailed analysis for the PDU is included at **Appendix 2**.

Acute Care Commissioned Services

University Hospitals Plymouth NHS Trust

The 2018/19 contract plan for University Hospitals Plymouth has been set in accordance with the principles agreed by the Devon STP. The overarching agreement is for flat cash contracts, where the 2018/19 contract value is based upon the 2017/18 contract value with minor adjustments agreed for specific areas. Whilst growth and inflationary pressures have been identified the system expectation is that these will be dealt with through demand management, efficiencies and cost reductions.

The 2018/19 contract value has been agreed at £197.4m for NEW Devon and £4.7m for SD&T CCG. These values include the recent adjustments for the RTT support, Plymouth Orthopaedic Partnership and the STP realignment variation orders.

Contract performance

2018/19 M12	NEW Devon CCG					Torbay and South Devon CCG				
	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s			£000s	£000s	£000s		
Elective	41,661	38,363	- 5,288	-4.4%	-12.7%	1,414	1,220	- 194	-4.0%	-13.7%
Non-Elective	72,216	72,268	52	2.0%	0.1%	1,016	1,061	36	5.9%	3.5%
A&E + MIU	14,364	13,953	- 411	-1.8%	-2.9%	177	284	107	93.7%	60.5%
Outpatients	33,661	32,445	- 1,216	-3.7%	-3.6%	884	832	- 52	-2.9%	-5.9%
Excluded Services	21,809	23,447	1,638		7.5%	300	295	- 5		-1.7%
Penalties	-	- 458	- 458			-	- 21	- 21		
Drugs & Devices	13,346	14,278	932		7.0%	453	411	- 42		-9.3%
CCUIN	4,355	4,450	95		2.2%	103	92	- 11		-10.7%
Contract Adjustments	- 8,716	-	8,716			399		399		
Total	192,666	196,746	4,080		2.1%	4,745	4,164	- 581		-12.2%

Expenditure on Elective Care is 12.7% behind financial plan for NEW Devon and 13.7% for SD&T, representing a combined underspend of £5.4m to month 12 with £0.3m of this variance occurring in month. The primary drivers of underperformance for NEW Devon include:

Orthopaedics – Underperforming by 18.1% worth £2.0m
 Cardiology – Underperforming by 31.5% worth £828k
 Neurosurgery – Underperforming by 38.9% worth £641k

Non-Elective activity for NEW Devon is 6.8% ahead of plan and 0.1% over performance in financial terms. This is after the contract was increased to reflect historical growth trends and includes the activity and spend taking place within the recently formed Acute Assessment Unit (AAU).

Accident and Emergency, which includes MIU activity which has been varied into the UHP contract, is behind plan by 0.8% or 950 attendances which is a fall of 583 attendances since month 11. The adverse variance for spend is 2.1% or £304k. The Torbay and South Devon proportion of this part of the contract is small, it should be noted that the activity variance of 93.7% remains exceptionally high.

Outpatient activity and spend has continued to fall behind plan during month 12. Activity is 3.7% or £1.2m behind plan for NEW Devon. Outpatient procedures are ahead of plan by £0.5m whilst new and follow-up attendances are underperforming by £1.8m. At specialty level there are over performances in Plastic Surgery (£159k or 21%), Endoscopy (£180k or 30%), Trauma (£172k or 25%) and Paediatric Neuro Disability (£148k or 15%). However, these are offset by significant underperformances in Orthopaedics (£209k or 15%), Gastroenterology (£234k or 25%), Ophthalmology A&E (£221k or 18%) and Pain Management (£183k or 24%).

NEW Devon Passthrough Drugs and Devices are overspent by 7% or £0.9m, which is driven by passthrough drugs. Whilst South Devon and Torbay have an underspend of 9.3%, giving a combined overspend of £6.4m.

The plan has an adjustment for system savings; this number reflects the differences between the PbR activity plan and the agreed system wide contract value and for NEW Devon is worth £8.7m.

Overall, contract reporting illustrates an over performance of £4.1m for NEW Devon and a £0.6m under performance for South Devon CCG. However, a significant contributor to the NEW Devon over performance is in respect of the £8.7m STP

contract adjustment. Ignoring these adjustments so that we can consider the contract variance against the agreed activity plan, contract reporting would indicate an under performance of £4.7m.

South Devon Healthcare Foundation Trust

The 2018/19 South Devon Healthcare Foundation Trust contract has been set in accordance to the contracting principles agreed within the Devon STP. The fixed contract value is £5.991m.

Despite having agreed a fixed contract value we will continue to monitor and report on the variances against the agreed activity plan. As at month 11 the activity data shows an underperformance of £0.6m. This primarily driven by underperformances within non elective and passthrough drugs.

Independent Sector & London Trusts

This month the Independent Sector position has steadied with no forecast movement. This is continuation of the reduced volumes of work which has been going through the Care UK contract in recent months; particularly in hip and knee replacements because of CCG demand management programmes.

Whilst Orthopaedics were the main specialty provided by Care UK, they do also provide other services such as Ophthalmology and Gastroenterology and these services will continue to be provided by Care UK and be commissioned directly with the CCG.

A further risk of £0.4m is presenting within our variable London provider contracts.

Livewell Southwest

The Livewell Southwest (LSW) Contract has been set in accordance to the agreed STP contracting principles which focus on delivering flat cash contracts.

For LSW this means a fixed contract value of £71.2m for 2018/19.

Discharge to Assess beds

There is pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West, however, work focussed on the discharge pathway has significantly reduced the number of beds in use and the length of stay, such that the system delivered financial balance within the financial year.

Primary Care Prescribing

Month 12 shows a £1.6m overspend for the Western area which reflects deterioration of £0.3m in month. The position has moved on the basis of the nationally produced forecasting methodology which is become more robust as we approach the end of the year.

Overall the CCG is forecasting that our year to date QIPP target was achieved.

Primary Care Enhanced and Other Services

Whilst the budgets and expenditure are reported in the Western PDU report, this is to ensure that all lines of expenditure for the CCG are reported in a PDU and there is integrity to the reports produced. There is, however, a separate governance structure for Enhanced Services that sits outside and alongside the two PDU structures to ensure there is segregation of decision making in primary care investments. The outturn expenditure is in line with budgets.

Conclusion

The overall Integrated Fund delivered a year end overspend of £7.0m. Within this position the Council overspent by £2.9m whilst the health position was a £4.1m overspend after the application of the risk share.

Ben Chilcott
Associate Director of Finance (Western)

David Northey
Head of Integrated Finance, PCC

APPENDIX 1

PLYMOUTH INTEGRATED FUND AND RISK SHARE

99P	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
CCG COMMISSIONED SERVICES						
Acute	162,780	164,435	1,654	162,780	164,435	1,654
Placements	35,980	35,255	-725	35,980	35,255	-725
Community & Non Acute	49,681	50,336	654	49,681	50,336	654
Mental Health Services	36,370	36,288	-81	36,370	36,288	-81
Other Commissioned Services	18,326	18,101	-225	18,326	18,101	-225
Primary Care	46,247	46,790	543	46,247	46,790	543
Subtotal	349,384	351,204	1,821	349,384	351,204	1,821
Running Costs & Technical/Risk	2,461	4,885	2,424	2,461	4,885	2,424
CCG Net Operating Expenditure	351,844	356,089	4,245	351,844	356,089	4,245
Risk Share				-157	-157	
CCG Net Operating Expenditure (after Risk Share)	351,844	356,089	4,245	351,844	355,932	4,088
PCC COMMISSIONED SERVICES						
Children, Young People & Families	37,168	41,174	4,006	37,168	41,174	4,006
Strategic Cooperative Commissioning	83,729	83,475	-253	83,729	83,475	-253
Education, Participation & Skills	101,106	101,106	-0	101,106	101,106	-0
Community Connections	3,784	3,739	-45	3,784	3,739	-45
Director of people	295	-705	-1,000	295	-705	-1,000
Public Health	16,048	16,048	-	16,048	16,048	-
Subtotal	242,131	244,837	2,706	242,131	244,837	2,706
Support Services costs	14,473	14,473	-	14,473	14,473	-
Disabled Facilities Grant (Cap Spend)	2,298	2,298	-	2,298	2,298	-
Recovery Plans in Development	-	-	-	-	-	-
PCC Net Operating Expenditure	258,902	261,609	2,706	258,902	261,609	2,706
Risk Share				157	157	
PCC Net Operating Expenditure (after Risk Share)	258,902	261,609	2,706	258,902	261,765	2,863
Combined Integrated Fund	610,746	617,697	6,951	610,746	617,697	6,951

APPENDIX 2**WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE**

Month 12 March	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS University Hospitals Plymouth NHS Trust	198,078	198,078	0	198,078	198,078	0
NHS South Devon Healthcare Foundation Trust	6,284	6,294	10	6,284	6,294	10
NHS London Contracts	1,709	1,976	267	1,709	1,976	267
Non Contracted Activity (NCA's)	8,374	8,374	-0	8,374	8,374	-0
Independent Sector	11,139	14,164	3,025	11,139	14,164	3,025
Other Acute	23	17	-5	23	17	-5
Cancer Alliance Funding	182	182	-	182	182	-
Subtotal	225,788	229,085	3,297	225,788	229,085	3,297
COMMUNITY & NON ACUTE						
Livewell Southwest	46,346	46,345	-0	46,346	46,345	-0
GPWSI's (incl Sentinel, Beacon etc)	1,668	1,626	-42	1,668	1,626	-42
Community Equipment Plymouth	648	640	-8	648	640	-8
Peninsula Ultrasound	285	260	-25	285	260	-25
Reablement	1,517	1,500	-17	1,517	1,500	-17
Other Community Services	256	256	-0	256	256	-0
Plymouth Integrated Fund - Risk Share	-	-58	-58	-	-58	-58
Joint Funding_Plymouth CC	6,211	6,231	20	6,211	6,231	20
Better Care Fund_Devon CC	-	-	-	-	-	-
Subtotal	56,931	56,800	-131	56,931	56,800	-131
MENTAL HEALTH SERVICES						
Livewell MH Services	32,870	32,870	0	32,870	32,870	0
Mental Health Contracts	26	25	-1	26	25	-1
Other Mental Health	1,259	1,141	-118	1,259	1,141	-118
Subtotal	34,155	34,037	-118	34,155	34,037	-118
OTHER COMMISSIONED SERVICES						
Stroke Association	159	159	-0	159	159	-0
Hospices	2,795	2,678	-117	2,795	2,678	-117
Discharge to Assess	6,613	6,610	-3	6,613	6,610	-3
Patient Transport Services	2,321	2,313	-8	2,321	2,313	-8
Wheelchairs Western Locality	1,800	1,703	-97	1,800	1,703	-97
Commissioning Schemes	191	157	-34	191	157	-34
All Other	855	855	-0	855	855	-0
Subtotal	14,734	14,473	-261	14,734	14,473	-261
PRIMARY CARE						
Prescribing	54,468	56,106	1,638	54,468	56,106	1,638
Medicines Optimisation	295	242	-53	295	242	-53
Enhanced Services	7,620	7,895	275	7,620	7,895	275
GP IT Revenue	4,249	4,086	-163	4,249	4,086	-163
Other Primary Care	6,413	5,968	-446	6,413	5,968	-446
Subtotal	73,045	74,296	1,252	73,045	74,296	1,252
TOTAL COMMISSIONED SERVICES	404,653	408,691	4,038	404,653	408,691	4,038

APPENDIX 3
GLOSSARY OF TERMS

PCC - Plymouth City Council

NEW Devon CCG – Northern, Eastern, Western Devon Clinical Commissioning Group

CYPF – Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC – Community Connections

FNC – Funded Nursing Care

IPP – Individual Patient Placement

CHC – Continuing Health Care

NHSE – National Health Service England

PbR – Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT – Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

UHP – University Hospitals Plymouth NHS Trust



Internal Audit Report

Integrated Fund -
(Plymouth City Council
and Livewell Southwest)

People Directorate
Plymouth City Council

July 2018

Official



Support, Assurance & Innovation

Devon Audit Partnership

Devon Audit Partnership has been formed under a joint committee arrangement comprising of Plymouth, Torbay, Devon, Torridge and Mid-Devon councils and we aim to be recognised as a high quality public sector service provider.

We work with our partners by providing professional internal audit and assurance services that will assist them in meeting their challenges, managing their risks and achieving their goals. In carrying out our work we are required to comply with the Public Sector Internal Audit Standards (PSIAS) 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.

Confidentiality and Disclosure Clause

This report is protectively marked in accordance with the National Protective Marking Scheme. Its contents are confidential and, whilst it is accepted that issues raised may well need to be discussed with other officers within the organisation, the report itself should only be copied/circulated/disclosed to anyone outside of the organisation in line with the organisation's disclosure policies.

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

1 Introduction

Plymouth City Council and Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) formed an Integrated Commissioning function to allow budgets to be pooled and resources and management to be integrated. This provided the opportunity to commission an integrated provider function for health and social care with an aim to improving health and wellbeing outcomes for people in Plymouth and to improve people's experience of care.

In April 2015, Plymouth City Council's Adult Social Care workers transferred to a new provider organisation; Livewell Southwest (formally PCH) to allow for an integrated delivery of Adult Social Care Services. Currently, there are a number of statutory duties which cannot be delegated to a provider and remain within the retained client function within Plymouth City Council.

To ensure accountability is not lost, Plymouth City Council require a robust oversight as the responsibility of the service remains with the Local Authority despite services being outsourced.

2 Audit Opinion

Good Standard – The systems and controls generally mitigate the risks identified but a few weaknesses have been identified and / or mitigating controls may not be fully applied. There are no significant matters arising for the audit and the recommendations made serve to strengthen what are mainly reliable procedures.

3 Executive Summary

Livewell Southwest and Plymouth City Council (PCC) have been working together, since the transfer of Adult Social Care (ASC) staff in 2015 to deliver effective community based and residential services to the people of Plymouth. The audit found evidence of good collaborative working relationships with regular and effective communication between managers and staff across the organisations. There was also evidence of staff working together across the organisations to achieve reductions in spending, make savings and address debt management issues.

There is a dedicated team of staff within Livewell Southwest who carry out focussed reviews on areas where savings can be achieved. Regular "budget containment" meetings are held, comprising of both PCC and Livewell Southwest staff, with Livewell Southwest having achieved the savings targets that they have been set each year. Meetings also regularly take place between the organisations to look at ways of reducing the overall debt owed by Adult Social Care service users and improving the collection rate of client contributions. A number of specific cases with high levels of outstanding debt are reviewed jointly by PCC and Livewell Southwest each month in order to identify the reasons why debt has accrued and to take steps to rectify the situation.

There is an up-to-date Scheme of Delegation in place, for Livewell Southwest staff, which details the delegated financial limits for authorisation for Community Services and Residential/Nursing Care. This is reviewed by PCC regularly and both PCC and Livewell Southwest are satisfied that the authorisation levels set within it are appropriate. High value cases are considered at Panel, which is chaired by the Deputy Director of Operations and decisions are recorded on a spreadsheet.

Joint workforce development is improving with mandatory joint training sessions carried out by Livewell Southwest and PCC now in place and being delivered for Adult Social Care workers. There are plans for a centralised electronic record of training available and attended with a Business Administrator post to ensure all staff receive the necessary training and non-attendance is followed up. In addition there is a comprehensive induction programme in place for new staff in Livewell Southwest with additional areas covered for ASC staff. Currently guidance documents are duplicated on both the PCC system and Livewell Southwest intranet with both PCC and Livewell Southwest producing their own guidance for the areas for which they are responsible. There is a process in place to ensure PCC documents are included on the Livewell Southwest intranet site, however, the audit review did find instances where this had not happened correctly or in a timely way. There is potential to resolve this situation through setting up a SharePoint site to enable the sharing of documents through a secure, centralised database.

The meetings held between PCC and Livewell Southwest with a view to reducing ASC debt are not formally recorded. Several useful suggestions have been made at these meetings but again, without formal minutes being taken and a review of previous minutes, there is a risk that these suggestions may not come to fruition and agreed actions may not be taken.

There is no process in place for the removal of a financial representative from a service users record. One case was found where permission was given by the Advanced Practitioner to remove a financial representative from the records without a reassessment on the service user being carried out. The financial representative was removed without a replacement being found. Invoices continued to be raised without anyone accepting responsibility for the continued, increasing debt.

The detailed findings and recommendations regarding these issues and less important matters are described in the Appendices. Recommendations have been categorised to aid prioritisation. Definitions of the priority categories and the assurance opinion ratings are also given in the Appendices to this report.

4 Assurance Opinion on Specific Sections

The following table summarises our assurance opinions on each of the areas covered during the audit. These combine to provide the overall assurance opinion at Section 2. Definitions of the assurance opinion ratings can be found in the Appendices.

Areas Covered		Level of Assurance
1	Money is spent appropriately in line with Procedures	Good Standard
2	Functions are carried out correctly, in line with processes	Good Standard

The findings and recommendations in relation to each of these areas are discussed in the "Detailed Audit Observations and Action Plan" appendix. This appendix records the action plan agreed by management to enhance the internal control framework and mitigate identified risks where agreed.

5 Issues for the Annual Governance Statement

The evidence obtained in internal audit reviews can identify issues in respect of risk management, systems and controls that may be relevant to the Annual Governance Statement.

We are pleased to report that there are no issues that warrant inclusion in the Annual Governance Statement.

6 Scope and Objectives

In April 2015, Plymouth City Council's Adult Social Care workers transferred to a new provider organisation; Livewell Southwest (formally PCH) to allow for an integrated delivery of Adult Social Care Services.

The objective of this audit was to evaluate and report on the adequacy of the controls, processes and procedures operating within Livewell Southwest. Consideration was also given to the effectiveness of the retained client function and its ability to support and facilitate Livewell Southwest in leveraging and innovations necessary to deliver the business outcomes required by Plymouth City Council in the delivery of Adult Social Care services.

The review focussed on the following areas:

- PCC processes, including The Scheme of Delegation, are in place and being adhered to;
- Levels within the Scheme of Delegation are appropriate;
- Verification process for care packages is being followed;
- Best value options have been explored, reflected in the support plan and authorised;
- Management checks include ensuring support plans are fit for purpose and in line with assessments;
- Joint workforce development is carried out consistently for inductions, refresher training and professional development.

7 Inherent Limitations

The opinions and recommendations 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.

8 Acknowledgements

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

Robert Hutchins
Head of Partnership

Appendix A

Detailed Audit Observations and Action Plan

1. Area Covered: Money is spent appropriately in line with Procedures	Level of Assurance
<p>Opinion Statement:</p> <p>A current up to date Scheme of Delegation for approval of support plans and the procedures that must be followed by Livewell Southwest is in place. The Scheme states that community packages of care over £350 per week and Residential/Nursing placements greater than the base rates in the Scheme must be submitted to Panel for approval. A spreadsheet record is maintained of all cases submitted to Panel and their outcomes. The reasons for deferment or why services were not agreed are also recorded on the spreadsheet. From reviewing the spreadsheet it was established that approx 3% of cases which had been deferred/not agreed were due to errors or missing documentation /information.</p> <p>There is no process in place for monitoring cases that are required for resubmission to Panel, therefore these cases are not followed up. There is no evidence to suggest that cases are not resubmitted at the required time, however, there is the risk that services could continue passed the agreed timeframe without being identified and reconsidered if there is no monitoring process in place. In addition, the Authorisation Proforma document which must be completed and submitted for each case being taken to Panel was not always completed and saved electronically.</p> <p>There is a Budget Containment Project Group in place with representatives from PCC and Livewell Southwest. Budget containment meetings occur regularly and a team of Livewell Southwest staff is in place to work specifically on identified areas in order to generate savings through reduction in spending on specific high cost packages. Savings are reported back to the budget containment meetings. In addition to the budget containment exercises, meetings also take place between Livewell Southwest and PCC to review overall ASC debt and (separately) to identify and work on specific cases in order to reduce ASC debt. The cases selected for review are large debts taken from the Debtors over £10k report, however it would also be useful to select lesser debts with a view to getting payments back on track before debts become unmanageable.</p>	<p>Good Standard</p>
No.	Observation and implications
1.1	<p>When a service user selects a residential home which charges over the base rate in the Scheme of Delegation, the service user/family can opt to top up the difference if they have sufficient funds. The Council is responsible for the payment to the home of the full cost of the package. The "top up" is then recharged to the service user or family.</p> <p>The Scheme of Delegation section 7.2 states: support plans for Residential or Nursing placements which include a "1st or 3rd party top up" can only be authorised by the Service Manager if the base rate is no greater than the amounts shown above" (in the Scheme of Delegation).</p>

	<p>In effect, this means that the Service Manager can authorise a care package much higher than the base rate, provided the difference is to be paid via a 1st or 3rd party top up. There is no requirement for these cases to be submitted to panel, if the cost is over the Scheme of Delegation amount. However, if the 1st or 3rd party top up is not paid, then the Council is left with the debt.</p> <p>There have been recent instances where the top up has been difficult to recover. Examples include a family member claiming that they did not understand the requirement to pay both a contribution and a top up and a case where the family member signed up to pay the top up fee but was unable to afford to do so.</p>		
	Recommendation	Priority	Management response and action plan including responsible officer
1.1.1	Consideration should be given as to whether there is merit in cases which include a 1st/3rd party top up being agreed by panel. This could provide better oversight for these cases and help to ensure that the difference is likely to be paid.	Opportunity	<p>The Scheme of Delegation has been updated (as from 5 July 2018) to amend the level of authorisation for 1st/3rd party top-ups to the bottom line cost. Cases will therefore be authorised at panel.</p> <p>Target Date: Implemented</p>
1.1.2	<p>Training for staff should include 1st and 3rd party top ups. This will provide staff with the understanding and confidence to ensure that person(s) committing to make top up payments fully understand the financial undertaking they are signing up to. Staff should be encouraged to make a record of the conversations they have had with service user and family regarding financial assessments, contributions and top ups to evidence that there is a clear understanding of responsibility.</p> <p>Cases that require urgent intervention because the top up payment is not being met should be reviewed. Where top up payments cannot be met, then another placement at the base rate cost may need to be found.</p>	Medium	<p>The Scheme of Delegation has been updated to amend the level of authorisation for 1st/3rd party top-ups to the bottom line cost. In addition guidance notes were sent to Adult Social Care workers in March 2018 and information is provided on the intranet and during Care Act Training. A prompt will also be added to the Support Plan checklist.</p> <p>Responsible Officer: Service Manager, Livewell Southwest (ES) Target Date: 31 August 2018</p>
No.	Observation and implications		
1.2	<p>High value packages of care must be authorised at Panel in line with the Scheme of Delegation. Many of these cases are agreed on a temporary basis to be reviewed again in the future, at which time they must be resubmitted to panel for further consideration. It was found that there is no process in place to monitor these cases to ensure that they are brought back to panel at the required time. Without a process in place there is a risk that services could continue past the agreed timeframe without the Deputy Director being aware.</p>		

	Recommendation	Priority	Management response and action plan including responsible officer
1.2.1	A process needs to be put in place to record and monitor those cases where the service has been agreed for a specified period of time only to ensure they are brought back to panel at the appropriate time.	Medium	<p>An additional check will be added to the panel process.</p> <p>Responsible Officer: Deputy Director of Operations, Livewell Southwest (SW) Target Date: 31 August 2018</p> <p>Further to this consideration will be given to implementing a way of monitoring the lower cost cases which are not authorised at panel.</p>
No.	Observation and implications		
1.3	An "Authorisation Proforma" must be completed and submitted to the panel for consideration. The Authorisation Proforma is the evidence that the service and cost has been agreed. It also includes a summary of the case for consideration at panel. Once agreed it is signed by the Deputy Director (or in her absence by a PCC representative). Processes were not always followed in respect that the Authorisation Proforma was not always completed and signed, and when it had been completed, it was not always on the client A-Z file.		
	Recommendation	Priority	Management response and action plan including responsible officer
1.3.1	An authorisation proforma is part of the panel process and should be used in all cases and submitted prior to the allocation of a panel appointment. Once the service is agreed and the proforma is authorised it should be saved on the the Client A-Z.	Low	<p>Additional checks will be carried out on the authorisation proforma as part of the auditing tool when reviewing cases.</p> <p>Responsible Officer: Principal Social Worker, Livewell Southwest (KD) Target Date: 31 August 2018</p>
No.	Observation and implications		
1.4	<p>A budget containment project group with representatives from Plymouth City Council and Livewell Southwest has been in place since 2015 and each year priority areas are selected where it is felt that savings can be achieved. The workstream selects a number of areas to target budget savings and these are separately tracked and savings reported back. However, at the time of the audit, concerns were raised by the Head of Adult Social Care and Retained Functions that the specific cases selected were not always reported to the budget containment meetings and therefore there was a risk that some cases may be "double counted".</p> <p>Formal minutes are not always recorded at budget containment meetings which could result in agreed action not being taken or difficulty in</p>		

	retrospectively locating important information / decisions relating to these meetings.		
	Recommendation	Priority	Management response and action plan including responsible officer
1.4.1	Cases "removed" from the main budget for budget containment savings work should be reported back to the meetings to ensure that savings achieved are not also counted in the main budget.	Medium	There is now an active list of cases being worked by budget containment projects and budget savings are confirmed by Livewell Southwest with PCC Finance prior to meetings taking place. Responsible Officer: Service Manager, Livewell Southwest (IL) and Head of Adult Social Care and Retained Functions, PCC (GW) Target Date: Implemented
1.4.2	Budget containment meetings should be formalised with the recording of minutes in all cases.	Low	Minutes and action points are issued to all relevant parties as soon as practical after the meetings. A central action log is also to be introduced. Target Date: Implemented
No.	Observation and implications		
1.5	<p>Meetings are held between Livewell Southwest and Plymouth City Council (Service Centre, Legal, Finance and Commissioning) with an aim to reducing overall ASC debt. There have been several good proposals put forward such as a debt prevention guide, advertising direct debit as the Council's preferred method of payment and having benefits paid directly to the Council as proactive ways of reducing the amount of debt in ASC. Agreed actions and responsible officers are recorded in emails which are circulated to those in attendance.</p> <p>At the time of the audit, although some issues have been captured, the debt prevention guide has not been completed.</p> <p>Additionally, meetings are also held with the PCC Income Recovery Team Leader and Livewell Southwest to investigate specific high level ASC debt cases (greater than £10k); these are identified by the Income Recovery Team Leader from PCC outstanding debt reports. Whilst this is a beneficial exercise, once debt reaches such a large amount it is a challenge to recover the outstanding money.</p>		
	Recommendation	Priority	Management response and action plan including responsible officer
1.5.1	To ensure that actions identified in the ASC Debt meetings are followed up and carried out within agreed timescales consideration should be given to formalising the meetings to include notes and action points which can be tracked until implemented.	Opportunity	This meeting was set up as an informal working group that, based on some progress, has continued to develop improved practice and processes. Current emails with notes and action points are distributed to other relevant managers for their information. Action points will be brought back to each meeting and notes will be filed centrally on PCC's and Livewell

			<p>Southwest's systems.</p> <p>Responsible Officer: Care Home Business Improvement Partner, PCC (JB)</p> <p>Target Date: Immediate</p>
1.5.2	<p>Alongside the work to reduce outstanding high value debts, a further exercise should be instigated to tackle smaller debts. The early intervention work should be carried out with the aim of promptly identifying payment defaults to ensure vulnerable clients are contacted early on to identify the problems they are experiencing and support them in getting payments back on track before debt becomes totally unmanageable.</p> <p>Whilst PCC can identify the clients with arrears, it is likely to require joint working with Livewell Southwest staff to identify the reasons for non-payment and negotiate a way forward.</p>	Medium	<p>A change in process has been implemented, whereby when payment is over 31 days overdue on the first invoice, CFST will attempt to make contact with the service user. CFST are looking to joint work with Livewell Southwest to identify issues earlier.</p> <p>As part of the review of end to end processes, the way in which financial assessments are carried out will be reviewed.</p> <p>Responsible officer: Advance Practitioner, Livewell Southwest (CB); Care Homes Business Improvement Partner, PCC (JB) and Income Recovery CFS Team Leader (CC)</p> <p>Target Date: 31 December 2018</p>
1.5.3	<p>As per the meeting notes dated 15 December 2017 a Debt Management Guide should be developed as soon as practicable and issued to relevant staff.</p>	Medium	<p>Currently a Bad Debt Guidance and Best Practice document is in draft form and is waiting to be finalised.</p> <p>Responsible Officer: Project Manager, PCC (KJ)</p> <p>Target Date: 31 December 2018</p> <p>At the working group meeting in May it was acknowledged that we needed a robust and fair approach to preventing, managing and recovering personal debts relating to adult social care. This will require a review of all practices and policies relating to adult social care income collection from front end services through to the current end result.</p> <p>Responsible Officer: Advance Practitioner, Livewell Southwest (CB) and Care Homes Business Improvement Partner, PCC (JB)</p> <p>Target Date: 31 December 2018</p>
No.	Observation and implications		
1.6	PCC process states that prior to a service commencing, the Adult Social Care worker should discuss with the client the requirement for making a		

	<p>financial contribution towards their care. A Financial Assessment Information Handout should be supplied (drawn up by PCC), signed and scanned into the PCC client A-Z folder. The purpose of the document is to ensure that the client is aware of their financial responsibilities prior to the service commencing and to provide the Council with evidence that the client / financial representative was informed and understood the requirements for a financial assessment and potentially a financial contribution towards their care prior to their service commencing.</p> <p>Feedback from Livewell Southwest staff at a recent Care Act training day was that this was not an effective process and was not well received by clients. There have been some brief discussions between Livewell Southwest and PCC to look at other ways of evidencing that clients have been notified of the financial assessment requirements. Meanwhile the Financial Assessment Information Handout continues to be used.</p>		
	Recommendation	Priority	Management response and action plan including responsible officer
1.6.1	<p>The Financial Assessment Information Handout should be revisited and discussed between Livewell Southwest and PCC to ensure that care workers and service users are clear on the purpose of the handout. Service users and financial representatives need to be clearly informed of the requirement to comply with a financial assessment and that they may be required to financially contribute towards their care. PCC require evidence of that information being delivered. .</p> <p>Discussions should be held to understand the reasons why the current Financial Assessment Information handout is unpopular with social care staff and service users prior to any amendments being made to the document.</p>	Opportunity	<p>As above – this will be included in the review of end to end processes. Currently the Financial Assessment Information Handout is still being used.</p> <p>Responsible Officer: Advance Practitioner, Livewell Southwest (CB) and Care Homes Business Improvement Partner, PCC (JB) Target Date: 31 December 2018</p>
No.	Observation and implications		
1.7	Four suppliers were checked against the contracts register to ensure that a valid contract was in place at the time of the service. One case, for a spot contract, there was no record of the provider on the contract register.		
	Recommendation	Priority	Management response and action plan including responsible officer
1.7.1	Suppliers should only be selected if they appear on the Council's contracts register.	Medium	<p>Noted. Believe this is a one-off case - systems are in place to ensure suppliers are selected from the contracts register.</p> <p>Target Date: Implemented</p>

2. Area Covered: Functions are carried out correctly, in line with processes	Level of Assurance
<p>Opinion Statement:</p> <p>Mandatory Care Act training is currently being rolled out to all Adult Social Care staff within Livewell Southwest. This training is being delivered jointly by Plymouth City Council and Livewell Southwest. Feedback so far has been positive and there is the possibility that parts of the training may also be beneficial to Health Workers within Livewell Southwest. The training has also given both Livewell Southwest staff and PCC staff the opportunity to discuss problems and difficulties they have experienced. Issues such as a lack of procedures for Livewell Southwest staff on financial assessments and potential duplication of work relating to financial assessments have been raised and are being taken forward by the Service Manager (IL) who is leading on process mapping financial assessments with PCC.</p> <p>There is a comprehensive induction programme in place for new Livewell Southwest staff with additional areas to be covered for ASC staff. Instruction for some PCC processes are delivered by guidance notes or through training from the Manager. These areas would benefit from some bespoke training from PCC for new employees and refresher training to support the guidance supplied by PCC on areas such as Direct Payments, Deferred Payments and Fairer Charging Policy.</p> <p>Training is beginning to be recorded on Livewell Southwest's electronic system (ESR) and once all ASC training courses are included there will be a robust training log able to highlight to managers when training is required for their staff.</p> <p>Work has also been undertaken by Service Managers to identify training gaps with a Skills Audit and managers training and support programme. This has recently been carried out and has identified some areas for further support and training.</p> <p>Guidance documents for ASC staff are held on both the Plymouth system and Livewell Southwest's intranet. When PCC policies and procedures are updated a request is made to Livewell Southwest to update their intranet document. In most cases documents on both systems mirrored each other. However, there were issues with two documents which did not. This may have resulted in staff unable to follow the correct procedures and incorrect calculations for Direct Payments being made.</p> <p>Input of services / contracts is carried out by the PCC Business Support Team. There are plans for a new structure for Business Support with the creation of a new role of Business Support Manager. Recruitment for this post is due to commence within the next month. Working practice documents within Business Support would benefit from a review and update. Currently the "New Services Report" which is used to ensure services have been authorised in line with the Scheme of Delegation is not being checked.</p>	<p>Good Standard</p>
No.	Observation and implications
2.1	<p>There is no integrated system for guidance and procedural notes for Livewell Southwest and PCC staff. Information is stored on both the PCC "S" drive and the Livewell Southwest intranet. PCC request Livewell Southwest to post updated versions of PCC policies and procedures but do not have the means to check to ensure those documents have been updated and old versions removed. In addition some Livewell Southwest staff have access to one system but not the other. There is a risk that information may not be removed once it is out of date, or new information may not be added.</p>

	<p>From a review of both systems it was found that in most cases the documents mirrored each other and the correct versions of updated documents were held. However, two documents required action to be taken:</p> <ul style="list-style-type: none">• The new Direct Payments Guidance document contained hyperlinks to other guidance documents. The hyperlinks were not functioning and the hyperlinked documents could not be found on the Livewell Southwest intranet site;• The ready reckoner for calculating Direct Payments differed between the two systems. It was later confirmed that the ready reckoner on the Plymouth system was correct and had been updated on the Plymouth system at the end of March 2018. Livewell Southwest were not contacted with the updated version until 20 April 2018 and their Communications Department on 27 April 2018 to request the upload. As at the time of the audit (2 May 2018) the old version was still showing on Livewell Southwest's intranet. <p>There is a risk that correct processes will not be followed for Direct Payments if guidance is missing from the system and that Direct Payments could be incorrectly calculated and inconsistently applied if there is more than one version of the ready reckoner in existence.</p>		
	Recommendation	Priority	Management response and action plan including responsible officer
2.1.1	<p>Explore the potential of setting up a SharePoint site to create a single centralised database of documents to be securely shared and accessed by both PCC and Livewell Southwest.</p> <p>Meanwhile, additional care should be taken to ensure that information on both systems reflect each other and that where possible workers have access to both systems.</p>	Opportunity	<p>Care Home Business Improvement Partner, PCC (JB) to contact Head of Integrated Finance, PCC (DN) to investigate if SharePoint is a possible option.</p> <p>Responsible Officer: Care Homes Business Improvement Partner, PCC (JB) Target Date: 31 August 2018</p> <p>One person in each organisation has been identified as the point of contact for all new information to be loaded to the respective systems.</p> <p>Target Date: Implemented</p>
2.1.2	<p>The supporting documents for the Direct Payment Guidance should be included on the Livewell Southwest intranet site and the hyperlinks tested to ensure that they work. Whenever, a document is updated the hyperlinks should be retested to ensure staff have access to the Guidance and all supporting documentation.</p>	Medium	<p>The hyperlinks are being put in place but in the meantime the links have been saved as separate documents and therefore are accessible.</p> <p>Responsible Officer: Principal Social Worker, Livewell Southwest (KD) Target Date: 31 October 2018</p>

2.1.3	<p>The correct ready reckoner for Direct Payments should be shown on the Livewell Southwest intranet. When documents are updated they should be updated on both systems at the same time.</p> <p>Devise a means of testing to ensure that amended and updated versions of Plymouth City Council Policies and Procedures are saved onto the Livewell Southwest intranet as requested.</p>	Medium	<p>One person in each organisation has been identified as the point of contact for all new information to be loaded to the respective systems.</p> <p>Target Date: Implemented</p>
No.	Observation and implications		
2.2	<p>Once care packages have been authorised by Livewell Southwest, PCC Business Support are responsible for the input of services triggering the payments. On occasions services cannot be input due to incorrect or missing information on the Care Planner, incorrect authorisation or queries over costings and out of county placements. These issues can hold up input which results in a delay to payments being made.</p> <p>PCC Business Support have written working practices in place, however some have not been reviewed or updated for some time.</p> <p>The New Services Report can be run at any time and details all new services input and changes made to services. It also shows the weekly amount and authorising officer together with the names of those inputting and authorising the service on CareFirst. The report can be used to check that packages of care have been authorised in line with the Scheme of Delegation and to ensure separation of duties within Business Support between the inputting officer and the final authorisation which triggers the payment. All staff within Business Support have both input and authorisation access and this report is an essential management tool to check that the correct procedures have been followed. Whilst no issues were identified within the sample checked during this audit review, the service has advised that the report is not subject to review because Business Support have insufficient capacity, increasing the risk of non-compliance with the Scheme of Delegation going undetected.</p>		
	Recommendation	Priority	Management response and action plan including responsible officer
2.2.1	Working practices and guidance within Business Support should be reviewed and updated accordingly.	Low	<p>Working practices will be reviewed and, where necessary updated to reflect current working practices.</p> <p>Responsible Officer: Business Support Manager, PCC Target Date: 31 December 2018</p>
2.2.2	To mitigate the risk of non-compliance and errors going undetected or even fraudulent payments being made, checking of the New Services Report should be reinstated as soon as possible. Working practices should be developed identifying who has responsibility for undertaking the checks, detailing what the checks consist of and the frequency, i.e. weekly, monthly.	Medium	<p>Business Support Manager, PCC to liaise with Head of Adult Social Care and Retained Client Functions to consider what working practices should be developed and the responsibility for undertaking checks.</p> <p>Responsible Officer: Business Support Manager, PCC Target Date: 31 August 2018</p>

2.2.3	Business Support should keep a log of the issues found which delay the input of services. Any areas of concern or identification of reoccurring issues should be shared with Livewell Southwest so that appropriate and targeted training can be provided.	Opportunity	Clerical Officer, PCC (JG) meets weekly with Service Manager, Livewell Southwest (ES) and Care Home Business Improvement Partner, PCC (JB) to discuss common issues. Care Act training also provides an opportunity to raise issues which can then be addressed. Target Date; Implemented
No.	Observation and implications		
2.3	One case was found (P199131) where the residential home had notified the Council of a client's death which was then recorded in the observations field on CareFirst. This information however, did not feed through to either ASC or Livewell Southwest and the home continued to be paid for a further 4 months resulting in an overpayment of more than £47k. As the home was out of county, the overpayment could not be recovered by a "claw back" from other residents. As at 15 May 18 an invoice had not been raised to recover the overpayment. This was 5 1/2 months after the client passed away and 2 1/2 months after the death came to ASC's attention.		
	Recommendation	Priority	Management response and action plan including responsible officer
2.3.1	In order to maximise the chances of recovery an invoice should be raised for an overpayment as soon as possible if the overpayment cannot be collected via a "claw back" on other residents payments. Management to confirm that the invoice for the £47k overpayment in respect of P199131 has been raised and issued.	Medium	Care Home Business Improvement Partner to investigate this case and check that an invoice has been raised to the Care Home. Responsible Officer: Care Home Business Improvement Partner, PCC (JB) Target Date: 31 August 2018
2.3.2	There should be a process in place to ensure that when the Council is notified of the death of a service user the correct service area is notified immediately in order for the service to be stopped. Officers in all service areas should be aware that completing an observation does not stop the service and / or the payment.	High	The Care Home Business Improvement Partner and the Business Manager, PCC will review the above specific case to identify any lessons learned which can be fed into processes to ensure the same situation does not re-occur. Responsible Officer: Care Home Business Improvement Partner, PCC (JB) and Business Manager (CM) Target Date: 31 August 2018

No.	Observation and implications		
2.4	<p>Some mandatory joint training related to the Care Act 2014 has recently been undertaken by Livewell Southwest and Plymouth City Council. All staff within ASC have been required to attend and this training is planned to continue. Areas covered were CareFirst input, Financial Assessments, Care Homes and Ordinary Residence. A training slot on Direct Payments has recently been added to the Care Act mandatory training.</p> <p>PCC have produced guidance documents on their processes and procedures, however there is no specific training available for Livewell Southwest staff on areas such as Direct Payments, Deferred Payments and the Fairer Charging Policy. There is also no guidance or training on how to deal with the deliberate disposal of assets which was felt to be an area which could be developed.</p>		
	Recommendation	Priority	Management response and action plan including responsible officer
2.4.1	PCC and Livewell Southwest should jointly agree areas for specific targeted training where it is felt there are gaps in knowledge or understanding or where there is currently guidance but no training available, for example Deferred Payments. Monitor the Care Act training to ensure that there is sufficient time to allow for effective Direct Payments training or consider supplying this separately.	Opportunity	<p>Care Act training covers a wide range of training needs. In addition separate Direct Payments training will be undertaken in August by the Project Manager, PCC (KJ) for Advanced Practitioners to enable them to become the “experts” for their teams.</p> <p>Responsible Officer: Project Manager, PCC (KJ) Target Date: 31 August 2018</p>
2.4.2	PCC to offer training and/or guidance on deprivation of assets to ensure that Adult Social Care workers are aware of the processes within the Council and to provide guidance of who to notify if deprivation of assets is suspected.	Low	<p>Deprivation of assets needs to be very clearly defined from the outset. Information will be developed on the PCC website as part of the end to end review.</p> <p>Responsible Officer: Care Homes Business Improvement Partner, PCC (JB) and Advance Practitioner, Livewell Southwest (CB) Target Date: 31 December 2018</p>
No.	Observation and implications		
2.5	<p>Assessments and Support Plans are reviewed at each level of authorisation to ensure that quality assessments are carried out. To assist with this and to ensure that other options had been considered in relation to best value and the best outcome for the client, a Support Checklist was put together. Ideally these should be completed, however they are not always used or used in the correct way. There are plans for a briefing note to be communicated to staff to ensure checklists are completed correctly.</p>		

	Out of six cases reviewed, two completed checklists were found on the A-Z. In the other four cases there was information within the assessment to demonstrate that family support had been considered but there were no details regarding best value options. There was also no mention as to whether Direct Payments had been offered to these clients.		
	Recommendation	Priority	Management response and action plan including responsible officer
2.5.1	It would be beneficial to have a process in place for staff to capture the important considerations to be taken when carrying out an assessment, whether that be by a support checklist or summary embedded in the assessment document.	Opportunity	A summary is now included in the support plan and is being introduced for Adult Social Care workers to complete. Responsible Officer: Service Manager, Livewell Southwest (ES) Target Date: 31 December 2018
2.5.2	Undertake random "Deep Dive" reviews on a sample number of cases across the locality teams to ensure continued quality assessments are carried out resulting in the best outcomes for service users and best value for the service area.	Opportunity	Clinical audits are due to take place on cases. Responsible Officer: Service Manager, Livewell Southwest (ES) Target Date: 31 March 2019
No.	Observation and implications		
2.6	There is no defined period of time from when an assessment is commenced to when a service is authorised and implemented. From the cases selected to review there was an average timescale of two months between the start of the assessment and the commencement of the service after authorisation. In two additional cases, the assessment process appeared to take approximately four months and in one of these cases, payments to the home were backdated 2 1/2 months.		
	Recommendation	Priority	Management response and action plan including responsible officer
2.6.1	PCC and Livewell Southwest should agree a target timeframe from the receipt of the referral to the service start and monitor this to ensure it is being complied with in all possible cases.	Medium	A performance indicator is already in place with a 35 day target (5 working days to complete the referral and 30 working days to complete the assessment and support plan). A monthly performance meeting is held with PCC and Livewell Southwest.

			Target Date: Implemented It would be useful to have a report which could identify where the longest delays occur.
No.	Observation and implications		
2.7	<p>In one case (0509806) there was a delay of six weeks from the time the service was agreed at panel to a financial assessment letter being sent to the financial representative on 21 December 2017. On 8 February 2018 an invoice for the full cost (over £8k) was sent due to non disclosure of financial information. It is understood that there had been no response from the financial representative. On 9 February 2018 a communication was received from the financial representative requesting to be removed from this responsibility. Livewell Southwest were contacted by the CFST and the financial representative was removed. There was no further action taken by the AP to reassess the service user in order to find another financial representative. As a consequence, invoices continued to be raised, despite there being no one to take responsibility for the debt and at the time of the audit the debt had increased to more than £11k.</p> <p>This case has highlighted the following issues:</p> <ul style="list-style-type: none"> • Delay in contacting service user in order to carry out a Financial Assessment - potentially resulting in difficulty in collecting the income due; • Lack of process for triaging high risk cases to visit in order to carry out a Financial Assessment - potentially resulting in difficulty in collecting the income due; • Lack of process for communicating with service users/ financial representatives when a large backdated invoice is produced to ensure it can be paid - potentially resulting in difficulty in collecting the income due; inaccurate expected income recorded; reputational risk to the Authority; • Failure to reassess or take action when a service user is left without a financial representative resulting in a potential safeguarding risk and inability to collect Council income. 		
	Recommendation	Priority	Management response and action plan including responsible officer
2.7.1	<p>In order to maximise the potential for collecting income due, financial assessments should be carried out in a timely manner.</p> <p>Response Required from: CFST</p>	Medium	<p>Financial assessments will be included in the review of the end to end processes.</p> <p>Responsible Officers: Service Manager, Customer Services, PCC (PD), Advance Practitioner, Livewell Southwest (CB) and Care Home Business Improvement Partner, PCC (JB)</p> <p>Target Date: 31 December 2018</p>

2.7.2	There should be a process in place for when a large backdated invoice is raised to ensure the service user / financial representative is contacted by telephone to discuss repayment prior to the receipt of the invoice.	Medium	Financial assessments will be included in the review of the end to end processes. Responsible Officers: Service Manager, Customer Services, PCC (PD), Advance Practitioner, Livewell Southwest (CB) and Care Home Business Improvement Partner, PCC (JB) Target Date: 31 December 2018
2.7.3	A Financial Representative should not be removed without an urgent reassessment to identify a replacement.	High	Agreed. The Residential/Nursing checklist includes a specific question relating to the financial representative. Gaps in knowledge have been identified and training should have improved this. Target Date: Implemented
2.7.4	There should be a process in place to identify cases most at risk of non-payment or of ignoring the assessment request. Cases may include where a reluctance to make a contribution has already been demonstrated or, where the service user has capacity but may struggle in producing the documents required eg. elderly without family support. In these cases it may be advantageous to carry out the financial assessment by a visit. Livewell Southwest staff should be encouraged to inform CFST of any cases they feel are of particular concern and CFST should check the observations on CareFirst for indications of reluctance to pay. In the case highlighted above, there are notes on file that suggest that the service user may have been reluctant to contribute towards his care. In addition the service user had recently moved from another local authority area and therefore there was the potential that he could own property in another area.	High	Look to add information on the referral form to CFST to request a visit if the Adult Social Care Worker feels this would be useful. Also review under the end to end process. Responsible Officers: Service Manager, Customer Services, PCC (PD), Advance Practitioner, Livewell Southwest (CB) and Care Home Business Improvement Partner, PCC (JB) Target Date: 31 December 2018

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.
Opportunity	A recommendation to drive operational improvement which may enable efficiency savings to be realised, capacity to be created, support opportunity for commercialisation / income generation or improve customer experience. These recommendations do not feed into the assurance control environment.

Confidentiality under the National Protective Marking Scheme

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.

NEW Devon Clinical Commissioning Group

Final Internal Audit Report: Plymouth Integrated Commissioning Fund – Section 75 Framework Agreement and Financial Framework High Level Review

Report Reference: NEWDCCG02/19

December 2018

Distribution List (for action)

Ben Chilcott, Chief Finance Officer (Western Locality)
John Dowell, Chief Finance Officer

Additional Copies (final report, for information)

External Auditors

AUDIT BACKGROUND, SCOPE AND OBJECTIVES

Background

In accordance with the 2018/19 Aligned Audit and Assurance Plan of NEW Devon Clinical Commissioning Group ('the CCG'), as approved by the Audit Committee in Common, a high level review of the CCG's Plymouth Integrated Commissioning Fund arrangements has been undertaken.

The fund was established on the 1st April 2015 and brings together budgets from NEW Devon CCG and Plymouth City Council (PCC) to facilitate the joint commissioning of services for health and social care. A Section 75 Framework Partnership Agreement (s75 Agreement) was drawn up on creation of the Integrated Commissioning Fund to set out the terms on which both parties agreed to collaborate, and to establish a framework through which the parties could secure, through the pooling of funds and aligned budgets, the future position of health and wellbeing services through lead or joint commissioning arrangements.

Supporting the s75 Agreement is a Financial Framework which sets out the general rules and scope for the management and expenditure of public sector funds originating from NHS and Local Government sources. It also makes provision for governance and accountability of:

- The Integrated Commissioning Fund.
- Authorities and responsibilities delegated from the partners.
- Financial planning and management responsibilities.
- Budgeting and budgetary control, including forecasting.¹

During 2014/15, a review of the Integrated Commissioning Fund s75 Agreement and associated Financial Framework was undertaken. This work was led by Devon Audit Partnership, Plymouth City Council's Internal Auditors. The recommendations arising from this work were in respect of actions required in preparation for, and prior to, creating the Integration Commissioning Fund.

Objectives and Scope of the Audit

The objective of this review was to assess the current s75 Agreement and the supporting Financial Framework to ensure that the documents have been fully completed, are up to date and have been approved and signed as required.

As part of agreeing the scope of work for this review, suitable assurances were provided by the Chief Finance Officer (Western Locality) that the recommendations arising from the audit undertaken in 2014/15 were addressed before the Fund was established. It was also highlighted that Integrated Commissioning Fund arrangements and the supporting agreement and framework have evolved and been updated since the audit was completed. We continue to attend the Finance and Assurance Review Group (FARG) meetings, the key governance group for the Integrated Commissioning Fund, and can confirm the further development of the suitable governance arrangements since the creation of the Fund in April 2015 in order to support the ongoing management on a day to day basis. As such, a formal follow-up of the recommendations arising from the 2014/15 work was not required as part of this review.

¹ Taken from the Financial Framework document

OVERALL CONCLUSION

The governance arrangements in place surrounding the s75 Agreement and the Financial Framework are clearly defined in the corresponding documents and are appropriately structured.

In respect of the robustness of the supporting s75 Agreement and the Financial Framework, we were advised that there is no jointly signed s75 Agreement in place, with copies of the original document from April 2015 being separately signed and held within each respective organisation. In partial mitigation, the recent update to the s75 Agreement resulted in a jointly signed covering letter detailing changes that had been made to the document. This also applies to the Financial Framework document for which we were unable to obtain a jointly signed and final version of the document.

We have highlighted within this report a number of areas in the Financial Framework which would benefit from updating during its imminent review to ensure that the document continues to be up to date and reflects current arrangements.

In order to better demonstrate robust governance arrangements and management of the Integrated Commissioning Fund we have recommended that both parties hold a jointly signed copy of the s75 Agreement and Financial Framework.

SUMMARY OF FINDINGS

A summary of our assessment of each area covered by this review is set out below. Our assessment used the following key:

Each finding has an associated individual rating. This is intended to be an indicator of the outcome of our evaluation of the design or operation of the process that is in place to manage the function or task being reviewed

These indicators are separate from the audit report's overall "single assurance opinion" or the "rating of audit recommendations," both of which are based on a broader evaluation of the system and are explained within the Audit Report Information section on the final page of this report.

Rating





Description

Processes are appropriately designed and appear to be operating well. Any areas for improvement that were identified are not significant and are unlikely to reoccur.

Controls and arrangements are generally appropriately designed working well but we have identified areas where these arrangements should be further strengthened. We do not have significant concerns regarding this area and any issues that were identified are unlikely to reoccur if properly managed.

Urgent action is needed to address weaknesses in the processes which are in place to manage the task or function. We have significant concerns regarding this area and consider that issues may arise or reoccur.

Area Reviewed	Rating	Comments
Integration Fund Governance Arrangements		<p>The Integrated Commissioning Fund has been in place now for three and a half years and the governance structure has changed since it was formed. The Integrated Commissioning Board, also known as the Plymouth Integrated Commissioning Board (PICB), which was established to provide oversight and leadership for the delivery of the integrated commissioning function, ceased to exist from July 2018 as it was considered that there was duplication in committees.</p> <p>The governance arrangements are clearly defined within the s75 Agreement, with the updated document now showing that the Western System Improvement Board replaces the former role of the PICB.</p>

		The Finance and Assurance Review Group (FARG) has a responsibility to advise on the review of the s75 Agreement and the Financial Framework documents. These arrangements are considered appropriate and should, if followed, ensure that there is suitable oversight and control over the Integrated Commissioning Fund.
Area Reviewed	Rating	Comments
Review of the Section 75 Framework Agreement		<p>The s75 Agreement is in a standard format and is an ongoing agreement which remains in place until such time as one or both parties wishes to withdraw from the arrangement. We requested a copy of the original s75 Agreement signed by the CCG and Plymouth City Council from the CCG. We were subsequently advised that there was no jointly signed, dated and sealed s75 Agreement, only two separate copies of the Agreement each held by the respective organisations and solely signed by that organisation.</p> <p>The Agreement has been reviewed and updated during 2018 through the FARG and its associated Joint Technical Working Group.</p> <p>A document entitled 'Review of the Section 75 Partnership Agreement', detailing the most recent changes to the s75 Agreement, was signed and dated in October 2018 by the CCG's Chief Finance Officer and by a nominated Council member (undated), in support of the updated s75 Agreement. Updated financial figures for 2018/19 for the Better Care Fund have been included within the revised unsigned s75 Agreement and within the update review document. Also included within the review document are the 2018/19 Integrated Commissioning Fund budget contributions from both the CCG and Plymouth City Council.</p> <p>Legal advice received by the Joint Technical Working Group for the FARG in March/April 2017 indicated that if each party to the agreement produced a letter confirming they were still committed to the fund that would be sufficient to refresh the s75 Agreement.</p> <p>As there is no original jointly signed and sealed s75 Agreement in place we recommend that the newly updated s75 Agreement is formally signed, dated, sealed and an original copy held by both parties, together with the original 2015 version of the Agreement. This will demonstrate more robust governance and management of the Integrated Commissioning Fund and reduce the risk of the terms of the Agreement not being complied with should any issues or disputes arise in the future.</p>
Area Reviewed	Rating	Comments
Review of the Financial Framework		<p>The Financial Framework is the key governance document supporting the s75 Agreement for the Integrated Commissioning Fund and was drawn up to describe the ground rules for making and approving financial decisions relating to the Fund.</p> <p>We obtained the latest version of the Financial Framework (v1.0) to establish whether:</p> <ul style="list-style-type: none"> • The Framework has been reviewed on a regular basis. • It is robust and contains relevant and current information. • It has been approved through the appropriate channels.

The Framework is a detailed document which clearly sets out how the Fund should be managed from a financial perspective. It sufficiently covers the following key areas:

- Scope of the Financial Framework.
- Responsibilities of organisations and individuals.
- Statutory Reporting Requirements.
- Budget Setting.
- Risk Sharing Framework.
- Managing the transactions of the Integrated Commissioning Fund.
- Managing Financial Performance.

Key areas where the Framework could be further strengthened and/or clarified are summarised as follows:

- V1.0 is the latest version but remains in draft form according to its title, with the last update being undertaken in January 2017.
- The document indicates that it requires signing by the Chief Finance Officer (Western Locality) for the CCG and the Head of Integrated Finance for PCC, however the copy we were provided with was unsigned and it is unclear if there is a signed copy.
- The document contains references to years and values which are now out of date and it also refers to the PICB which has now been replaced by the Western System Improvement Board (WSIB), as indicated by the revised s75 Agreement.
- Additional sections have been added to v1.0 of the Framework, most notably examples around how the risk share agreement would work given different scenarios. The examples used refer back to 2014/15 however and would therefore benefit from a refresh.

We were unable to establish the following:

- Whether a signed copy of the Financial Framework exists.
- The approval route for v1.0 of the Financial Framework. This is not set out in the Framework's Document Control Table and minutes of the Plymouth Integrated Commissioning Board (PICB) for the period January to May 2017 did not indicate that the amendments had been taken to the PICB Board for approval, as per the requirements of the Financial Framework.

We understand that the Framework is next due for review by the FARG in December 2018.

To improve clarity and reduce the risk of the Framework not being complied by all parties, the CCG should ensure that the document contains up to date information, reflects current working practice and, if required, is signed by both parties.

A signed copy of the revised document should then be readily accessible within the CCG for ease of reference if needed. Where possible we would suggest not including reference to specific years within the document itself as the requirement for review is now 'as necessary' and should this not be done on an annual basis the document may appear to contain out of date references. Further detailed observations from our review of the Framework are set out at **Appendix A** of this report. These observations should be used to inform the forthcoming review of the Framework by the FARG.

We have raised two recommendations to address the above findings, as detailed in the Action Plan on page 7 of this report.

We would like to acknowledge the help and assistance given by the Finance Team during the course of this review.

RATING OF RECOMMENDATIONS

Recommendations raised in this report have been rated in accordance with the CCG's risk scoring matrix.



Jenny McCall, Director of Audit

REPORT DATA

Date Work Undertaken	October/November 2018
Date of Issue of Draft Report	14 December 2018
Date of Return of Draft Report	17 December 2018
Date of Approval by Director	17 December 2018 (Ben Chilcott)
Date of Approval of Final Report	19 December 2018
Lead Auditor	Angela Tucker, Audit Manager
Client Lead Manager(s)	Ben Chilcott, CFO (Western)
Client Lead Director	John Dowell, CFO
Governance/Regulatory Links	S75 Health & Social Care Act 2006

Rec No	Recommendation	Risk Rating	Management Response	Manager Responsible	Action Date
1	Given there was no original jointly signed, sealed and dated s75 Agreement at the formation of the Integrated Commissioning Fund, this should be rectified using the revised s75 Agreement. Both partner organisations should then hold a fully signed document for future reference.	Medium Risk	Agreed, to be actioned during January 2019	Ben Chilcott Chief Finance Officer (Western Locality) David Northey Head of Integrated Finance – Plymouth City Council	31/01/19
2	<p>The Financial Framework, which supports the s75 Agreement for the Integrated Commissioning Fund, should be reviewed and updated to ensure that it:</p> <ul style="list-style-type: none"> Reflects current working practice. Does not contain out of date information such as the existence of the Plymouth Integrated Commissioning Board and references to previous years. Clearly details the approval route of any future amendments made to the document. <p>A fully signed copy of the revised document should be readily accessible within the CCG for ease of reference if required.</p>	Medium Risk	Agreed, to be actioned during January 2019	Ben Chilcott Chief Finance Officer (Western Locality) David Northey Head of Integrated Finance – Plymouth City Council	31/01/19

Review of Draftv1.0 – Financial Framework – Last updated 26th January 2017

Section	Title/Reference	Comment
Table of Contents	Section C – Sign Off - incomplete	If this section is required, then it should be completed in full.
	Section D – Executive Summary	This section is not included within the document and therefore needs removing.
	Sections 1, 3, 6, 21, 24, 25, 27, 31, 33 – all missing	These sections need to be included.
1.5/2.1/3 etc	References the Plymouth Integrated Commissioning Board	This and all references to the (Plymouth) Integrated Commissioning Board (ICB) will need updating as the Board no longer exists.
5 & 6 & 7	Objectives of the Partners and of the Integrated Commissioning Board (5) Objectives of the Integrated Commissioning Board (6) Objectives and targets of the integrated commissioning function (7)	Clarification on the headings may be of benefit as the headings, particularly (5) and (6). Given the ICB no longer exists (6) presumably this will now need to be the Western System Improvement Board (WSIB), in line with the recently updated s75 Agreement, unless this section (6) is no longer required.
9.3	Responsibilities of Partner organisations' leadership	Are these individuals documented anywhere so there is a record of who can act in those capacities eg who has the 'Authorised Officer' role re s75 for each organisation?
10.1	Reference to Authorised Officer signing approval of changes to s75 agreement. 10.1.3 states the AO must be a member of the ICB (now WSIB)	Chief Finance Officer for the CCG signed off the last s75 'Review of s75 Agreement' update document – clarification required as to whether the CFO is the Authorised Officer and a member of the WSIB (previously PICB).
12.3	Interim Pool Fund Manager	This subsection will need updating as it references 17/18 only and an interim role.
16	Better Care Fund	This will not have been updated for 2018/19 – we would suggest removal of specific values to eliminate need for continual update.
16.4	Reference to BCF Policy Framework, December 2014	This needs to be updated to reflect latest guidance document.
16.12/14	iBCF - We will.... / our	The use of 'we' is not in line with more formal language in the rest of the document.
16.13	iBCF – responsibility for reporting lies with LA	There is now a joint quarterly return so this section may need to be updated to reflect the change.
16.13	Table beneath	This does not seem to fit in with any specific narrative above or below the table. Is it still needed?

Section	Title/Reference	Comment
17	Budget figures and/or reference to years	This will need updating where relevant. If this document no longer requires annual update see section 2.1 we suggest not referencing years and/or budget figures as suggested above for line 16.
21	Local Counter Fraud and Security Management Services	These are two separate services now so this will need to be reflected in the title ie not LCFSMS. NHS Protect is now known as NHS Counter Fraud Authority, this will need updating. Security Management Services – separate wording is required. The CCG has a separate contract with Audit South West to cover this. Arrangements within PCC are not known.
31	Treatment of historical overspends	Spacing – this needs separating from section 30.
41	Financial Risk Framework: Risk Cap Model	This section needs updating as examples reference 2014/15 still. (Note- the copy of the document to be reviewed at FARG in 2018/19 has already removed this whole section).
44.6	Local Operating Rules	Is this still current or does it need updating.
54.1.1	Reference to NHS Litigation	This will need updating to NHS Resolution.
55.1	Reference to 2015/16 in bullet point 2	This will need to be updated or removed.

AUDIT SOUTH WEST – ABOUT US

Audit South West is the largest provider of internal audit, counter fraud and consultancy services in the South West. We maintain a local presence and close engagement within each health community, with audit teams based in Bristol, Exeter, North Devon, Plymouth, Torquay and Cornwall, linked by shared networks and systems. More information about us, including the services we offer, our client base, our office locations and key people can be found on our website at www.auditsouthwest.co.uk.

Audit South West is a member of TIAN; a group of NHS internal audit and counter fraud providers from across England and Wales. Its purpose is to facilitate collaboration, share best practice information, knowledge and resources in order to support the success and quality of our client's services.

All audit reports comply with International Standards for the Professional Practice of Internal Auditing.

CONFIDENTIALITY

This report is issued under strict confidentiality and, whilst it is accepted that issues raised may need to be discussed with officers not shown on the distribution list, the report itself must not be copied/circulated/disclosed to anyone outside of the organisation without prior approval from the Director of Audit.

INHERENT LIMITATIONS OF THE REVIEW

There are inherent limitations as to what can be achieved by systems of internal control and consequently limitations to the conclusions that can be drawn from this review. These limitations include the possibility of faulty judgment in decision-making, of breakdowns because of human error, of control activities being circumvented by the collusion of two or more people and of management overriding controls. Also there is no certainty that controls will continue to operate effectively in future periods or that the controls will mitigate all significant risks which may arise in future. Accordingly, unless specifically stated, we express no opinion about the adequacy of the systems of internal control to mitigate unidentified future risk.

RATING OF RECOMMENDATIONS

The recommendations in this report are rated according to the organisation's risk-scoring matrix. The recommendations have been arrived at by assessing the risk in relation to the organisation as a whole. This should enable recommendations made in different reports to be compared when deciding the priority and level of risk faced by the organisation.

Audit and Governance Committee



Date of meeting:	23 September 2019
Title of Report:	Analysis of Local Government and Social Care Ombudsman Annual Report 2018/19
Lead Member:	Councillor Sally Haydon (Cabinet Member for Customer Focus and Community Safety)
Lead Strategic Director:	Andy Ralphs (Strategic Director of Customer and Corporate Services)
Author:	Helen Cocks
Contact Email:	helen.cocks@plymouth.gov.uk
Your Reference:	HC/19
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

Every year the Local Government and Social Care Ombudsman (LGSCO) sends each council an annual review letter which outlines the Ombudsman's position in relation to complaints monitoring. The publication of the 2018/19 annual report provides an opportunity to review and discuss complaints that have been received about Plymouth during the period 1 April 2018 to 31 March 2019.

This briefing provides analysis of the LGSCO annual review data and presents an annual summary for Plymouth comparing our local statistics with the relative benchmarks. It also highlights the lessons learned, how individual teams and services have responded to LGSCO complaints and what the Council has done differently following LGSCO intervention.

After investigation, the LGSCO upheld 18 complaints of the 107 complaints they made decisions about in relation to Plymouth City Council.

Recommendations and Reasons

1. To approve the Recommendations set out in paragraph 2.3 of this Report.
2. To note the progress made to date and approve the proposals set out in paragraph 2.4 of this Report.

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

The analysis and organisational learning contained within this paper will contribute towards corporate performance indicators: percentage of complaints resolved at first stage and percentage of complaints resolved at second stage. This indicator sits within the 'How we will deliver' theme, supporting the council to provide quality public services and listening to our customers and communities.

Implications for the Medium Term Financial Plan and Resource Implications:

No specific implications result from this report.

Carbon Footprint (Environmental) Implications:

No specific implications result from this report.

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

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

None

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Analysis of Local Government and Social Care Ombudsman Annual Report 2018/19							
B	Decisions made by the LGSCO for Plymouth in 2018/19							
C	How to understand the categories in the breakdown tables on the LGSCO's Annual Review Letter 2018/19							
D	Remedies for those complaints upheld by the LGSCO following detailed investigation in 2018/19 for Plymouth							
E	Corporate and Statutory Complaints 2018/19							
F	Analysis of Local Government and Social Care Ombudsman Annual Report 2017/18							
G	Progress update on 2017/18 Recommendations							
H	LGSCO Annual Review Letter 2018/19							

Background papers:

*Add rows as required to box below

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

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

Sign off:

Fin	akh.l 9.20.8 5	Leg	lt/331 89/22 08	Mon Off	Click here to enter text.	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Faye Hambleton, Service Director for Customer Services and Service Centre											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 20/08/2019											
Cabinet Member approval: Cllr Sally Haydon Date approved: 27/08/2019											

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APPENDIX A – Analysis of Local Government and Social Care Ombudsman Annual Review Letter 2018/19

I. BACKGROUND INFORMATION

The Local Government and Social Care Ombudsman (LGSCO) publishes annual complaint statistics for councils, all adult social care providers (including care homes and home care agencies) and some other organisations providing local public services. Plymouth's Annual Review Letter is found in Appendix H. This report in part provides an analysis of those statistics for Plymouth for 2018/19. This report also attempts to capture the lessons learned from the complaints.

Complaint Statistics

Peer group benchmarking is provided for each of the service areas. However, care is required in interpreting the data information in this report as the volume of complaints against an authority do not prove that it is a 'poor' or 'good' performing council. The LGSCO suggests that high volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems. They also suggest that low complaint volumes can be a worrying sign that an organisation is not alive to user feedback, rather than always being an indicator that all is well.

Organisational Learning

Currently, the LGSCO sends complaints via the link officer, the Customer Liaison Manager, within the Customer Services Department. The complaint is then monitored centrally to ensure that the LGSCO receives the required responses in the timescales set with each case. Once a complaint is received it is disseminated into the relevant service area, where an investigation takes place and a response is formulated as well as remedial action undertaken. Once the LGSCO has concluded its involvement, responsibility for remedial action is held locally within each team/service where the complaint was upheld.

2 SUMMARY OF COMPLAINTS UPHELD, KEY MESSAGES AND RECOMMENDATIONS

2.1 Complaints upheld summary

The table below provides summarised details for all LGSCO upheld complaints

Service	Complaint Description		Remedial Action	Changes and Learning
Adult Social Care	1	Complaint received that the Council had failed to deal properly with charges for care (relating to deferred payment agreement).	Apology. Financial Redress £250. Offer a discretionary DPA. Procedure change in line with the guidance.	Relevant working practices have been updated.
	2	Complaint that the care provider (acting on behalf of the Council) did not follow its procedure properly. There was conflicting information in the Council's response to the complainant.	Apology. Financial Redress £500. Review procedures with the Care agency.	Meeting took place with the care agency to review the application of policy and communicate it to all staff. Learning was also shared across commissioned domiciliary care providers.
	3	Complaint that the Council is at fault as it failed to explain how an increase to payments was sufficient to meet their needs, underpaid direct payments and delayed in responding to requests for backdating of the increase in payments.	Apology. Financial Redress £100. Written explanation of Council's decision. Reimbursement for underpayment of direct payments. Correspondence and complaints procedures review.	A decision was made in April 2018 for all social care complaints to be investigated and responded to under the Livewell South West complaints process. This was implemented in May 2018. As the Council hold the statutory duty for social care functions it continues to monitor on a monthly basis and review learning from complaints regularly.
	4	Complaint received about the Council and its agent Livewell Southwest, care and support planning.	Apology. Financial Redress £150.	Letter with an apology has been sent to the complainant and redress payment has been made.
Planning & Development	5	Complaint received that the Council has failed to properly enforce a planning obligation. The Council is at fault as it did not pay proper attention to the terms of the agreement.	Reconsider the case. Apology. Enforce the agreement if compliance does not occur. Update the sign erected on the site.	1. The Council's Enforcement Team is actively reviewing the case and the department are now also actively applying the new protocol of acting on dismissed appeals for retrospective developments within 28 days of the decision being received. 2. An apology was sent to the customer. 3. A letter has been sent advising the site management of the requirements of the agreement and reminding them that failing to comply will result in the Council's Legal

				Service being instructed to formally enforce it. 4. A sign has been requested to be erected. Regular visits will be made to the site by members of the Enforcement Team to ensure that this is being complied with.
Highways and Transport	6	Complaint received about the Council's decision to refuse a blue badge. The Council's assessments did not properly address the variable nature of complainant's condition or its impact.	Reconsider an application for a blue badge. Review assessment process.	Assessment process was reviewed and a new style assessment tool and assessment guidance for applicants has been implemented.
Benefits and Tax	7	Complaint received that the Council charged business rates on two units complainant rented. The Council was at fault in failing to contact the complainant to clarify the situation.	Apology. Cancel liability.	Letter with an apology has been sent to the complainant and they were advised that the account has been withdrawn. The balance for the period has been written off.
	8	Complaint about the way the Council dealt with the council tax account for a rental property the complainant owns, in particular its failure to use an address the complainant had provided for correspondence purposes.	Financial Redress £150. Review the learning from this complaint in terms of complaint handling and arrange to meet any identified training needs for relevant staff.	Training needs addressed. Website updated in relation to Council Tax appeals and complaints. Internal Council Tax Reference Guide has also been updated.
	9	The Council should not have passed the complainant's council tax debt to enforcement agents because it did not communicate with complainant's representative as directed.	Apology. Refund £309.31 enforcement and summons fees.	Apology and refund issued.
	10	Complaint received that the Council wrongly advised the complainant they could move from Universal Credit to Housing Benefit, this led to them losing benefit.	Financial Redress £100. Payment for lost housing costs £343.	Payments have been issued.
	11	The Council was at fault to send correspondence to the liable person about a Council Tax debt rather than to their representative who was authorised to handle their account.	Apology. Financial Redress £250. Update records.	Council Tax records have been updated with the correct information. Apology and payment issued.

Environmental Services & Public Protection & Regulation	12	Complaint received that the Council was wrong to charge the complainant to leave their waste at a recycling facility when its website said it could be done for free.	Apology. Financial Redress £100. Repayment of costs of the disposal £97.63. Policy review.	Waste Policy has been reviewed and website has been updated.
	13	Complaint received about the condition of a footpath.	None	Work requested by the complainant had been carried out before the Ombudsman had a chance to consider complaint.
Housing	14	Complaint received that the Council refused to use its discretion to release the complainant from a Disabled Facilities Grant agreement.	None	PCC has agreed the complainant does not have to repay the 2015 grant to allow them to move.
	15	Complaint received about the Council's handling of works carried out under a Disabled Facilities Grant. The Council was at fault as there was significant delay in completing the work.	Financial Redress £250	Payment has been issued. New working practices were already put in place.
Corporate and Other Services	16	Complaint received re: a single point of contact. The Council failed to follow its draft policy and did not properly explain how the complainant could appeal its decision.	None	Single point of contact processes to be communicated as part of the review of an Acceptable Behaviour Policy re: unreasonable and unreasonably persistent complainants.
Education and Children's Services	17	Complaint received that the Council was wrong to decide it should not fund transport to school. There was fault in how the Council considered both appeals from the complainant.	Arrange a new appeal hearing with new panel members. Amend the appeal section of School Transport Policy and its decision letter templates to reflect the guidance by the Department for Education.	School Transport Policy has been revised, letter templates and School Transport web-page have been updated.
	18	Complaint received that the Council refused to provide free home to school transport. The Council is at fault as it did not properly consider if circumstances.	Apology. Pay the cost of the bus fares. Review procedures.	Apology and payment of £139.74 has been made. Procedures have been reviewed.

2.2 Key Messages

The key messages from the analysis of the 2018/19 LGSCO Annual Review data are as follows:

- The Council implemented a two stage complaints process on 1st April 2018. One of the aims was to reduce the number of complaints being escalated to the LGSCO and a reduction has been achieved; 103 complaints in 18/19 compared to 127 complaints in 17/18.
- A decrease has also occurred in the number of complaints that required a detailed investigation by the LGSCO; 20 complaints in 18/19 compared to 26 in 17/18.
- There has been a significant increase in the upheld rate; only 20 complaints required a detailed investigation but of these 18 were upheld, giving an upheld rate of 90%. This compares with an upheld rate in 17/18 of 58%, when 15 complaints were upheld following 26 detailed investigations.
- 15 of the 18 complaints upheld had recommended remedial action from the LGSCO. PCC has achieved 100% compliance with the recommendations.
- Benefits & Tax saw a significant decrease in the total number of complaints received from 36 complaints escalated in 17/18 to 18 complaints escalated in 18/19. Environmental Services & Public Protection and Regulation, Housing and Planning & Development also experienced a decrease in the total number of complaints received in comparison to 2017/18.
- There has been a significant increase in complaints received about Corporate & Other Services: from four complaints in 17/18 to nine in 18/19, although, only one required a detailed investigation.

2.3 Recommendations

The majority of complaints that were upheld were due to the LGSCO finding fault in policy content or the application of policy. As a result the majority of lessons learned from these complaints, as identified in Section 2.1, included updating policy and/or procedure, how these are implemented by staff and how these are communicated with customers. Updates and improvements have been made in all cases and this has been recognised by the LGSCO as PCC achieved 100% compliance with the LGSCO's recommendations.

In addition to policy updates and communications, the following recommendations have been put together to ensure that PCC continues to learn from customer feedback and improve the customer experience. These recommendations all centre on improving service delivery, reducing failure demand and improving internal complaints handling:

1. Monitor performance against Service Standards
2. Provide guidance and training for staff undertaking investigations (Stage 1 and Stage 2)
3. Review, approve and communicate the Acceptable Behaviour Policy.

2.4 Progress update

The following activity has occurred to support delivery of the recommendations:

Recommendation 1 – Monitor performance against Service Standards

Customer feedback is monitored regularly following recommendations from last years annual report (see Appendix G). CMT are provided with a monthly performance flash report and will now also be undertaking a quarterly 'deep dive' into the Top 3 complaints as part of quarterly performance monitoring.

A customer experience performance measure has been included in quarterly Corporate Plan performance monitoring. The measure provides a summary of performance against ten key service standards from across the Council, including processing a housing benefit claim, planning application or picking up a missed bin. An internal audit exercise has been undertaken to review the accuracy and integrity of these ten service standard measures; the outcome of this exercise is expected later this month.

There were more than 170 service standards included in business plans across the Council in the latest business planning cycle. The Customer Liaison Manager is undertaking a piece of work, working closely with the Performance and Risk Team, to identify how service areas are managing these services and whether their current systems are able to produce data to measure the standard of service. Service standards and customer feedback will also be a key data set for end to end service reviews as part of The Way We Work programme.

The Customer Liaison Team will continue to focus on improving the management of Statutory Complaints processes and will work with Adult Social Care and Childrens Services to ensure that lessons learned from customer feedback are used to support service improvements. These services are highlighted because:

- the volume of complaints escalated to the LGSCO for Adult Social Care and Education and Childrens Services has slowly been increasing in recent years, albeit the volumes are in line with, or below, the average numbers received by Council's in the CIPFA family group (see Sections 4.1 and 4.2)
- the upheld rate for statutory Childrens Social Care complaints has increased significantly this year despite a reduction in the volume of complaints received; the upheld rate for 18/19 was 62% (see Appendix E) in comparison to 40% in 17/18
- the upheld rate for statutory Adult Social Care complaints remains high (62%, see Appendix E) although recent improvements made to the complaints handling processes are still being embedded following recommendations from the LGSCO Annual Review 17/18 (see Appendix G).

Recommendation 2 – Provide guidance and training for staff undertaking investigations (Stage 1 and Stage 2)

Improving the way we investigate complaints internally should lead to a decrease in the volume of complaints escalated to the LGSCO. Actions taken and ongoing work include;

- Council departments identified a Feedback Coordinator in 18/19 to facilitate the administration of customer feedback. A review of the impact of this role is being planned by the Customer Liaison Manager.
- The digital process for submitting customer feedback has been updated to include some validation; the customer is now required to submit their Stage 1 complaint case reference number. Departments have been reminded to check the validity of all Stage 2 complaints received but formal guidance will also be published and training offered where required. The Customer Liaison Manager has already started work to support departments who receive high volumes of Stage 2 complaints.
 - A community of practice across the Feedback Coordinator roles will be reinforced by establishing regular catch ups with the Customer Liaison Manager on a quarterly basis.
 - Programmes of change promote the importance of customer feedback in driving improvements to service delivery.

Recommendation 3 – Review, approve and communicate the Acceptable Behaviour Policy.

A review of the Acceptable Behaviour Policy has been on hold so that it can be joined up as part of the community engagement developments within The Way We Work programme (the 'deal'). As the programme is still in development it is proposed to progress with the Acceptable Behaviour Policy review as an isolated piece of work following the LGSCO recommendation. A first draft will be put together in accordance with the guidance published by the LGSCO.

Other recommendations

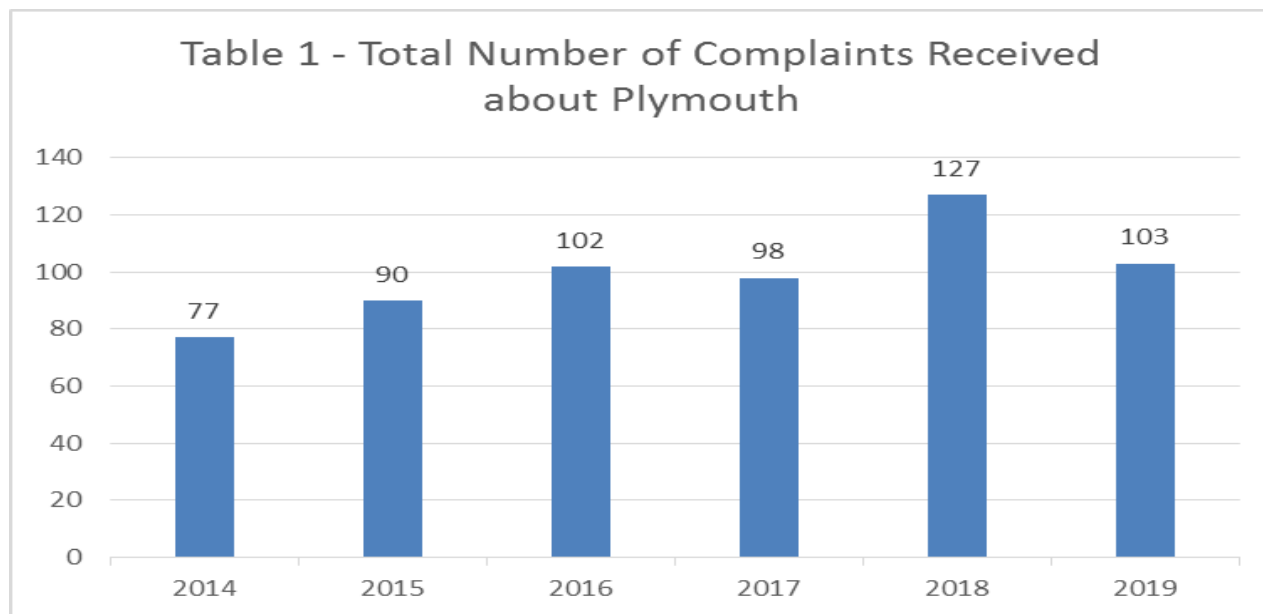
The Analysis of Local Government and Social Care Ombudsman Annual Review 2017/18 is included in Appendix F and a report on progress with the recommendations from 2017/18 is included at Appendix G.

3. COMPLAINT STATISTICS 2018/19 OVERALL PLYMOUTH RESULTS

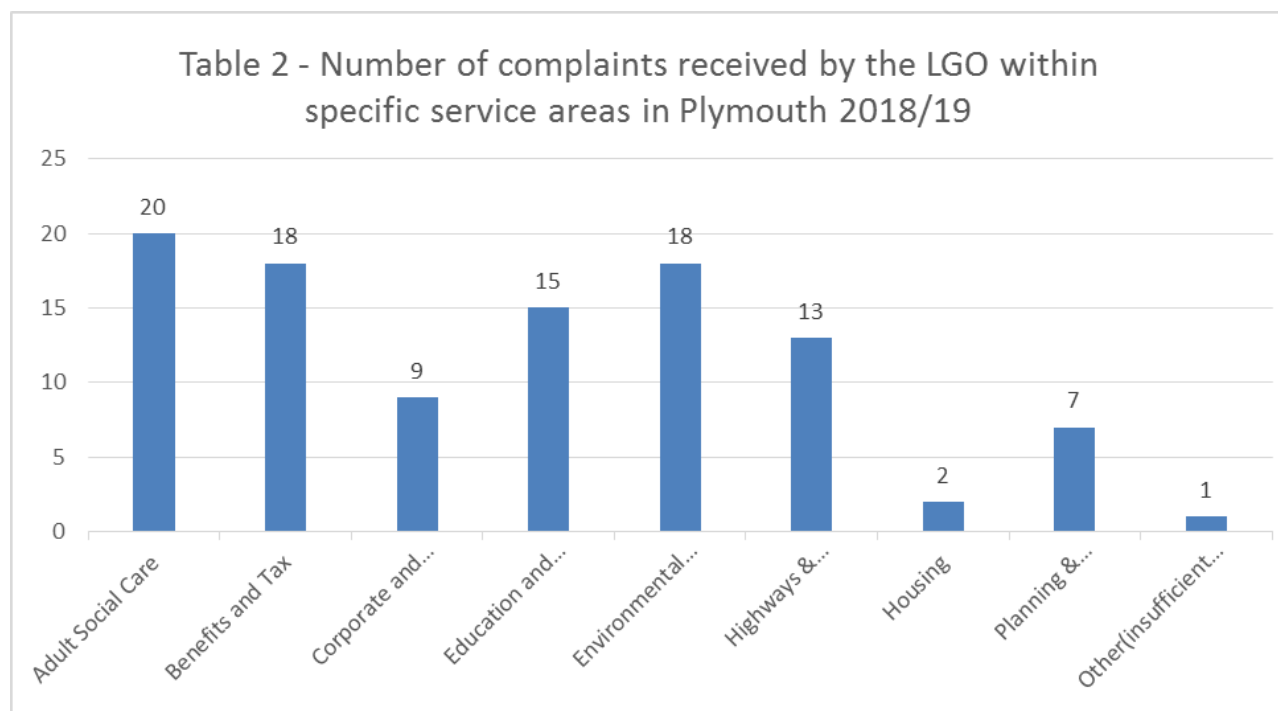
3.1 Complaints received

It is important to note that not all complaints are decided in the same year that they are received. The number of complaints and enquiries received by the LGSCO for Plymouth in 2018/19 was 103. The figures in this report mainly reflect the decisions made during 18/19 which totalled 107.

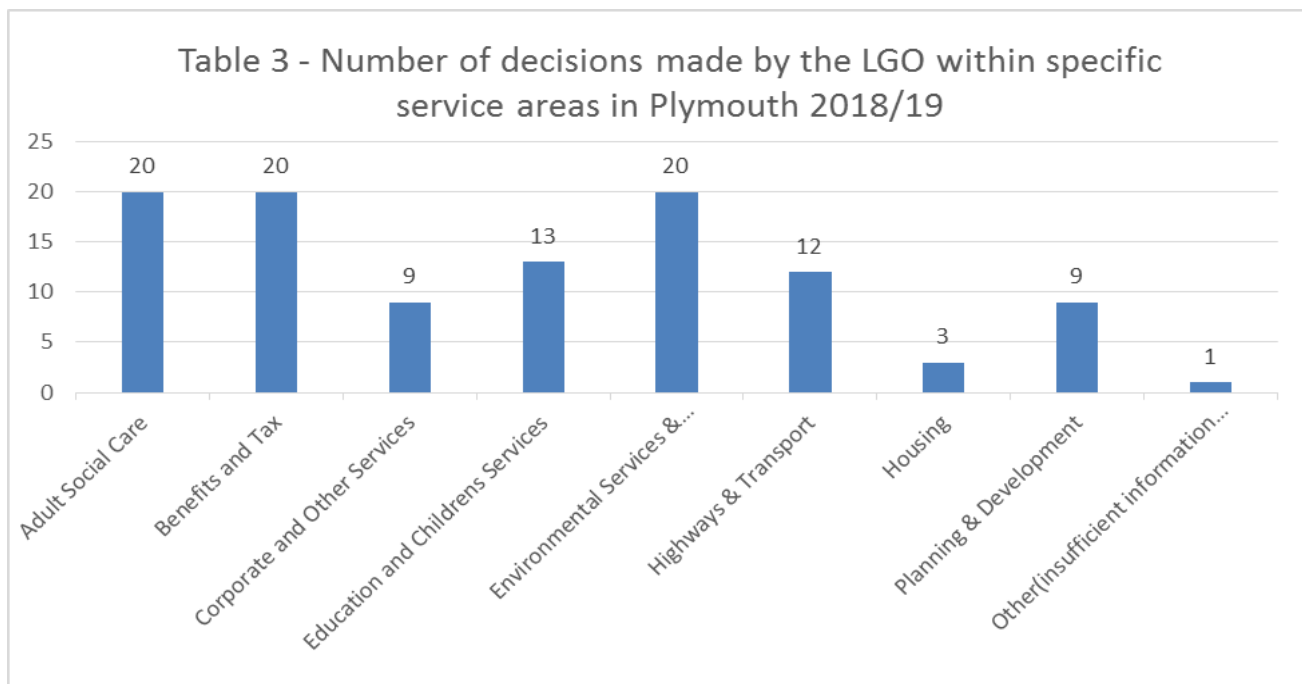
The table below shows the total number of complaints received by the LGSCO about Plymouth since 2014.



The table below shows the distribution of the complaints received within each of the specific service areas in 2018/19, totalling 103.



The table below shows the distribution of the complaint decisions made by the LGSCO for Plymouth within each of the specific service areas in 2018/19, totalling 107.



3.2 Complaint Decisions

A total of 107 decisions were made by the LGSCO for Plymouth in 2018/19; this is a decrease in comparison to the previous year when 121 decisions were made.

In 2018/19, of the complaints received for England where the LGSCO decided that a detailed investigation was required, 58% were upheld – this is known as the upheld rate. In Plymouth, the LGSCO conducted a detailed investigation into 20 complaints and of those 18 were upheld so the upheld rate is 90%. In comparison to 2017/18 data, where the upheld rate was 58%, PCC's upheld rate has increased significantly and is much higher than the national upheld rate.

The LGSCO also provide an average upheld rate for similar authorities. Plymouth is included with other unitary authorities where the average upheld rate is 55%; meaning PCC has a much higher upheld rate than other unitary authorities. In fact, Plymouth has the second highest upheld rate in comparison with other unitary authorities. Plymouth has the sixth highest volume of decisions made and is placed 50th of all organisations in terms of overall volume of complaints received by the LGSCO.

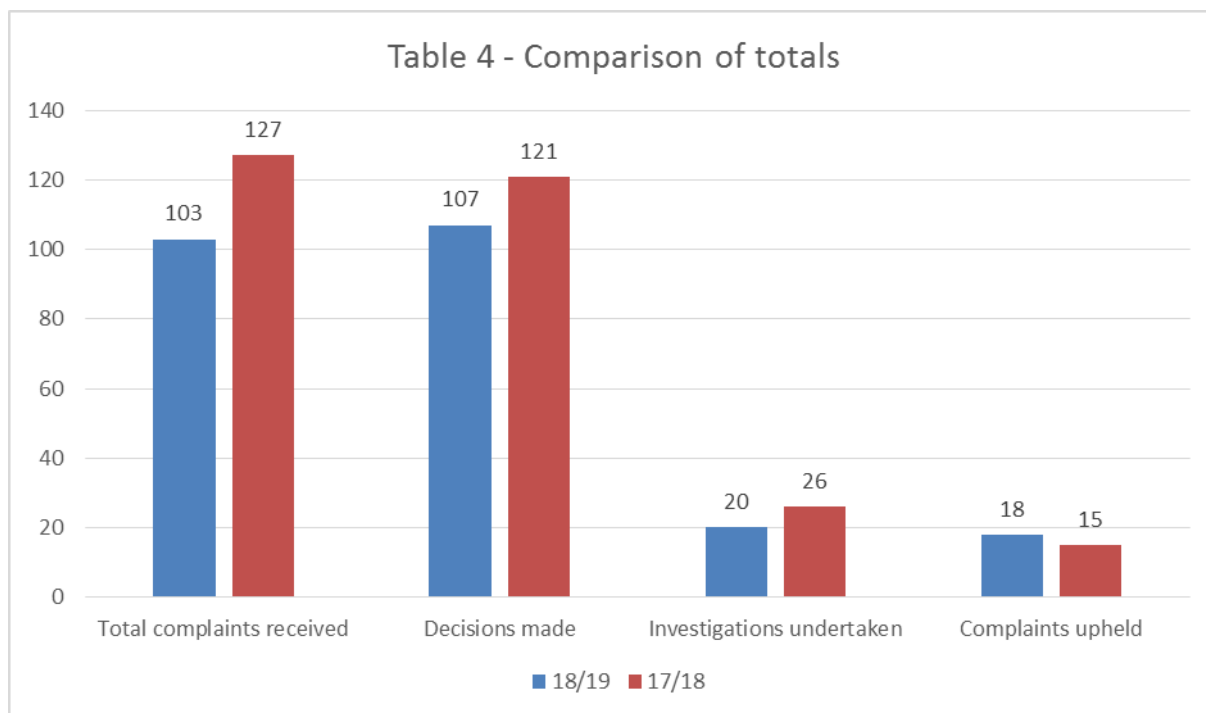
More detailed benchmarking has been undertaken and is covered in more detail in section 4 of this report.

If the upheld volume is compared to the total number of decisions made, the increase is much smaller;

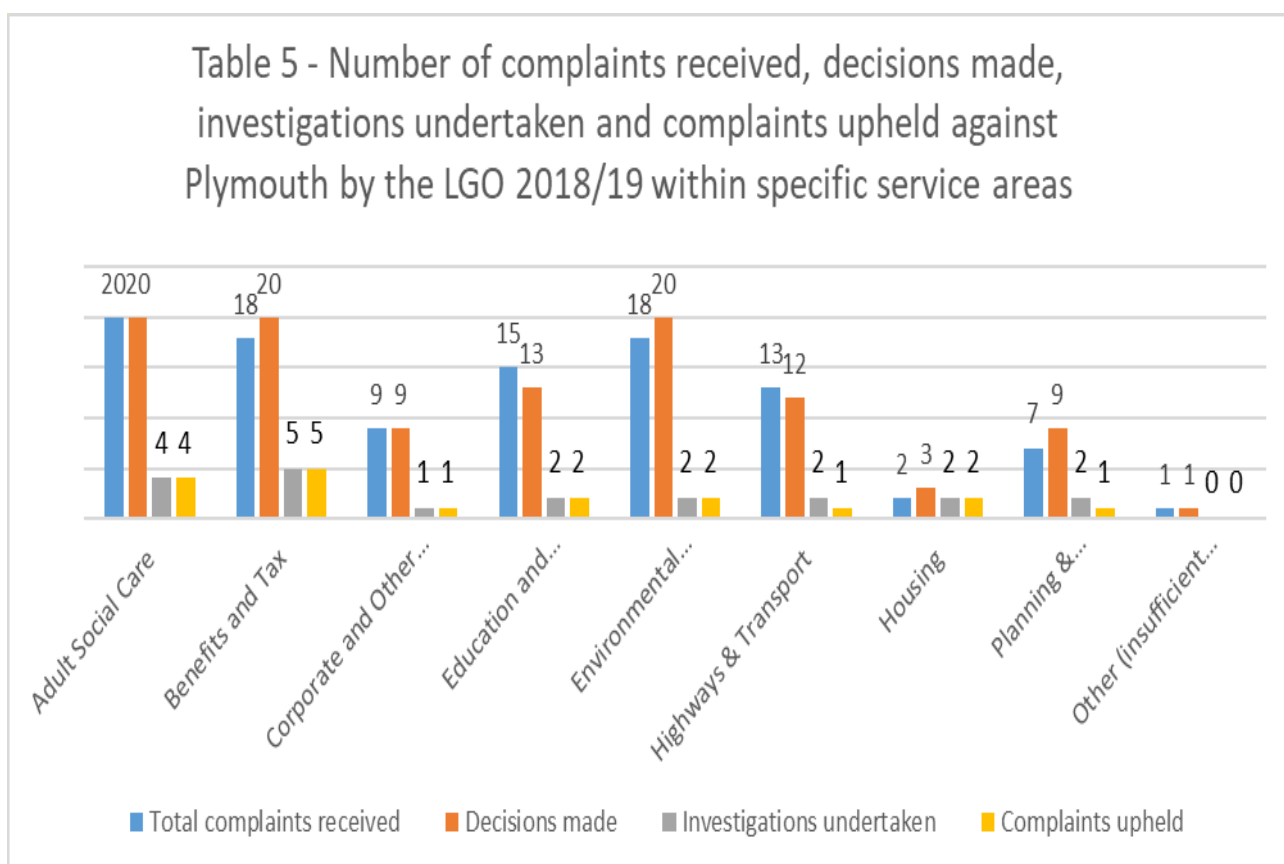
2018/19 18 complaints upheld of 107 decisions made (16.8%)

2017/18 15 complaints upheld of 121 decisions made (12.4%).

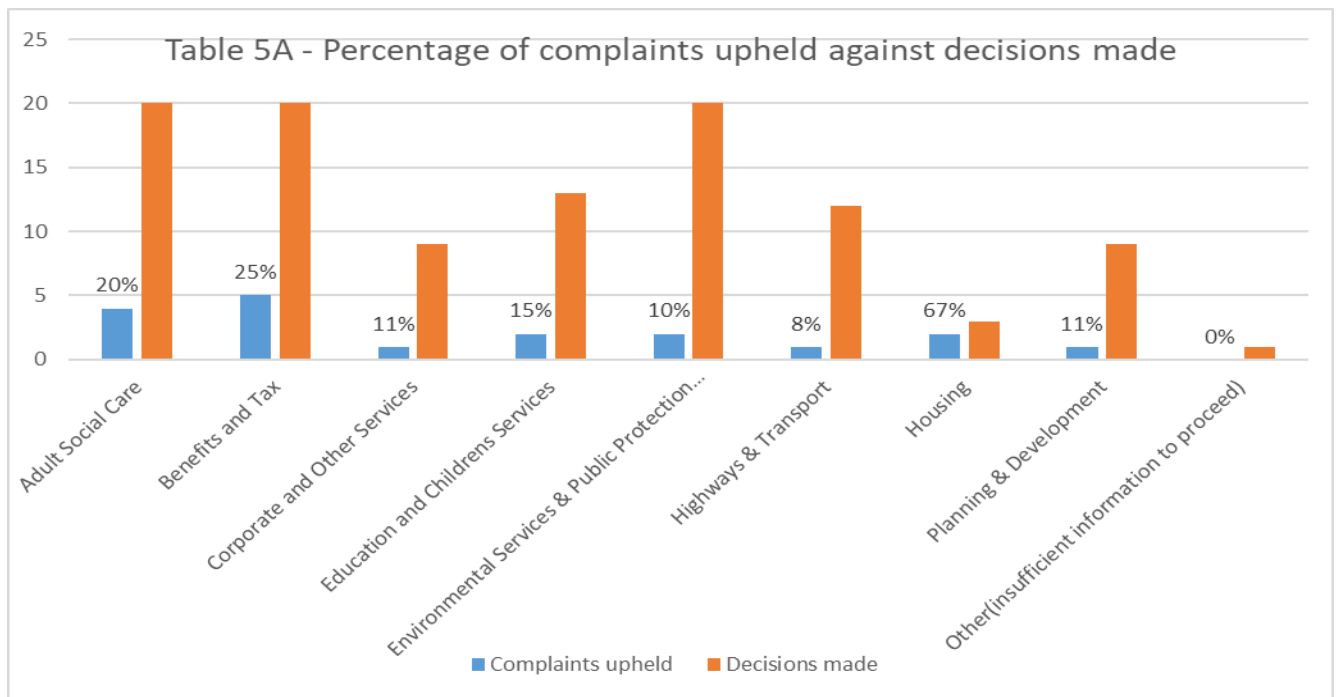
The table below shows the total numbers of complaints received, decisions made, detailed investigations undertaken and complaints upheld in both 2017/18 and 2018/19.



The table below shows the breakdown of the total numbers of complaints received, decisions made, detailed investigations undertaken and complaints upheld by service area for 18/19.



The upheld rate for PCC overall has already been identified as 90%. To consider this by department, the table above shows that all departments had 100% upheld rate except Highways and Transport and Planning and Development; these departments had 50% upheld rate. When the number of upheld complaints is compared to those where a decision was made the figures show a different picture; see the tables below.

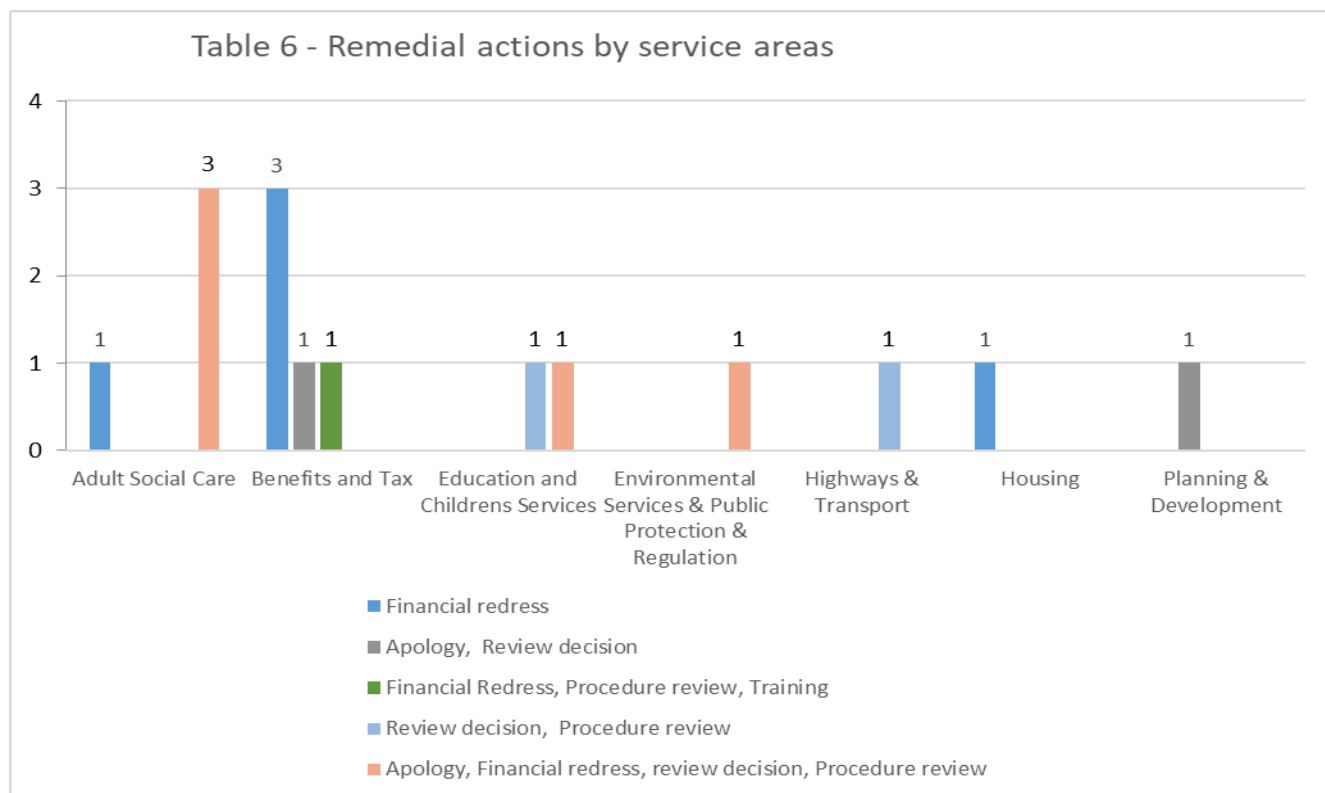


The table below benchmarks Plymouth's upheld rate against the upheld rate of Council's in the CIPFA benchmarking group.

Authority Name	Total complaints received	Volume of detailed investigations undertaken	Volume upheld	Upheld rate
Bolton	75	29	24	83%
Bury	65	16	6	38%
Calderdale	66	19	9	47%
Derby City	68	18	10	56%
Dudley	75	17	13	76%
Leeds	180	47	21	45%
Medway	76	26	13	50%
North East Lincolnshire UA	30	6	1	17%
North Tyneside	56	12	6	50%
Plymouth	107	20	18	90%
Rotherham	60	14	6	43%
St Helens	40	11	5	45%
Stockton-on-Tees	43	13	5	38%
Torbay	52	17	12	71%
Trafford	79	26	20	77%
Warrington	34	9	5	56%

The LGSCO publish upheld information by Council and do not provide a breakdown of the upheld complaints by department so we are unable to benchmark our upheld complaints in any more detail at this stage. Contact will be made with the LGSCO to request a breakdown by department in order for a benchmarking exercise to be undertaken. Benchmarking by complaint volumes is provided with the next section of this report (section 4).

The table below summarises the remedial action by service area as recommended by the LGSCO.



Appendix B provides more information around the 107 decisions made and outcomes of detailed investigations. Clarification of the categories of decisions made, as well as the remedies and outcomes, can be found in Appendix C.

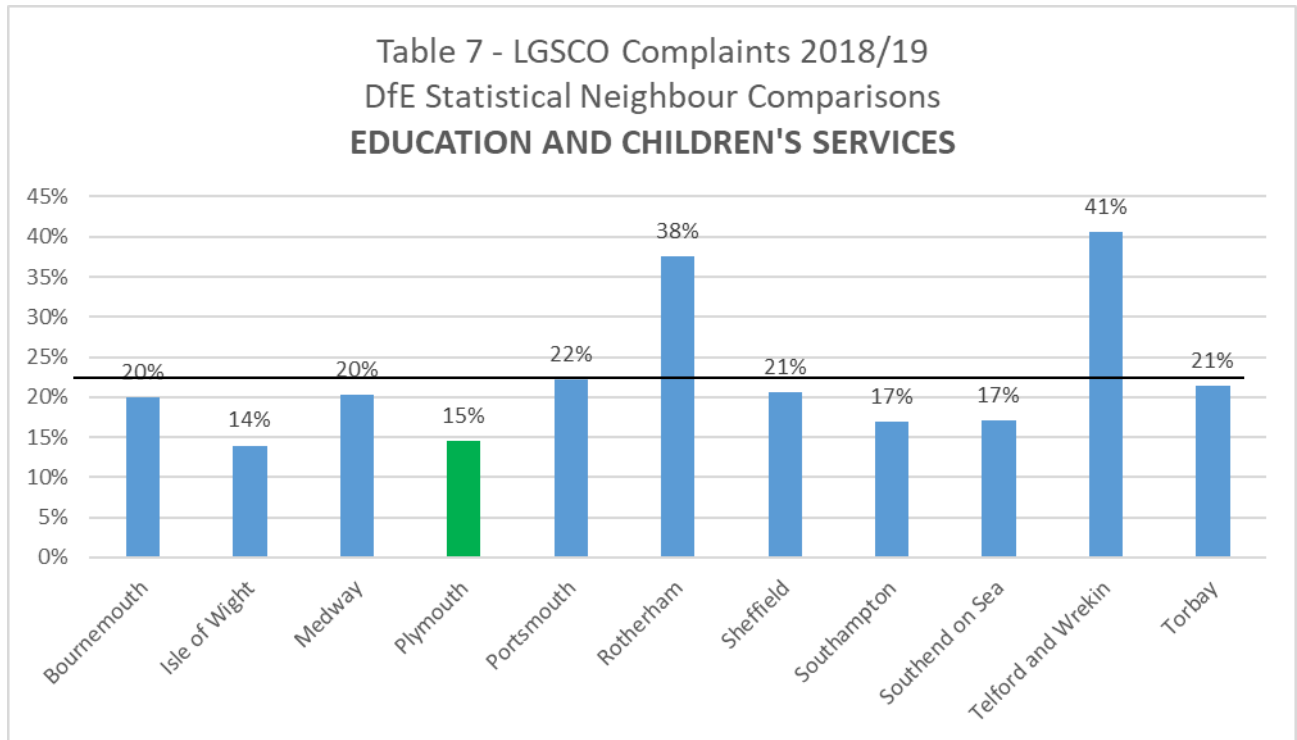
Appendix D illustrates more detail on the remedial action recommended by the LGSCO following their detailed investigations. Lessons learned from each of the upheld complaints can be found in Section 2.1 and within Section 4 by each of the service area's.

Appendix E shows the volumes and upheld rates of corporate and statutory complaints in comparison with LGSCO complaints.

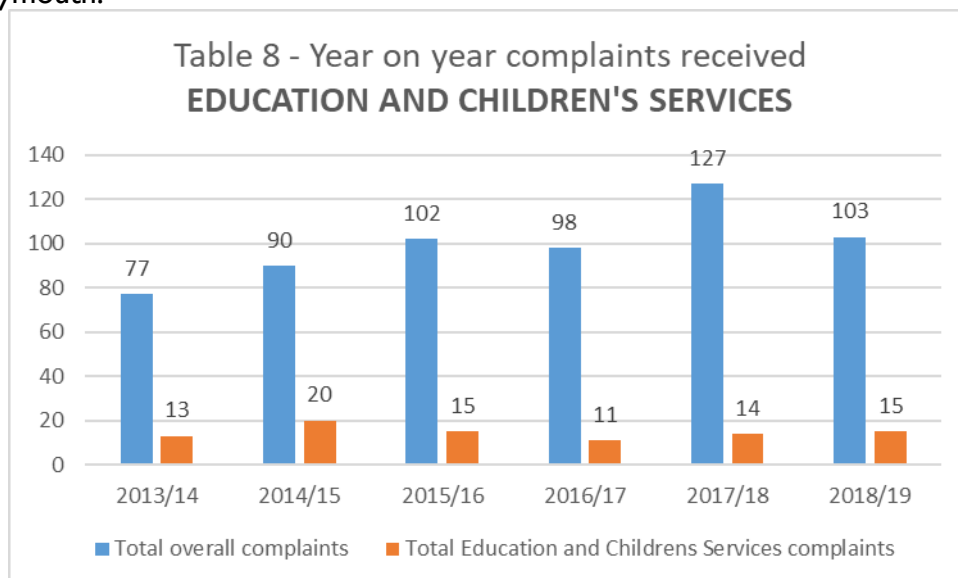
4. ANALYSIS OF COMPLAINTS RECEIVED FOR PLYMOUTH BY THE LGSCO

4.1 Education and Children's Services

The average amount of complaints received about Education and Children's Services within the DfE benchmarking group is 14 (22% of total overall complaints received). Plymouth performs favourably with less complaints received than the statistical neighbour average.



In total the LGSCO received 15 complaints and enquiries relating to Education and Children's Services in Plymouth.

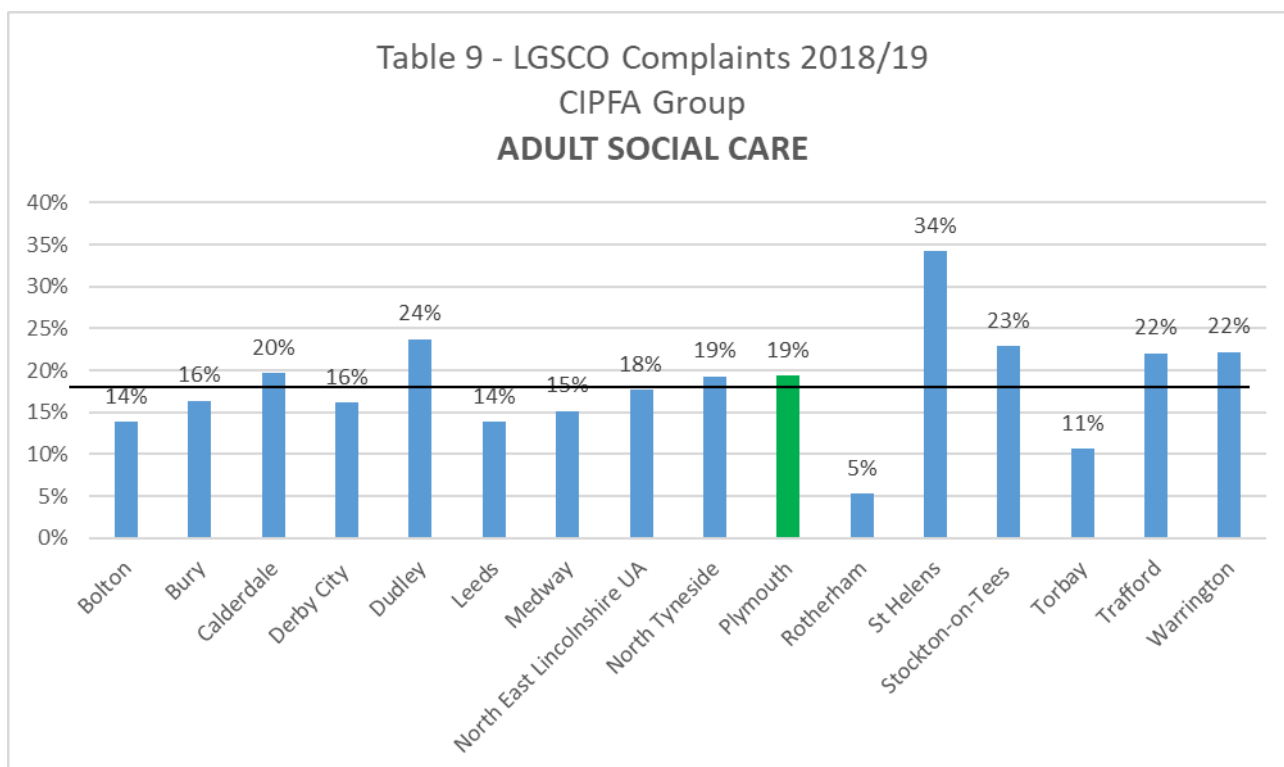


UPHELD COMPLAINTS AND LESSONS LEARNED

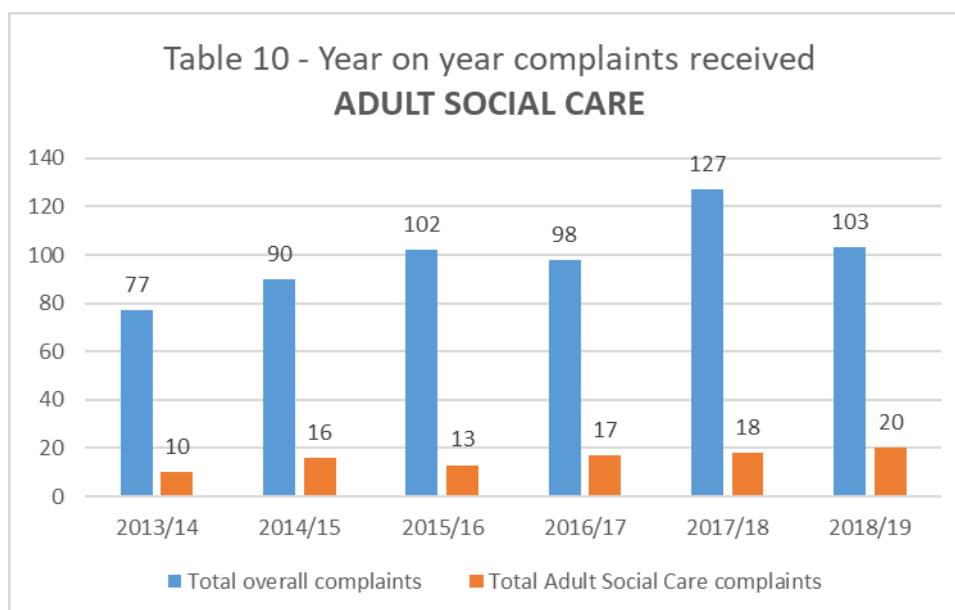
Of the 15 complaints received by the LGSCO, two were upheld. These two complaints were about School Transport and as a result policies and procedures have been updated.

4.2 Adult Social Care Services

The average complaints received about Adult Social Care Services within the CIPFA Family Group is 18% of total overall complaints received. Plymouth performs around the average against the family group.



In total Plymouth received 20 complaints and enquiries relating to Adult Social Care Services. This is the highest seen over recent years.

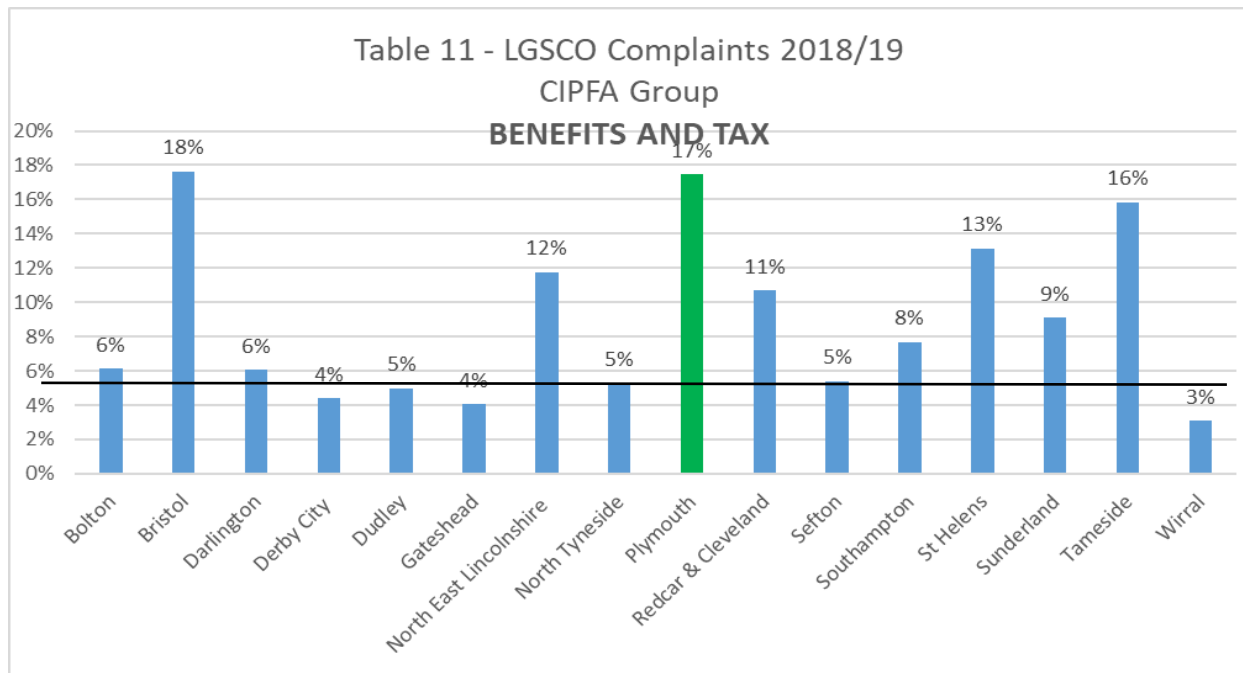


UPHELD COMPLAINTS AND LESSONS LEARNED

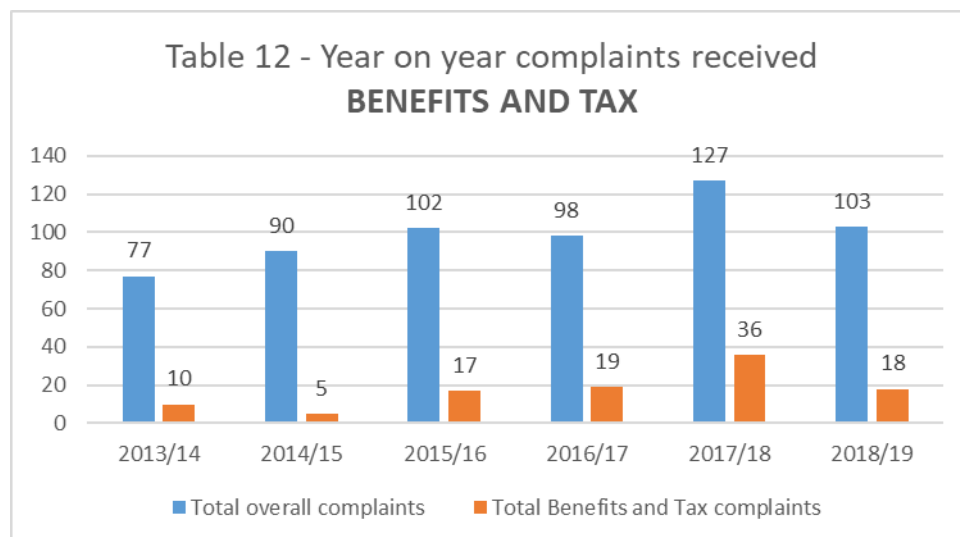
Of the 20 complaints received by the LGSCO, 4 were upheld. Following these cases Adult Social Care complaints handling, and the relevant policies and processes, have been reviewed and communicated to staff. Learning has also been shared across commissioned providers. Livewell South West now also share data on a monthly basis to ensure complaints handling processes are optimised.

4.3 Benefits and Tax Services

The average complaints received about Benefits and Tax Services within the CIPFA Family Group is 9% of total overall complaints. Plymouth does not perform favourably against the family group average, with 17% of all complaints received relating to Benefits and Tax.



In total Plymouth received 18 complaints and enquiries relating to Benefits and Tax Services. This is a significant reduction in complaints escalated in comparison to last year which totalled 36.



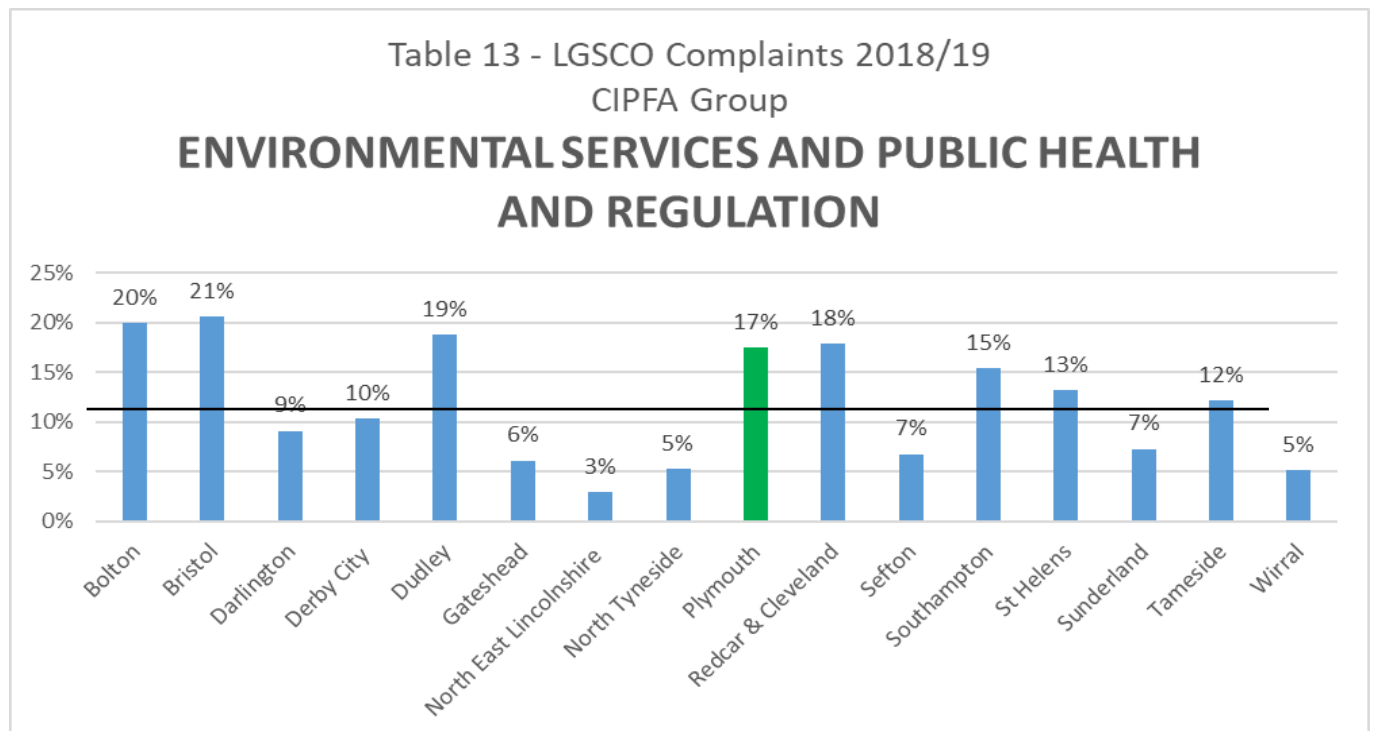
UPHELD COMPLAINTS AND LESSONS LEARNED

The upheld rate for complaints about Benefits and Tax Services is 25% which is higher than the average upheld rate across the CIPFA family group which stands at 13%.

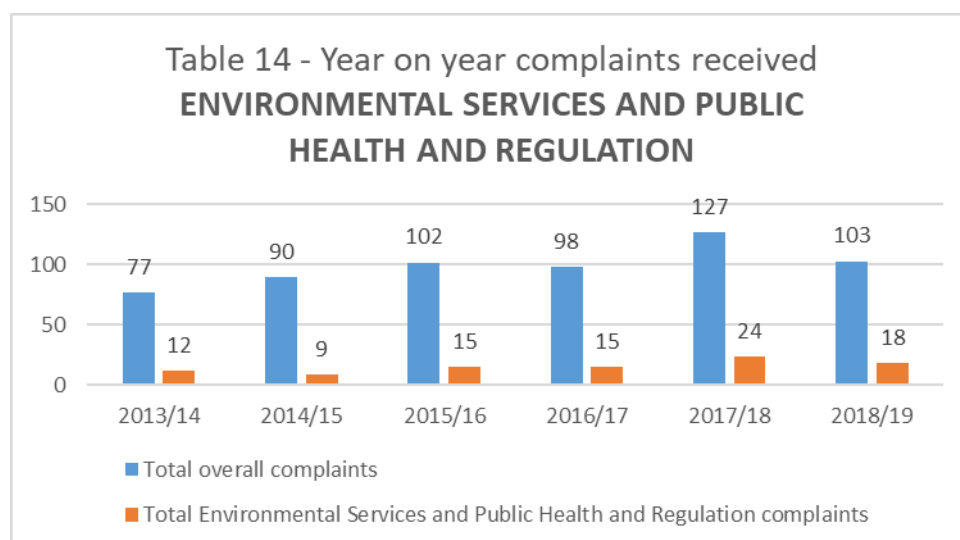
Of the 18 complaints received, five complaints were upheld by the LGSCO. Systems and information for customers have been updated as a result of these complaints as well as staff training being undertaken and guidance notes being updated.

4.4 Environmental Services and Public Health and Regulation

The average complaints received about Environmental Services and Public Health and Regulation Services within the CIPFA Family Group is 13% of total overall complaints received. Plymouth does not perform favourably against the family group average.



In total Plymouth received 18 complaints and enquiries relating to Environmental Services, Public Protection and Regulation Services. This is a reduction in comparison with the number of complaints escalated to the LGSCO last year which totalled 24.



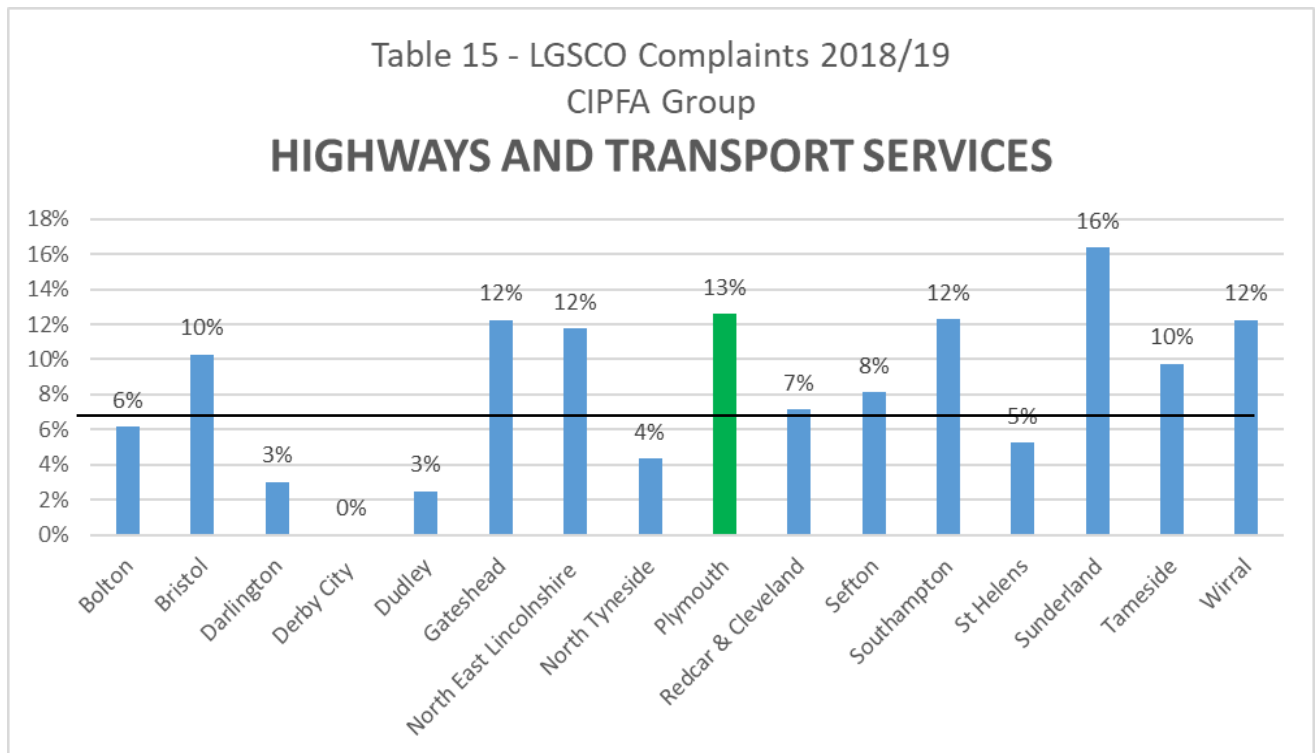
UPHELD COMPLAINTS AND LESSONS LEARNED

The upheld rate for complaints about Environmental Services and Public Health and Regulation complaints is 11% which is slightly higher than the average upheld rate across the group which is 8%.

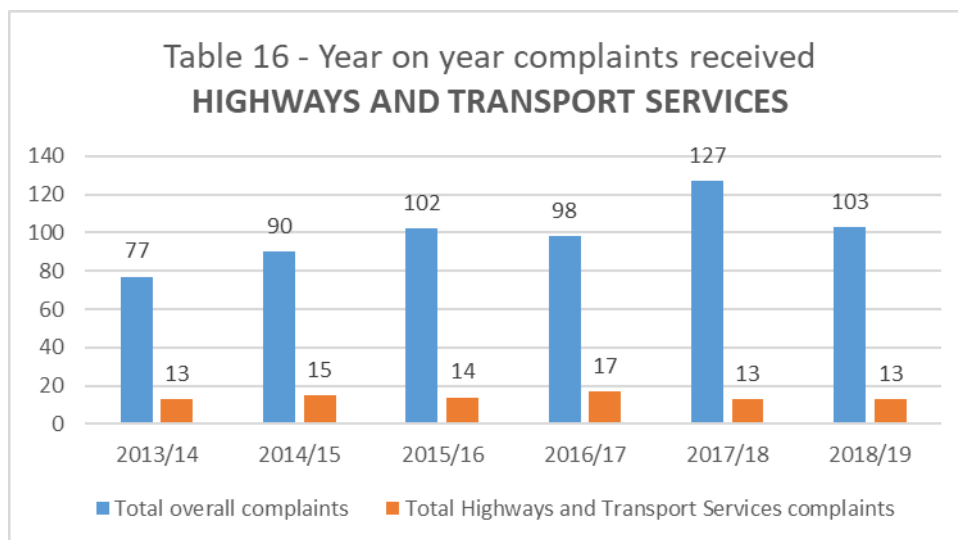
Of the 18 complaints received, two were upheld and related to a delay in service delivery and incorrect information on the website. The policy and website were updated as a result and works were completed by the relevant team.

4.5 Highways and Transport Services

The average complaints received about Highways and Transport Services within the CIPFA Family Group is 7% of total overall complaints received. Plymouth does not perform favourably against the family group average.



In total Plymouth received 13 complaints and enquiries relating to Highways and Transport Services.



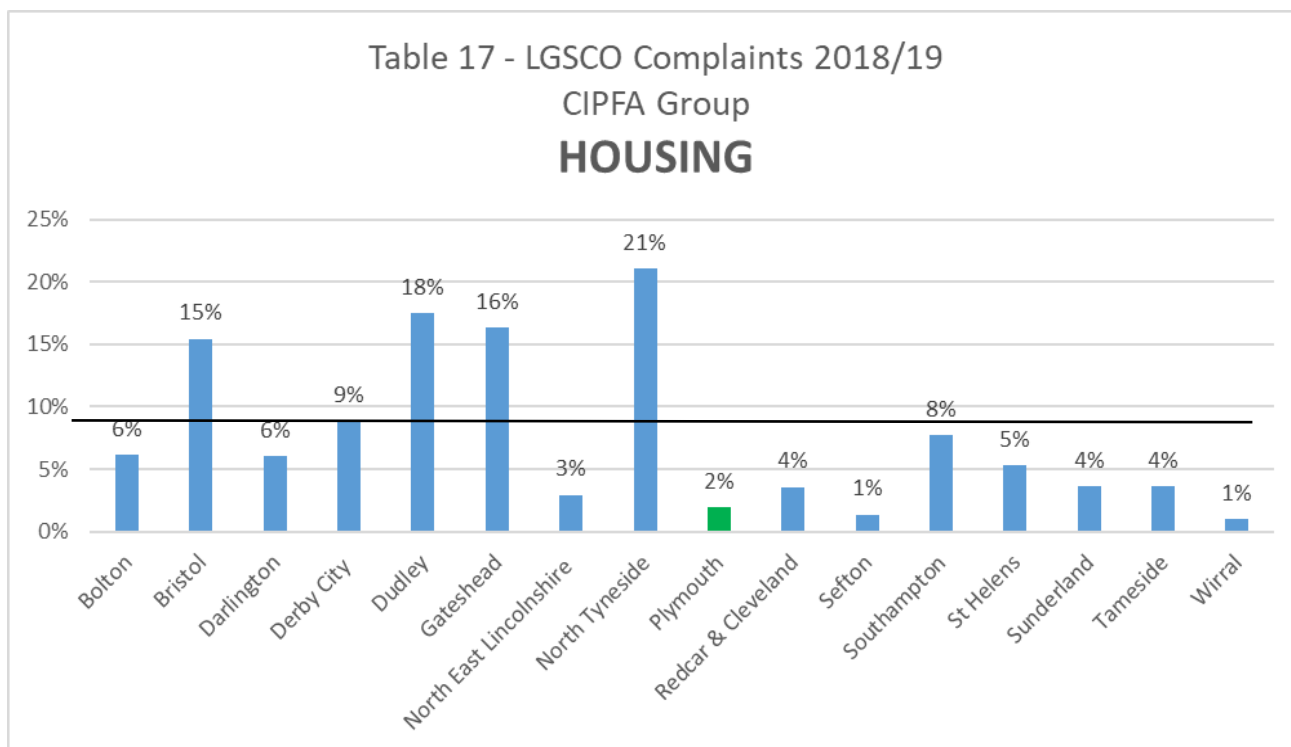
UPHELD COMPLAINTS AND LESSONS LEARNED

The upheld rate is 8% which is slightly higher than the average upheld rate across the group which is 6%.

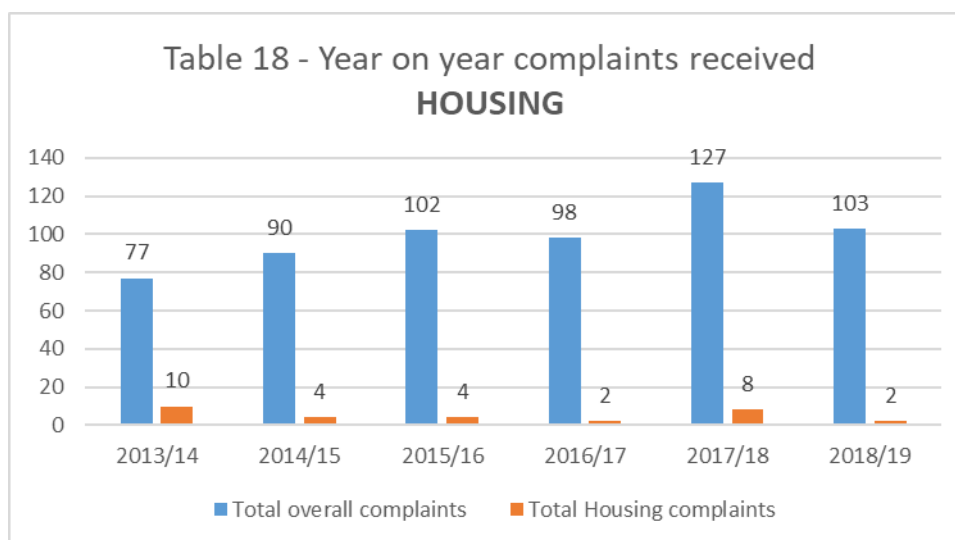
Of the 13 complaints received, one complaint was upheld by the LGSCO and related to the Blue Badge scheme. Lessons learned from the case have meant that the assessment process was reviewed and a new style assessment tool and assessment guidance for applicants has been implemented.

4.6 Housing Services

The average complaints received about Housing Services within the CIPFA Family Group is 9% of total overall complaints received. Plymouth performs favourably against the family group average.



In total Plymouth received two complaints and enquiries relating to Housing Services in 2018/19.

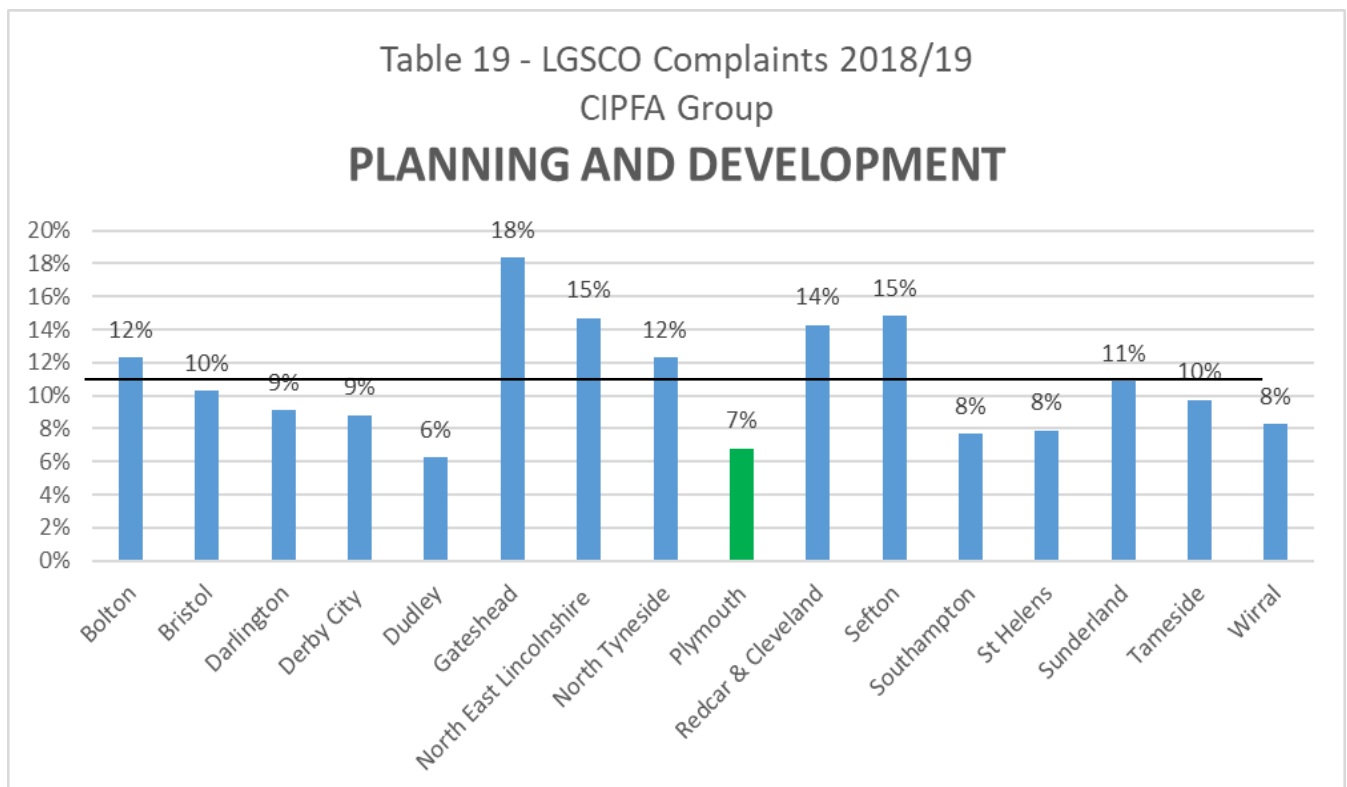


UPHELD COMPLAINTS AND LESSONS LEARNED

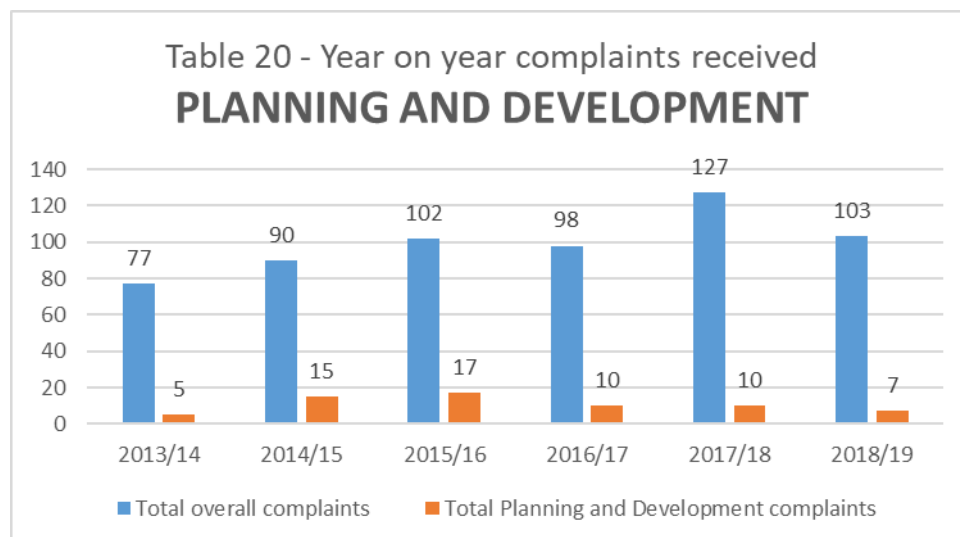
Of the two complaints received, two were upheld. Lessons learned from one of the cases resulted in working practices being updated.

4.7 Planning and Development Services

The average complaints received about Planning and Development Services within the CIPFA Family Group is 11% of total overall complaints received. Plymouth performs favourably against the family group average.



In total Plymouth received seven complaints and enquiries relating to Planning and Development Services in 2018/19. This is the lowest number received over the past five years.

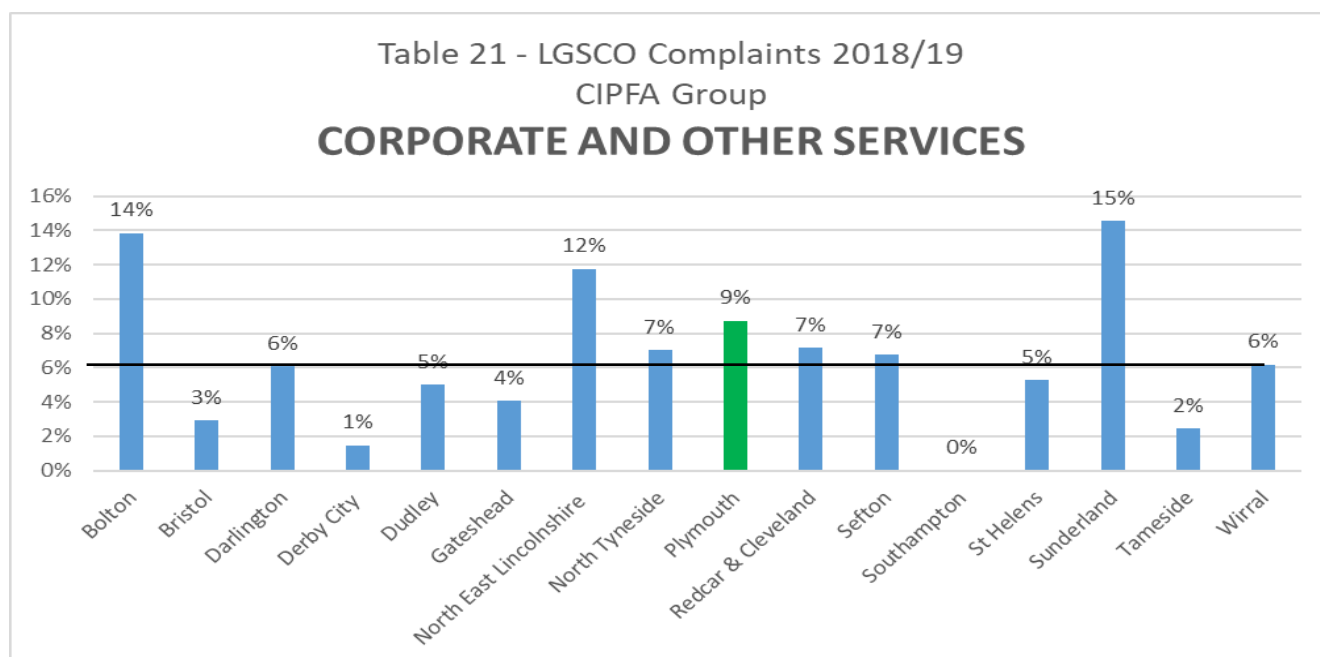


UPHELD COMPLAINTS AND LESSONS LEARNED

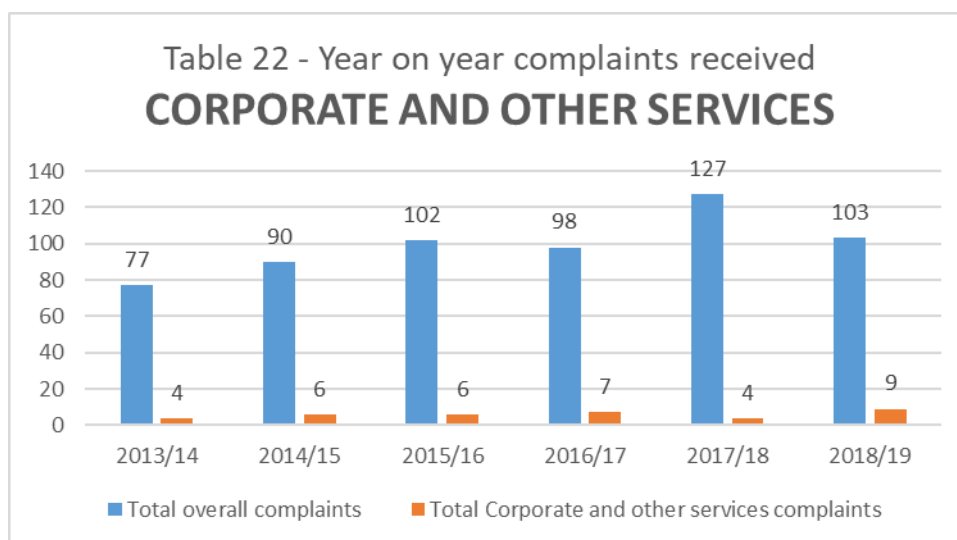
Of the seven complaints received, one was upheld and protocols have been put in place as a result.

4.8 Corporate Services

The average complaints received about Corporate and Other Services within the CIPFA Family Group is 6% of total overall complaints received. Plymouth does not perform favourably against the family group average.



In total Plymouth received nine complaints and enquiries relating to Corporate and Other Services in 2018/19. This is an increase on previous years.



UPHELD COMPLAINTS AND LESSONS LEARNED

The upheld rate is 11% which is lower than the average upheld rate across the group which is 19%. Of the nine complaints received, one was upheld. It is recommended that the Acceptable Behaviour Policy is reviewed, approved and communicated.

APPENDIX B – Complaints received and decisions made by the LGSCO for Plymouth in 2018/19

	Total complaints received	Decisions				Detailed investigations	
		Invalid or Incomplete	Advice Given	Referred Back for Local Resolution	Closed after Initial Enquiries	Not Upheld	Upheld
Adult Social Care	20			9	6		4
Benefits and Tax	18			10	5		5
Corporate and Other Services	9			3	5		1
Education and Children's Services	15	2		6	3		2
Environmental Services, Public Protection and Regulation	18			13	5		2
Highways and Transport	13	1		2	8	1	1
Housing	2			1			2
Planning and Development	7		1	2	4	1	1
Other	1	1					
2018/19 Totals	103	4	1	46	36	2	18
<i>2017/18 Totals</i>	<i>127</i>	<i>4</i>	<i>3</i>	<i>48</i>	<i>40</i>	<i>11</i>	<i>15</i>

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APPENDIX C – How to understand the categories in the breakdown tables on the LGSCO's Annual Review Letter 2018/19

Decided cases

The LGO report their decisions by the following outcomes:

- Invalid or incomplete. The LGO were not given enough information to consider the issue.
- Advice given. The LGO provided early advice or explained where to go for the right help.
- Referred back for local resolution. The LGO found the complaint was brought to them too early because the organisation involved was not given the chance to consider it first.
- Closed after initial enquiries. The LGO assessed the complaint but decided against completing a full investigation. This might be because the law says they're not allowed to investigate it, or because it would not be an effective use of public funds if they did.
- Upheld. The LGO completed a detailed investigation and found evidence of fault, or they found the organisation accepted fault early on.
- Not upheld. The LGO completed a detailed investigation but did not find evidence of fault.

The uphold rate shows how often the LGO find organisations get things wrong. It is expressed as a percentage of the detailed investigations they complete.

Remedy and Compliance Outcomes

When the LGO find fault in the way an organisation carries out its duties, they consider whether this caused an injustice to the person who was affected. If so, they make recommendations about what the organisation should do to put things right.

- Authority provided a satisfactory remedy before the complaint reached the Ombudsman. This is the number of cases in which the LGO decided that, while it did get things wrong, the organisation offered a satisfactory way to resolve it before the complaint came to them.
- Compliance with Ombudsman recommendations. These are cases where the LGO recommended a remedy to put things right for the person affected. Their recommendations try to put people back in the position they were before the fault. The LGO monitor authorities to ensure they comply with their recommendations. The compliance rate records the percentage of cases where the organisation provided satisfactory evidence of their compliance with the recommendations.

Where the LGO provide the average uphold rate, satisfactory remedy rate and compliance rate of similar authorities, they group together the following types of authority to calculate the average rates:

- Metropolitan districts
- London boroughs
- Unitary authorities
- County councils
- District councils.

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APPENDIX D – Remedies for those complaints upheld by the LGSCO in 2018/19 for Plymouth

	Upheld	Remedies for those upheld							
		Financial redress	Decision reconsideration, Apology, Enforcement	Apology, Review decision	No further action	Apology, Financial redress	Financial Redress, Procedure Review, Training	Review decision, Procedure review	Apology, Financial redress, review decision, Procedure review
Adult Social Care	4					1			3
Benefits and Tax	5	1		1		2	1		
Corporate and Other Services	1				1				
Education and Children's Services	2							1	1
Environmental Services, Public Protection and Regulation	2				1				1
Highways and Transport	1							1	
Housing	2	1			1				
Planning and Development	1		1						
2018/19 Totals	18	2	1	1	3	3	1	2	5

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APPENDIX E – Corporate and Statutory Complaints 2018/19

The LGSCO only consider complaints that have already been through the authority's complaints process. The following tables have been included to show complaint statistics from our corporate and statutory complaints processes in 2018/19.

The table below shows the number of corporate complaints closed in the Council's digital platform, Firmstep, during 2018/19 and includes the number of complaints upheld with a percentage upheld rate.

	Children's Services	Executive Office	People	Place	Finance	ODPH	Transformation and Change	Customer and Corporate Services
No. of Complaints Closed	30	18	76	6058	21	114	470	72
No. Upheld	12	3	11	2994	6	20	190	31
Upheld rate (%)	40%	16.67%	14.47%	49.42%	28.57%	17.54%	40.43%	43.06%

The table below shows the number of statutory complaints closed during 2018/19 and includes the number of complaints upheld or partially upheld with a percentage upheld/partially upheld rate.

	Children's Social Care	Adults Social Care
No. of Complaints closed	92	194
No. Upheld	16	42
No. Partially Upheld	41	78
Upheld/Partially Upheld rate (%)	62%	62%

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APPENDIX F – LGSCO ANNUAL REPORT 2017/18

PLYMOUTH CITY COUNCIL

Subject:	Analysis of Local Government and Social Care Ombudsman Annual Report 2017/18
Committee:	Audit Committee
Date:	1 October 2018
Cabinet Member:	Councillor Sally Haydon
CMT Member:	Andrew Hardingham (Interim Strategic Director for Transformation and Change)
Author:	Helen Cocks, Customer Liaison Manager
Contact details	Tel: 01752 304414 email: helen.cocks@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	1

Purpose of the report:

Every year the Local Government and Social Care Ombudsman (LGSCO) sends each council an annual review letter which outlines the Ombudsman's position in relation to complaints monitoring. The publication of the 2017/8 annual report provides an opportunity to review and discuss complaints that have been received about Plymouth during the period 1 April 2017 to 31 March 2018.

After investigation, the LGSCO upheld only fifteen complaints of the one hundred and twenty one (12.4%) complaints they made decisions about in relation to Plymouth City Council. This is an improvement on the rate upheld for 2016/17 which was 14.7%.

This briefing provides analysis of the LGSCO annual review data and presents an annual summary for Plymouth comparing our local statistics with the relative benchmarks. It also highlights the lessons learned, how individual teams and services have responded to the LGSCO complaints and what our Council has done differently following LGSCO intervention.

The Corporate Plan:

The analysis and organisational learning contained within this paper will contribute towards new corporate performance indicators: percentage of complaints resolved at first stage and percentage of complaints resolved at second stage. This indicator sits within the 'How we will deliver' theme, supporting the council to provide quality public services and listening to our customers and communities.

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

No specific financial implications result from the LGSCO report.

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:

1. To approve the Recommendations set out in paragraph 2.3 of this Report.
 2. To note the progress made to date and approve the proposals set out in paragraph 2.4 of this Report.
-

Alternative options considered and rejected:

Published work / information:

[Local Government Ombudsman Annual Review Report 2018](#)

Background papers:

None

Sign off:

Fin	akh.18 .19.99	Leg	ALT/ 3050 8	Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member Andrew Hardingham, Interim Director for Transformation & Change													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

I. BACKGROUND INFORMATION

The Local Government and Social Care Ombudsman (LGSCO) publishes annual complaint statistics for councils, all adult social care providers (including care homes and home care agencies) and some other organisations providing local public services. This report in part provides an analysis of those statistics for Plymouth for 2017/18. This report also attempts to capture the lessons learned from the complaints.

Complaint Statistics

Peer group benchmarking is provided for each of the service area sections. However, care is required in interpreting the data information in this report as the volume of complaints against an authority do not prove that it is a 'poor' or 'good' performing council. The LGSCO suggests that that high volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems. They also suggest that low complaint volumes can be a worrying sign that an organisation is not alive to user feedback, rather than always being an indicator that all is well.

Organisational Learning

Currently, the LGSCO sends complaints via the link officer, the Customer Liaison Manager, within the Customer Services Department. The complaint is then monitored centrally to ensure that the LGSCO receives the required responses in the timescales set with each case. Once a complaint is received it is disseminated into the relevant service area, where an investigation takes place and a response is formulated as well as remedial action undertaken. Once the LGSCO has concluded its involvement, responsibility for remedial action is held locally within each team/service where the complaint was upheld.

2 SUMMARY OF COMPLAINTS UPHELD, KEY MESSAGES AND RECOMMENDATIONS

2.1 Complaints upheld summary

The table below provides summarised details for all LGSCO upheld complaints

Service		Complaint Description	Remedial Action	Changes and Learning
Adult Social Care	1	Complaint received about failure to properly assess & meet care needs, or to assist in the moving to an alternative accommodation	Reassessment	A new SW was appointed and the assessment rescheduled (both client and LGO were fully updated when it became clear the original SW would be absent long term). The assessment took place, the client was switched to a commissioned service rather than direct payments due to the difficulties experienced in finding a suitable care provider. ASC complaints process reviewed and wef May 2018 all ASC complaints are investigated under a revised Livewell South West process. Improvements will be monitored and reviewed.
	2	Complaint received that the Council proposed reducing care and support following a reassessment of needs and delayed agreeing support plan. This caused distress and worry and incurred legal costs in challenging the Council's views.	Financial Redress £1539	An apology was issued and refund of legal costs. An additional payment was made to cover time, trouble and distress. The SW did not consider all medical information before proposing to reduce care and support package. The package was not reduced at any time during this dispute. Specifics of this case were followed up with supervision sessions. ASC complaints process reviewed and wef May 2018 all ASC complaints are investigated under a revised Livewell South West process. Improvements will be monitored and reviewed.
	3	Complaint received re: delay in completing care assessment in 2015; Refused to allow Direct Payments to hire a personal assistant (PA), and did not explain the decision; Changed the Social Worker unnecessarily several times; Rejected request for two extra hours of care provision per day, and did not explain the decision; Failed to keep proper records, delay in responding to complaints.	Financial Redress £200	Fault found in relation to communication of reasoning to reject two additional hours and fully record its decision. There was also delay in responding and dealing with some of the complaint. An apology has been issued and a payment provided for the injustice occurred. ASC complaints process reviewed and wef May 2018 all ASC complaints are investigated under a revised Livewell South West process. Improvements will be monitored and reviewed.

Planning & Development	4	Complaint received regarding rejection at the validation stage to an application for planning consent for the conversion of a neighbouring business unit to residential units in 2014; a. Publish all relevant information about the application on its website at the time; b. Refer to and consider all relevant planning policies in the officer's report; c. Take relevant information in to account when granting consent; d. Properly consider what insulation was needed to protect occupiers from noise created by his nightclub and ensure it was in place. As a result, the commercial viability has been affected.	Apology, Procedure change	Procedures have been changed as a result of the LGO decision; - Guidance on this matter has been written in the DM Manual and Team Managers have been informed not to sign off any decision notice that excludes a local validation requirement unless a clear justification is provided by the case officer as part of the officer report and / or through another written explanation. - Most responses are now gathered through the consultation cloud in IDOX so will be automatically uploaded on the website. However if a consultation response is provided through another source (e.g. email) then it is the responsibility of the case officer to ensure it is uploaded to the website. - Case officers have been informed to provide more comprehensive notes of site visits and to record these on IDOX. - Team managers will regularly remind staff of the importance of following the DM Manual.
Benefits and Tax	5	Complaint re: decision on liability for Council Tax and failure to update its database to reflect the customers desired billing address	Financial Redress £93.50	All staff members reminded of procedures with provision of additional training as required.
	6	Complaint received that the Council failed to inform customer of the terms of a payment arrangement for council tax arrears, before it referred the case to the enforcement agents.	Financial Redress £75	All staff members reminded of procedures with provision of additional training as required.
	7	Complaint received regarding the Council not responding to the complainant's contact about application to its emergency fund.	No further action required	Customer was on a single point of contact (SPOC) register. SPOC process to be reviewed.

		No injustice caused, as the Council no longer has an emergency fund.		
Environmental Services & Public Protection & Regulation	8	Complaint received, applied for an assisted bin collection, it took six months for the problem to be resolved. Considers that the current system is not user friendly for people with dementia.	Financial Redress £50, Procedure or policy change/review	A review of the assisted collection policy and the assessment process and the criteria for eligibility will be undertaken in light of the lessons learned from this case.
Highways and Transport	9	Complaint received that the Council wrongly decided eligibility for a parking permit following a change of use application.	Reassessment, Procedure or policy change/review	Parking Services has amended its policy so that residential properties that have parking permit exclusions can now be appealed where it can be demonstrated the change has not led to an increase in parking demand and/or that the scheme zone is undersubscribed.
Housing	10	Complaint received about the Council's handling of request for housing help in a potential eviction situation. Fault by the Council due to accumulation of significant rent and council tax arrears.	Financial Redress £600, Training	Frontline training was addressed. In April 2018 the service responded to new legislation and a new IT system which have changed the way the service is providing advice. Staff have been merged across Customer Services and Community Connections so that training and processes are managed and joined up.
	11	Discontinued this investigation because the Council has offered a satisfactory remedy for the complaint and that the person was wrongly charged for cleaning and other works carried out at their former temporary accommodation.	Apology	Property management for temporary accommodation provision e.g. maintenance or repairs/damage/license breaching etc is now undertaken by a property management company as a result of lessons learned regarding customer support and/or evidence collection.
Education and Children's Services	12	Fault found in the handling of this complaint re: PCCs refusal to agree to a request for investigation at stage 2 of the statutory children's complaints procedure.	Financial redress £150, New appeal/review or reconsidered decision, Procedure or policy change/review	The complaint has now been accepted at Stg2 and investigation is ongoing. Financial redress has been paid. Learning has been addressed with the team and a review of procedures are due to take place within 8 weeks.
	13	Fault found in the handling of this	Financial redress	The complaint has now been accepted at Stg2 and investigation is ongoing.

		complaint re: PCCs refusal to agree to a request for investigation at stage 2 of the statutory children's complaints procedure.	£150, New appeal/review or reconsidered decision, Procedure or policy change/review	Financial redress has been paid. Learning has been addressed with the team and a review of procedures are due to take place within 8 weeks.
	14	Fault found in the handling of this complaint re: PCCs refusal to agree to a request for investigation at stage 2 of the statutory children's complaints procedure.	Financial redress £150, New appeal/review or reconsidered decision, Procedure or policy change/review	The complaint has now been accepted at Stg2 and investigation is ongoing. Financial redress has been paid. Learning has been addressed with the team and a review of procedures are due to take place within 8 weeks.
	15	The Ombudsman found significant delays in the Council producing an Education Health and Care Plan. However, this has not caused an injustice, as education was available throughout the period and an appeal to Tribunal would not have resolved any concerns any earlier.	No further action required	The delay in finalising an Education, Health and Care Plan had been due to negotiation around the setting for provision. Plans are now finalised within the timescale of 20 weeks. Further negotiation then takes place to resolve the issues after the plan is finalised.

2.2 Key Messages

The key messages from the analysis of the 2017/18 LGSCO Annual Report data are as follows:

- Plymouth has seen an increase in the total number of complaints received by the LGSCO in comparison to the previous year; ninety eight complaints in 16/17 and one hundred and twenty seven complaints in 17/18.
- Whilst more complaints were received, we have seen a decrease in the number of complaints that require a detailed investigation by the LGSCO; 26% in 16/17 and 21% in 17/18.
- There was also a reduction in the upheld rate. The LGSCO upheld only fifteen complaints of the one hundred and twenty one (12.4%) complaints they made decisions about in relation to Plymouth City Council. This is an improvement on the rate upheld in 2016/17 which was 14.7%.
- Highways and Transport were the only area to show a decrease in total number of complaints in comparison to the 2016/17 report.
- There has been a significant increase in complaints received about Benefits and Tax; from nineteen complaints in 16/17 to thirty four in 17/18. Although, only five (14%) of the thirty four complaints required a detailed investigation which is a significant decrease in comparison with 16/17 which was 37%.
- Adult Social Care and Education and Children's Services account for 46% of the upheld complaints.
- The LGSCO has reported experiencing the Council to be very resistant to accepting fault despite clear and numerous failings in implementing the statutory children's complaints procedures.
- In response to the 2015/16 Annual Report, PCC implemented a two stage complaints process on 1st April 2018. This aimed to reduce the number of complaints being escalated to the LGSCO and signs are positive after an analysis of the first quarter of 2018/19. Between 1.04.2018 and 30.06.2018 the number of complaints requiring a decision from the LGSCO was four, this is a reduction in comparison with the first quarter of 2017/18 when twelve decisions were made. This position will be monitored throughout the remainder of the year.

2.3 Recommendations

As a result of the data analysed from the complaints escalated to LGSCO the following recommendations have been put together to ensure that PCC is learning lessons from customer feedback;

1. Address the comments made by the LGSCO in respect of statutory children's complaints procedures.
2. Work with Livewell South West to strengthen the complaints handling process and ensure lessons learned are driving service improvements across organisations in respect of Adult Social Care.
3. Work with Street Services to improve the customer experience (complaints are included in the LGSCO category Environmental Services and Public Health and Regulation).

4. Further develop the monitoring of corporate performance in respect of customer feedback and ensure customer feedback is used to resolve any issues through the implementation of lessons learned.

2.4 Progress update

The following activity has occurred to support delivery of the recommendations:

Recommendation 1 – Customer Liaison Manager is working to join up the activity undertaken in relation to complaints management across Council departments, particularly focusing on clarifying the roles and responsibilities of Feedback Coordinators, Investigating Officers and the use of complaints management systems. This includes working more closely with the Statutory Complaints Team, currently based in Finance, and ensuring monitoring and reporting processes are in place at the same standard as corporate complaints monitoring.

Children's Social Care has seen a change in structure with a number of new managers appointed, resulting in investigations taking longer than expected and sometimes not as robustly as expected. The Statutory Complaints Team have provided some adhoc training to new managers and are currently developing a new training package, in conjunction with Heads of Service, to cover undertaking investigations and providing responses to complaints.

The Children's Social Care complaint process has three stages. Should a complainant remain dissatisfied with their response at the first stage, they can request for their concerns to be escalated to a second stage. Stage 2 involves an external investigation being completed by an Investigating Officer and overseen by an Independent Person, this has a financial impact of approximately £4,000 per investigation. The Statutory Complaints Team Leader and Service Manager, or Head of Service, meet with any complainants suggesting dissatisfaction after stage 1 to try and reach a mutually satisfactory outcome and avoid moving to stage 2. In 2017/18, resolutions at informal meetings avoided £52,000 worth of stage 2 complaint costs.

Recommendation 2 – The Customer Liaison Manager has been working with the Information Governance Manager, Complaints Team Leader and Head of Service to review current processes. A meeting has also been undertaken with the Livewell Southwest Complaints and Litigation Manager. This resulted in the design of a 'to be' process for managing Adult Social Care complaints, the role of the triage process on receipt of complaints, reporting requirements to ensure compliance with timescales, and an agreed regular meeting schedule for reviewing the process across the organisations.

Recommendation 3 – A Street Services Modernisation Board meets monthly and has invited the Customer Liaison Manager to provide a key link between the service and customer services. This includes a focussed effort on setting customer expectations through consistency of messaging across the website, the contact centre/first stop shop and digital systems as well as updating policy wording, service standards and associated performance measures as the service modernises. Customer feedback, including complaints, is monitored on a monthly basis and a quarterly review was also considered at Place DMT. Street Services are using feedback to create hotspot mapping to help identify and realign issues as well as using learning from complaints. This has resulted in action being taken within the back office function to improve the quality and timeliness of responses to complaints, particularly at Stage 2.

Recommendation 4 – Departmental Balanced Scorecards now include measures of;

- Number of complaints received

- % of complaints upheld
- % of complaints closed within timeframe
- Number of LGO complaints received
- Number of LGO decisions made.

Information is also provided in the narrative that details the stage 1 & 2 breakdown for the complaint's indicators.

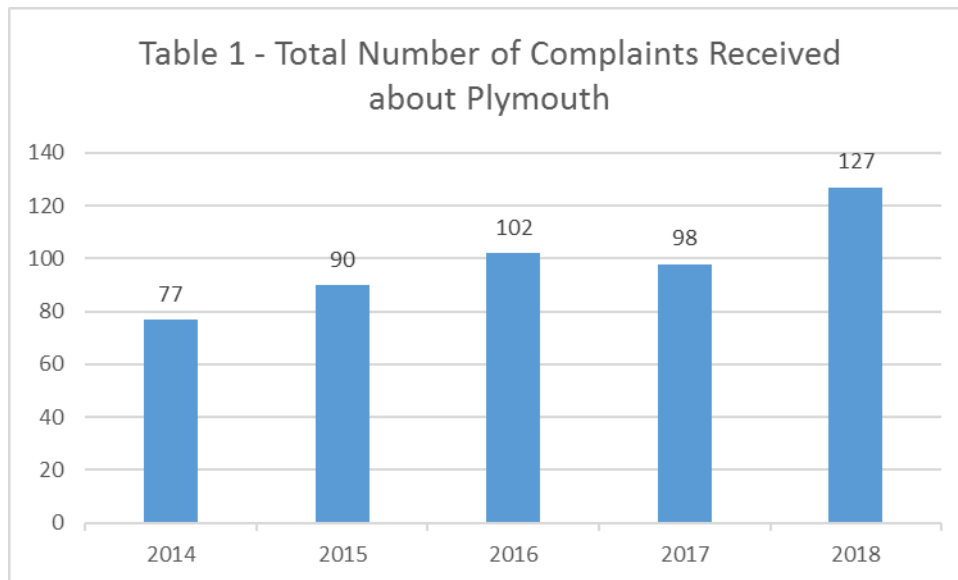
Whilst measures are important to understand our performance, a key focus will be placed on how services use customer feedback to resolve issues. Lessons learned from upheld complaints and customer feedback will be monitored at regular performance meetings and built into corporate quarterly performance monitoring. Each quarterly report will include complaints and any specific lessons learned from departments; quarter 1 monitoring included clarification of action being taken in Children's Social Care and Street Services as a result of customer feedback.

3. COMPLAINT STATISTICS 2017/18 OVERALL PLYMOUTH RESULTS

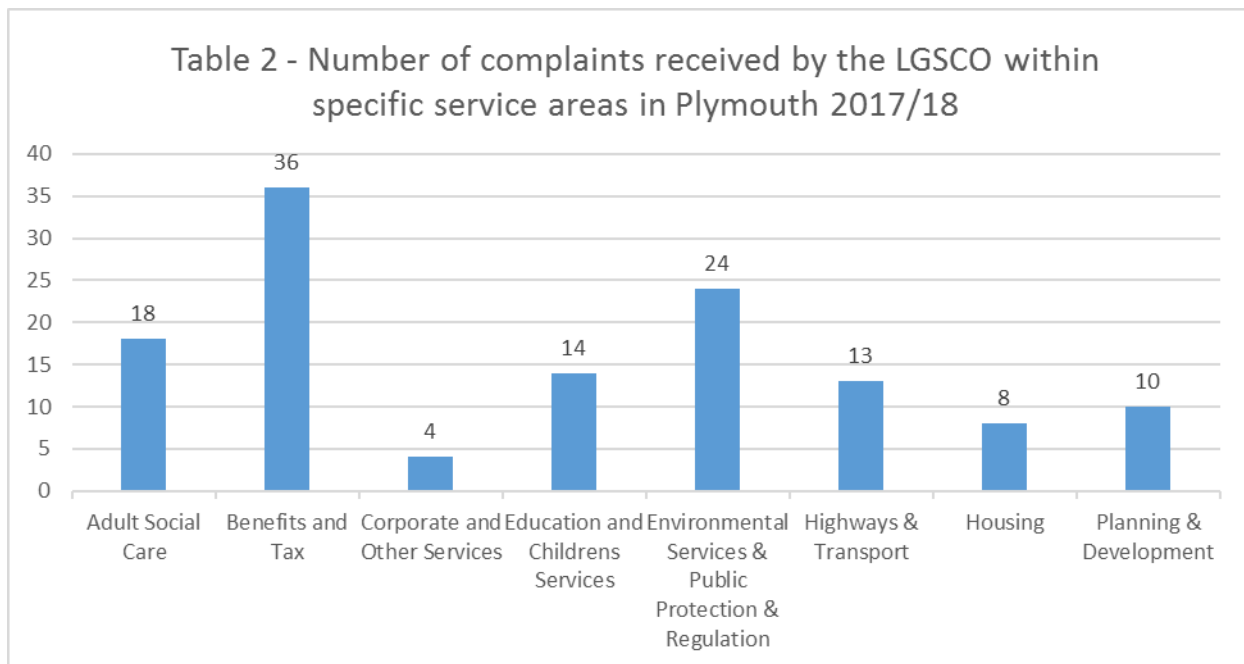
3.1 Complaints received

It is important to note that not all complaints are decided in the same year that they are received. The number of complaints received by the LGSCO for Plymouth in 2017/18 was one hundred and twenty seven. However figures in this report mainly reflect the decisions received during 17/18 which totalled one hundred and twenty one.

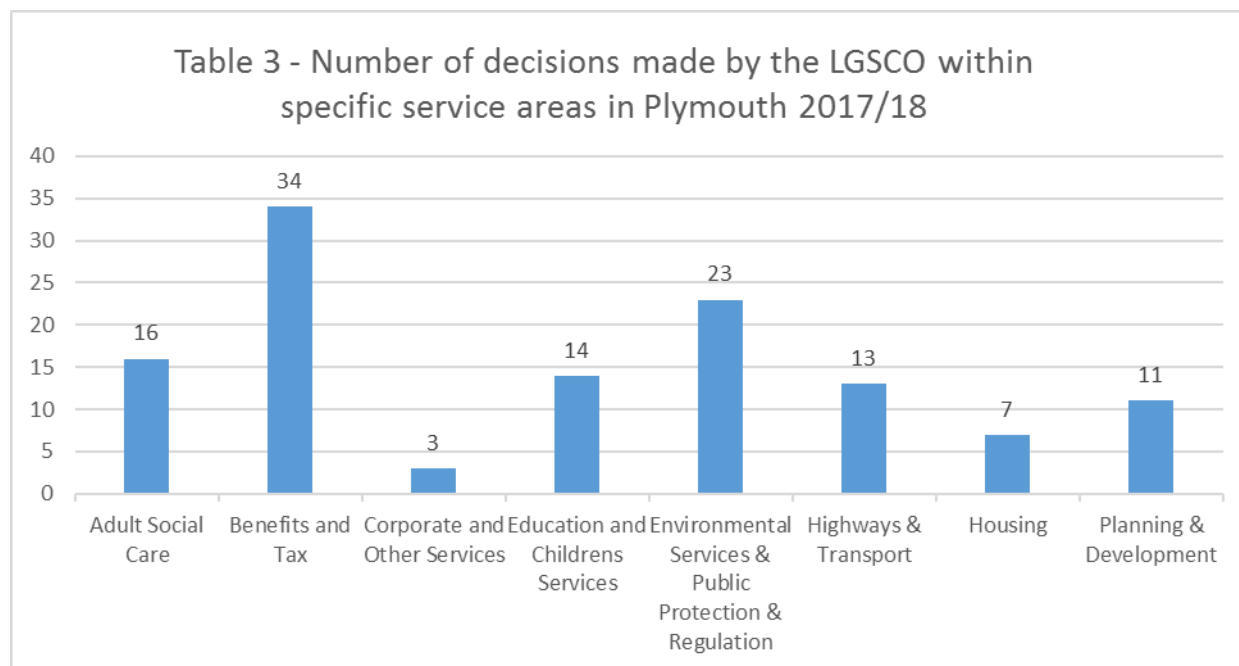
The table below shows the total number of complaints received by the LGSCO about Plymouth since 2014.



The table below shows the distribution of the complaints received within each of the specific service areas in 2017/18.



The table below shows the distribution of the complaint decisions made by the LGSCO for Plymouth within each of the specific service areas in 2017/18.



3.2 Complaint Decisions

A total of one hundred and twenty one decisions were made by the LGSCO for Plymouth in 17/18; this is an increase in comparison to the previous year when one hundred and two decisions were made, but this was likely to be the case given the increase in total number of complaints received.

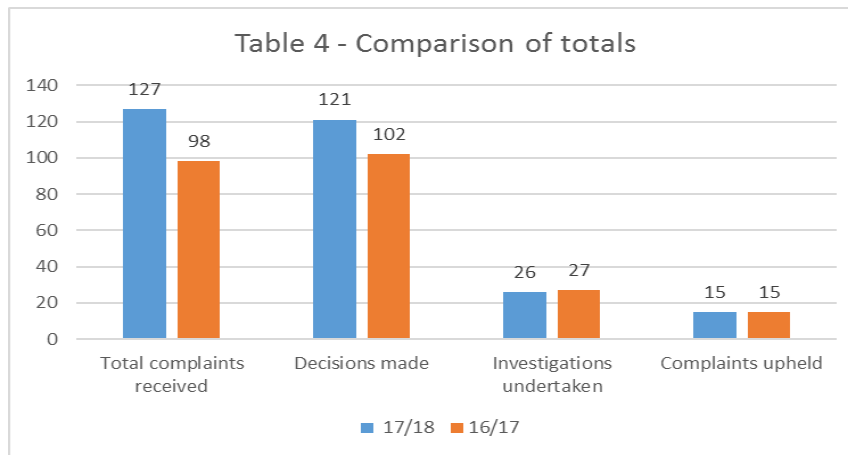
In 2017/18, of the complaints received for England, where a detailed investigation occurred, 57% were upheld – this is known as the upheld rate. In Plymouth, the LGSCO conducted a detailed investigation into twenty six complaints, of those fifteen were upheld so our upheld rate is 58%. In comparison to 2016/17 data, the upheld rate has increased by 2%.

When comparing the upheld rate to the total number of decisions made though, we have seen a decrease of almost 2.5% this year;

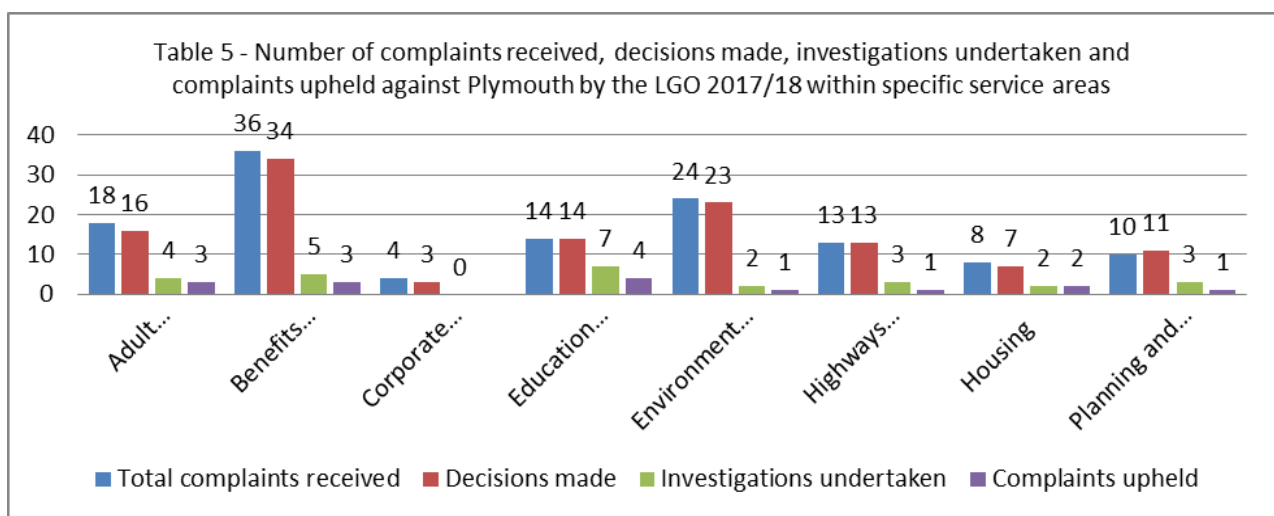
2016/17 fifteen complaints upheld of one hundred and two decisions made (14.7%)

2017/18 fifteen complaints upheld of one hundred and twenty one decisions made (12.4%).

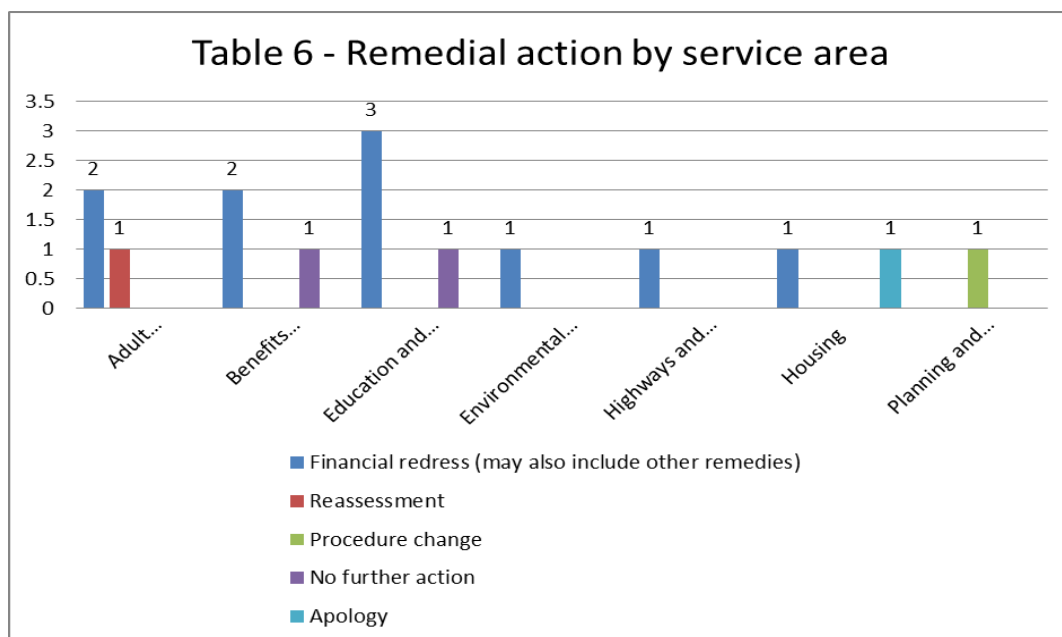
The table below shows the total numbers of complaints received, decisions made, detailed investigations undertaken and complaints upheld in both 16/17 and 17/18.



The table below shows the breakdown of the total numbers of complaints received, decisions made, detailed investigations undertaken and complaints upheld by service area for 17/18.



The table below shows the remedial action by service area as recommended by the LGSCO.



Appendix 1 provides more information around the one hundred and twenty one decisions made and outcomes of detailed investigations. Clarification of the categories of decisions made can be found in Appendix 2.

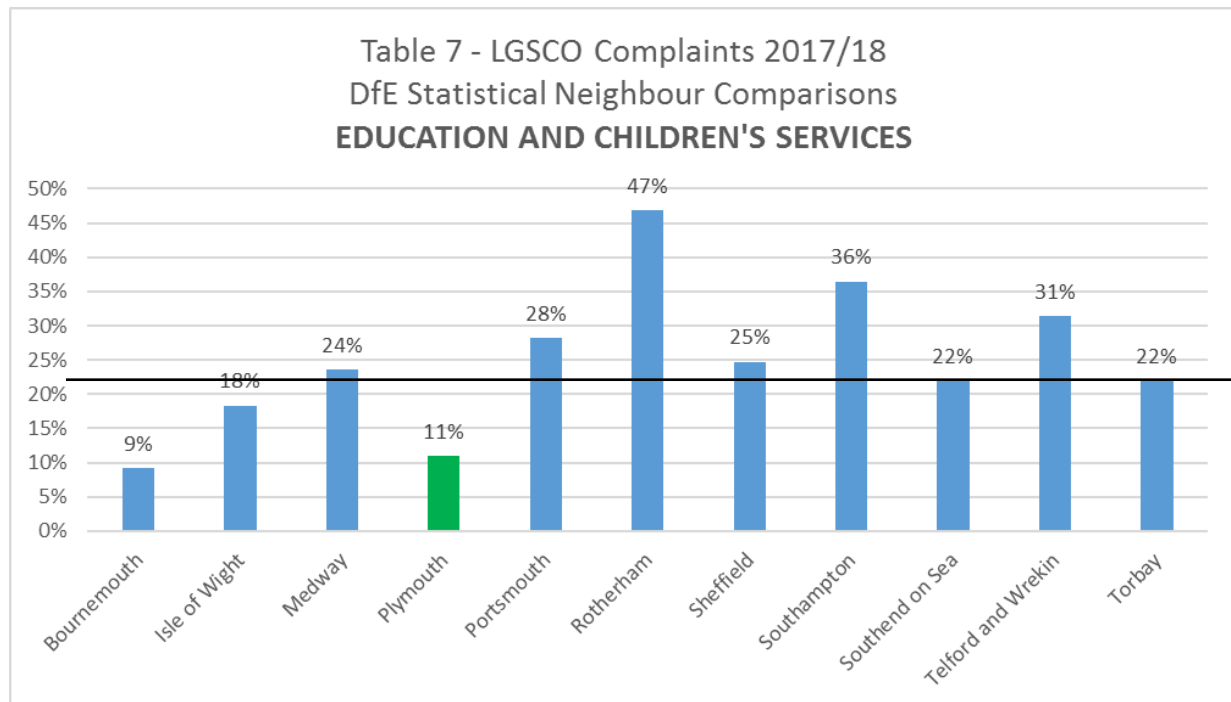
Appendix 3 illustrates the remedial action recommended by the LGSCO following their detailed investigations. Lessons learned from each of the upheld complaints can be found in the next section within each of the service area headings.

Appendix 4 shows the volumes and upheld rates of corporate and statutory complaints in comparison with LGSCO complaints.

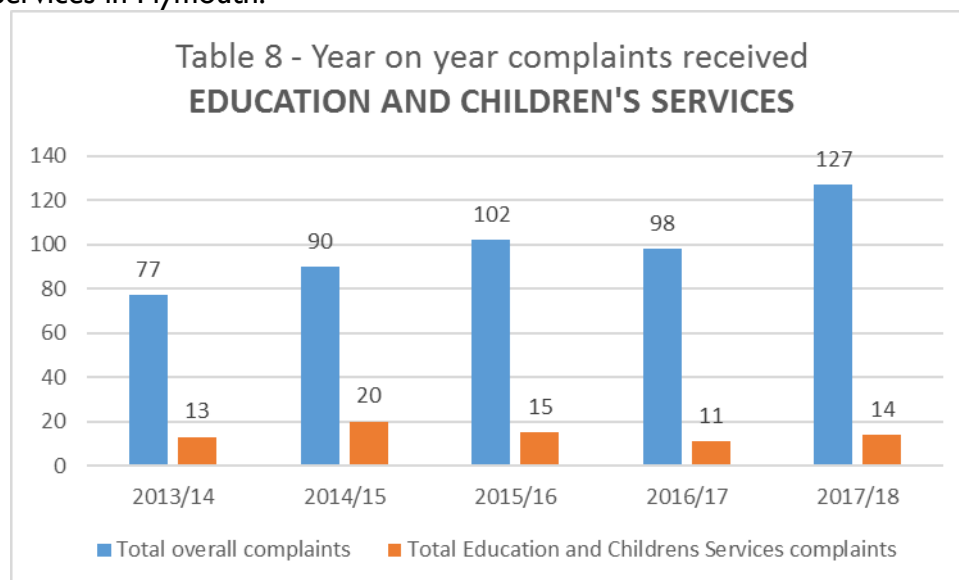
4. ANALYSIS OF COMPLAINTS RECEIVED FOR PLYMOUTH BY THE LGSCO

4.1 Education and Children's Services

The average amount of complaints received about Education and Children's Services within the DfE benchmarking group is nineteen (25% of total overall complaints received). Plymouth performs favourably with less than the statistical neighbour average.



In total the LGSCO received fourteen complaints and enquiries relating to Education and Children's Services in Plymouth.



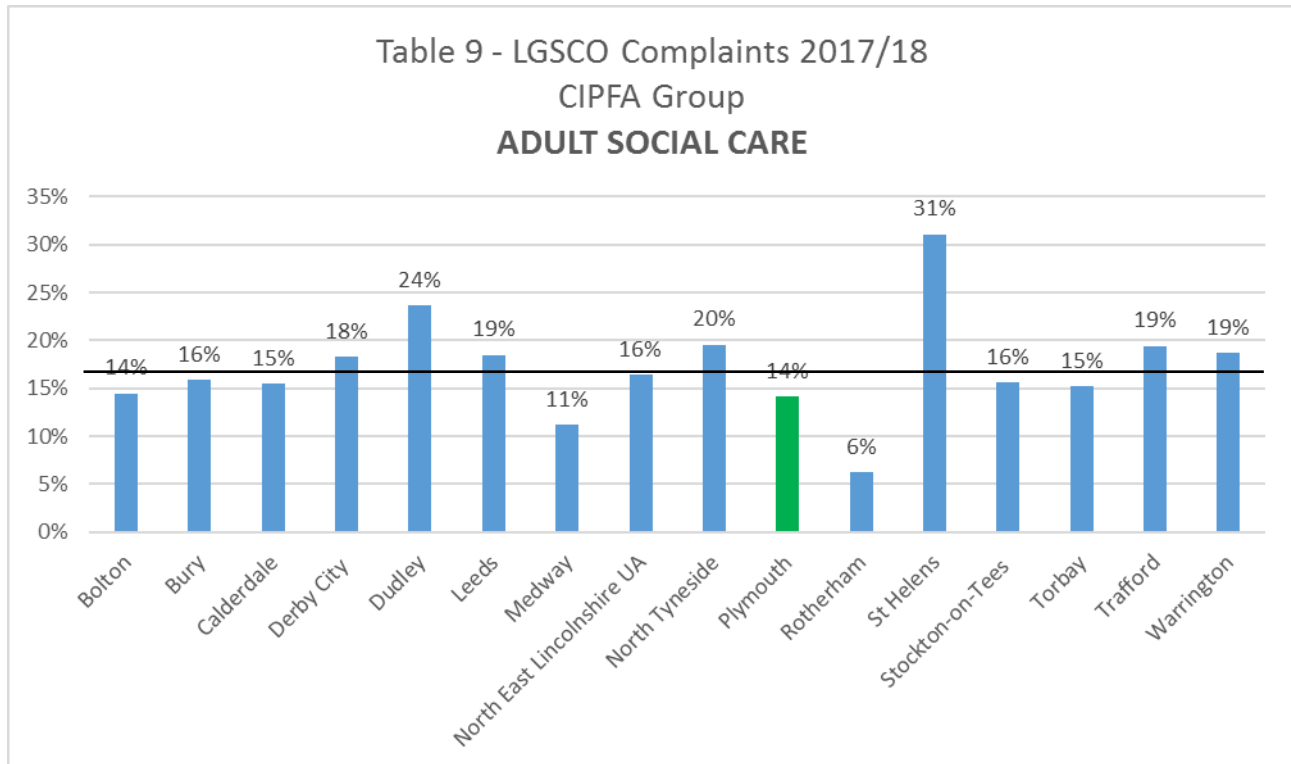
UPHELD COMPLAINTS AND LESSONS LEARNED

Of the fourteen complaints received by the LGSCO, four were upheld. Three related to referrals to stage 2 of the statutory Children's Social Care complaints process and the Council was found to be at fault in respect of not moving the complaints into the second stage. The complaints have

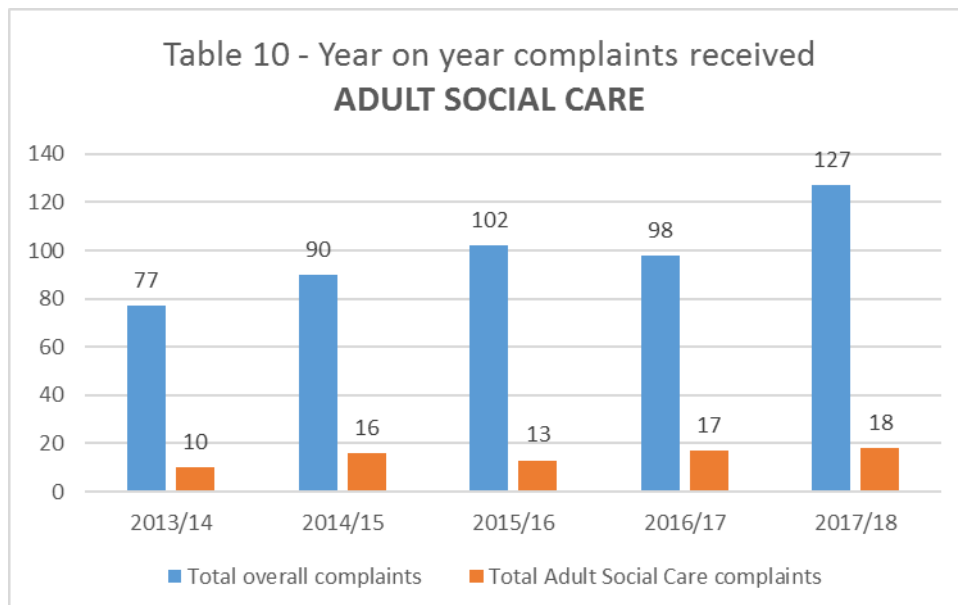
all now been moved to stage 2 and as a result of lessons learned from these cases, a review of procedures will be undertaken.

4.2 Adult Social Care Services

The average amount of complaints received about Adult Social Care Services within the CIPFA Family Group is 17% of total overall complaints received. Plymouth performs favourably against the family group average.



In total Plymouth received eighteen complaints and enquiries relating to Adult Social Care Services. This is the highest seen over recent years.



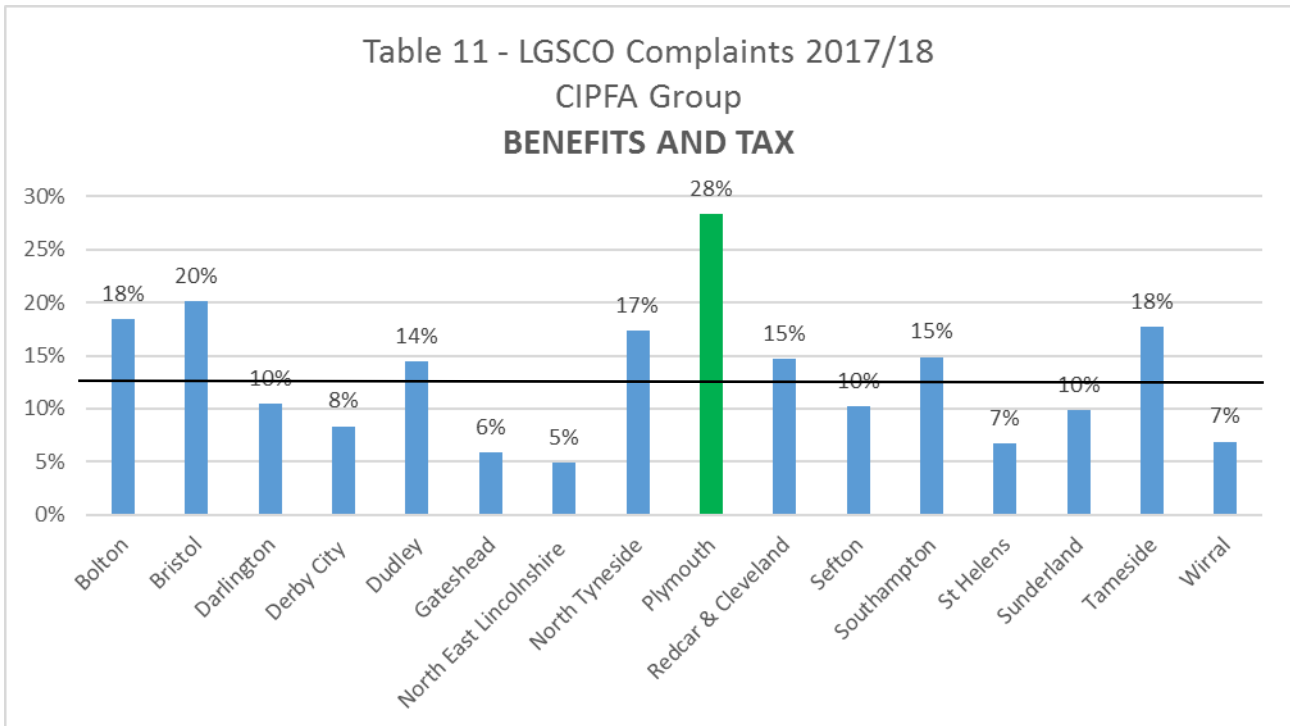
UPHELD COMPLAINTS AND LESSONS LEARNED

Of the eighteen complaints received by the LGSCO, three were upheld. Following these cases Adult Social Care complaints processes were reviewed and are now investigated under a revised

Livewell South West process.

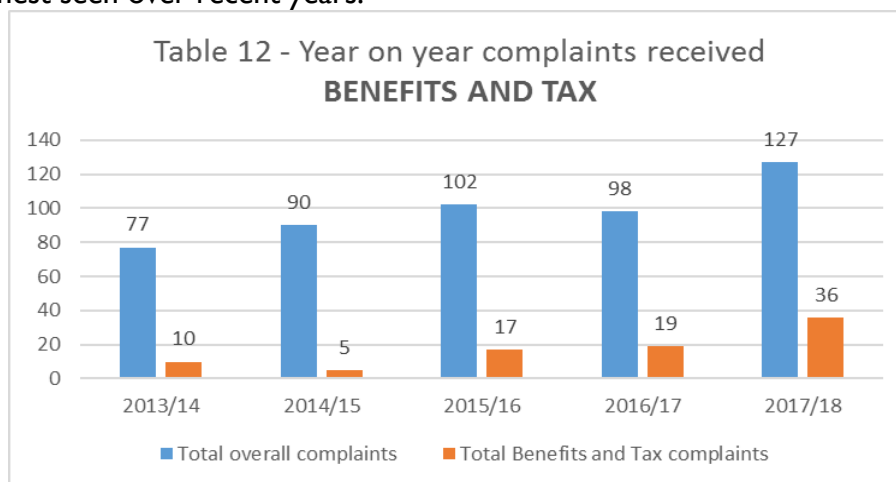
4.3 Benefits and Tax Services

The average amount of complaints received about Benefits and Tax Services within the CIPFA Family Group is 13% of total overall complaints. Plymouth does not perform favourably against the family group average.



Whilst Plymouth does not perform favourably in terms of the total number of benefits and tax related complaints, our upheld rate is 8% which is better than the average upheld rate across the group which is 12%.

In total Plymouth received thirty-six complaints and enquiries relating to Benefits and Tax Services. This is the highest seen over recent years.

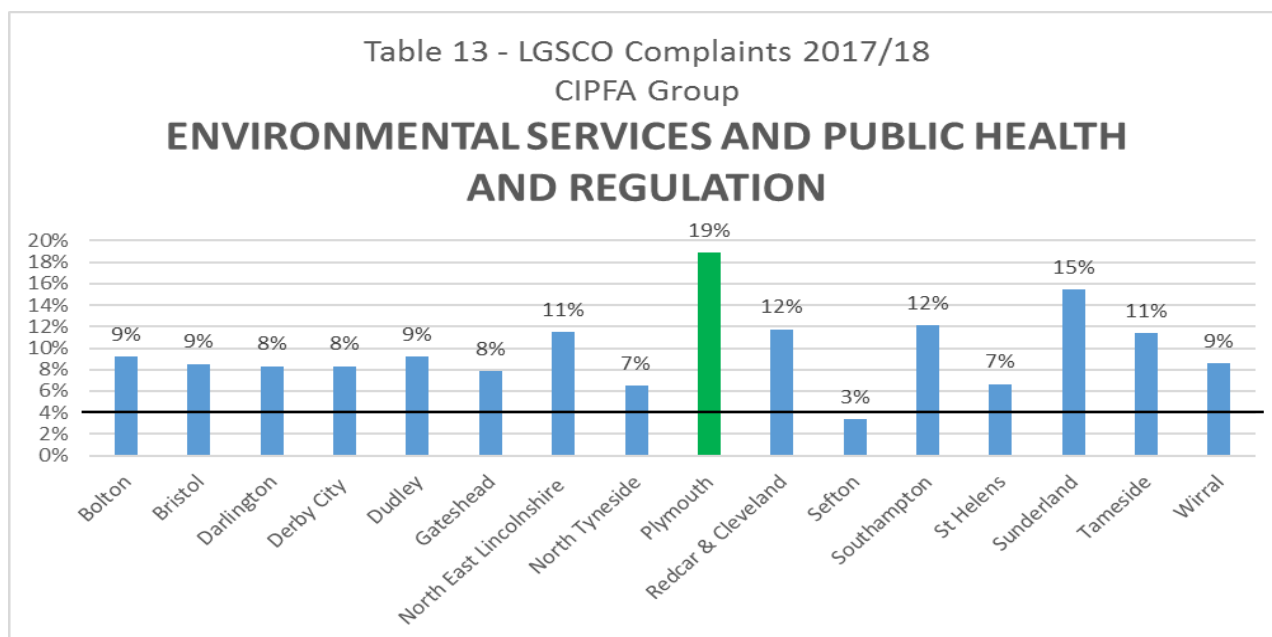


UPHELD COMPLAINTS AND LESSONS LEARNED

Of the thirty-six complaints received, three complaints were upheld by the LGSCO. All staff members have been reminded of procedures with additional training being provided where required.

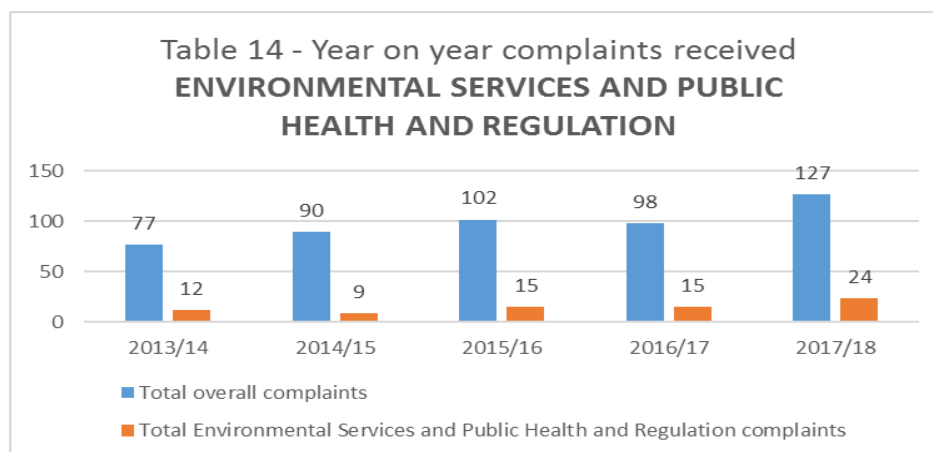
4.4 Environmental Services and Public Health and Regulation

The average amount of complaints received about Environmental Services and Public Health and Regulation Services within the CIPFA Family Group is 9% of total overall complaints received. Plymouth does not perform favourably against the family group average.



Whilst Plymouth does not perform favourably in terms of the total number of environmental services and public health and regulation related complaints, our upheld rate is 3% which is much better than the average upheld rate across the group which is 14%.

In total Plymouth received twenty four complaints and enquiries relating to Environmental Services, Public Protection and Regulation Services, which is the highest seen over recent years. This correlates with corporate feedback volumes, where complaints about street and waste services account for the majority of complaints received by PCC.

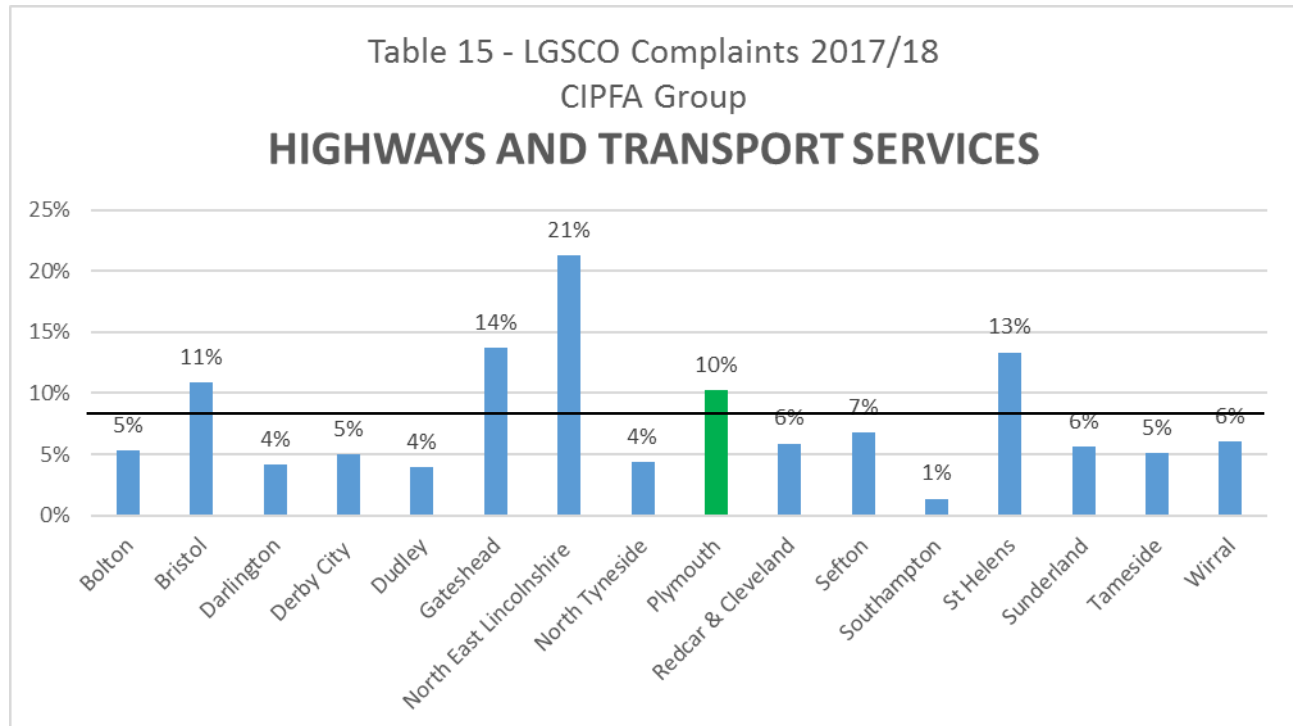


UPHELD COMPLAINTS AND LESSONS LEARNED

Of the twenty four complaints received, one was upheld and related to a delay with an assisted bin collection application. A review of the assisted collection policy and the assessment process and the criteria for eligibility will be undertaken in light of the lessons learned from this case.

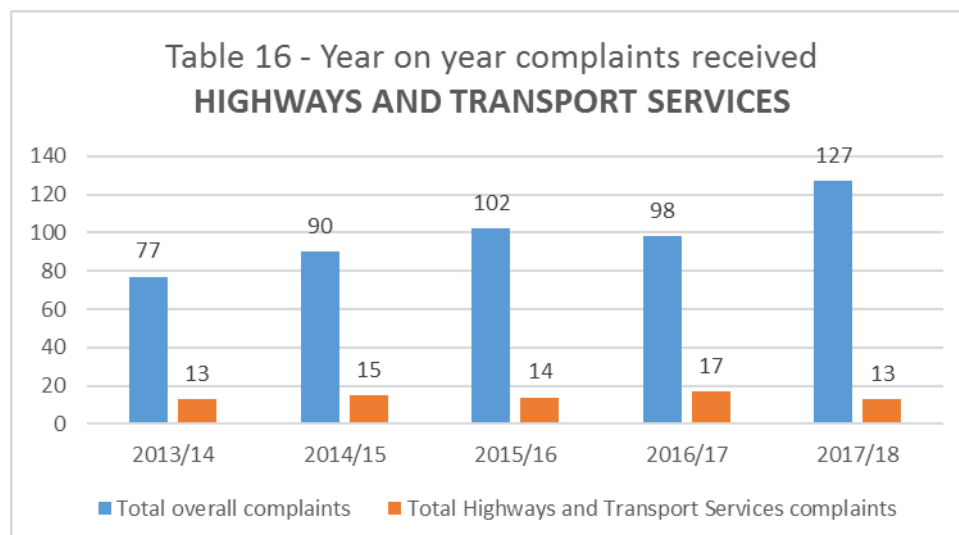
4.5 Highways and Transport Services

The average amount of complaints received about Highways and Transport Services within the CIPFA Family Group is 8% of total overall complaints received. Plymouth does not perform favourably against the family group average.



Whilst Plymouth does not perform favourably in terms of the total number of highways and transport services related complaints, our upheld rate is 8% which is much better than the average upheld rate across the group which is 24%.

In total Plymouth received thirteen complaints and enquiries relating to Highways and Transport Services. This is the lowest seen over recent years.

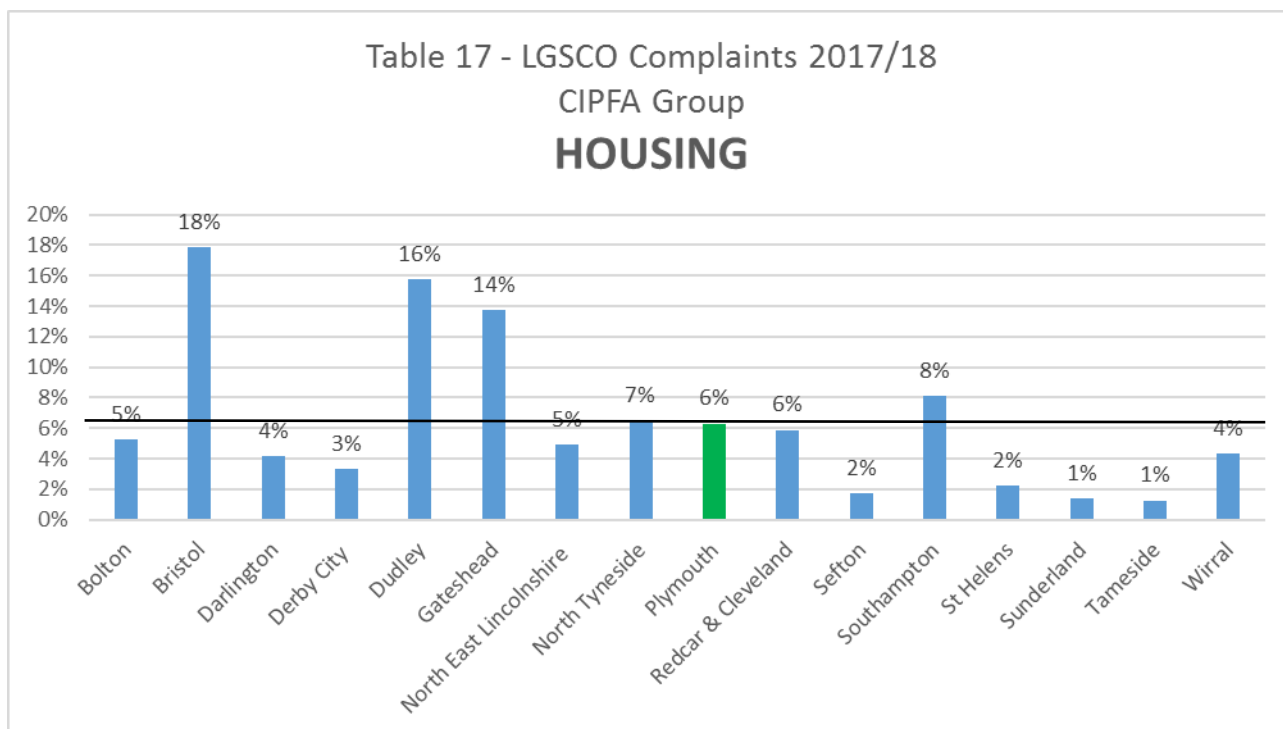


UPHELD COMPLAINTS AND LESSONS LEARNED

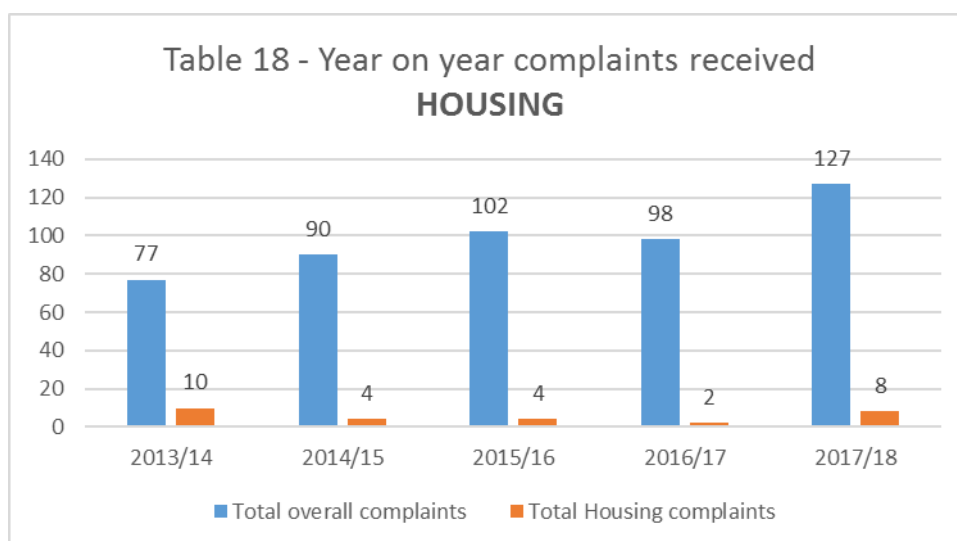
Of the thirteen complaints received, one complaint was upheld by the LGSCO and related to parking. Lessons learned from the case have meant that policy has been amended.

4.6 Housing Services

The average amount of complaints received about Housing Services within the CIPFA Family Group is 7% of total overall complaints received. Plymouth performs favourably against the family group average.



In total Plymouth received eight complaints and enquiries relating to Housing Services in 2017. This is the highest seen over recent years.

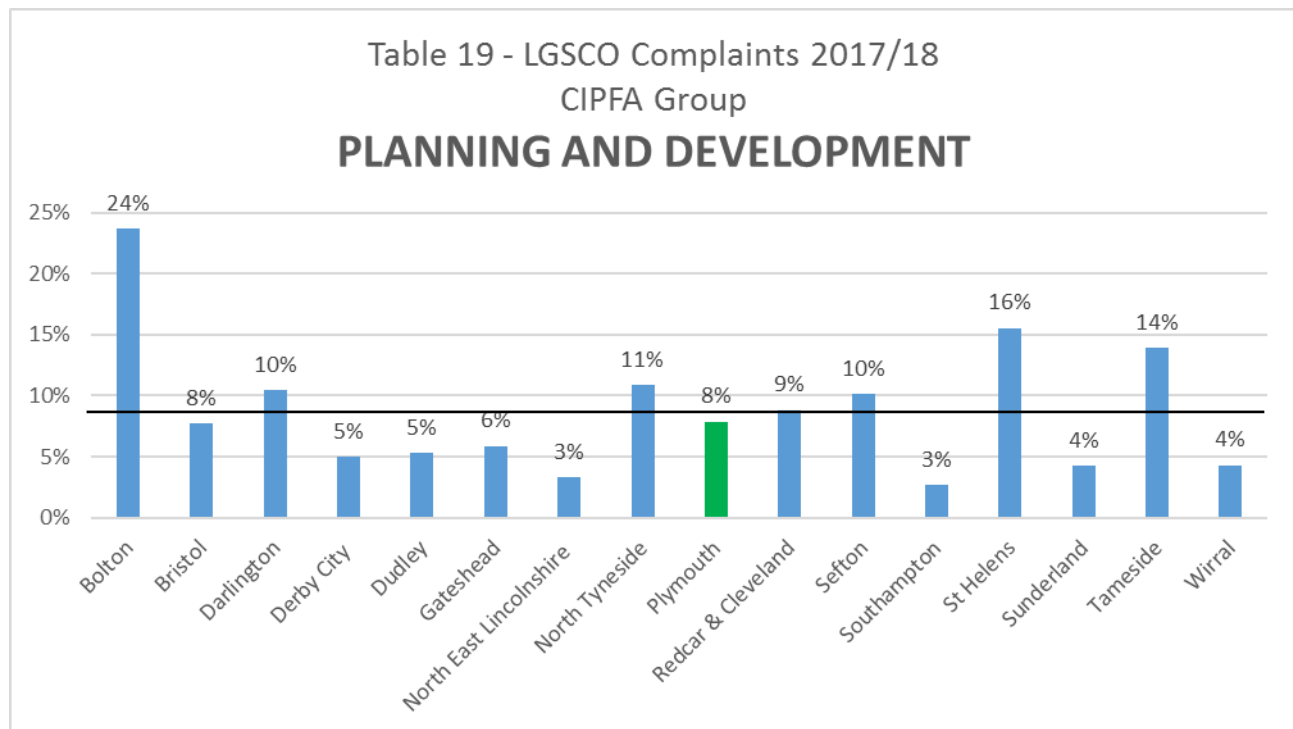


UPHELD COMPLAINTS AND LESSONS LEARNED

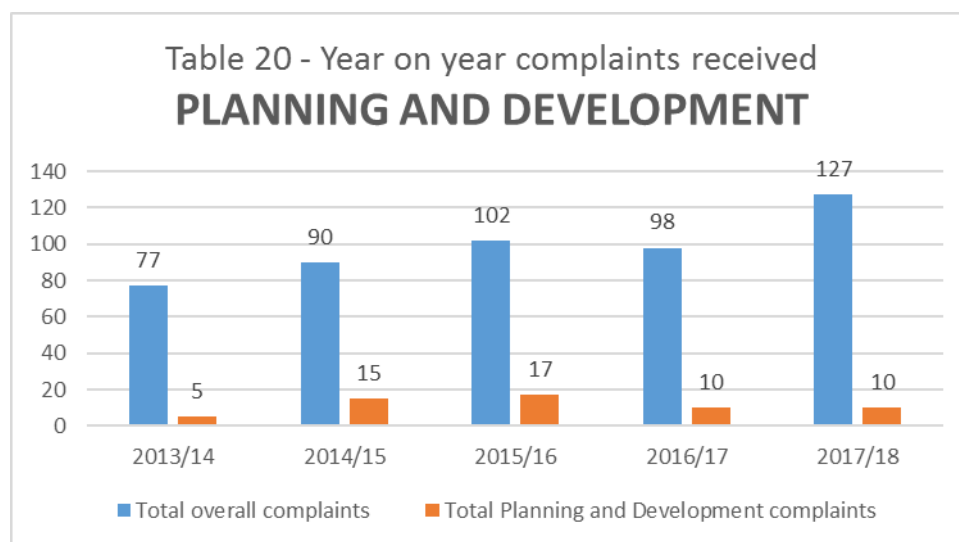
Of the eight complaints received, two were upheld. Lessons learned resulted in an outsourcing contract and changes to training and processes.

4.7 Planning and Development Services

The average amount of complaints received about Planning and Development Services within the CIPFA Family Group is 9% of total overall complaints received. Plymouth performs slightly below the family group average.



In total Plymouth received ten complaints and enquiries relating to Planning and Development Services in 2017/18.

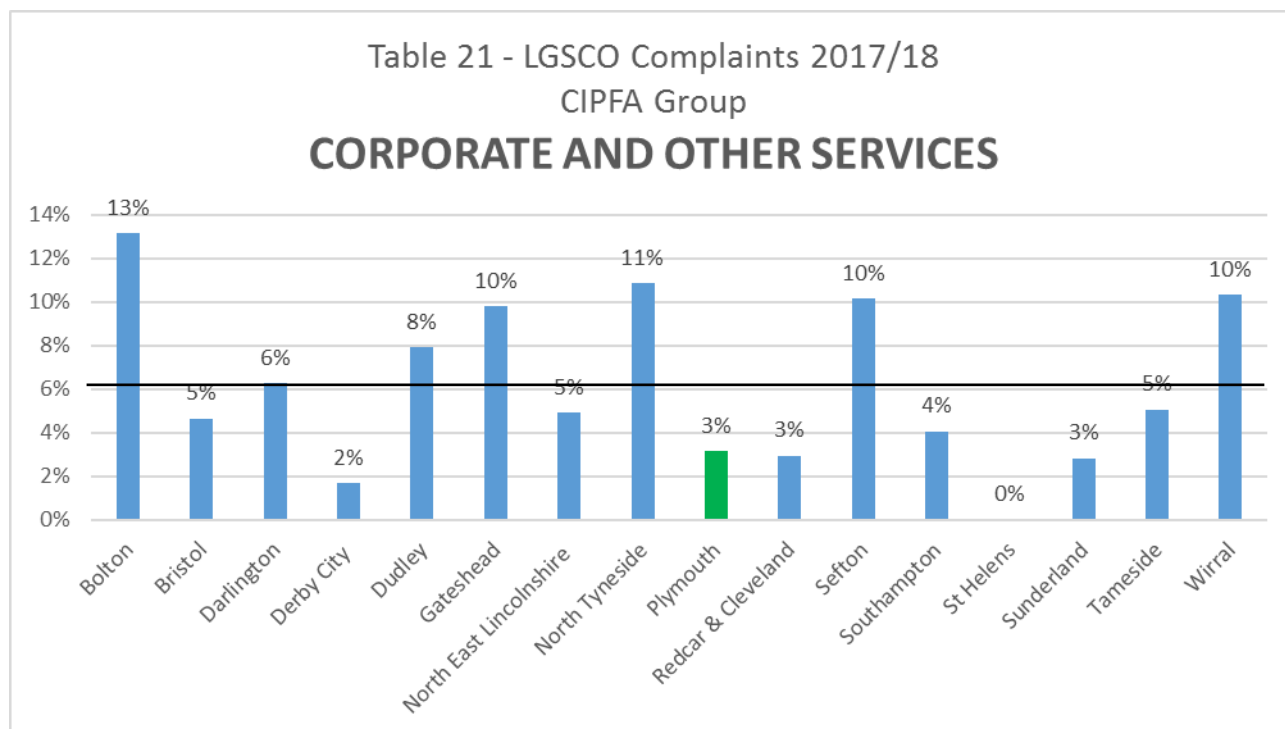


UPHELD COMPLAINTS AND LESSONS LEARNED

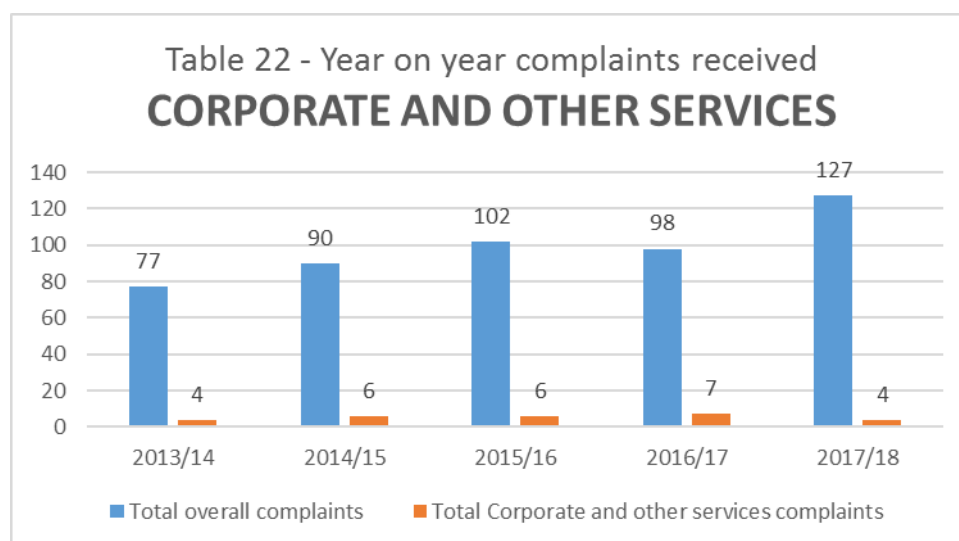
Of the ten complaints received, one was upheld and procedures have been changed as a result of the learning from this case.

4.8 Corporate Services

The average amount of complaints received about Corporate and Other Services within the CIPFA Family Group is 6% of total overall complaints received. Plymouth performs favourably against the family group average.



In total Plymouth received four complaints and enquiries relating to Corporate and Other Services in 2017. This is a decrease on previous years.



UPHELD COMPLAINTS AND LESSONS LEARNED

Of the four complaints received, none were upheld.

Appendix I – Decisions made by the LGSCO for Plymouth in 2017/18

	Total complaints received	Decisions				Detailed investigations		
		Invalid or Incomplete	Advice Given	Referred Back for Local Resolution	Closed after Initial Enquiries	Not Upheld	Upheld	Uphold Rate (%)
Adult Social Care	16	1		7	4	1	3	75%
Benefits and Tax	34	2		9	18	2	3	60%
Corporate and Other Services	3		1		2	0	0	0%
Education and Children's Services	14		1	5	1	3	4	57%
Environmental Services, Public Protection and Regulation	23			20	1	1	1	50%
Highways and Transport	13		1	2	7	2	1	33%
Housing	7	1		4			2	100%
Planning and Development	11			1	7	2	1	33%
2017/18 Totals	121	4	3	48	40	11	15	58%
2016/17 Totals	102	5	37	0	32	12	15	56%

Appendix 2 – How to understand the categories in the breakdown tables on the LGSCO's Annual Review Letter 2017/18

Invalid or incomplete. We were not given enough information to consider the issue.

Advice given. We provided early advice, or explained where to go for the right help.

Referred back for local resolution. We found the complaint was brought to us too early because the organisation involved was not given the chance to consider it first.

Closed after initial enquiries. We assessed the complaint but decided against completing a full investigation. This might be because the law says we're not allowed to investigate it, or because it would not be an effective use of public funds if we did.

Upheld. We completed a detailed investigation and found evidence of fault, or we found the organisation accepted fault early on.

Not upheld. We completed a detailed investigation but did not find evidence of fault.

APPENDIX 3 – Remedies for those complaints upheld by the LGSCO following detailed investigation in 2017/18 for Plymouth

	Upheld	Remedies for those upheld								
		Financial redress	Reassessment	Procedure change	No further action	Apology	Financial Redress, Training	Financial Redress, Procedure or policy change/review	Reassessment, Procedure or policy change/review	Financial redress, New appeal/review or reconsidered decision, Procedure or policy change/review
Adult Social Care	3	2	1							
Benefits and Tax	3	2			1					
Corporate and Other Services	0									
Education and Children's Services	4				1					3
Environmental Services, Public Protection and Regulation	1							1		
Highways and Transport	1								1	
Housing	2					1	1			
Planning and Development	1			1						
2017/18 Totals	15	4	1	1	2	1	1	1	1	3

APPENDIX 4 – Corporate and Statutory Complaints 2017/18

The LGSCO only consider complaints that have already been through the authority's complaints process. The following tables have been included to show complaint statistics from our corporate and statutory complaints processes in 2017/18. A comparison is also made with Table 2 and Table 5 from this report to show volumes of corporate, statutory and LGSCO complaints as well as upheld complaint volumes.

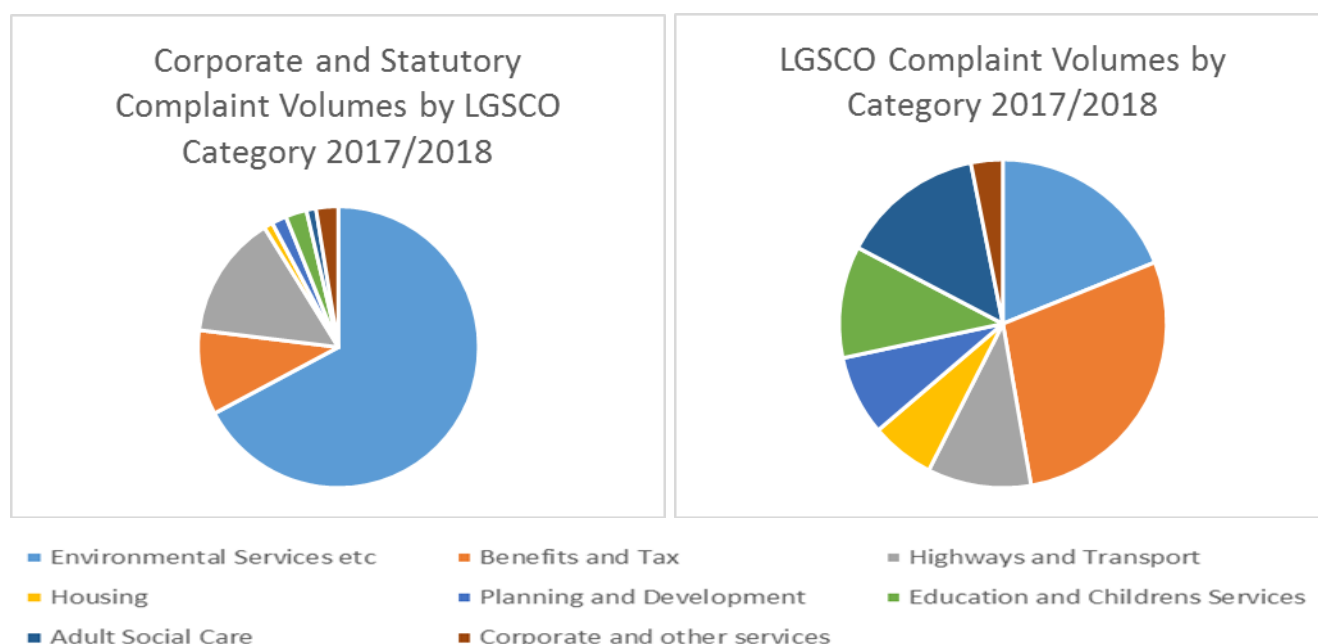
Table 24 below shows the number of corporate complaints recorded in the Council's digital platform, Firmstep, during 2017/18 and includes the number of complaints upheld with a percentage upheld rate.

Table 24	Children's Services	Executive Office	People	Place	ODPH	Transformation and Change	Other
No. of Complaints	7	3	70	4526	76	651	7
No. Upheld	1	3	18	1613	27	264	0
Upheld rate (%)	14.3%	100.0%	25.7%	35.6%	35.5%	40.6%	0

Table 25 below shows the number of statutory complaints closed during 2017/18 and includes the number of complaints upheld or partially upheld with a percentage upheld/partially upheld rate.

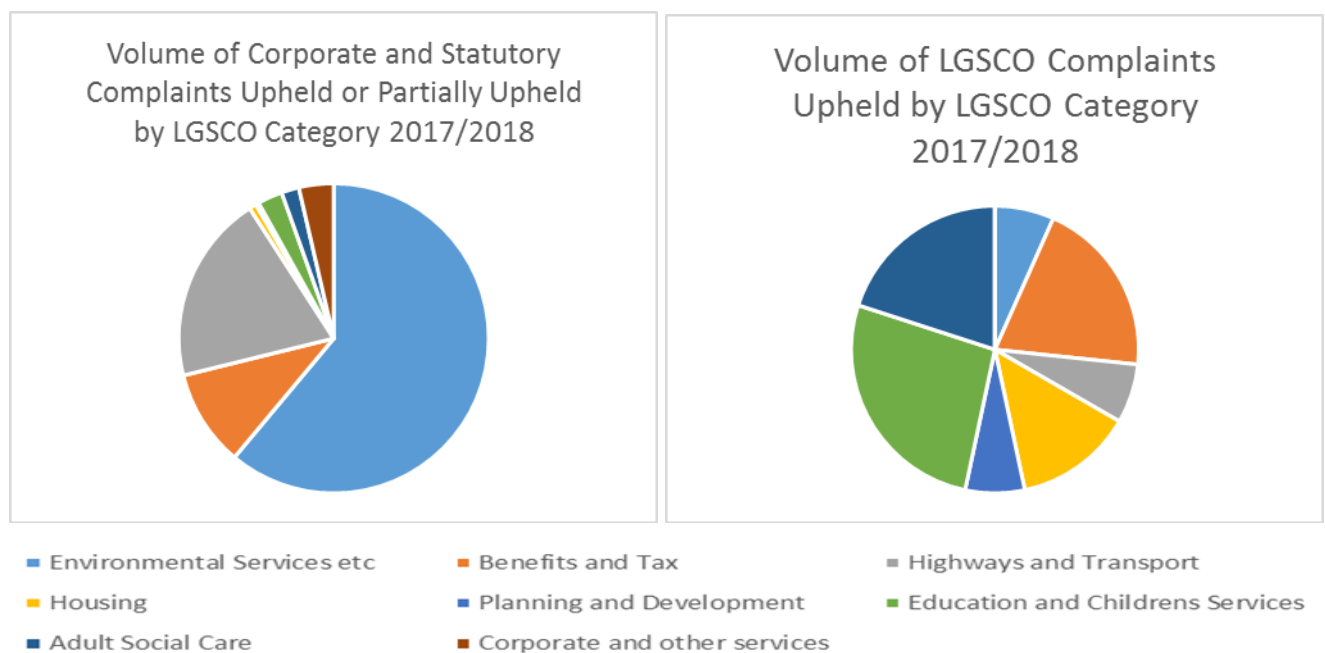
Table 25	Children's Social Care	Adults Social Care
No. of Complaints closed	128	61
No. Upheld	7	17
No. Partially Upheld	44	20
Upheld/Partially Upheld rate (%)	40%	61%

The pie charts below compare the volume of corporate and statutory complaints (shown in Tables 24 and 25) with the volume of LGSCO complaints for 2017/18 (shown in Table 2) by LGSCO category. The categories used by the LGSCO differ to our service structure so corporate and statutory complaints have been amalgamated into the relevant LGSCO category where possible.



These pie charts show that the combination of Environmental Services and Benefits and Tax complaints account for the majority (77%) of corporate and statutory complaints and for almost half (47%) of LGSCO complaints.

The pie charts below compare the volume of upheld or partially upheld corporate and statutory complaints (shown in Tables 24 and 25) with the volume of upheld LGSCO complaints (shown in Table 5) for 2017/18 by LGSCO category. The categories used by the LGSCO differ to our service structure so corporate and statutory complaints have been amalgamated into the relevant LGSCO category where possible.



These pie charts show that corporately Environmental Services have the most upheld complaints and that Adult Social Care and Education and Children's Services have the highest upheld volumes following LGSCO investigations. These three service areas feature in the recommendations of this report, where it is proposed action is taken to support a reduction in upheld rates through the use of customer feedback to resolve issues and improve the customer experience.

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APPENDIX G – Progress update on 2017/18 recommendations

As a result of the data analysed from the complaints escalated to the LGSCO in 17/18 the following recommendations were put together to ensure that PCC is learning lessons from customer feedback. Progress against these recommendations is also highlighted below;

1. Address the comments made by the LGSCO in respect of statutory children's complaints procedures.

The Statutory Complaints Team moved into Customer Services in March 2019 and are now line managed by the Customer Liaison Manager. The options for moving all complaint recording into the same system are being considered to ensure data can be joined up.

2. Work with Livewell South West to strengthen the complaints handling process and ensure lessons learned are driving service improvements across organisations in respect of Adult Social Care.

Performance reporting has been implemented, following the same format as corporate complaints handling reporting. Livewell South West are now providing monthly updates to the Customer Liaison Team for monitoring.

3. Work with Street Services to improve the customer experience (complaints are included in the LGSCO category Environmental Services and Public Health and Regulation).

The Customer Liaison Manager monitors complaints on a monthly basis and meets with DMTs quarterly. Over the last year this also included data being scrutinised at Street Services Modernisation Board and interventions resulted in a reduction in complaints recorded, escalated and upheld rates by the end of 2018/19.

4. Further develop the monitoring of corporate performance in respect of customer feedback and ensure customer feedback is used to resolve any issues through the implementation of lessons learned.

Customer feedback is monitored in monthly balanced scorecards. This data, as well as lessons learned, are then monitored at quarterly DMTs and in quarterly performance monitoring against the Corporate Plan.

Complaints are also monitored as a Corporate Key Performance Indicator and CMT are provided with a monthly performance flash report.

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24 July 2019

By email

Tracey Lee
Chief Executive
Plymouth City Council

Dear Ms Lee

Annual Review letter 2019

I write to you with our annual summary of statistics on the complaints made to the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2019. The enclosed tables present the number of complaints and enquiries received about your authority, the decisions we made, and your authority's compliance with recommendations during the period. I hope this information will prove helpful in assessing your authority's performance in handling complaints.

Complaint statistics

As ever, I would stress that the number of complaints, taken alone, is not necessarily a reliable indicator of an authority's performance. The volume of complaints should be considered alongside the uphold rate (how often we found fault when we investigated a complaint), and alongside statistics that indicate your authority's willingness to accept fault and put things right when they go wrong. We also provide a figure for the number of cases where your authority provided a satisfactory remedy before the complaint reached us, and new statistics about your authority's compliance with recommendations we have made; both of which offer a more comprehensive and insightful view of your authority's approach to complaint handling.

The new statistics on compliance are the result of a series of changes we have made to how we make and monitor our recommendations to remedy the fault we find. Our recommendations are specific and often include a time-frame for completion, allowing us to follow up with authorities and seek evidence that recommendations have been implemented. These changes mean we can provide these new statistics about your authority's compliance with our recommendations.

I want to emphasise the statistics in this letter reflect the data we hold and may not necessarily align with the data your authority holds. For example, our numbers include

enquiries from people we signpost back to your authority, some of whom may never contact you.

In line with usual practice, we are publishing our annual data for all authorities on our website, alongside our annual review of local government complaints. For the first time, this includes data on authorities' compliance with our recommendations. This collated data further aids the scrutiny of local services and we encourage you to share learning from the report, which highlights key cases we have investigated during the year.

New interactive data map

In recent years we have been taking steps to move away from a simplistic focus on complaint volumes and instead focus on the lessons learned and the wider improvements we can achieve through our recommendations to improve services for the many. Our ambition is outlined in our [corporate strategy 2018-21](#) and commits us to publishing the outcomes of our investigations and the occasions our recommendations result in improvements for local services.

The result of this work is the launch of an interactive map of council performance on our website later this month. [Your Council's Performance](#) shows annual performance data for all councils in England, with links to our published decision statements, public interest reports, annual letters and information about service improvements that have been agreed by each council. It also highlights those instances where your authority offered a suitable remedy to resolve a complaint before the matter came to us, and your authority's compliance with the recommendations we have made to remedy complaints.

The intention of this new tool is to place a focus on your authority's compliance with investigations. It is a useful snapshot of the service improvement recommendations your authority has agreed to. It also highlights the wider outcomes of our investigations to the public, advocacy and advice organisations, and others who have a role in holding local councils to account.

I hope you, and colleagues, find the map a useful addition to the data we publish. We are the first UK public sector ombudsman scheme to provide compliance data in such a way and believe the launch of this innovative work will lead to improved scrutiny of councils as well as providing increased recognition to the improvements councils have agreed to make following our interventions.

Complaint handling training

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. In 2018-19 we delivered 71 courses, training more than 900 people, including our first 'open courses' in Effective Complaint Handling for local authorities. Due to their popularity we are running six more open courses for local authorities in 2019-20, in York, Manchester, Coventry and London. To find out more visit www.lgo.org.uk/training.

Finally, I am conscious of the resource pressures that many authorities are working within, and which are often the context for the problems that we investigate. In response to that situation we have published a significant piece of research this year looking at some of the

common issues we are finding as a result of change and budget constraints. Called, [Under Pressure](#), this report provides a contribution to the debate about how local government can navigate the unprecedented changes affecting the sector. I commend this to you, along with our revised guidance on [Good Administrative Practice](#). I hope that together these are a timely reminder of the value of getting the basics right at a time of great change.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'MK' followed by a stylized flourish.

Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Local Authority Report: Plymouth City Council
For the Period Ending: 31/03/2019

For further information on how to interpret our statistics, please visit our [website](#)

Complaints and enquiries received

Adult Care Services	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environment Services	Highways and Transport	Housing	Planning and Development	Other	Total
20	18	9	15	18	13	2	7	1	103

Decisions made

				Detailed Investigations			Total
Incomplete or Invalid	Advice Given	Referred back for Local Resolution	Closed After Initial Enquiries	Not Upheld	Upheld	Uphold Rate (%)	
4	1	46	36	2	18	90	107

Note: The uphold rate shows how often we found evidence of fault. It is expressed as a percentage of the total number of detailed investigations we completed.

Satisfactory remedy provided by authority

Upheld cases where the authority had provided a satisfactory remedy before the complaint reached the Ombudsman	% of upheld cases
0	0

Note: These are the cases in which we decided that, while the authority did get things wrong, it offered a satisfactory way to resolve it before the complaint came to us.

Compliance with Ombudsman recommendations

Complaints where compliance with the recommended remedy was recorded during the year*	Complaints where the authority complied with our recommendations on-time	Complaints where the authority complied with our recommendations late	Complaints where the authority has not complied with our recommendations	
22	21	1	0	Number
	100%		-	Compliance rate**
Notes: * This is the number of complaints where we have recorded a response (or failure to respond) to our recommendation for a remedy during the reporting year. This includes complaints that may have been decided in the preceding year but where the data for compliance falls within the current reporting year. ** The compliance rate is based on the number of complaints where the authority has provided evidence of their compliance with our recommendations to remedy a fault. This includes instances where an authority has accepted and implemented our recommendation but provided late evidence of that.				

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Audit and Governance Committee



Date of meeting:	23 September 2019
Title of Report:	Health, Safety and Wellbeing Annual Report 2018-19
Lead Member:	Councillor Peter Smith (Deputy Leader)
Lead Strategic Director:	Andy Ralphs (Strategic Director of Customer and Corporate Services)
Author:	Clare Cotter Head of Health, Safety and Wellbeing Assurance
Contact Email:	clare.cotter@plymouth.gov.uk
Your Reference:	CC 11 Sept 2019
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The health, safety and wellbeing annual report for 2018-19 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 2018-19 to improve our management arrangements for health, safety and wellbeing and what we are planning to do in 2019-20 in the spirit of continuous improvement. As part of this it includes insights into the incidents and accidents which have occurred compared to previous years.

Recommendations and Reason

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

Alternative options considered and rejected

Not applicable

Relevance to the Corporate Plan and/or the Plymouth 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 the Medium Term Financial Plan and Resource Implications:

N/A

Carbon Footprint (Environmental) Implications:

No direct carbon/environmental impacts arising from the recommendations'

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

This report provides an overview of the management of health, safety and wellbeing risk to employees

Appendices

No appendices

Background papers:

N/A

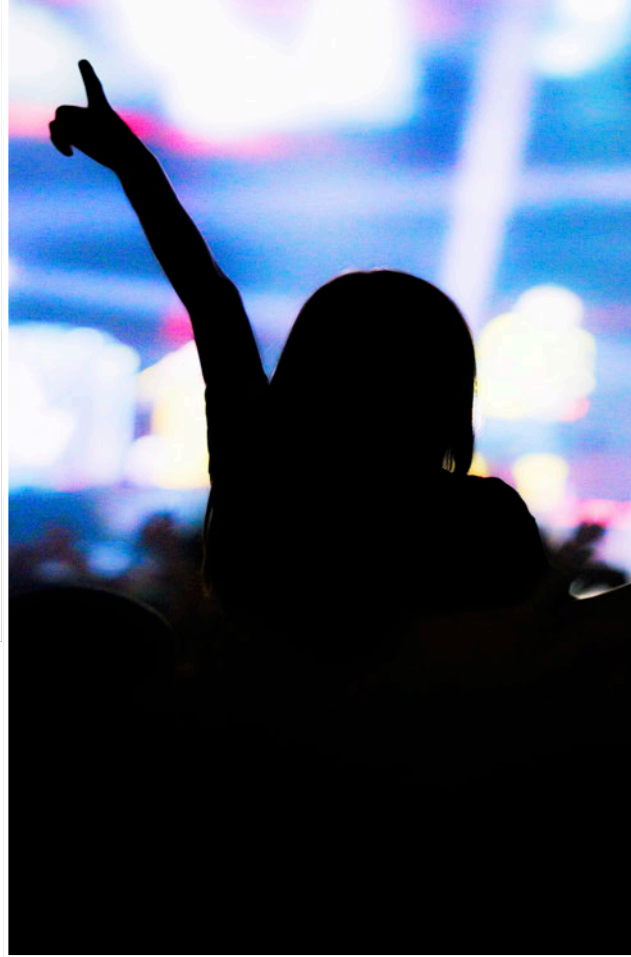
Sign off:

Fin	pl.19. 20.1 06.	Leg	It/332 99/1 109	Mon Off	Click here to enter text.	HR	KB12 0920 19	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Kim Brown, Service Director HROD											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 30/07/2019											
Cabinet Member approval: Deputy Leader Peter Smith, verbal approval at Portfolio Holder meeting Date approved: 05/08/2019											



HEALTH SAFETY AND WELLBEING ANNUAL REPORT 2018-2019

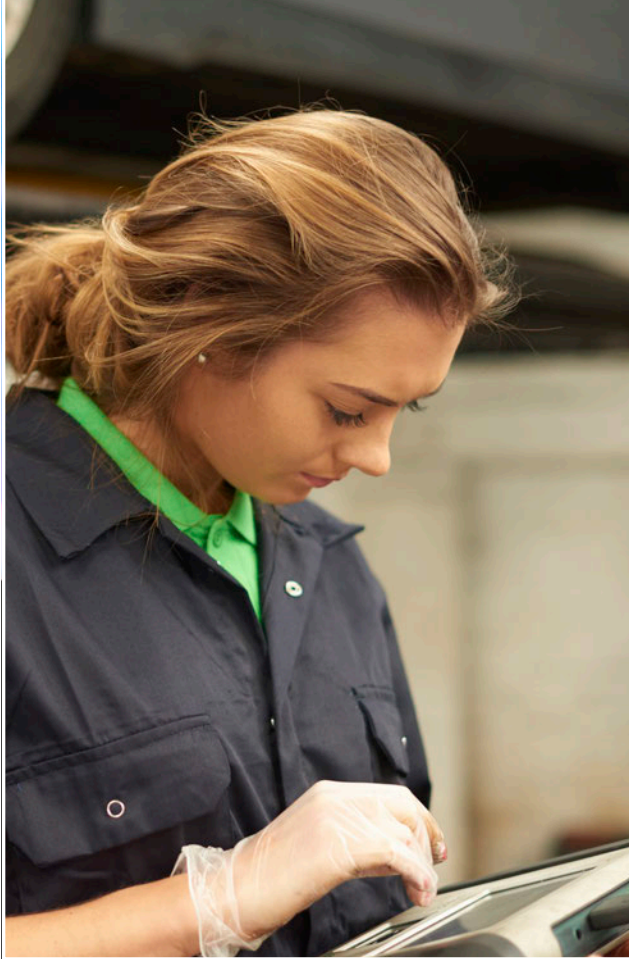
OFFICIAL



PLYMOUTH CITY COUNCIL

WHAT WE DO...





KEY FACTS

- At the end of 2018-19 there were 2,617 people in our workforce serving an estimated 262,997 citizens in the City
- We had 16 maintained schools with a workforce of 1,458 serving 3,928 pupils
- Across the organisation we have local volunteer wellbeing champions, available as the first point of contact for colleagues in need, and promoting health and wellbeing
- Various health promotion activities across the year are offered to help us engage in healthier lifestyles. For example Sugar Smart, Plymouth Active 10 walking challenge, One You and alcohol awareness
- We also have volunteer Green Champions encouraging us to develop a greener, healthier and more sustainable workplace
- There are opportunities for us to get involved in additional activities to support the Council such as canvassing during election periods and marshalling at various events across the City



INTRODUCTION

My focus in 2018-19 has been to make sure that as an organisation we have robust assurance processes in place to evidence our management of health, safety and wellbeing (HSW). As part of this I commissioned an external review of our management arrangements, which was undertaken by Gleeds Ltd. The findings are documented in this report and inform our improvement plan for 2019-20. Scrutiny by the HSE continued in year, and I am pleased to report that the controls put in place to manage exposure to vibration to as low as reasonably practicable has resulted in the HSE lifting the improvement notice served in 2017. I continue to monitor how these arrangements are being sustained and relevant services will be audited by Devon Audit Partnership before the end of the grass cutting season. The Council has made two key Chief Officer appointments in 2018-19 who have substantial responsibilities in leading the HSW agenda going forward: Andy Ralphs, Strategic Director for Customer and Corporate Services, who is the Executive Lead for HSW and Kim Brown, Service Director for HROD who holds the HSW Assurance function within her portfolio.

TRACEY LEE

Chief Executive



I joined Plymouth City Council in November 2018 and have instigated a programme of workforce modernisation called The Way We Work. The programme has many facets with a clear focus on the culture and behaviours needed to maintain people's health, safety and wellbeing. In my role as Executive Lead for HSW, I have provided leadership to the HSW Steering Group. Working with Service Directors from each Directorate in the Council, the self-assessment process has been completed and each department has provided a declaration of compliance with the core aspects of our management framework. We have now agreed to move into a formal audit programme commencing January 2020, as part of our progression towards ISO45001, the International Standard for Occupational Health and Safety. The Gleeds review has highlighted some key areas for improvement in our management systems which we are now working through, including a more systematic identification of hazards. This will be supported by the implementation of our digital management system on 1 October, which will increase visibility of our hazards and incident management through live dashboards available to Managers / Senior Managers, supporting more timely resolution and learning.

ANDY RALPHS

Strategic Director Transformation and Change



Working with the HSE, colleagues in our Street and Bereavement Services and Local Trade Union Representatives over the last year has been a rich learning field in terms of addressing culture and practice at the frontline. The report will provide details of how the HSE hierarchy of controls have been applied, and how we have developed a bespoke tool for calculating exposure rates for individual teams, to ensure exposure is as low as reasonably practicable. It has also been a sobering experience to see how the lack of controls have resulted in some of our front line operatives developing hand arm vibration syndrome and carpal tunnel, which should never have happened. Work continues with the Services to ensure the new controls are fully embedded and sustained. Looking at this year our focus is clearly on promoting the message Spot it! Sort it! Report It! HSW is everyone's responsibility. This means upskilling the workforce to enable us all to play our part, and to simplify reporting and recording through a new digital platform.

CLARE COTTER

Head of Health, Safety and Wellbeing Assurance



CONTENTS

Executive Summary

Delivery in 2017-18

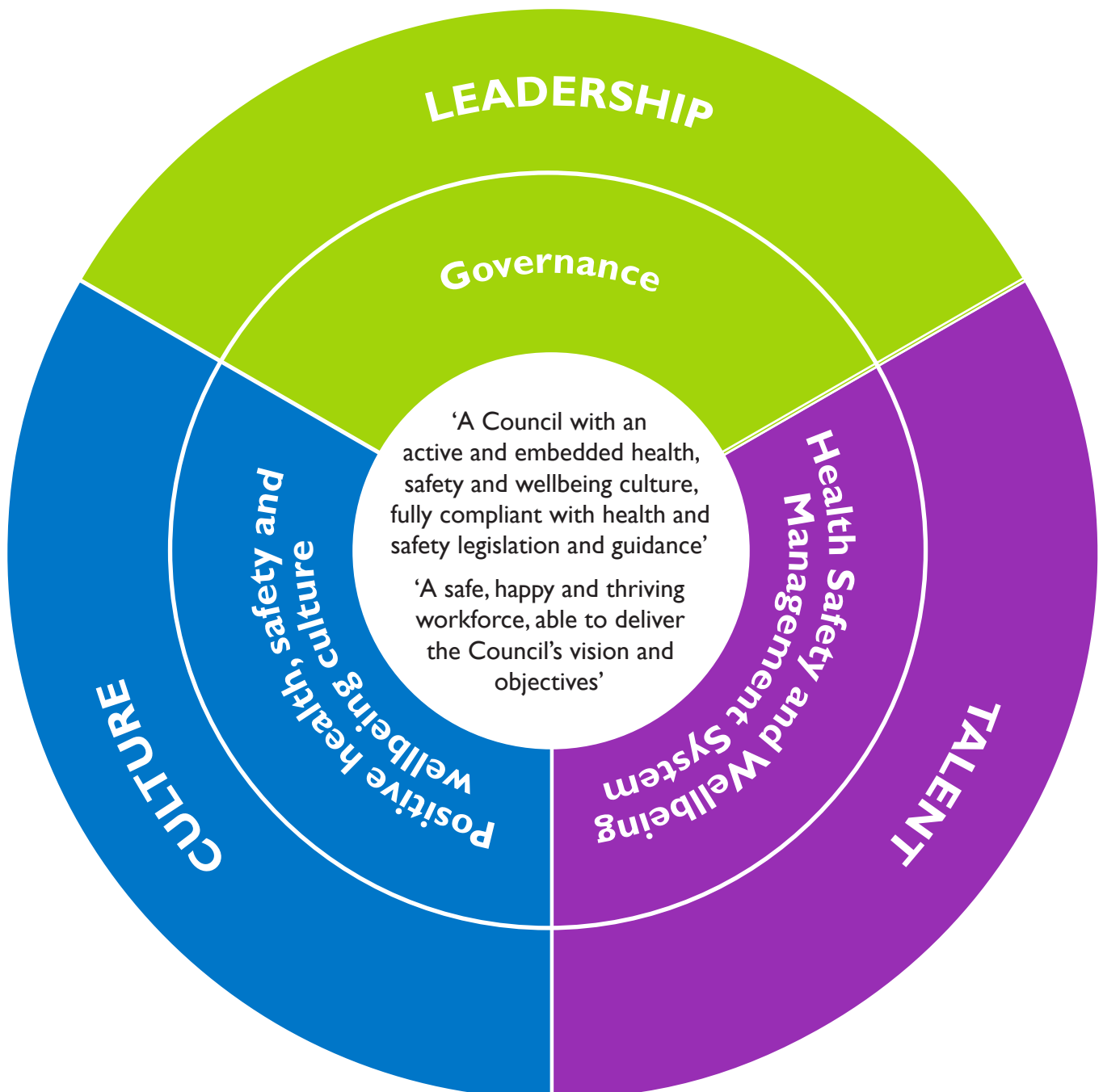
Appendix - Corporate HSW Improvement Plan 2018-19

EXECUTIVE SUMMARY

This report is a statement of Plymouth City Council's occupational health and safety performance to the end of the financial year 2018-19, with any relevant updates included to the date of writing the report. It also includes our improvement plan for 2019-20. Our improvement plan for the coming year is built on the recommendations of an external review undertaken by Gleeds Ltd.

The health, safety and wellbeing vision agreed in 2016 continues to drive our improvements and is aligned to the vision of the Labour Administration: 'A growing City, a Caring Council'

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.

Plymouth
Britain's Ocean City

www.plymouth.gov.uk/ourplan

GOVERNANCE AND ACCOUNTABILITY

Accountability for our duty of care to our employees under the health and Safety at Work Act etc. 1974 and the Management of Health and Safety at Work Regulations 1999 sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in our Corporate Policy and Facilities Management Policy, describing a systems leadership approach, with roles and responsibilities dispersed throughout the organisation. As recommended by the external reviewer, these two core policies will be reviewed and amalgamated in 2019-20, along with consolidating all related performance standards for ease of accessibility and understanding by all employees.

The Executive Director and Chair of the Health, Safety and Wellbeing (HSW) Steering Group is the Strategic Director for Customer and Corporate Services. This is a new Directorate, replacing Transformation and Change, to reflect The Council's increased emphasis on serving the residents of our City with a clear emphasis on positive customer experience. Within the Directorate is HROD, which is where the Corporate HSW Assurance Team sit. The Portfolio Holder for HSW continues to be Deputy Leader Peter Smith.

The learning and development gained through strengthening our arrangements for the control of exposure to vibration, combined with the recommendations of the Gleeds review has resulted in approval for two additional HSW Competent Persons to be appointed. One post will be embedded within our Place Directorate with a focus on our Street Services and Waste Operations, and one to support the delivery of a formal audit programme by the Corporate HSW Assurance Team. At the time of writing this report shortlisting has taken place and interviews scheduled. These posts are specifically to fulfil our requirement under the Management of Health and Safety Regulation 7.

There has been a delay in implementing the digital HSW management system purchased from SHE Assure in 2018, due to a lack of project support. This has now been addressed and the system is now ready to pilot in designated areas over the summer before rolling out across the organisation in October 2019.

The HSW Steering Group has approved the business case to pursue accreditation for ISO45001 by 2021/22.

HSE IMPROVEMENT NOTICE

Over the last fifteen months we have been working with the HSE to meet the requirements of the Management of Control of Vibration Regulations 2005 and the Improvement Notice served by the HSE in respect to breaches of this regulation. There were three aspects to the improvement notice with the following outcomes:

Element	Closed
Improvement notice closed in full	2 May 2019
Eliminate or implement additional controls to reduce exposure to vibration to as low as reasonably practicable	2 May 2019
Ensure your procurement process for new and hired equipment considers the risk of HAVs to your employees and where possible specifies low vibration performance for such equipment	20 Dec 2018
Include a schedule of regular audits to ensure that your management arrangements are controlling the risks to employees	20 Dec 2018

The Inspector particularly commended the change in culture and practice that she had observed within the service and the positive engagement with local Trade Union Representatives supporting the improvements.

At her visit on 24 April the HSE Inspector observed a breach of Regulation 5 of the Management of Health and Safety at Work Regulations in relation to grass cutting of banks and lack of suitable and sufficient risk assessment in relation to falls from height. At the time of writing this report risk assessments of each bank are being undertaken, and all areas of the city will be completed by November: external review

As a result of the HSE Improvement Notice the CEO commissioned an external review of our health and safety management arrangements.

The Reviewer was complimentary about the attitudes and approach of the people he met and the evidence he found:

“Plymouth City Council has health and safety systems which are excellent in many ways”

“It was refreshing to find people throughout Plymouth City Council willing and wanting to move forward and continue to improve the current situation”

“There are many examples of high calibre people doing great things and this is the context in which some areas need improving”

Culture was a recurring theme in the report with an emphasis on the importance of Senior Leadership:

“Successful management of health and safety within the Council will be dictated by the culture and this requires a positive and supportive health and safety culture commencing with the most Senior Executives”

Whilst the reviewer did not make any specific recommendations in relation to this he did state that success would be difficult to achieve without the appropriate leadership.

The main recommendations arising from the review focus on the following themes:

- Hazard identification and risk management
- Applying the principle of prevention consistently
- Alignment of policies and procedures between HSW and Facilities Management
- Improving collaboration between Safety Representatives and Service Managers

These themes are reflected in the HSW Business Plan for 2019-20 (Appendix A)

AUDIT AND RISK

The 2018-19 audit programme focused on the key findings from the self-assessment audit programme conducted in 2017-18, and concentrated the corporate HSW team's resources on the higher risk areas across the organisation. Declarations have been received from all Service areas in regards to their compliance with key aspects of HSW Management and risk control. A review of the future audit programme and ISO 45001 accreditation has also been completed.

There were also a series of Controlled schools audits undertaken – these are Schools where Plymouth City Council is the employer, and therefore has responsibilities for their staff and people affected by their operations under the Health and Safety at Work etc. Act 1974, The Management at Work Regulations 1999 and other daughter regulations. The outcome of this audit activity provides assurance that the management of health and safety within our controlled schools is good.

TRAINING

A focus on compliance with mandatory training has continued during 2018-19 demonstrating 81% compliance with our basic induction programme; this is an 8% increase on 2018-19. Additional sessions have been specifically organised for Managers Induction, where general compliance is low at 36%. This course provides a comprehensive view of the HSW Management arrangements within The Council and comprises e-learning and a taught session. It is valued by people who attend and targets are now being included in the balanced scorecard for each service area to achieve compliance by the year ending March 31 2020. Additional taught sessions have been organised to support service areas meeting their targets since January 2019 and will continue throughout the year.

International Workplace has been commissioned to provide IOSH Managing Safely for Senior Managers and Senior Executives via e-learning, to allow flexibility in completing the course. At year end compliance stood at 36%, which at the time of writing this report now stands at 47.9%

The Council recognises that achieving compliance with mandatory training is fundamental to achieving a pro-active approach to health, safety and wellbeing, and raising the general ability of employees at all levels to make informed decisions on the management and escalation of risk. Data will continue to be published on a monthly basis to support Service Areas to achieve compliance.

WELLBEING

In 2018-19 we undertook a corporate-wide approach to the HSE wellbeing and resilience survey. Previously this had been undertaken at a localised team level, with no corporate visibility of organisational health.

The results were analysed alongside the Staff Survey results 2017, A Safety Climate Tool Survey and staff sickness information. With the exception of the staff survey results, the return from the surveys were less than 50% from the majority of service areas and therefore caution has been exercised in generalising the findings. That said, the triangulation of data has provided a rounded view of wellbeing across the organisation and the results ring true in terms of the current working environment and known pressures.

The findings provided recommendations for addressing

3 key areas: working intensively, relationships (internal and with customers) and musculoskeletal. As part of business planning activity for 2019/2020, Directorates were asked to speak to their staff and agree actions to address these factors. These action plans are then monitored through our Joint Consultative Committee structure with Trade Unions.

At year end 31 Wellbeing Champions continue to work within their Directorates to provide a listening ear to colleagues and provide health promotion activities aligned to National Campaigns.

4. Other
5. Slips trips and falls

Data in respect of our Controlled Schools is reported separately

INCIDENT REPORTING AND LEARNING

The statistical data will show that overall there has been an increase in the number of incidents reported from an accident and incident rate of 189 to 243 per 1,000 employees (rounded) with a particular increase in incidents of violence and aggression towards staff (39 to 56 per 1,000 employees). Caution should be exercised in concluding that more incidents are actually happening, rather that there continues to be a focus on embedding a positive reporting and learning culture. Local steps are taken to investigate incidents at the appropriate level and to review risk assessments to ensure suitable and sufficient controls are in place. Near miss reporting is gradually improving, although more can be done to promote this. We would expect that our Business Plan for 2019-20 will have a positive effect on raising awareness further and encouraging people to report (see Appendix A).

There is a continued upward trend of RIDDOR reportable incidents from four in 2015-16 to twenty-six in 2018-19. In part this is due to the work on vibration and employees coming forward with diagnosis of Hand Arm Vibration Syndrome or Carpel Tunnel. There has also been a spike in over seven day absences attributed to a work related incident. For the first time we have been able to report lost time incidents, which also shows an increasing trend – work is ongoing to understand the data and is informing local actions in respect of addressing root causes.

The report will provide detail about the top five incident types which are:

1. Unintentional violence
2. Verbal Violence
3. Road Traffic Accidents

DELIVERY IN 2018-19

GOVERNANCE AND ACCOUNTABILITY

Accountability for our duty of care to our employees under the health and Safety at Work Act etc. 1974 and the Management of Health and Safety at Work Regulations 1999 sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in our Corporate Policy and Facilities Management Policy, describing a systems leadership approach, with roles and responsibilities dispersed throughout the organisation. As recommended by an external reviewer, these two core policies will be reviewed and amalgamated in 2019-20, along with consolidating all related performance standards for ease of accessibility and understanding by all employees.

The Executive Director and Chair of the Health, Safety and Wellbeing (HSW) Steering Group is the Strategic Director for Customer and Corporate Services. This is a new Directorate, replacing Transformation and Change, to reflect The Council's increased emphasis on serving the residents of our City with a clear emphasis on positive customer experience. Within the Directorate is HROD, which is where the Corporate HSW Assurance Team sit. The Portfolio Holder for HSW continues to be Deputy Leader Peter Smith.

The learning and development of our arrangements for the control of exposure to vibration, combined with the recommendations of the Gleeds review has resulted in approval for two additional HSW Competent Persons to be appointed. One post will be embedded within our Place Directorate with a focus on our Street Services and Waste Operations, and one to support the delivery of a formal audit programme by the Corporate HSW Assurance Team. At the time of writing this report role profiles and adverts are being prepared. These posts are specifically to fulfil our requirement under the Management of Health and Safety Regulation 7:

Health and safety assistance

7.—(1) Every employer shall, subject to paragraphs (6) and (7), appoint one or more competent persons to assist him in undertaking the measures he needs to take to comply with the requirements and prohibitions imposed upon him by or under the relevant statutory provisions and by Part II of the Fire Precautions (Workplace) Regulations 1997.

(2) Where an employer appoints persons in accordance with paragraph (1), he shall make arrangements for ensuring adequate co-operation between them.

(3) The employer shall ensure that the number of persons appointed under paragraph (1), the time available for them to fulfil their functions and the means at their disposal are adequate having regard to the size of his undertaking, the risks to which his employees are exposed and the distribution of those risks throughout the undertaking.

There has been a delay in implementing the digital HSW management system purchased from SHE Assure in 2018, due to a lack of project support. This has now been addressed and the system is in the final stages of configuration to enable user testing in June and to run a pilot in July, before rolling out across the organisation

in October 2019.

Brief reference cards have been produced for a variety of HSW topics and have been used in two coaching for safety events: Team Plymouth Sept 2018 and the HSW Steering Group away day in April 2019. The topics are relevant to the general management of HSW and describe 'what goods look like'. These are now published on staffroom for all to access.

At the time of writing this report the HSW Steering Group meetings have been increased to every other month from quarterly to reflect the amount of improvement work taking place. On 10 June they approved the business case to gain ISO45001 accreditation by 2021/22.

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.

HSE IMPROVEMENT NOTICE

As reported in our last annual report, on the 7 December 2017 our Street Services department was the subject of an HSE Inspection in relation to 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 an improvement notice; we have worked with the HSE over the last fifteen months to ensure full compliance, and the notice was lifted in March 2019. During the course of our improvement programme, five further colleagues have come forward with RIDDOR reportable diseases, due to their exposure to vibration in the course of their historical work. These incidents have been fully investigated and the lessons learnt continue to inform our approaches to preventing harm being incurred by others. All seven employees continue to work for the Council in roles where their exposure to vibration has either been eliminated or appropriately restricted. Plymouth City Council takes its duty of care for our staff very seriously and is sorry that during the course of their employment, diseases have developed that have a debilitating impact on their lives. The Council is continuously seeking improvements in our management of health, safety and wellbeing to prevent any adverse impacts on our staff.

A basic requirement of the Regulation (2005) is to reduce exposure to vibration to As Low as Reasonably Practicable (ALARP). The improvements made to date have enabled us to reduce exposure to below 250 points, for most operators, most of the time, but the requirement doesn't end there. With new controls in place, including protocols around the purchase of equipment and engineering attachments, vibration magnitudes of certain tools have been further reduced.

In keeping with the HSE hierarchy of risk control, the following summary of improvement actions is provided:

Eliminate

A new protocol has been agreed to consider, within the Planning Application process, physical changes to Council owned and maintained green estates and spaces so as to eliminate and/or significantly reduce the need for land management operatives to maintain the areas

Existing areas across the City are designated as meadows or green corridors so to remove the requirement for grass cutting or other interventional maintenance

Reduce

Tools and Equipment – The service has procured a selection of new equipment which has been rigorously tested to ensure compliance with the relevant regulations and operates within acceptable levels of Hand Arm Vibration exposure

Use of mechanical excavator with hydraulic breaker to substantially reduce the use of manual breaker

Modifications to existing inventory has resulted in a considerable reduction in vibrational output of existing tools and equipment

Creation and utilisation of a bespoke Vibration Exposure Calculator (VECS) which enables team leaders to enter demographic details of team members and tools on a daily basis to calculate and adjust exposures to ensure exposure is ALARP.

Control

Improved operational processes and schedules

Improved training and education

Prioritisation of Hand Arm Vibration as a risk to be included in daily communications with team

Improved resource planning – increasing available staff working to revised schedules.

Monitor and audit

Welfare and supervision checks are in place to ensure operators are clear about the new working practices and adhering to them; also to engage them in discussions about effectiveness and any additional actions required

Health Surveillance - Enhanced processes and monitoring to ensure that relevant and necessary actions are taken to ensure the health and safety at work of staff.

The use of the Tool Exposure Points functionality in Reactec on a rotation basis to check that the controls in place are effective and adjust working schedules accordingly.

The Council was commended by the HSE Inspector for the improvements achieved; the change in culture and Trade Union engagement was particularly noted.

EXTERNAL REVIEW

In the light of the HSE Improvement Notice served in December 2017, Gleeds Ltd was commissioned to undertake an external review of The Council's Health, Safety and Wellbeing management arrangements. The overall purpose was to provide assurance in regards to our compliance with the Health and Safety at Work Act etc. 1974 and Management of Health and Safety at Work Regulations 1999 with four specific areas of focus:

- The Strategic framework for Health, Safety and Wellbeing
- Street Services
- Schools
- Safety Representatives engagement

The review took place in December and the final report was presented to Tracey Lee, Andy Ralphs, Anthony Payne and Councillor Peter Smith at the end of March. Due to time constraints the review was predominantly desk top in nature, but included, where possible, site visits and meetings with staff.

The Reviewer was complimentary about the attitudes and approach of the people he met and the evidence he found:

“Plymouth City Council has health and safety systems which are excellent in many ways”

“It was refreshing to find people throughout Plymouth City Council willing and wanting to move forward and continue to improve the current situation”

“There are many examples of high calibre people doing great things and this is the context in which some areas need improving”

Culture was a recurring theme in the report with an emphasis on the importance of Senior Leadership:

“Successful management of health and safety within the Council will be dictated by the culture and this requires a positive and supportive health and safety culture commencing with the most Senior Executives”

Whilst the reviewer did not make any specific recommendations in relation to this he did state that success would be difficult to achieve without the appropriate leadership:

“If Senior Executives are pro-actively supporting health and safety initiatives, listening to competent advice, purposeful in their allocation of time, people and resources to health and safety issues, actively participating at health and safety meetings, and forums, this will become the attitude of the vast majority of staff”

“Staff have made comments about a fear culture and blame culture in individual conversations and this is also reflected in the safety climate survey”

The role of our Senior Leadership Team and additionally the HSW Steering Group is key in modelling positive behaviours as Ambassadors for health, safety and wellbeing across the organisation.

The main recommendations arising from the review focus on the following themes:

- Hazard identification and risk management
- Applying the principle of prevention consistently
- Alignment of policies and procedures between HSW and Facilities Management
- Improving collaboration between Safety Representatives and Service Managers

These themes are reflected in the HSW Business Plan for 2019-20 (Appendix A)

TRAINING

As in previous years, the HSW Assurance Team has provided a core training programme for staff comprising a range of mandatory, essential and risk/job-related training courses. All HSW training 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 with IOSH courses now available by eLearning.

Fewer courses were planned in 2018-19, to take account of demand reducing on some courses. This led to an improvement in the level of scheduled courses actually taking place. As for previous years, the main reason for courses not taking place have been bookings below the base level of 6 people, often due to late cancellations.

To support the organisation in compliance with manager's induction training, the HSW Team planned additional courses. There were some teething

problems with attendance at this training leading to a reduction in the delegate attendance but this has now improved.

	2016-17	2017-18	2018-19
Number of courses planned	111	107	71
Number of courses taken place	81	90	63
Percentage – courses taken place	73%	84%	89%
Number of courses cancelled	30	17	8
Total number booked on courses	990	762	784
Total course – delegates attended	516	602	536
Percentage – delegates attended	71%	79%	68%
Percentage – delegates did not attend	29%	21%	32%
Percentage evaluations received	39%	34%	42%
Percentage satisfaction score	91%	72%	74%

Training Compliance has been a corporate priority for 2018-2019, with a commitment to achieve full compliance with mandatory training. Steady progress has been made and plans are in place to achieve full compliance by March 2020. To support this, the HSW Team has provided additional courses and has worked with our partner International Workplace to provide e-IOSH Training for senior leaders and senior managers.

All Departments are required to have planned for the HSW training provided to their staff and to develop Training Needs Analysis to manage and document the training provided.

The Council has changed the way in which feedback is received from participants which has resulted in a decrease in evaluations received. In 2018/2019, a small increase was seen in evaluations received and the satisfaction score. Further efforts will be made to increase evaluation and satisfaction.

AUDIT AND RISK

The 2018-19 audit programme focused on the key findings from the self-assessment audit programme conducted in 2017-18 and concentrated the corporate HSW team's resource on the higher risk areas across the organisation. A review of the future audit programme and ISO 45001 accreditation has also been completed. There were also a series of Controlled schools audits undertaken – these are Schools where Plymouth City Council is the employer, and therefore has responsibilities for their staff and people affected by their operations under the Health and Safety at Work etc. Act 1974, The Management at Work Regulations 1999 and other daughter regulations.

Self-assessment process.

Following analysis of the self-assessment returns from each service area, the findings resulted in a number of key focus areas endorsed by our Corporate Management Team and the HSW Steering Group. These were:

- Health and Safety Risk Assessment Register - to be up to date for all activities in a service area that have been assessed as either a low, medium or high risk and having a suitably associated risk assessment
- HSW Action Plan – for each service area to capture and manage their risks
- HSW document control - that can provide the “golden thread” of their HSW Management System
- HSW Training Matrix - that is current and can demonstrate that a training needs analysis of a service area's workforce has been completed

Higher Risk Areas

The HSW Assurance Team also profiled departments and service areas which had the highest risk, based on the self-assessment returns and their working knowledge of risk. There were ten areas identified as the primary areas of focus in 2018/19 and additional support was given to ensure suitable and sufficient HSW management arrangements were in place to satisfy HSG65.

By year end all departments have provided a self-assessment declaration, confirming compliance as follows:

PERFORMANCE – Target 100% across all					
Insert name of service					
	Complete		Evidence available		
Element	Yes	No	Yes	No	Comment
Self-assessment action plan in place					
Action plan monitored monthly					
Risk assessment register in place					
Document control arrangements in place					
HSW Training matrix in place					

A formal audit programme will be implemented in January 2020

Controlled Schools Audit and Monitoring

In 2017-18 we reported that the audit of our then twenty controlled schools, providing assurance that we had adequate assurance of the HSW management in schools. Monitoring has taken place during 2018-19 which has increased our assurance rating to good compliance.

The Facilities Management Team have also carried out compliance audits of the now sixteen controlled schools in autumn 2018. The results demonstrated an 86.15% compliance rate overall, and actions have been taken to support schools to address any non-compliance concerns.

The action plan assigned tasks for members of staff, with support from PCC competent persons as and when requested. As actions have been completed by the school, evidence and notification has been received by PCC in order to close case.

Listed below are a number of actions that are in place since the audits were completed.

- Preparation of retention schedules for Corporate Buildings as well as schools.
- Training has been offered to schools in the areas of: Asbestos Management for PICs
- General training for Persons In Control
- Development of a Legionella Awareness course.

Controlled Schools will have a compliance audit

undertaken in 2019-20

Asbestos Survey

The Department for Education commissioned an asbestos survey (AMAP) for all controlled schools during 2018. Plymouth City Council as the accountable body were required to give assurance to DfE that the responses from schools were accurate. The Council was able to confirm 100% compliance for our controlled schools.

Survey of the Management of stress and resilience

The management of stress in schools was raised as an issue by trade Union colleagues through the Education Participation and Schools, Joint Consultative Committee Sub Group. As a result a survey was carried out of our 16 Controlled Schools.

The survey sought to provide a position statement on how stress and resilience is managed in compliance with legal and corporate requirements. The survey results demonstrate that, in the main, there is a good understanding of the need to manage stress and resilience but with varying responses detailing formalised processes. The current position is now classed as providing reasonable assurance that HSW risks are being managed. However, there is more to be done to achieve good or excellent assurance and so the HSW Team continue to monitor and provide support and assistance.

WELLBEING

Wellbeing and resilience survey

For the first time this year, we undertook a corporate-wide approach to the HSE wellbeing and resilience survey. Previously this had been undertaken at a localised team level, with no corporate visibility of organisational health. Individual stress and resilience risk assessments continue within normal management arrangements.

The results were analysed alongside the Staff Survey results 2017, A Safety Climate Tool Survey and staff sickness information. With the exception of the staff survey results, the return from the surveys were less than 50% from the majority of service areas and therefore caution has been exercised in generalising the findings. That said, the triangulation of data has provided a rounded view of wellbeing across the organisation and the results ring true in terms of the current working environment and known pressures.

The findings provided recommendations for addressing 3 key areas: working intensively, relationships (internal and with customers) and musculoskeletal. As part of business planning activity for 2019/2020, Directorates were asked to speak to their staff and agree actions to address these factors.

In 2017 a Wellbeing Specialist Post was created as a pilot to support targeted areas with additional programmes of action to address key areas. It has not been possible to fully embed this role within the organisation due to the departure of the initial recruit in 2018 and successor in 2019. This post is currently under review.

Wellbeing Champions

Our wellbeing champions are volunteers in our workforce 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

In April 2018 we had 20 active workplace wellbeing champions. This increased to 31 following a recruitment campaign and training in October. The service provided is completely confidential, but data is collected on the number of hours utilised in their role.

Total Hours of champion logged activity

April 2018	10.5hrs
May 2018	7.5hrs
June 2018	10.5hrs
July 2018	12hrs
Aug 2018	4hrs
Sept 2018	6hrs
Oct 2018	21hrs
Nov 2018	8hrs
Dec 2018	3hrs
Jan 2019	29.5hrs
Feb 2019	46.5hrs
March 2019	19hrs

As well as supporting individual colleagues the following activities have been run over the course of the year:

One You

January 2018 as part of the New Year New You campaign the champions promoted the One You quiz and Plymouth Eat Well resources <https://www.oneyouplymouth.co.uk/eat-well/>

March 2018 promoted the Nutrition on the go (400-600-600 calorie) campaign - <https://campaignresources.phe.gov.uk/resources/campaigns/71-nutrition-on-the-go/overview>

Promoted active 10 walks throughout the year

Designed an active 10 walk in Windsor House

Stoptober – a workshop was attended by the champions with a focus on support quitters to access the Livewell Stop smoking service

Sugar Smart

February 2018 Sugar Smart Ambassador training delivered to 20 people at Windsor House

September 2018 - Staffroom and social media related to Sugar Smart

Developed a Sugar Smart action plan for The Council

As part of Sugar Smart September we held 2 lunchtime workshops in Ballard and Windsor House - messages, myth busting and quizzes delivered by wellbeing champions.

Work with Cater-Ed to deliver Sugar Smart services

Alcohol

November 2018 Alcohol IBA training workshops (Windsor & Ballard House) during alcohol awareness week in November 2018

The Plymouth Active 10 Walking Challenge

October 2018 – promoted and took part in the Plymouth Active 10 Walking Challenge

Mental Health

- 5 Ways to Wellbeing (CLANG) workshops delivered in 3 venues
- 5 Ways to Wellbeing (CLANG) resources put on staffroom/newsletter

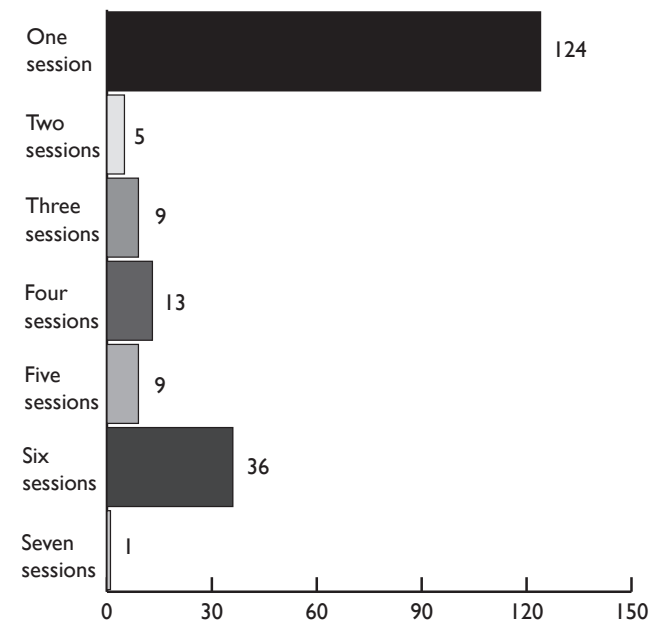
Employee Assistance Programme

The Council continues to contract with PAM Assist to provide a comprehensive employee assistance programme which all employees are able to access. During 2018-19 there were XX hits on their website which is a significant decrease from 2017-18. The website provides a range of advice and guidance relating to various health and wellbeing topics, money management and legal matters. The most frequently viewed pages continue to be all aspects of mental health and on-line counselling support.

The level of access to telephone counselling dipped considerably in 2018-19 whereas face to face counselling remained around the same level as the previous year (62 and 400 sessions respectively). The table below demonstrates that the average number of

sessions is two per person, however the majority of people only need one session, with thirty-eight people needing six sessions. Only in extenuating circumstances is more than six sessions agreed.

Quantity cases by quantity sessions YTD



The terms of the contract are being changed for 2019-20 which will negate the need for managers to approve counselling sessions; this has been cited as a reason why some people will not approach the service when they are in need.

Occupational Health

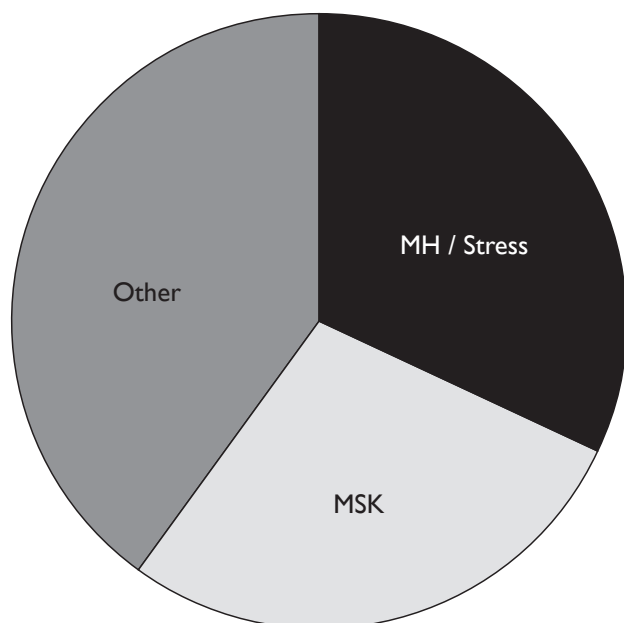
During 2018-19 our local Occupational Health Provider IMASS was purchased by Medigold Health, a National Company. This has brought the benefit of national expertise being available locally, which has been particularly helpful in terms of our health surveillance arrangements. In August 2018 we were visited by Jackie Williams, Associate Director of Health Surveillance who provided a Health Needs Analysis of our Health Surveillance arrangements in Street Scene and Waste. Mobile Clinics are now provided on site on a regular basis at Prince Rock to improve access and compliance.

Medigold (and previously IMASS) provided 518 pre-employment checks in support of The Council's recruitment process and 281 Occupational Health appointments in 2018-19. This is broadly consistent with the last two years. The primary reasons for referral continue to be mental wellbeing and stress, musculoskeletal concerns and fitness to work. Managers categorise their referrals as follows:

Reason for referral	Total
A significant period of absence e.g. a hospital stay or long term absence of 4 weeks or more	81
Concerns that the employees work is being affected by a medical condition	43
Concerns that work may be exacerbating a medical condition	38
Employee appears to be suffering from negative levels of pressure / stress in either their personal or working life	71
High levels of short term absence for seemingly minor reasons	7
Other	41
Total	281

The following pie chart shows the two top concerns identified by the Occupational Health Service compared with all other concerns:

Referrals to Occupational Health by cause



This is consistent with our sickness data, and national data concerning the top reasons for sickness absence in the UK.

Flu programme

In 2018-19 we have estimated that 28% of our staff would have received a flu vaccination. This includes:

- Staff who would have met the governments criteria for receipt of a free vaccination via their GP or Pharmacy (based on our Health Needs Assessment)
- Staff who work in social care roles with direct contact with vulnerable residents who were eligible for a free vaccination from their GP practice or pharmacy (based on employee numbers in front line social care roles)
- Staff who redeemed their voucher for a free vaccination via Boots Pharmacy through The Council's free offer (Management Information)
- Staff who work in our Street Services Teams who attended an on-site clinic for vaccination (management Information)

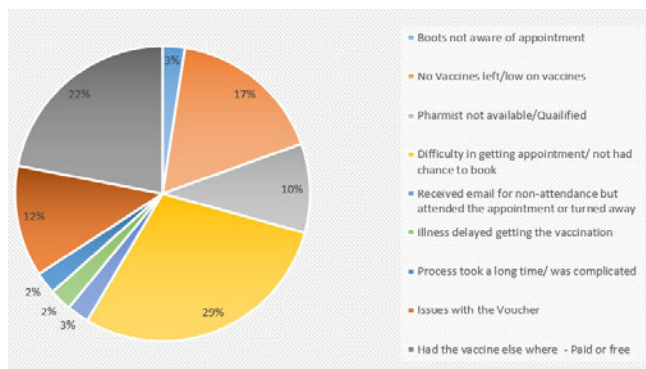
The Council also extended an offer to all Plymouth's schools, whereby they were able to buy into our voucher scheme or book a vaccination clinic with our Occupational Health Provider. One school offered employees a clinic and 16 offered vouchers totalling 160 staff.

The following table illustrates the take up rates for The Council's offer compared to previous years:

Directorate/ Department	2016	2017	2018
Executive Office	17	3	20
People	128	185	176
Place	109	55	129
Public Health	9	16	16
Transformation and Change	137	134	147
Grand Total	400	393	488

In addition to the above, based on workforce statistics, a further 396 staff may have received a free vaccination via their GP practice or surgery, and there may have been additional staff who purchased their own flu vaccination privately which we are not able to account for.

Out of the 488 vouchers requested, 262 were redeemed (54% rounded). Whilst disappointing, this is in line with other national corporate flu programmes. The following graph illustrates the reasons for non-redemption (based on the experience of 41 people):



Continued funding of a flu vaccination programme for our staff has been approved for 2019; arrangements for the programme are under review.

ACCIDENT AND INCIDENT REPORTING AND LEARNING

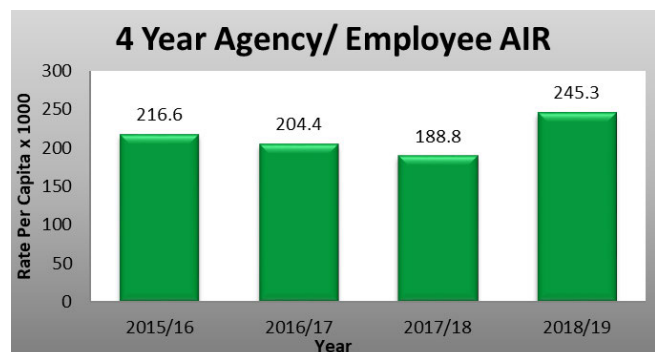
All data presented in this report has been extracted from an MS Access data-base managed by the corporate HSW Assurance Team. Data is presented as a ratio of incidents per thousand workforce population (headcount) to standardise the rate and allow comparisons between years. This data is for Employees & Agency workers only, and does not include PCC Maintained schools.

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 it can be seen that there has been an increase in the number of incidents reported in 2018-19, following a decreasing trend: 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, and the increased rate likely reflects this improved reporting culture.

Graph I – Four year Employee/ Agency incident rate

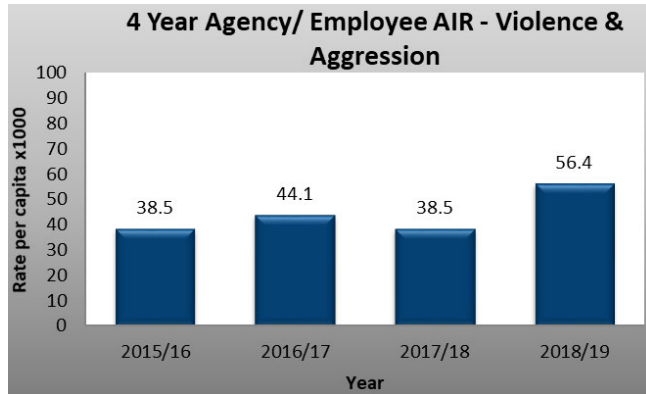


Please note that these figures differ from the data provided in 2017-18 annual report. This is because these figures now represent PCC employees and agency staff only, for a more accurate accident/ incident rate, and do not include data from PCC Maintained Schools.

An increase has been noted in the rate of incidents of violence and aggression reported by PCC staff and Agency workers. These have primarily occurred amongst customer-facing staff in locations such as the First-Stop shop and Libraries – incident data is not conclusive as to the cause of this increase, but it may reflect social pressures caused by external factors outside PCC control, such as the introduction of Universal Credit. There has been a particular drive to encourage staff to report incidents of violence and aggression in customer facing service areas, therefore some of the increase in incident rate may be attributed to an increase in reporting. Focused HSW support is being provided to management in such areas, along with involvement of Trades Union colleagues, to ensure effective risk mitigation is in place.

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 effective risk controls.

Graph 2 – Four year Employee/ Agency Violence & Aggression Rate



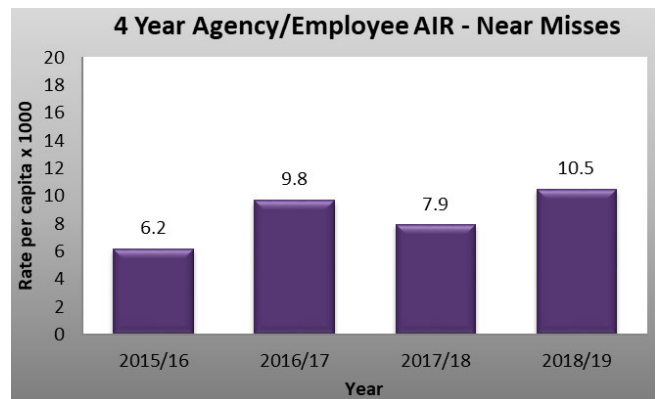
These figures represent PCC employees and agency staff only, for a more accurate accident/ incident rate, and do not include data from PCC Maintained Schools.

Near-miss reporting:

The number of near-misses reported by an organisation (in relation to the number of incidents) is a good “leading” (or pro-active) indicator of the effectiveness of the health & safety culture. It is encouraging to see an increase in the number of near-misses reported from the previous year, and a positive trend; however the overall numbers reported continue to be low.

To address this, near-miss and hazard reporting are a key focus for 2019/20. This will be supported by the implementation of SHE Assure, the new on-line HSW management system, providing ability to log incidents, near-misses and hazard reports through an online portal and through an app for mobile devices and phones. It is expected to be effective in significantly increasing the number of near-misses and hazards reported: every one of these represents the opportunity to correct or control a hazard before it leads to injury or ill-health.

Graph 3 - Four Year Near-Miss reporting rates.



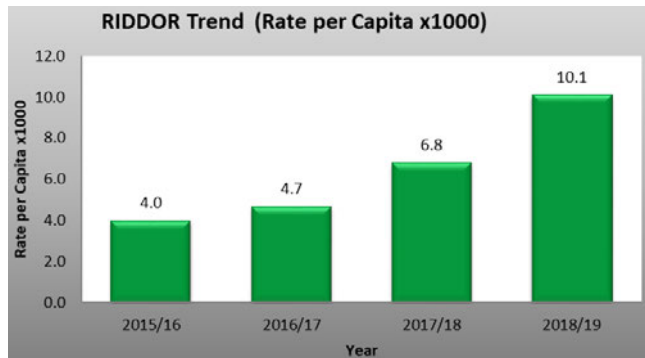
These figures represent PCC employees and agency staff only, for a more accurate accident/ incident rate, and do not include data from PCC Maintained Schools.

RIDDOR Reports & Lost-time Incidents.

The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (known as RIDDOR) puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, over 7-day absences from work, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive.

RIDDOR rates are a well-established lagging indicator (a reactive indicator of ‘what has happened’), but as the difference between whether an incident can meet the RIDDOR reporting criteria or not can often be very slight, another effective lagging indicator is Lost-time Incidents. For this year’s annual report, we have also produced data on incidents where more than 1 day’s absence has occurred as a result of a work-related incident.

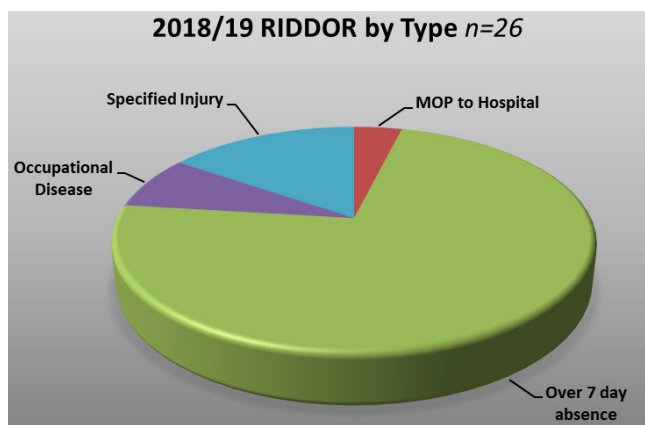
Graph 4 – Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) incident rates



These figures represent PCC employees and agency staff only, for a more accurate accident/ incident rate, and do not include data from PCC Maintained Schools.

The total number of RIDDOR reportable incidents for the year was 26, this was 8 more than the previous year. The proportional breakdown of RIDDOR incidents by type is shown in below, in graph 5:

Graph 5 - Proportional representation of 2018/19 RIDDOR incidents by RIDDOR type.



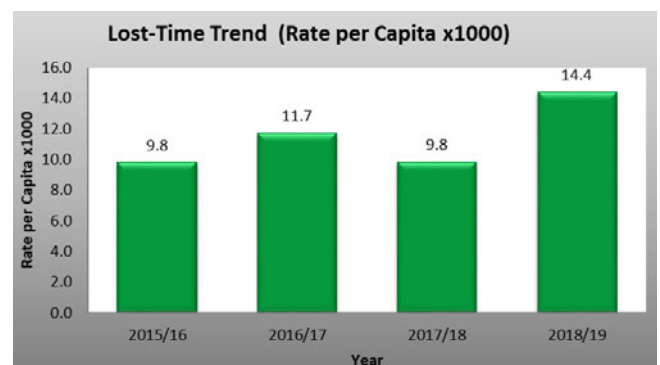
These figures do not include data from PCC Maintained Schools.

The increasing trend in RIDDOR incidents is specifically linked to an area of council operations with high levels of manual handling and use of machinery. Extensive focus has been given to supporting Health and Safety improvements in these areas over the past year, and this is ongoing.

Lost time incident rates

Graph 5 shows the trend in Lost-time Incident rates. As with the RIDDOR data, this shows an increasing trend, although the annual figures fluctuate – again, the increasing trend is specifically linked to the same operational area of council activities, and the same ongoing extensive focus on Health and Safety in these areas is in place.

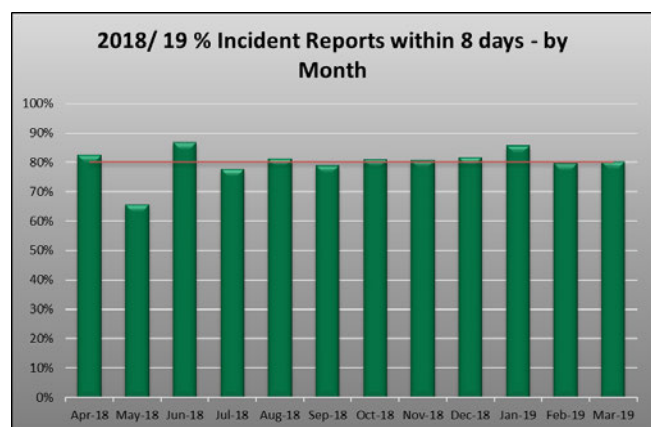
Graph 6 – Lost-time Incident rates.



These figures represent PCC employees and agency staff only, for a more accurate accident/ incident rate, and do not include data from PCC Maintained Schools

Incident reporting:

In 2018 the standard for reporting incidents was reduced to 8 days (to assist with timely RIDDOR reporting) and will be reduced further with the implementation of the on-line HSW management system, later this year. Performance against the 8 day standard for incident and accident reporting has stayed steady compared to the previous year. Where the standard was not met each month was generally due to specific spot-failures to report on-time from areas that produce high volumes of incident reports, and thus have a disproportionate effect on the monthly totals.

Graph 7 – Incidents reported within 8 days

Types of incidents: Graph 8 shows the types of incidents reported and indicates that the top 2 incident types for the year remain the same as in 2017-18:

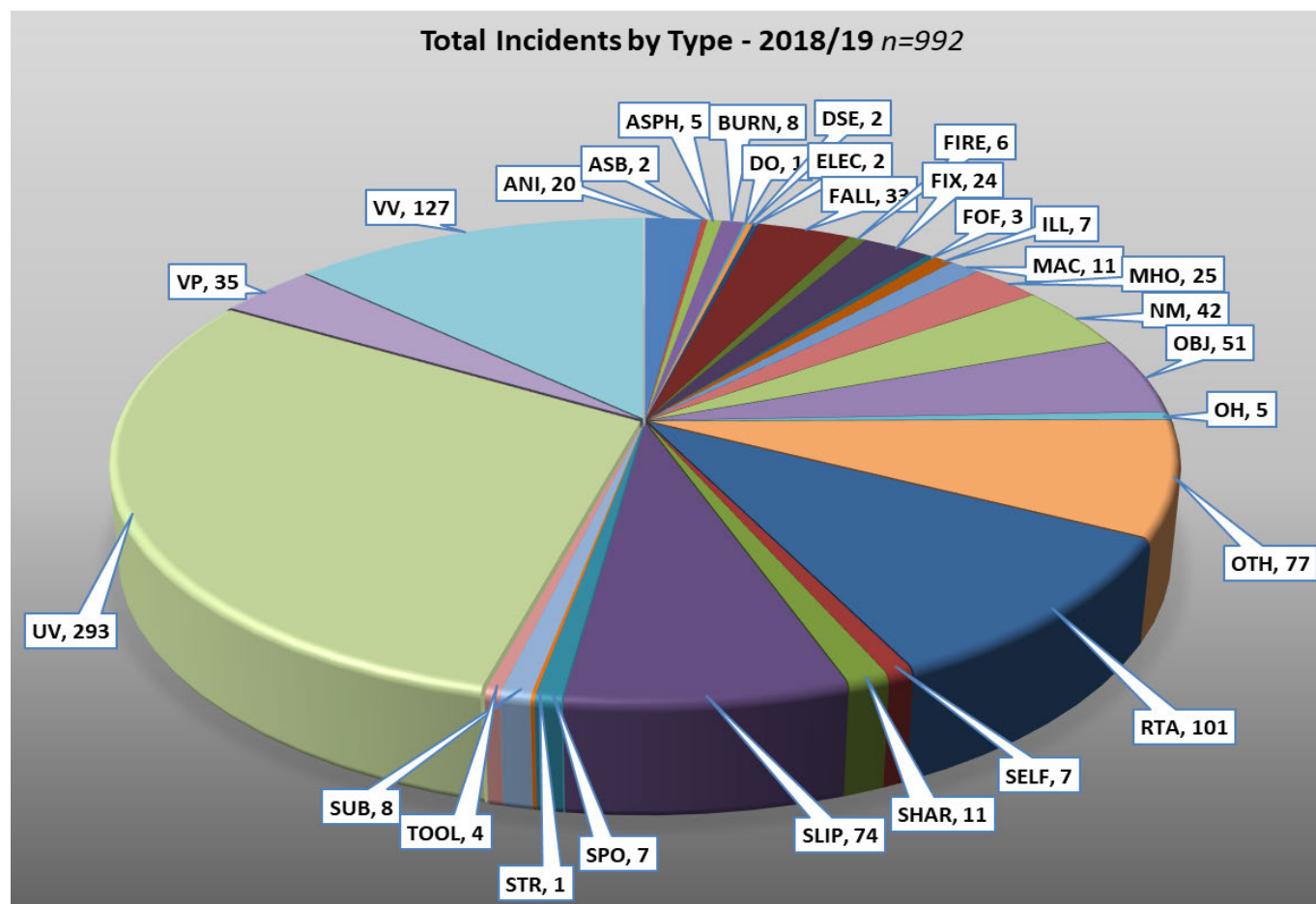
Themes and trends

- Unintentional violence: 30% (293 occurrences) of the total incidents reported in 2018-19. All of these occurring within our adult care facilities and associated with the transport provision for these centers and transport for special schools.
- Verbal Violence: 12.8% (127 occurrences). The majority of these incidents occur to customer facing staff such as Concierge and Customer Services staff.
- Road Traffic Accidents: 10% (RTA 101 occurrences). This high figure is misleading, as the majority of RTA incidents occur during transport provision for Special School and Adult care centers, and do not result in any injury. However, for such events, a separate incident report is logged for every passenger on board, which artificially inflates the total figures.
- Other: 7.76% (77 occurrences) this consists of incidents that do not fit into any other category. The increase over last year is due to an upswing in incidents from Customer & Corporate Services Directorate, and include incidents such as, for example, public drunkenness in Libraries. With the implementation of the new on-line HSW management system, further categorisation will become available, thus reducing the number of incidents that fall within the "other" category.
- Slips, Trips & Falls 7.5% (74 occurrences). The occurrence is roughly equal amongst Directorates,

with the exception of Place Directorate, where this is the top incident type, accounting for 17% (31 incidents) across the year.

Local investigations take place for each incident in accordance with our Performance Standard for Investigating Incidents which includes a review of risk controls and the updating of risk assessments accordingly.

Graph 8 – Incidents by type



These figures do not include data from PCC Maintained Schools.

Key

Code	Incident Type
ANI	Injured by an animal or insects
ASB	Exposure to Asbestos
ASPH	Drowned, asphyxiated, or choked
BURN	Injury from hot or cold contact (e.g. scald)
COLL	Trapped by something collapsing
DO	Dangerous Occurrence (RIDDOR definition)
DSE	DSE related health problems
ELEC	Contact with electricity or electrical discharge
EXP	Exposed to explosion
FALL	Fall from a height
FIRE	Exposed to fire
FIX	Hit something fixed or stationary
FOF	Client/Member of the Public - Found on Floor with no other cause identified
ILL	Illness – not work-related
MAC	Contact with moving machinery or material being machined

MHO	Injured while handling, lifting or carrying
NM	Near Miss
OBJ	Hit by a moving, flying or falling object
OH	Work-related ill health / occupational disease
OTH	Other kind of accident or incident
RTA	Hit by moving vehicle or other transport incident
SELF	Self-harm
SHAR	Needle stick or sharps injury (Cut by sharp object)
SLIP	Slipped, tripped or fell on same level
SPO	Injured during sports activity
STR	Stress
SUB	Exposed to or in contact with a harmful substance
TOOL	Injured while using hand tools
UV	Unintentional Violence
VP	Physically assaulted by a person
VV	Verbally assaulted or threatened

OFFICIAL

PCC Maintained School

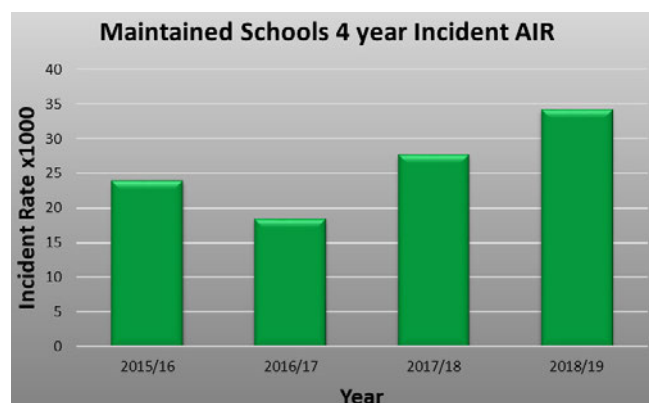
Data from Maintained Schools is separated from the main data set due to the difference in the nature of incidents occurring in an educational environment, thus rendering comparison data unreliable when included in the main data. There are two key factors to bear in mind when reviewing incidents relating to children and young people / children with special needs:

- Children and young people are known to have limited insight into health and safety risks due to their inexperience, immaturity and lack of awareness of risk
- Children with special needs can experience involuntary movements and actions which result in harm or injury to others

In 2018-19 we had 16 Maintained Schools with 1124 staff serving 5351 pupils

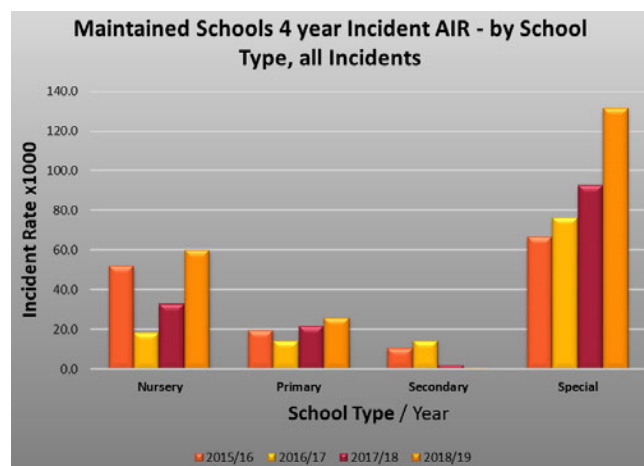
The total incident rate, as shown in Graph 8, has increased over recent years – this reflects an increase in incidents to staff, rather than pupils, which has remained steady for the last two years. It is not known if this represents an actual increase in incidents or an improving reporting culture.

Graph 9 – Total numbers of School incidents reported per year



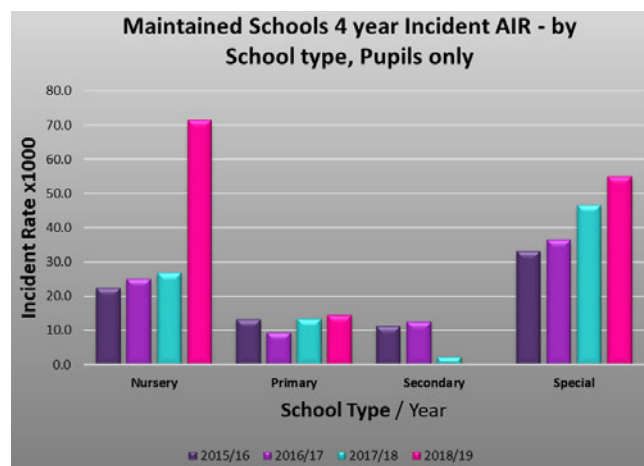
The number of incidents being reported by Special Schools is showing an increasing trend, this includes both an increase in incidents occurring to pupils, and an increase in incidents occurring to Staff – see Graph 10. This may represent an improvement in incident reporting, but may also have other causes.

Graph 10 – Incident totals by school type, Agency & Employee incidents only



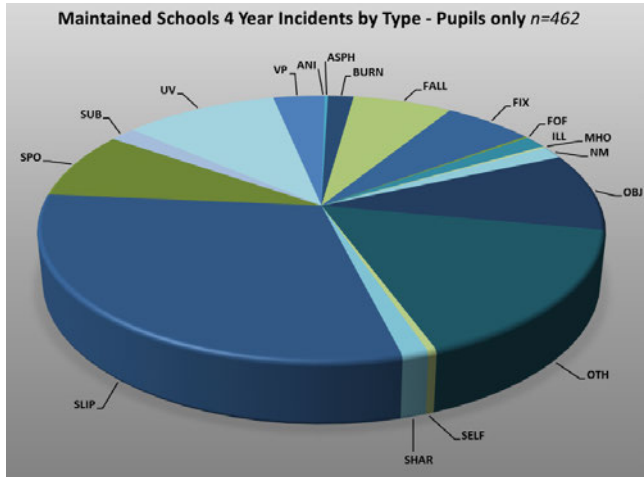
There was also a significant increase in the nursery pupil incident rate in 2018/19, however, as the actual number of incidents is still very low (8 in total), this result can be seen as an outlier – see graph 11:

Graph 11 - Incident totals by school type, Pupil incidents only



Incidents by Type: Unintentional Violence incidents are consistently the highest number of incidents reports each year; this reflects the high number of such incidents reported from Special Schools. It is worth noting that these incidents primarily affect staff, the highest incident type reported to pupils is Slips, Trip & Falls, whereas this is the second highest incident type reported to staff (Graph 12).

Graph 12 – Incident types occurring to pupils



Incident reporting within 8 day standard

The number of incidents reported on time from maintained schools continues to be low – in the last year, the average was 47% incidents reported within 8 days, and the 80% minimum goal was not met in any single month (see graph 12). It is anticipated that the implementation of the new on-line HSW management system will significantly improve timely reporting of incidents from schools.

CLAIMS

The following table relates to claims from employees who have suffered injury or ill health which has been attributed to a breach in the duty of care owed by The Council.

	2015/16	2016/17	2017/18	2018/19
Total claims in year	13	6	13	17
Outcomes	8 settled	-	4 settled (all repudiated)	2 settled (all repudiated)
Number in due process	5	11	20	35

In 2018-19 twelve claims relate to accidents at work and five to diseases related to work activities

APPENDIX A:

IMPROVEMENT PLAN 2019-20

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2019-20					
Objective	Key actions	Measurement	Owner(s)	Target Date	RAG
PLAN					
1. All employees are clear about their individual role and responsibility for HSW	1.1 Review, update and consolidate the Corporate and FM HSW policies aligned to ISO 45001 standards	1.1 One cohesive policy is available	1.1-1.3 Clare Cotter / Ralph Bint	1.1-1.3 30.09.19	
	1.2 Complete a systematic and prioritised review and refresh of performance standards across HSW and FM providing a cohesive and accessible suite of guidance for staff aligned to ISO45001 standards	1.2 One comprehensive suite of performance standards is available on staff room			
	1.3 Develop a programme of communications to ensure people are aware of the performance standards relevant to their work activities and the risks inherent in not following them	1.3 A rolling programme of updates is in place bespoke to service area needs			
	1.4 HSW objectives are clearly identified in people's appraisals commensurate with individual roles and responsibilities	1.4 HSW reporting through the Steering Group and JCCs demonstrates continuous improvement as identified through local business plans	1.4 All Managers	1.4 31.08.19	
	1.5 Review and ensure the appropriate resource of competent advice and support at strategic, tactical and operational level	1.5 Directorates have suitable and sufficient resources to manage HSW	1.5 Directors	1.5 30.09.19	
	1.6 Develop and roll out: SPOT IT! SORT IT! REPORT IT! Approach to hazards	1.6 No of hazards identified and managed as recorded on digital system	1.6 Clare Cotter	1.6 31.03.20	
2. TU Engagement in HSW	2.1. Co-create a TU engagement Charter to strengthen the role of Safety Representatives in HSW Improvements	2.1 TU engagement charter in place; demonstrable golden thread of engagement and management of HSW risk through JCC engagement framework	Clare Cotter	30.09.19	

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2019-20					
Objective	Key actions	Measurement	Owner(s)	Target Date	RAG
3. Wellbeing	3.1 Develop and agree a comprehensive Wellbeing Strategy	3.1 Agreed Wellbeing Strategy in place	3.1 Sarah Lees / Clare Cotter	3.1. 30.09.19	
	3.2 Comprehensive review of hazards to health	3.2 All required health surveillance is undertaken	3.2 Clare Cotter	3.2 31.12.19	
Do					
4. Compliance with mandatory and essential HSW training	4.1 All Directorates maintain a contemporary training matrix for HSW that reflects their organisational structure	4.1 Audit demonstrating relevant training identified for work activities required	All Managers	31.03.20	
	4.2 All Managers to ensure staff have completed / in date mandatory training at the appropriate level	4.2 Positive improvement trajectory demonstrated in monthly data			
	4.3 All Service Areas have appropriate numbers of staff trained and competent to undertake risk assessments	4.3 Audit demonstrating risk assessments are suitable and sufficient and relevant to the hazards involved in work activities			
5 Strengthen and maintain a contemporary HSW risk profile across all functions	5.1 All Service Areas to undertake a schedule of workplace inspections in conjunction with Safety Reps	5.1.1 . Schedule in place	5.1.1 Heads of Service	30.09.19	
		5.1.2 . Risk register demonstrating hazards are identified and associated risks managed	5.1.2 Clare Cotter	31.03.20	
	5.2 All Service Areas to maintain a contemporary register of risk assessments	5.2. DMT meeting notes reflect monitoring arrangements	5.2 Clare Cotter		
	5.3 Implementation of the Council's digital HSW Management System (SHE Assure) including modules for hazard spotting, incident reporting, and audit	5.3. HSW Management Information available in real time on people's desktops			
CHECK					
6. Audit	6.1 Deliver a systemic audit programme to provide assurance of the effectiveness of the HSW Management System and performance standards	6.1 Quarterly assurance reports to HSW Steering Group and JCCs	6.1 Clare Cotter	6.1 31.03.20	

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2019-20					
Objective	Key actions	Measurement	Owner(s)	Target Date	RAG
7. Incident reporting and learning	7.1 . Service Managers to ensure risk assessments are reviewed and updated in the light of incident investigation reports findings	7.1 . Quarterly management reports to DMT	7.1. Service Managers	31.06.19 30.09.19 31.12.19 31.03.20	
	7.2 . Provide quarterly reports to HSW Steering Group on key themes and actions arising from incident data	7.2 . Quarterly assurance reports to HSW Steering Group	7.2 Clare Cotter		
	7.3. Implementation of an incident review panel for RIDDOR and level 3 and 4 investigations to ensure investigations complete in identifying immediate, underlying and root causes with actions suitable and sufficient to prevent recurrence	7.3 . All investigations meeting criteria are closed by the panel within 90 days	7.3 Clare Cotter		
ACT					
8 Deliver sustainable health, safety and wellbeing improvements	8.1 Review and update the guidance on known hazards to health in the light of outcomes of 5.1 actions	8.1 Updated guidance available on staff room	8.1 Clare Cotter	8.1 31.12.19	
	8.2 All Departments / Service Areas to deliver actions identified by the staff survey / wellbeing and resilience survey	8.2 Progressive delivery monitored via JCCs	8.2 Service Directors	8.2 31.03.20	
	8.3 Utilise sickness data / survey data / hazard information to agree a series of actions in year around reducing top 3 reasons for sickness (Stress, Musculoskeletal, colds, flu)	8.3.1 Wellbeing Strategy agreed; 8.3.2 Downward trajectory of sickness across the 3 top reasons; 8.3.3 Suitable and sufficient risk assessments, and safe systems of work in place to comply with Manual Handling Regulations 1992; delivery of flu programme	8.3.1 Sarah Lees, Clare Cotter 8.3.2 / 8.3. Service Directors	8.3 31.03.20	
	8.4 Undertake an annual review and produce an annual report capturing the impact of actions and priorities for the coming year	8.4 Comprehensive annual report fed back to the workforce	8.4 Steering Group	8.4 30.06.20	

HSW Annual Report 2018-19
Published by Plymouth City Council
September 2019

CONTACT

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

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Audit and Governance Committee



Date of meeting:	23 September 2019
Title of Report:	Planning Committee Code of Good Practice and Terms of Reference
Lead Member:	Councillor Mark Coker (Cabinet Member Strategic Planning and Infrastructure)
Lead Strategic Director:	Anthony Payne (Strategic Director for Place)
Author:	Peter Ford – Head of Development Management
Contact Email:	Peter.ford@plymouth.gov.uk
Your Reference:	PF/19
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To seek approval to amend the Terms of Reference and Code of Good Practice for Planning Committee as outlined in Appendix 1 and 2 of this report and to incorporate these changes into the Council's Constitution.

Recommendations and Reasons

To **recommend** to Council the changes to the Planning Committee Terms of Reference as outlined at Appendix 1 and to **approve** the changes to the Code of Good Practice for Planning Committee as outlined in Appendix 2 of this report.

Reason: To enable the Planning Committee to work in a more effective way and address some of the issues that have arisen since the Terms of Reference and Code of Good Practice were last amended in April 2017.

Alternative options considered and rejected

To retain the existing wording in the Terms of Reference and Code of Good Practice. This has been rejected because the changes proposed will ensure that the Planning Committee is operating more effectively and will address some of the issues that have arisen at recent Planning Committee meetings.

Relevance to the Corporate Plan and/or the Plymouth Plan

The proposals will address the key values of the Council by being:

Democratic – by ensuring the Planning Committee provides strong leadership that listens to the views of all interested parties in the Planning process

Responsible – by taking responsibility for decisions made by the Planning Authority and how these decisions impact on the city

Fair – by being open and honest about the decisions that are made by the Planning Authority

Co-operative – by working collaboratively with all interested parties in the planning process to ensure it serves the best interests of the city and its communities

Implications for the Medium Term Financial Plan and Resource Implications:

There are no direct implications for the Medium Term Financial Plan as the changes will be cost neutral.

Carbon Footprint (Environmental) Implications:

The changes will not impact on the low carbon priorities set out in the Joint Local Plan. Regarding the operation of the Planning Committee it will remain predominantly paperless through the use of IT and web casting the meetings to avoid the necessity to travel to the meeting except for those who wish to address the Planning Committee.

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

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

None

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Appendix 1 – Existing Planning Committee Terms of Reference (including tracked changes)							
C	Appendix 2 – Existing Planning Committee Code of Practice (including tracked changes)							

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	pl.19. 20.4 4	Leg	LS/3 2786 /JP/J une1 9	Mon Off	LS/32 786/2 /LT/0 907	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Paul Barnard											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 25/06/2019											
Cabinet Member approval: Cllr Mark Coker approved verbally Date approved: 02/07/2019											

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1. Background

- 1.1 The Planning Committee Terms of Reference and Code of Good Practice form part of the Council's Constitution and are reviewed on a regular basis. The last review was agreed at the Constitutional Review Group on 20th April 2017.
- 1.2 As with any terms of reference and its supporting codes of practice for a strategic committee such as Planning, making key decisions that affect the city as a whole and individual communities and neighbourhoods, a balance has to be struck between the inherently democratic nature of the planning process, and its efficient and effective operation.
- 1.3 A review has taken place of the current Terms of Reference and Code of Practice having assessed the operation of the Planning Committee over the years since the code was last updated, considering any changes in legislation, drawing lessons from experience, and undertaken benchmarking and other analysis to suggest further modernisation and improvements to how it operates.
- 1.4 The proposed new Planning Committee Terms of Reference and Code of Good Practice, including tracked changes, are outlined in appendix 1 and 2.

2 Proposed changes to the Terms of Reference

- 2.1 It is proposed that the following amendments are made to the Terms of Reference.

Section 2 – Matters specifically delegated to the Planning Committee

- 2.2 In paragraph 2.2.2 delegated authority is given to the determination of village green applications except when referred to the Planning Committee by the Service Director for Strategic Planning and Infrastructure or by a ward councillor.
- 2.3 In paragraph 2.2.3 Planning Committee referrals relate to all applications made under planning legislation. The previous wording referred only to applications for planning permission
- 2.4 In paragraph 2.2.3 b) clarification is made that applications referred to Planning Committee due to policy reasons need to be substantially contrary to a Development Plan site allocation or a policy that safeguards a site from inappropriate development.
- 2.5 In paragraph 2.2.3 d) a new referral to Planning Committee has been added when a Member of the Council has a legal interest in the land for which the application relates.

- 2.6 Paragraph 2.2.3 e) has been re-written to clarify the procedure that a councillor can refer a matter to Planning Committee and also this power will now be given only to a ward councillor in whose boundary the application falls or an adjacent ward, when the Chair chooses to use his / her discretion.
- 2.7 In paragraph 2.2.4 clarification is made that substantial changes to any planning agreements can be referred to Planning Committee.
- 2.8 In paragraph 2.3.1 delegated authority is given to the determination of Orders to create, divert or stop up footpaths or bridleways and applications to modify the definitive map except when referred to the Planning Committee by the Service Director for Strategic Planning and Infrastructure, Service Director for Street Services or by a ward councillor.

3 Proposed changes to the Code of Good Practice

General

- 3.1 Reference to “Assistant Director for Strategic Planning and Infrastructure” has been replaced with “Service Director for Strategic Planning and Infrastructure” to reflect changes in the job title.
- 3.2 Reference to “Councillors” is used in the document instead of “Members” to ensure continuity of terminology.

Section 3 – Introduction

- 3.3 Typographic correction in para 1.3 changing “impartial” to “partial”.

Section 4 – Declaration and registration of Councillor and Officer interests and bias

- 3.4 Section 4 has been updated to ensure that references to disclosable pecuniary interests and private interests properly reflect the legal definitions.

Section 8 – Ward Councillor involvement in planning applications process

- 3.5 This section has been amended to reflect changes in the way that ward Councillors are involved in planning matters. The key changes are as follows:
- It includes new ward working arrangements between officers and Councillors;
 - It updates the way that Councillors can access planning application and pre-application information from the website;
 - It simplifies the process by which Councillors can be engaged in pre-application and planning application discussions; and

- It introduces a new arrangement whereby the Planning Committee can request a presentation by the applicant to the Planning Committee prior to the formal Planning Committee meeting.

Section 10 – Order of Planning Committee considerations

3.6 A new paragraph 10.2 has been added that enables an item to be deferred to the next Planning Committee if an error is identified in the officer report after publication. In this scenario Planning Committee is still given the option to continue with the agenda item as published if it wishes.

3.7 A change has been made to paragraph 10.5 that combines questions from the Planning Committee and debate on the proposal into a single consideration.

Section 11 – Speaking at Planning Committee

3.8 In paragraph 11.1 Councillors who have referred a matter to Planning Committee will have been deemed to have registered to speak rather than having to formally register to speak.

3.9 In paragraph 11.3 clarity is given that an applicant or objector / supporter has the right to put forward a representative of their choosing to speak at the Planning Committee meeting

3.10 In paragraph 11.10 the wording has been strengthened to ensure that speakers do not make slanderous statements or any other racially motivated, discriminatory or inflammatory remarks.

Section 12 – Site visits

3.11 In paragraph 12.2 clarity is given that during a site visit a Member of the Planning Committee may ask officer to provide additional illustrative material at the Planning Committee meeting.

3.12 In paragraph 12.3 clarity is given that site visits should be agreed in advance in consultation with the Chair and Vice Chair of the Planning Committee.

Section 14 – Decisions contrary to officer recommendation

3.13 A new paragraph 14.6 has been added to ensure that any pre-commencement conditions added by the Planning Committee satisfy the requirements of the Neighbourhood Planning Act 2017.

3.14 In (new) paragraph 14.7 when a motion is made to refuse a planning application the requirement for Members of the Planning Committee to provide a statement of all policies relevant to the decision has been removed.

Section 15 – Appeals and inquiries

- 3.15 In paragraph 15.4 Members of the Planning Committee who voted to overturn an officer recommendation will be invited to comment on any appeal statements prior to being sent to the Planning Inspectorate.

Section 18 – Training

- 3.16 In paragraphs 18.1 and 18.2 clarification is given that it is mandatory for all permanent Members of the Planning Committee to have had Introduction to Planning Committee training as well as being required to attend the annual Planning Committee training.
- 3.17 Clarification is given in paragraph 18.3 that other training opportunities will be given to Members of the Planning Committee throughout the year.

4. Conclusion

- 4.1 The changes outlined above to the Planning Committee Terms of Reference and Code of Good Practice are a culmination of issues that have arisen in the operation of the Planning Committee since the last review, through the updating of relevant planning legislation and practice and through the Constitutional arrangements of Plymouth City Council. It is therefore recommended that the Audit and Governance Committee agrees the changes as outlined in this background report.

APPENDIX 2
“Probity in Planning”
Planning Committee Code of Practice

Authors: ~~Assistant~~**Service** Director for Strategic Planning and Infrastructure, Head of Development Management and Senior Lawyer

Contents

1. Introduction
2. Status of the Code
3. General Role and Conduct of Councillors and Officers
4. Declaration and Registration of Interest and Bias
5. Predetermination, Predisposition or Bias
6. Development Proposals Submitted by ~~Member~~**Councillors**, Officers and the Council
7. Lobbying
8. Ward ~~Member~~**Councillor** Involvement in Planning Application Process
9. Roles of ~~Member~~**Councillors** and Officers at Planning Committee
10. Order of Planning Committee Considerations
11. Public Speaking at Planning Committee
12. Site Visits
13. Decisions Contrary to the Development Plan
14. Decisions Contrary to Officer Recommendation
15. Appeals and Inquiries
16. Quality of Service
17. Monitoring and Review of Decisions
18. Training
19. Complaints

I.0 INTRODUCTION

- I.1 The conduct of both Officers and ~~Member~~Councillors in Local Government needs to be of the highest standing: on this depends the bond of trust between Councils and their local people, which is essential if Councils are to play their part in leading communities and improving people's quality of life. The local administration of the planning system has come under close scrutiny. The Nolan Committee's Third Report investigated standards in public life, and was followed by the Local Government Act 2000 which introduced a structure by which local authorities were to promote high standards of conduct, through a National Code of Conduct for Members. In 2013 the Local Government Association provided updated guidance on "Probity in Planning" and the Localism Act 2011 has created a new Standard regime with a more local focus, supplemented by advice in the National Planning Policy Guidance on how the conduct of ~~Member~~Councillors is regulated.
- I.2 This Code offers clear guidance and advice as to procedures and practices to elected ~~Member~~Councillors, Officers and ~~member~~Councillors of the public in connection with the determination of planning applications and other applications. This Code will ensure that not only are the applications determined in a fair and impartial way, but also in a way which is seen to be fair and impartial. The introduction of the Local Government Act 2000 and associated legislation provides the necessary statutory framework, by which these standards may be achieved, maintained and regulated by each local authority.
- I.3 Clearly, one of the key purposes of the planning system is to control development in the public interest. When performing this role the Local Planning Authority and elected ~~member~~Councillors are making decisions that necessarily affect land and property interests, as well as the financial value and settings of land holdings. Clearly, there is a need to make decisions that are open, impartial and based on sound judgement and reason. The process of determining applications should leave no grounds for a suggestion that a decision has been ~~im~~partial, biased or ill founded in any way. Decisions must always be made on planning grounds and planning grounds alone.
- I.4 This Code of Good Practice has been adapted from national guidelines on probity to take account of the local situation. Two particular areas of the Localism Act are relevant to this code. Firstly, with regard to pre-determination the Act makes it clear that it is proper for councillors to play an active part in local discussions and that they should not be liable to legal challenge as a result, provided they maintain an open mind. Secondly, and related to pre-determination, the act introduces a new requirement for developers to consult local communities before submitting planning applications for certain developments. This gives ~~Member~~Councillors and local residents a chance to comment when there is still genuine scope to make changes to proposals at both pre-application and post submission stage.
- I.5 The Terms of Reference for Planning Committee is set out in the Council's Constitution (<http://www.plymouth.gov.uk/constitution>) (<https://www.plymouth.gov.uk/aboutcouncil/councilconstitution>) which specifies the matters that are delegated to be considered by Planning Committee.

2.0 STATUS OF THE CODE

- 2.1 This Code sets out the basis as to how Officers and ~~Member~~Councillors should determine planning and other relevant applications submitted to the Council and ensures that conduct accords with the Council's Codes of Conduct for Members and Officers which is contained within the Council's Constitution.
- 2.2 This Code is contained in the Council's Constitution. A breach of this Code, depending on the circumstances, does not usually amount to a breach of criminal law but may adversely affect the standing of the City Council. It could result in a decision being judicially reviewed or allegation of a breach of the Code of Conduct or a complaint of maladministration made to the Local Government Ombudsman.

3.0 GENERAL ROLE AND CONDUCT OF COUNCILLORS AND OFFICERS

- 3.1 Elected ~~Member~~Councillors are guided by the Council's Code of Conduct, the seven principles of public life and the Localism Act 2011. This Code is further amplified by reference to the Council's constitution in respect of general Council procedures as well as further amplification in specific Codes of Conduct such as the advice contained in this Code.
- 3.2 Councillors and Officers have different but complementary roles with the determination of planning applications and it is important that an open, respectful and transparent relationship is developed based upon mutual trust and understanding of each other's positions. It is important for the overall standing of the Council and the achievement of national performance targets that they work as an effective team. The role of a Councillor when determining a planning application is to have an overriding duty to the whole community and, accordingly, in deciding the outcome of an application to make a reasoned decision taking into account the provisions of the Development Plan and all relevant material considerations. All decisions should be taken in the interests of Plymouth as a whole.
- 3.3 The basis of the planning system is that consideration is given to all development proposals and these are determined against the wider public interest. Much is often at stake in such decisions and in the process for local people and development interests, as well as for the City of Plymouth itself. Given the nature of these decisions opposing views are often held by those involved. Whilst these views must be taken into account in the determination of planning applications, as stated above, the Planning Committee must not favour any person, group or locality. ~~Member~~Councillors must therefore take

steps to ensure that in their discharge of their Planning Committee duties the distinction between this role and their role as an individual Ward Councillor is constantly made clear. If ~~MemberCouncillors~~ wish to act in the latter capacity they must make that clear at the outset. ~~MemberCouncillors~~ who do not feel that they can act in this way should consider whether they are best suited to serve on the Planning Committee, especially if they feel that they will often be placed in the position of wishing to represent constituents and wishing to speak as a Ward ~~MemberCouncillor~~ rather than a Member of the Planning Committee (See paragraph 5.4).

- 3.4 In reaching a decision ~~MemberCouncillors~~ should ensure they read, consider and take account of the relevant material considerations connected with the application and should not favour any person, group or locality or put themselves in a position where they may appear to do so.
- 3.5 All decisions should be made in an open and transparent manner by the ~~MemberCouncillors~~ of the Planning Committee and this should not at any time be compromised in any way. Therefore, such actions as messages being passed to ~~MemberCouncillors~~ of the Planning Committee during a debate should be avoided as this could give an impression of undue influence from a third party. In the first instance in an emergency any notes should be passed to the Democratic Support Officer.
- 3.6 ~~MemberCouncillors~~ should always address the Planning Committee through the Chair and avoid speaking directly to one another since it is important that all matters being discussed are clearly heard and acknowledged by everyone at the meeting.
- 3.7 In order to ensure that decisions are taken on planning grounds and are sound it is incumbent on all Planning Committee Members to give full consideration to reports prepared by Officers and familiarise themselves with all relevant national planning guidance (including the National Planning Policy Framework), Development Plan policies and other material considerations well in advance of the consideration of a development proposal at the Planning Committee itself. It is important also that ~~MemberCouncillors~~ are seen to be meeting this provision of the code.
- 3.8 The role of Officers is to advise Councillors and the Council as a whole (through the Cabinet and relevant Portfolio Holders) and to carry out work as set out in the Corporate Plan and agreed Business Plans. Officers are employed by the Council, not by individual councillors, and it follows that instructions to them may only be given through a decision of the Council, the Cabinet, the relevant Portfolio Holders, or the Planning Committee.
- 3.9 The conduct of Officers who advise on the determination of planning applications is contained generally in the Council's protocol for ~~MemberCouncillor~~/employee relations and is supplemented by guidance from their professional bodies, such as Royal Town Planning Institute, the Law Society, and the Institute of Legal Executives. Officers may

not be instructed by any MemberCouncillor to conduct themselves in a manner which would place them in conflict with their professional codes of conduct.

3.10 MemberCouncillors should abide by the following advice:

- MemberCouncillors should always pass a copy of any lobbying correspondence to the AssistantService Director for Strategic Planning and Infrastructure or representative at the earliest opportunity;
- MemberCouncillors should never pressurise or lobby Officers for a particular recommendation;
- MemberCouncillors should promptly refer to the AssistantService Director for Strategic Planning and Infrastructure any offers made to them of planning gain or constraint of development;
- MemberCouncillors should inform the Monitoring Officer where they feel that they have been exposed to undue or excessive lobbying or approaches including inappropriate offers of gifts or hospitality (see also paragraph 3.12);
- MemberCouncillors should never use political group meetings to dictate how they should vote on a planning issue and should not lobby fellow MemberCouncillors regarding concerns or views, nor attempt to persuade other MemberCouncillors to vote in a particular way.

3.11 Officers are required to act impartially at all times in determining applications and providing advice at the Planning Committee. Officers will be expected to conduct themselves in all they say and do in a manner which totally preserves this position of impartiality.

3.12 During the determination of an application, it is possible that Officers and MemberCouncillors may be offered hospitality by an interested party. Even though this rarely occurs in Plymouth, it is important to recognise that, if at all possible, these offers should be politely declined. However, any MemberCouncillors receiving any gift or hospitality, in their capacity as MemberCouncillors, over the value of £25, should provide within 28 days of receipt written notification of the details to the Monitoring Officer of the Council for entry into the register of gifts and hospitality which is open to public inspection and located in the Democratic Support Office. Similarly, for Officers, in the event that the receipt of hospitality is unavoidable, they must ensure that the hospitality is of a minimal level and declare its receipt as soon as possible by completing a "Hospitality Declaration Form" and submit this to the AssistantService Director for Strategic Planning and Infrastructure for signature.

OFFICIAL

4.0 DECLARATION AND REGISTRATION OF MEMBERCOUNCILLOR AND OFFICER INTERESTS AND BIAS

- 4.1 MemberCouncillors and Officers are required to give a general notice of interest that they hold usually upon their election or appointment to office and are under a duty to maintain that declaration and amend, as necessary, within 28 days of becoming aware of any such changes, throughout their term of office.
- 4.2 A register of MemberCouncillors' interests will be maintained by the Council's Monitoring Officer and is available for public inspection. A register of Planning Officers' interests will be maintained by the Assistant-Service Director for Strategic Planning and Infrastructure.
- 4.3 Furthermore, MemberCouncillors and Officers are under a duty to declare interests as and when matters arise at Planning Committee. Guidance on these issues may be sought by the Council's Monitoring Officer. The decision as to whether an interest ought to be declared rests with the individual Councillor or Officer involved.

4.4 There are three-two types of interest, 'personal' 'prejudicial' and a disclosable pecuniary interest and private. A member will have a personal interest in a Planning Committee decision if:

- The matter relates to an interest in respect of which the Member has given notice in the statutory register of Member's interests; or
- The decision might reasonably be regarded as affecting their well being or financial position or that of a relative or friend or employer to a greater extent than other Council Tax payers, ratepayers or inhabitants of the Authority's area.

4.5 Where a Member considers he or she has such a personal interest in a matter, he must always declare it.

4.6 A personal interest will become a prejudicial interest if a member of the public with knowledge of the relevant facts would reasonably regard that interest as so significant that it is likely to prejudice the Member's judgement of the public interest. There are exceptions to this, however and full details are given in the Council's constitution.

4.7 Where any Member of the Council considers that they have a prejudicial interest they should discuss this situation with the Monitoring Officer or his representative as soon as they realise this is the case:

- Complete a standard form and pass it to the Democratic Support Officer prior to the start of Planning Committee;

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- ~~Ensure they do not participate at any stage in the consideration of the planning application if following advice from the Monitoring Officer they consider that any decision they take could be challenged on the grounds of bias;~~
- ~~Ensure they do not seek or accept any preferential treatment, or place themselves in a position that could lead to the public to think they are receiving preferential treatment because of their position as a councillor;~~

4.58 With regard to Planning Officer interests the ~~Assistant~~Service Director for Strategic Planning and Infrastructure Services will check the Officer declarations list and advise the Officer accordingly if they feel that alternative arrangements are necessary in presenting the report.

4.69 What is a Disclosable Pecuniary Interest (DPI)

Disclosable ~~p~~Pecuniary interests are defined in regulations. The regulations in general will mean that a member will have to register any interest they or their husband or wife or civil partner or cohabitee has in:

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- any employment, office, trade, profession or vocation that they carry on for profit or gain or that their spouse civil partner or cohabitee carries on for profit or gain;
- any sponsorship that the councillor receives including contributions to the councillor's expenses as a councillor; or the councillor's election expenses from a Trade Union.
- any land licence or tenancy they have in Plymouth or that their spouse civil partner or cohabitee has;
- any current contracts leases or tenancies between the council and them, or between the council and their spouse civil partner or cohabitee;
- ~~any current contracts leases or tenancies between the council and any~~ organisation with land in Plymouth in which they are ~~or have~~ a partner, a paid director, or have a relevant interest in its shares and securities;
- any current contracts leases or tenancies between the councillor's spouse civil partner or cohabitee and any organisation with land in Plymouth in which he or she is a partner, a paid director, or has a relevant interest in its shares and securities;
- ~~any organisation which has land or a place of business in Plymouth and in which they have a relevant interest in its shares or its securities.~~
- any organisation which has land or a place of business in Plymouth and in which the councillors spouse, civil partner or cohabitee has a relevant interest in it shares or its securities;

4.7 What to do if you have a DPI

If a Councillor has a disclosable pecuniary interest (whether a Planning Committee Member or a Councillor speaking on an item as a Ward Councillor) they must declare that they have an interest at the start of the meeting and leave the meeting when the application is due to be considered immediately and as they can not ~~cannot~~ participate, or participate further, in any discussion of the matter at the meeting, or participate in any vote, or further vote, taken on the matter at the meeting.

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4.8 What is a Private Interest

The public is likely to consider that a Councillor has a private interest if it affects the wellbeing or financial position of:

- his/her family and close associates, or
- any organisation where he or she is a ~~member~~Councillor, or where he or she is involved in its management;
- any organisation to which he or she has been appointed by the council.

4.9 What to do if you have a Private Interest – Financial

If a Councillor has a private they must declare the interest if the decision could confer a financial advantage or disadvantage on:

- his or her family , or
- his or her close associates, or
an organisation where he or she is a ~~member~~Councillor, or is involved in its management (whether or not appointed to that body by the council). This would include membership of a secret society and other similar organisations

4.10 What to do if you have a Private Interest - Other issues

When the committee is determining an application in which the Councillor has a private interest a councillor should declare the interest if the decision relates to an approval, consent, licence, permission, or registration for:

- his or her family, or
- his or her close associates, or
- an organisation where he or she is a ~~member~~Councillor or is involved in its management (whether or not appointed to that body by the council). This would include membership of a secret society and any other similar organisations.

4.11 A Councillor should declare an interest at the start of the meeting, or when they realise they the interest if that is later. They can stay in the meeting and speak and vote unless their private interest is also a disclosable pecuniary interest.

4.12 If a decision being taken at the committee is likely to confer an advantage or disadvantage on:

- a councillor's family;
- his or her close associates; or
- an organization where he or she has a private interest

more than it will affect other people living or working in the area the councilor should discuss the matter with the Monitoring Officer, or his/her designee in advance of the meeting as legal issues of bias may arise.

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4.130 ~~MemberCouncillors~~ should also not give grounds for a suspicion that any such interests may arise and have not been declared.

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4.141 When an application is to be determined, there is an expectation that it will be dealt with transparently, openly and in a fair way. ~~MemberCouncillors~~ will be expected to take account of all relevant evidence and give it appropriate weight in the decision making process and arrive at a reasoned sound decision.

4.152 An alternative approach may be for the Planning Committee Member to refrain from making any public statement on an application and to invite another Ward ~~MemberCouncillor~~ to attend the Planning Committee to speak on the local ward issues and for the Member of the Planning Committee, if ~~she~~/he has not made a public statement in support of or against the application, to confine his/her comments to the relevant planning issues, taking into account the interests of the City as a whole.

5.0 PREDETERMINATION OR PREDISPOSITION

5.1 Members of the Planning Committee need to ensure that they do not fetter their ability to participate in the decision making process on an application by making up their mind or clearly indicating that they have made up their mind on how they will vote prior to the consideration of the application by the committee.

5.2 The Planning Committee should, when considering an application, take into account all views that are expressed in such a way that they are openly heard and fairly considered in a balanced way before the committee reach a decision.

5.3 Members of the Planning Committee can have a predisposition to an initial view, where the ~~memberCouncillor~~ is clear they are still willing to listen to all the material considerations presented at the Planning Committee before deciding on how to exercise their vote on behalf of the community.

5.4 The fettering of a ~~memberCouncillors~~ discretion as set out in 5.1 and then taking part in the decision making process will put the Council at risk of a finding of maladministration and of legal proceedings on the grounds of there being a risk of bias or predetermination or a failure to not take into account all of the factors enabling the application to be considered on its merits.

5.5 The Localism Act 2011 now sets out that a ~~MemberCouncillor~~, who has expressed a preference for a particular outcome of an application as it proceeds to determination, will **not** be taken to have had a closed mind when making the decision just because they have previously done or said anything to indicate their view in respect of the matter. However, it is important that a fair minded observer would think that the ~~MemberCouncillor~~ was open to changing their mind in the light of different or additional information, advice or evidence presented.

- 5.6 It will be evident that the appropriate action is not clear cut and will depend on the circumstances of a particular case and application. Planning Committee members need to avoid bias and predetermination and take account of the general public's (and the Ombudsman's) expectation that a planning application will be processed and determined in an open and fair manner. To do this, ~~MemberCouncillors~~ taking the decision on an application must take account of all the evidence presented before arriving at a decision, and should avoid committing themselves one way or another before hearing all the arguments.
- 5.7 A situation can arise when a Member of the Planning Committee represents a Ward within which a contentious application is lodged. If, prior to the matter being considered by the Planning Committee, that ~~MemberCouncillor~~ decides to make a public statement, and either supports or opposes the application, it will be difficult for that ~~MemberCouncillor~~ to be seen to subsequently determine the application transparently, openly and fairly. Accordingly, the ~~MemberCouncillor~~ should make an open declaration, in relation to his or her position and not vote on the determination of the application at Planning Committee. The open declaration should be noted in the Planning Committee minutes. The ~~MemberCouncillor~~ will also be required to vacate their seat within the Planning Committee and to sit within the public gallery for the duration of the consideration of the item, and where they have exercised their right to speak as a Ward ~~memberCouncillor~~, they can address the Planning Committee at the appropriate time in accordance with the Ward ~~MemberCouncillor~~ speaking arrangements (see section 11).
- 5.8 Ultimately it is the responsibility of the individual ~~memberCouncillor~~ to ensure that their role on the Planning Committee is not compromised and it is also for them to strike the balance that may need to be made between ward and other interests and the requirements of the Planning Committee.

**6.0 DEVELOPMENT PROPOSALS SUBMITTED BY
~~MEMBER~~COUNCILLORS, OFFICERS AND THE COUNCIL**

- 6.1 In accordance with the Council's Officer Code of Conduct (June 2000), employees must declare any financial or non-financial interests which relate to their work to the appropriate Director, ~~Assistant~~Service Director, or Head of Service, including membership of any organisation not open to the public without formal membership and commitments of allegiance. Such declarations will be maintained in documents which will not be publicly disclosable.
- 6.2 Such declarations can be made on a regular basis without any known future applications coming forward. In such situations, planning and other associated applications will not be allocated to that employee to deal with.
- 6.3 However, it will sometimes occur that an employee only identifies a conflict of interest in the course of determining an application. At this point it is the responsibility of the employee to immediately raise the declaration with the Director, ~~Assistant~~Service Director, or Head of Service and for the employee to take no further action in the determination of the case. Again, a record of the declaration will be maintained in documents which will not be publicly disclosable.
- 6.4 In all instances where there is a conflict of interest the appropriate procedure would be for officers to notify the Director, ~~Assistant~~Service Director, or Head of Service of that conflict and to have no further part in the determination of the application.
- 6.5 Any proposals submitted by ~~Member~~Councillors and Officers shall be dealt with so as to give no grounds for accusations of favouritism. For this reason reference is made in the Terms of Reference for Planning Committee for decision making involving Council employees or ~~Member~~Councillors.
- 6.6 Officers and serving Councillors must not act as agents for people pursuing Planning matters within Plymouth City Council's jurisdiction.
- 6.7 Any application submitted by Plymouth City Council shall be processed in the same transparent and impartial manner as for any other applicant with the ~~Assistant~~Service Director for Strategic Planning and Infrastructure using his powers of referral if he considers it meets the provisions outlined in the Planning Committee Terms of Reference.

7.0 LOBBYING

- 7.1 It is recognised that lobbying is a normal and perfectly legitimate element of the process of considering planning applications. If a ~~Member~~Councillor, who is not on the Planning Committee to determine an application, wishes to support a particular viewpoint then that ~~Member~~Councillor has a right to appear at Planning Committee and seek permission to address the meeting.
- 7.2 It is, however, important that ~~Member~~Councillors protect their impartiality and integrity in planning matters. Planning Committee Members will not breach the Code by listening to or receiving viewpoints from residents or other interested parties provided that they make it clear that they are keeping an open mind. However expressing an intention to vote one way or another before a Planning Committee meeting would prejudice impartiality.

8.0 WARD ~~MEMBER~~COUNCILLOR INVOLVEMENT IN PLANNING APPLICATIONS PROCESS

- 8.1 Ward ~~Member~~Councillors have a central role in helping to represent the views of local people and other stakeholders at both pre-application and planning application stage. Ward councillors bring strong community leadership, extensive local knowledge and an up to date understanding of current issues. Planning officers have to act impartially at all times, but will provide support and advice to ward councillors on planning matters in order for them to play this community leadership role. This will include the involvement of ward ~~member~~Councillors in negotiations on planning obligations.

8.2 To assist with councillor engagement in the Planning process named Planning Officers have been identified for each ward. Councillors are encouraged to contact this officer to help them become engaged in Planning decisions and ensure they can properly represent the issues raised by their residents.

~~8.2 Planning obligations negotiated under Section 106 of the Town and Country Planning Act, 1990 must be seen to mitigate the effects of development whilst recognising that each must comply with council planning documents, policies and guidance and Regulation 122 of the Community Infrastructure Levy (CIL) Regulations 2010 (as amended).~~

~~8.3 To be lawful, a planning obligation must meet all of the following statutory tests. It must be:~~

- ~~(a) necessary to make the development acceptable in planning terms;~~
- ~~(b) directly related to the development; and~~
- ~~(c) fairly and reasonably related in scale and kind to the development.~~

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(These apply to both future and existing Section 106 obligations and to CIL payments).

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~~8.4 To this end, where the need for a planning obligation is anticipated by a planning officer, ward councillors will be consulted at an early stage of the pre-application and planning application process. The views of ward councillors on planning obligations will be sought electronically through weekly lists and pre-application notifications and shall be considered in any decision taken by the Planning Committee or by an officer acting under delegated authority.~~

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Information available to Ward Councillors

~~8.35~~ The City Council web-site sets out development plan policies and supporting information and evidence base documents in order to help inform ward councillors consideration of a development proposal at both pre-application and submission stages.

~~8.46~~ To further assist ward councillors in considering to what extent they wish to make comments on development proposals, every week ward councillors will be sent ~~by email only~~ a link to the weekly planning list which includes all planning consent applications all pre applications submitted unless there is a specific exclusion from the public record by virtue of the Freedom of Information Act or Data Protection Act. In these cases the case officer will encourage the applicant to engage with Ward Councillors on a confidential basis.

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- ~~• A list of registered Development Enquiry Service requests where the applicant has indicated that they do not wish the pre-application to be confidential. Where an applicant has indicated that a pre-application enquiry is confidential these will not appear in the weekly list.~~
- ~~• A list of registered planning applications with links (where applicable) to details of the proposed Section 106 Obligations Heads of Terms, which will show what the developer is proposing for the Section 106 agreement and which provides a starting point for members to consider Section 106 matters on a particular planning application.~~

~~Ward Member~~**Councillor** Involvement at Development Enquiry Service (DES) Pre-Application Stage

~~8.7.1. In accordance with the principles set out in the Statement of Community Involvement, e~~Councillors should review the weekly ~~DES list~~planning list. ~~Upon receipt of the DES list ward e~~Councillors ~~should must~~ contact the named case officer ~~within 10 working days at their earliest opportunity~~ if they wish to draw attention to any particular planning or Section 106 related issues or concerns, specifying which site ~~within their ward~~ this relates to. This will enable officers, ward councillors and the developer to more positively engage together in progressing the pre-application discussions and take account of key local issues at an early stage. It is at this stage a ~~ward~~ councillor should also indicate whether they wish to receive an informal presentation from ~~or attend a meeting with~~ the developer/agent ~~where this is a major development. (Informal presentations for minor or household proposals will only be provided in exceptional circumstances at the discretion of the Assistant Director for Strategic Planning and Infrastructure).~~ Pre-application ~~presentations engagement to with local ward~~ councillors will enable the developer to positively engage with ward councillors at an early stage in the development process, without compromising the decision making process

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- 8.8 Where requested, for major developments, the planning case officer will facilitate the opportunity for an informal presentation of the development proposal by the developer/agent to ~~ward interested~~ councillors, at pre-application stage. A request for an informal presentation can be made by ~~ward~~ councillors, the developer/agent or by planning officers. Informal DES presentations will generally be undertaken within 4 weeks of the Development Enquiry Service application being registered, and will be carried out fully in accordance with the Council's Code of Good Practice for Members and Officers, and the general advice contained in the National Model Code of Conduct (Local Authorities (Model Code of Conduct) Order 2007 - SI 2007/1159). Wherever possible meetings will be arranged for all ~~interested councillors members within the ward affected by the proposal~~ to reflect ~~member councillor~~ availability, but in order not to unduly delay pre-application discussions ~~members councillors~~ will be expected to prioritise attendance at any DES meetings requested.
- 8.9 The purpose of these DES presentations is to inform ~~ward~~ councillors of emerging proposals for major developments and enable key local issues of relevance to the development, including any Section 106 matters, to be identified. Such early engagement will enable the developer to understand and address any significant local concerns as early in the development process as possible including any priorities to mitigate the impact of the proposed development. The collection and expenditure of Community Infrastructure Levy (CIL) payments will not be a matter for discussion at these meetings since CIL is non-negotiable and the expenditure will be determined through the governance of the Council's Regulation 123 List.
- 8.10 The developer's presentation will be limited to the facts of the development proposal.
- 8.11 ~~Ward e~~Councillors will be given the opportunity to ask questions concerning any aspect of the proposal, including Section 106 matters. Unless a matter is commercially

confidential and sensitive, developers will be expected to provide comprehensive answers to questions from ward councillors.

- 8.12 The planning case officer will highlight the key planning issues, summarising policy issues, third party views and other issues for consideration. Key issues raised at the DES meeting will be written up as part of the case officer's report to Planning Committee.
- 8.13 ~~Ward c~~Councillors will be at liberty to express opinions in support or opposition for the proposals at ~~the meetings with the applicant~~ if they wish, unless they are also a member of the Planning Committee.
- 8.14 Where a ~~ward~~ councillor is also a member of Planning Committee this will be declared at the start of the meeting. The planning case officer will then make it clear that the Planning Committee Member is at the meeting to understand the issues and to ask questions of clarification, but will remain open minded so as to avoid any suggestions of pre-determination.
- 8.15 Local ward councillor involvement at pre-application stage will not affect the speaking rights of the member at Planning Committee provided the local ward Councillor has followed the Council's Code of Good Practice for Members and officers.
- 8.16 ~~The advice given at DES stage does not necessarily bind the formal determination by the Local Planning Authority of any subsequent planning application. The presentation will not form part of the formal negotiation process that will take place strictly between the Strategic Planning and Infrastructure Department and the applicant.~~
- 8.17 **Under no circumstances should Planning Committee Members meet with developers / landowners / applicant (or their advisors) without the presence of a Planning Officer.** To do so will be a breach of this code and may prejudice the integrity of any subsequent decisions made on any application. Councillors who are not members of Planning Committee are advised to seek advice from Planning Officers prior to agreeing to meet with ~~developers or landowners~~ **applicants**.

Ward Member Councillor Involvement at Planning Application Stage

- 8.18 In accordance with the principles set out in the Statement of Community Involvement, councillors should review the weekly list of planning applications. It is the councillor's responsibility to initiate contact with the case officer named in the weekly list **within 10 working days of the publication of the list** if they wish to draw attention to any particular planning or Section 106 related issues or concerns.
- 8.19 Where a ~~ward~~ councillor ~~requests a presentation on a registered major planning application, this must be done within 10 working days of receiving the weekly list. (Presentations for minor or householder proposals will only be provided in exceptional circumstances at the discretion of the Assistant Director for Strategic Planning and Infrastructure). The purpose of any presentations at this stage is to inform ward councillors of the content of the planning application in order to enable ward councillors to make formal representations on the application within the published consultation period. The collection and expenditure of Community Infrastructure Levy~~

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~~(CIL) payments will not be a matter for discussion at these meetings since CIL is non-negotiable and the expenditure will be determined through the governance of the Council's Regulation 123 List. asks to be involved in the planning application discussions the case officer will arrange a meeting with the applicant (or their representatives) at a mutually convenient date and time and will always invite the other ward councillors to attend.~~

- 8.20 ~~Wherever possible meetings will be arranged for all members within the ward affected by the proposal to reflect member availability, but in~~ order not to unduly delay the determination of planning applications ~~members~~ councillors will be expected to prioritise attendance at any planning meetings requested. This date will normally be within 3 weeks of receipt of the request for the meeting. Members can still make comments on a planning application within the statutory consultation period of 21 days.
- 8.21 The advice and discussions at any meeting will not ~~necessarily~~ bind the formal determination by the Local Planning Authority of the planning application.
- 8.22 Under no circumstances should Planning Committee Members meet with a developer without the presence of a Planning Officer and other Members are advised to seek advice from Planning Officers prior to meeting a developer.

Presentation to Councillors prior to Planning Committee

- 8.23 ~~Planning Committee can request that a presentation is given to the Planning Committee Members prior to the formal Planning Committee. This will only be agreed in exceptional circumstances when there are complex issues that Planning Committee need to understand before they can make a reasoned Planning decision. For example it could be due to a legal ruling, the need to understand the activities being proposed by the applicant, or a complex policy issue. The need for a presentation will be at the complete discretion of the Chair of Planning Committee in consultation with the Service Director for Strategic Planning and Infrastructure.~~
- 8.24 ~~The presentation will be held for the benefit of Planning Committee members only and any public or applicant involvement would be at the discretion of the Chair of Planning Committee in consultation with the Service Director for Strategic Planning and Infrastructure~~
- 8.25 ~~The presentation will be chaired by the Chair of Planning Committee and be attended by appropriate Council Officers who will give factual information as requested by the Chair. Under no circumstances will there be a debate on the merits of the relevant planning application. The Chair will remind Members at the beginning of the meeting of their responsibilities not be pre-determined prior to the Planning Committee and the Chair would reserve the right to end the meeting if Members do not strictly adhere to the provisions set out in section 5 of the Code of Good Practice relating to pre-determination.~~
- 8.26 ~~The meeting will not form part of the formal Planning Committee meeting, but will be referred to in the minutes that will accompany the formal planning decision.~~

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9.0 ROLES OF MEMBERS AND OFFICERS AT PLANNING COMMITTEE

9.1 Officers and Members have specific roles at Planning Committee. In particular the following Members and Officers will be identified at the Planning Committee:

- Chair of Planning Committee
- Vice Chair of Planning Committee
- Other Members of Planning Committee
- Lead Planning Officer
- Legal Officer
- Democratic Support Officer
- Case Officer
- Other professional inputs (as determined by the [AssistantService](#) Director for Strategic Planning and Infrastructure)

10.0 ORDER OF PLANNING COMMITTEE CONSIDERATIONS

10.1 All decisions that are to be made by the Planning Committee will be based upon written reports by Officers supplemented, where necessary, by a brief oral presentation which may include a site plan, an aerial photograph of the site, photographs of the site, key application plans and drawings, video and other relevant material that the Officer considers will assist the Planning Committee in the consideration of the proposal.

10.2 In specific regard to the written reports prepared by Officers if there is found to be an error in the report after the reports have been published then the application will be deferred to the next Committee. Officers will bring this to the Planning Committee's attention at the start of the oral presentation. The Committee can, however, determine that the application should not be deferred if it is considered appropriate.

10.32 In most cases the [AssistantService](#) Director for Strategic Planning and Infrastructure will make a recommendation to the Planning Committee to either refuse planning permission, with reasons, or to approve planning permission, with conditions. In exceptional circumstances the [AssistantService](#) Director for Strategic Planning and Infrastructure may not be in a position to make a recommendation to the Planning Committee through the main report. Where this is necessary reasons will be given as part of the Officer report and presentation to the Planning Committee. The [AssistantService](#) Director for Strategic Planning and Infrastructure may also need to report updates on specific aspects of a proposed development or undertake presentations of development proposals with the applicant at the early stages of a proposal. Where this is the case these will be separately identified on the Planning Committee agenda. In order to ensure efficient and effective decision making the

~~Assistant~~Service Director for Strategic Planning and Infrastructure will generally seek from the Planning Committee delegated authority to determine a planning application after the expiry of an advertisement period, or upon receipt of additional details, or will seek delegated authority to refuse permission where a Section 106 agreement linked to a resolution to grant consent is not, in his/her opinion, being expedited with sufficient speed by the applicant or will seek to defer to the ~~Assistant~~Service Director for further negotiations in consultation with Chair, Vice Chair, and Lead Opposition Group Member for Planning.

10.43 Where further detail and clarification on a published report is required, this will be provided in the form of a written addendum report, to be made public no later than 5.00 p.m. the day prior to the Planning Committee meeting. Officers will always seek to ensure that the use of addendum reports is kept to the absolute minimum.

10.54 In exceptional circumstances, a further oral report may need to be provided at the Planning Committee meeting itself.

10.65 The order for consideration of all planning applications will be as follows:

1. Planning Officer Oral Presentation;
2. Any Planning Committee Member(s) with a prejudicial interest who wish to speak for or against a proposal (who will then leave the room);
3. Any eligible Ward Councillor(s) who wish to speak for or against the proposal;
4. Any Public Speaker who wishes to speak against the proposal;
5. Any Public Speaker who wishes to speak in favour of the proposal;
6. Questions to the Planning Officer by Planning Committee Members and debate on the proposal;
- ~~7. Planning Committee Members debate and consider the proposal;~~
8. Planning Committee Members move and debate any alternative motions to the recommendation. The ~~Democratic Support Officer~~Lead Officer clarifies the wording of the alternative motion and the Chair puts these to the vote as appropriate (refer also to section 14);
9. Chair of Planning Committee puts the original recommendation to the vote, if necessary;
10. Formal Decision of Planning Committee on the proposal.

10.76 If Members request a point of clarification arising from what they have heard from any of the Speakers, to assist them with their consideration of the proposal, the Chair may, at his or her complete discretion, ask for a short adjournment so that the Lead Planning Officer can consult directly with the Speaker or another officer not present at the meeting who may be able to assist.

11.0 SPEAKING AT PLANNING COMMITTEE

- 11.1 Once the Planning Committee agenda and accompanying papers are made available to the public five days prior to the Planning Committee meeting, anyone who wishes to speak must notify the Council's Democratic Support Section (details of which will be on the agenda papers) that they wish to speak, give details of the item upon which they wish to speak under Part 1 and whether they wish to speak as a supporter, objector, or Ward Councillor. The exception to this would be a Councillor who has referred an item to Planning Committee. In such cases the Councillor will have been deemed to have registered to speak at Planning Committee through the referral process. Notification must be made in person by either telephone, letter or e-mail and must be received by no later than 4.30 p.m. two working days before the Planning Committee meeting. An individual who wishes to speak at Planning Committee must register personally.
- 11.2 The Members who will be permitted to speak as Ward Members are normally only those Members whose ward boundary falls within the 'red line' of the planning application site. However, exceptionally other Members will be allowed to speak at the discretion of the Chair provided that they represent an adjacent ward to where the red line is located and in the Committee's opinion the development directly affects residents in that adjacent ward and any of those residents have submitted letters of representation within the statutory notice period. When such an exception is made the reason will be provided as part of the Planning Committee minutes. Other Members can speak at Planning Committee, but as an objector or supporter and provided they meet the other requirements in section 11.
- 11.3 The other participants allowed to publicly speak at the Planning Committee will be the applicant or agent and/or third party objectors and supporters or another representative nominated by them. and/or third party objectors and supporters or professional agents appointed by them to speak. In the case of third parties only those who have made written representations on the planning application during the statutory consultation period will be eligible to speak. In the case of Public Rights of Way applications there will also be a further participant, the landowner, who will be allowed to speak after the Officer presentation, and any Members, objectors and supporters have spoken.
- 11.4 In all circumstances the maximum number of public speakers will be one objector and one in support of the development proposal (plus a landowner for Public Rights of Way applications). If there are several persons wishing to speak (whether objectors or supporters) preference will be given to the first person who properly registers to speak. However the Democratic Support Officer will advise other people who wish to speak of the nominated speaker and, if that speaker is agreeable, then an alternative speaker can be put forward provided all the other criteria in section 11 is satisfied.

- 11.5 Speakers who have notified that they wish to speak need to attend the Planning Committee at least quarter of an hour before the start of the meeting and should register their details with the Democratic Support Officer. They will need to provide their name, the application they are to speak on, and whether they are an objector or supporter of the proposal.
- 11.6 Speakers will be allowed to speak for up to a maximum of five minutes and there will be no further involvement of the speaker in the deliberations of the Planning Committee, except as outlined in paragraph 10.6. Speakers will NOT be given an opportunity to ask questions of the Members of the Planning Committee.
- 11.7 Speakers are not expected to provide any presentational material for the Planning Committee. However, if a speaker wishes to submit any presentational material to supplement their speech they must do so no later than the deadline for speaking as outlined in paragraph 11.1. The material must only deal with issues raised through the formal representations procedure on that particular application. Any other presentational material that is produced by speakers will not be accepted and will be disregarded.
- 11.8 In the event an application is deferred, anyone wishing to speak at the subsequent Planning Committee meeting must register in the normal way. Any previous speaker will not be given preference over other eligible speakers.
- 11.9 Speakers should not interrupt other speakers or interrupt the Planning Committee debate.
- 11.10 Speakers ~~are advised~~should not to make slanderous statements or any other racially motivated, discriminatory or inflammatory remarks.
- 11.11 The Chair can suspend the right to public speaking in relation to an individual item or the whole Planning Committee if he/she considers it necessary to maintain order at the meeting.
- 11.12 The Chair can also require a speaker to cease speaking and leave the meeting if in the opinion of the Chair the speaker's statement falls within 11.9 or 11.10 above.
- 11.13 The Chair of Planning Committee at any time may adjourn the Planning Committee and ask for the public gallery to be cleared to maintain order at the meeting if there is any activity or behaviour which, in his/her opinion, is disrupting the proper consideration of a planning application and/or the conduct of the business of the Planning Committee.

- 11.14 The Chair of Planning Committee at any time may require a Member of the Planning Committee to leave the meeting and take no further part in the proceedings if, in his or her opinion the Member has made statements that fall within 11.9 or 11.10.

12.0 SITE VISITS

- 12.1 Planning Committee Members will be expected to be familiar with the site and the issues surrounding the Officer recommendation when they arrive at a Planning Committee meeting.
- 12.2 If, prior to a Planning Committee meeting, a Member considers that additional illustrative material would assist the Planning Committee to visualise the impact of the proposed development (over and above the planning application drawings and plans and the material forming part of the Officer's presentation to the Planning Committee) they should advise the ~~AssistantService~~ Director for Strategic Planning and Infrastructure either at least three working days before the Planning Committee meeting or during the Planning Committee site visit clearly specifying what additional material is needed and why.
- 12.3 Officers will normally organise a site visit ahead of any formal recommendation if they feel this would benefit Members' understanding of the proposal and subject to the agreement of the Chair. These site visits will be held prior to the Planning Committee meeting and will be agreed in advance in consultation with the Chair and Vice Chair. ~~MemberCouncillors~~ will be expected to give priority to attending this at the arranged time. If ~~MemberCouncillors~~ wish the Planning Committee to visit other sites on the Planning Committee agenda not already included in the scheduled site visit they should advise the ~~AssistantService~~ Director for Strategic Planning and Infrastructure at the earliest opportunity. If ~~MemberCouncillors~~ cannot attend the scheduled site visit they will still be expected to have familiarised themselves with the site. ~~MemberCouncillors~~ should, however, inform the planning officer if they intend to enter the owner's property unaccompanied and seek clarification from the planning officer whether it is appropriate for them to be accompanied by an officer.
- 12.4 If a Member of Planning Committee moves a resolution for a site visit at a Planning Committee meeting not having attended the scheduled visit under paragraph 12.3 Planning Committee will exercise a strong presumption against agreeing to defer the planning application for a further site visit.
- 12.5 If during the course of the consideration of any application a ~~MemberCouncillor~~ moves a resolution for a site visit on a site which was not included in the Scheduled site visit the ~~MemberCouncillor~~ will need to give an explicit reason that must explain why the need for a site visit was not apparent prior to the Planning Committee meeting. In such cases the deferment for a site visit will need to be agreed by Planning Committee members through a majority vote.

- 12.6 If a site visit is to be made by the Planning Committee it will consist of an inspection of the site (and adjoining sites and buildings as necessary) with the assistance of Officers. The purpose of the site visit is to assess the site and surroundings in the context of the development proposals under consideration, relevant development plan policies and proposals, and identified material considerations. It does not form part of the formal Planning Committee meeting.
- 12.7 Site visits conducted by the Planning Committee will normally be unaccompanied (by third parties). As such there is no obligation on the Council to notify the applicant or objectors of the arrangements for a site visit. However it may be necessary to contact the applicant and/or landowner of the site and/or adjacent sites to gain permission to access private property. Before ~~MemberCouncillors~~ enter the site(s) or building(s) Officers will explain to any applicants, objectors, or supporters in attendance the procedure for the conduct of the visit. Officers will then explain to ~~MemberCouncillors~~ the issues relating to the Planning Committee item pointing out any site related matters as necessary. ~~MemberCouncillors~~ will be encouraged to ask Officers questions of fact.
- 12.8 Under no circumstances are ~~MemberCouncillors~~ of the Committee or Officers to enter into any discussions with Ward ~~MemberCouncillors~~, applicants, supporters or objectors on the site visit regarding the merits or demerits of the proposal. During the site visit ~~MemberCouncillors~~ and Officers should avoid comments that could be interpreted as deliberations on the proposal itself, restricting themselves to questions of clarification or observations of fact. If, in the opinion of the Chair of the Planning Committee (or a named substitute), the conduct of ~~MemberCouncillors~~, Officers or third parties is of such a nature as to be potentially in conflict with any of these requirements, or the safety of the ~~MemberCouncillors~~ or Officers is in question, he/she will immediately suspend the site visit. If the Chair of the Planning Committee (or a named substitute) does suspend a site visit the application will be determined by a subsequent Planning Committee without further recourse to a site visit (even if a further request is made by a ~~MemberCouncillor~~).
- 12.9 Ward ~~MemberCouncillors~~ will be notified and may be present at a site visit but this is only to accompany the Planning Committee members, it is not an opportunity for the Ward ~~MemberCouncillors~~ to put forward any case for or against the proposal. The Ward ~~MemberCouncillor~~ is only present to assist with any clarification that may be required in connection with local area issues and to hear the explanation given by the Officer.
- 12.10 The purpose of Planning Committee site visits is:
- For Members of the Planning Committee to familiarise themselves with the site and its surroundings and the location of relevant parts of the proposal.
 - For Officer(s) to provide factual information to ~~MemberCouncillors~~ regarding the site and the proposed development.

- For the applicant or their agent to be present on the site, either to enable access or to ensure health and safety procedures are followed.
- At the Chair's discretion, to visit third party premises.
- To seek clarification on details of the planning application from officers, ~~through the Chair.~~

12.11 At the discretion of the Chair of the Planning Committee (or a named substitute) a statement will be read out to all in attendance regarding site visit procedures. The statement is as follows:

“May I remind Members of the Planning Committee that the purpose of this site visit is solely to view the site and seek clarification on the planning application from officers. Planning Committee Members cannot engage in a debate or answer questions about the development. Members cannot discuss the merits or otherwise of the proposal with developers, ward councillors or local residents.”

12.12 The Chair of the Planning Committee (or a named substitute) is able to suspend a site visit at any time if they are not conducted in an appropriate manner or where there are health and safety issues.

12.13 A record that a Planning Committee site visit has taken place should be made through a Planning Committee minute.

13.0 DECISIONS CONTRARY TO THE DEVELOPMENT PLAN

13.1 The general principle in planning is that where the Development Plan is up to date and relevant, planning applications should be determined in accordance with it unless material considerations indicate otherwise.

13.2 All applications must be assessed in accordance with Section 38(6) of the Planning and Compensation Act 2004 and Section 70 of the Town and Country Planning Act 1990 as amended by Section 143 of the Localism Act 2011.

14.0 DECISIONS CONTRARY TO OFFICER RECOMMENDATION

14.1 The ~~National~~ Planning Practice Guidance (~~N~~PPG) advises that the most common cause for costs being awarded against a Local Planning Authority is where there are unsubstantiated reasons for refusal. However, the ~~N~~PPG recognises that planning can often involve judgements concerning the character and appearance of a local area and the precise interpretation and application of development plan policy requirements.

- 14.2 Planning applications can also give rise to local controversy and sustained opposition, leading to ~~MemberCouncillor~~s being actively lobbied (see Section 7). However, as the ~~National~~ Planning Policy Guidance makes clear, local opposition or support for a proposal is not, in itself, a ground for refusing or granting planning permission, unless it is founded upon valid material planning reasons. Planning authorities will be at risk of costs for unsubstantiated reasons for refusal that rely almost exclusively on local opposition for their justification.
- 14.3 Once the Planning Committee agenda has been published any ~~memberCouncillor~~ may seek advice from Planning Officers, irrespective of the recommendation made on any particular planning application, and discuss what options there are with the ~~AssistantService~~ Director for Strategic Planning and Infrastructure or the Head of Development Management.
- 14.4 If a decision is to be made contrary to the ~~AssistantService~~ Director for Strategic Planning and Infrastructure recommendation, then the ~~MemberCouncillors~~ proposing, seconding or supporting a contrary decision must agree the planning reasons leading to this decision and must also give Officers an opportunity to explain the implications of such decision prior to the vote. The reasons for the decision must be given prior to the vote and shall be minuted.
- 14.5 In the event that the Planning Committee is minded to grant an application contrary to Officers recommendation then they MUST provide:
- (i) Full conditions and relevant informatives or agree to delegate to the ~~AssistantService~~ Director for Strategic Planning and Infrastructure ;
 - (ii) Full statement of reasons for approval (as defined in Town and Country Planning (Development Management Procedure) (England) Order 2015)
 - (iii) Relevant Development Plan policies and proposals.
- 14.6 If Planning Committee wishes to add pre-commencement conditions to a decision to grant, the Service Director of Strategic Planning and Infrastructure will be granted delegated powers to refuse the application if the applicant does not agree to the condition, in order to satisfy the requirements of the Neighbourhood Planning Act 2017.
- 14.76 Where a Member of the Planning Committee moves a motion to refuse an application contrary to the Officers' recommendation then the ~~MemberCouncillor~~ moving the motion MUST provide:

- (i) Full reasons for refusal, which must include a statement as to demonstrable harm caused and a list of the relevant plan and policies which the application is in conflict with;

~~(ii) Statement of other policies relevant to the decision.~~

14.87 In the event of a ~~Member~~Councillor motion to refuse, which is seconded, the Chair will if necessary adjourn the meeting for a few minutes to allow Officers to advise of any other relevant planning issues to assist them with their reasons. Vague, generalised or inaccurate assertions about a proposals' impact, which are unsupported by an objective analysis, are more likely to result in a costs award.

14.98 If the ~~Member~~Councillor moving the motion does not meet the requirements of ~~(i) and (ii)~~ 14.6 above the motion shall be not be deemed to have been properly made.

14.109 If, in the opinion of the Lead Planning Officer (that is the senior planning officer supporting the Chair at the meeting) the possible decision of the Planning Committee to refuse planning permission would carry a high risk of an award of costs against the Local Planning Authority, s/he shall formally ask the Planning Committee to defer a decision and this advice will be formally minuted. The purpose of the deferral shall be to provide time for a full consideration by Officers of the Planning Committee's concerns about the application, such that Officers may advise of grounds of refusal, should the Planning Committee remain minded to refuse the application. In making an assessment about the level of risk of a cost award, the Lead Officer shall have regard to:

- The application's level of compliance with the Development Plan and other adopted policies;
- The robustness of the evidence that can be cited to support a refusal of planning permission;
- All other material considerations.

14.110 Any decision made during the Planning Committee forms the full and final decision of the Council (subject to agreed matters for deferral and final ratification) and it is therefore essential that both ~~Member~~Councillors and Officers carefully follow the above procedure in order to provide a legally binding decision.

15.0 APPEALS AND INQUIRIES

15.1 In the event that planning permission is refused either under delegated powers conferred on the ~~Assistant~~Service Director for Strategic Planning and Infrastructure or by the Planning Committee, an applicant may exercise his/her right of appeal. Officers

are responsible for preparing the Council's evidence for these appeals, and the vast majority of these are dealt with by written representations involving an exchange of statements. On occasions specialist Counsel and consultant support is needed to supplement the evidence of Officers.

- 15.2 In the case of an applicant exercising his/her right to an informal hearing or a Public Inquiry Officers will be responsible for presenting the Council's evidence and attending to present that evidence. ~~MemberCouncillor~~s are at liberty to attend in their capacity as Ward ~~MemberCouncillors~~ and may be called to give evidence as a Ward ~~MemberCouncillor~~. Members of the Planning Committee will not normally be required to attend to present the Council's case.
- 15.3 In the case where the Planning Committee has refused planning permission contrary to Officer's recommendations Officers will normally prepare and present the evidence in their role as employee of the Local Planning Authority. It will be for the ~~AssistantService~~ Director for Strategic Planning and Infrastructure to identify the officers to prepare and present the evidence.
- 15.4 ~~It should not be necessary for~~ Members of the Planning Committee ~~who voted to overturn a decision will be provided with a draft of the appeal statement and invited to comment before the officer sends it to the Planning Inspectorate to become involved in preparing and presenting the case at appeal on an overturn decision, because the reasons for refusal and statements on relevant policies put forward by the Members in reaching their decision should be sufficient to defend the case. In addition~~ However, there may be some situations where in an informal hearing or Public Inquiry ~~MemberCouncillor~~ involvement as a relevant witness is necessary in order to provide a full and accurate case. In circumstances where the ~~AssistantService~~ Director for Strategic Planning and Infrastructure considers this to be the case the ~~MemberCouncillor~~ will be expected to attend any Informal Hearing or Public Inquiry in support of the Council's case.
- 15.5 In exceptional circumstances the ~~AssistantService~~ Director for Strategic Planning and Infrastructure may not be able to prepare the Council's evidence to the hearing or inquiry because the Officer's earlier recommendation on the grounds of refusal is so prejudiced by the earlier advice given. In these circumstances a nominated Member of the Planning Committee together with an externally appointed consultant will need to present the Council's evidence.

16.0 QUALITY OF SERVICE

- 16.1 The responsibility to provide a quality service is shared by both Officers and ~~MemberCouncillors~~. Unnecessary delay at any point in the process of determining an application can result in customer commitments not being met. It can also mean costly delays and can damage the reputation of Plymouth City Council, the Planning Committee itself and its individual ~~MemberCouncillors~~ and Officers. This could have wider implications for the regeneration of Plymouth in terms of how investors, and indeed local people, perceive the city.
- 16.2 Therefore, when making decisions ~~MemberCouncillors~~ and Officers need to ensure primarily that a fair and reasonable planning decision is made, but that in so doing account must also be taken of customer commitments.

17.0 MONITORING AND REVIEW OF DECISIONS

- 17.1 ~~MemberCouncillors~~ should also play an active part in regularly reviewing the outcome of planning decisions so that lessons can be learned and the future consideration and determination of planning application proposals can be improved as part of a broader commitment to continuous improvement.
- 17.2 Every year the Planning Committee will undertake an Annual Site Visit to review completed projects and look at key regeneration sites that form part of the Local Development Framework. There may also be the need for review site visits during the determination stage of planning applications.
- 17.3 ~~MemberCouncillors~~ should assist in the preparation of the Local Development Framework/Local Plans by engaging in key consultation stages and discussing with Officers the application of key policies. The Chair of Planning Committee will also meet regularly with the relevant Portfolio Holder to discuss the interrelationships between policy development and policy application.
- 17.4 ~~MemberCouncillors~~ should therefore ensure that they are available for review visits as and when necessary throughout the year and for a whole day of visits for the Annual Site Visit.

18.0 TRAINING

- 18.1 No ~~MemberCouncillor~~ may sit at a Planning Committee meeting without first having received appropriate mandatory Introduction to Planning Committee training. ~~as set out in paragraph 18.2.~~ This training will expire if the ~~MemberCouncillor~~ has not sat on the Planning Committee within 12 months of receiving the training, or has had a gap of at least 6 months from the Planning Committee. Where the training has expired the ~~MemberCouncillor~~ may not sit on the Planning Committee until they have renewed ~~their Introduction to Planning Committee~~ ~~received the mandatory~~ training.

18.2 Given the complex legislative framework for determining planning applications and the constant reforms and changes to procedure within the planning system, the AssistantService Director for Strategic Planning and Infrastructure will provide a Planning Committee Training Programme. The following additional training is mandatory for all permanent Planning Committee members: comprising regular sessions covering:

- An annual Planning Committee training session that will provide an overview of the key role of planning in the city and the role of MemberCouncillors in the planning process. This training will normally be held once the annual list of Planning Committee members are known and should be attended by both new and existing MemberCouncillors and will normally include a site visit to look at proposals relevant to the Planning Committee. Training will be undertaken by appropriate Legal and Planning Officers. ~~If Members join Planning Committee after this training or act as a substitute for a Planning Committee Member, they will receive separate training.~~

18.3 In addition there will be additional training Workshops on new Council and Central Government policy and legislation or other Planning issues that either Members request or Officers recommend.

~~• Training Workshops on new Council and Central Government policy and legislation or other Planning issues that either Members request or Officers recommend.~~

- Annual Site Visit.

18.3 The above training will usually be open to all MemberCouncillors of the Council to enable them to have a better understanding of planning issues in their role as Ward Councillors.

18.4 ~~Members-Councillors~~ will be expected to make themselves available to attend these training sessions in order to keep up to date on the latest planning and development issues. It will be the responsibility of each individual MemberCouncillor to ensure that they have had at least the annual training in order to be able to sit at a Planning Committee meeting. The AssistantService Director for Strategic Planning and Infrastructure will maintain a register of MemberCouncillor training. Training will be provided using a range of training methods.

19.0 COMPLAINTS

19.1 A complaint that a MemberCouncillor or Officer has breached this code should be made in writing to the Head of Legal Services and would be referred to the Monitoring Officer for investigation and determination.

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- 19.2 A complaint made in writing regarding the determination of a planning application or a related planning matter would be investigated by the ~~Assistant~~Service Director for Strategic Planning and Infrastructure and/or an appropriate officer of the Strategic Planning & Infrastructure Department in accordance with the Council's complaints procedure.
- 19.3 A complaint may be made to the Local Government Ombudsman in the event that a complainant was not satisfied with the result of an investigation under the Council's complaints procedure. This must be made on the appropriate prescribed form and submitted direct to the Local Government Ombudsman.

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Paul Barnard, ~~Assistant~~Service Director for Strategic Planning and Infrastructure

Peter Ford, Head of Development Management

Julie Parkin, Senior Lawyer

June 2019~~09 April 2017~~

APPENDIX I

PLANNING AND THE PLANNING COMMITTEE

I. FUNCTIONS

The relevant functions of the Council are:

I.1 Planning and Conservation

- A** All the Council's functions in relation to Town and Country Planning and Development Control as specified in Schedule I to the Local Authorities (Functions and Responsibilities) (England) Regulations 2000, as amended.

Commons registration

- B** All the Council's functions in relation to common land or town and village greens or unclaimed common land, or unlawful works on common land and to register the variation of rights of common as set out in Schedule I to the Local Authorities (Functions and Responsibilities) (England) Regulations 2000, as amended.

Highways Use and Regulation

- C** All the Council's functions in relation to the regulation of the use of highways set out in Schedule I to the Local Authorities (Functions and Responsibilities) (England) Regulations 2000, as amended.

High Hedges

- D** All the Council's functions in relation to applications and complaints about high hedges under Part 8 of the Anti-Social Behaviour Act 2003.

Trees

- E** The powers to preserve trees under Sections 197 to 214D of the Town and Country Planning Act 1990, and the Trees Regulations 1999 and to protect important hedgerows under the Hedgerows Regulations 1997.

I.2 Policy

The Council decides whether to adopt the Development Plan, on the recommendation of Cabinet.

2 MATTERS SPECIFICALLY DELEGATED TO THE PLANNING COMMITTEE

2.1 In relation to policies and strategies the Committee will:

Advise the Cabinet on the implementation of the Development Plan and other planning policies and strategies.

2.2 Within the policies laid down by the Council, the Committee will

2.2.1. Determine applications relating to town and country planning, commons registration, ~~village greens~~, the making or confirmation of Tree Preservation Orders where there are objections that cannot be resolved and the use or regulation of highways that would have a significant impact on two or more wards of the Council.

2.2.2 Determine town and village green applications where the matter is referred to the Committee by the Service Director for Strategic Planning and Infrastructure or a Member of the Council whose ward boundary the town or village green is located in. Any referral by a Member of the Council must be made within 21 days from the date of notification of the recommendation.;

2.2.32 Determine individual applications for planning permission and any other application made under planning legislation where~~Determine individual applications for planning permission where one or more of the following apply:~~

- a) it is an application for 10 or more dwellings or non-residential floor space of 1000 sq m or more and more than 15 written representations have been received within the statutory public consultation period raising valid planning considerations that are contrary to officer recommendation, either objecting when the officer recommendation is for approval, or supporting when the officer recommendation is for refusal.
- b) the application is substantively contrary to a Development Plan site allocation policy~~proposal~~ or a policy that safeguards a site from inappropriate development and the officer recommendation is to approve;
- c) the application is submitted by an employee or Member of the Council, or a close relative of an employee or Member of the Council living in the same property (see paragraph 4.3 for definition of a close relative);

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d) ~~A Member of the Council has a legal interest in the land for which the application relates~~

e) ~~A Member of Council whose ward boundary falls within the 'red line' of a the planning application site or other application (or at the discretion of the Chair, an adjacent ward immediately affected by the development) has directed the application be dealt with by the Committee by completing the prescribed member referral form in full and submitting it to the Service Director for Strategic Planning and Infrastructure within the published public consultation period. All such forms must include what recommendation the member would find acceptable to enable the application to be dealt with as a delegated decision. Please note referrals cannot be made by a Member who has a disclosable pecuniary interest.~~

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d) ~~Provided that the Member has no Disclosable Pecuniary Interest (in which case a Member Referral cannot be made), a Member of Council has, within the statutory published public consultation period, completed and submitted in full the prescribed Member Referral Form to the AssistantService Director of Strategic Planning directing its determination by Planning Committee, this to include what recommendation the Member would find acceptable to enable the application to revert to a delegated decision.~~

e) the matter is referred to the Committee by the ~~AssistantService~~ Director for Strategic Planning and Infrastructure under one of the following criteria:

- there are finely balanced policy or precedent issues;
- there are probity issues or public interest reasons for the matter to be determined by the Committee;
- the matter is an unusual response to a particular set of issues that warrants debate by the Committee.

2.2.43 Approve ~~the principal terms of major planning agreements; or~~ any substantive changes to the terms of ~~major~~ planning agreements that have been specifically agreed by the Planning Committee on a previous occasion.

In relation to Highways Matters the Committee will:

2.3.16. Determine applications for Orders to create divert or stop up footpaths or bridleways and applications to modify the definitive map that are

either referred by the Service Director of Strategic Planning or Street Services or a Member of the Council whose ward boundary falls within the area covered by the Order. ~~Determine the confirmation of Orders to create divert or stop up footpaths or bridleways.~~ Any referral by a Member of the Council must be made within 21 days from the date of notification of the recommendation.

~~2.3.7. Determine applications to modify the definitive map.~~

2.3.28. Determine applications that are referred by either the ~~Assistant Service~~ Director for Strategic Planning and Infrastructure or ~~AssistantService~~ Director for Street Services.

3. MATTERS DELEGATED TO OFFICERS

3.1 All other non executive functions in respect of planning highways and transport have been specifically delegated to the Director for Place

4. GENERAL

4.1. Substitute Members

Any Member of the Council may act as substitute provided they have undergone the Council's prescribed Member planning training course (as specified in the Planning Committee Code of Good Practice).

4.2 Planning Committee Procedures are found in the Planning Committee's Code of Good Practice.

4.3 For the purposes of the Planning Committee functions a close relative is defined as: a husband or wife (or civil partner), a son or daughter, a father or mother; or a brother or sister.

Audit and Governance Committee



Date of meeting: 22 July 2019
Title of Report: **Award of Contracts**
Lead Member: Councillor Peter Smith (Deputy Leader)
Lead Strategic Director: Giles Perritt (Assistant Chief Executive)
Author: Linda Torney
Contact Email: linda.torney@plymouth.gov.uk
Your Reference: It/32850
Key Decision: No
Confidentiality: Part I - Official

Purpose of Report

To make recommendations about whether to adopt a general policy about dealing with announcements about the award of tenders as practice has varied in the past.

Recommendations and Reasons

The Committee is asked to consider the approach that should be adopted in relation to disclosure of the available budget when tendering for services and make recommendations to Cabinet about this.

The options appear to be:

- (i) To adopt a general policy to always disclose the available budget
- (ii) To adopt a general policy to never disclose the available budget
- (iii) To make decisions about whether to disclose the available budget on a project by project basis taking into account the commercial factors that apply.

The Committee is also asked to consider the approach that should be adopted in relation to the award of tenders in future in light of the issues highlighted in the report and make recommendations to Cabinet about this.

The options appear to be:

- (i) To have a general approach to always announce the name of the successful tenderer at Cabinet in every situation.
- (ii) To have a general approach to announce the name of the successful tenderer at Cabinet in all cases apart from those where an existing tenderer has put in a tender for a follow on contract
- (iii) To not have a general approach but to consider the merits of announcing the name of the successful tenderer at Cabinet on a case by case basis

Alternative options considered and rejected

The alternatives are included in the main recommendations.

Relevance to the Corporate Plan and/or the Plymouth Plan

Having a transparent process about dealing with the announcement of contract award decisions links into our corporate plan values of being fair open and honest about how we act,

Implications for the Medium Term Financial Plan and Resource Implications:

None directly arising from this report.

Carbon Footprint (Environmental) Implications:

None directly arising from this report.

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

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

None directly arising from this report.

Appendices

**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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

Sign off:

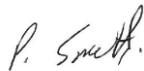
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Originating Senior Leadership Team member: Giles Perritt

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

Date agreed: 10/07/19

Cabinet Member approval:



Date approved: 12/07/2019

APPENDIX A – CONTRACT PROCEDURES - OPTIONS AVAILABLE**Background**

- 1.1 At present practice about whether to disclose the available budget when tendering for services and whether to announce the name of the successful tenderer when awarding contracts, varies depending on the situation. The Committee is therefore being asked to consider this issue and recommend whether to adopt a general policy in respect of these matters.
- 1.2 When the Council makes a decision to tender for services or to award contracts the starting point will always be in favour of disclosure of as much information as possible about the decisions the Council takes. The Council can only withhold information in limited circumstances, where there is a justification, in law, for doing so. Such justification does exist if disclosing the information would be likely to prejudice the Council or someone else's commercial interests. However, the Council also needs to make a judgment about whether the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 2.0 Should the Council adopt a general policy to disclose the available budget when tendering for services?**
- 2.1 Disclosing the available budget on a tender will prevent unaffordable tenders being submitted; allowing the market to tailor the cost of their bids to allow the Council to make a contract award. In cases where the available budget is believed to be "tight" then such an approach will mitigate against the risk of a failed procurement due to unaffordable bids.
- 2.2 On the other hand, if the available budget is realistic then advising the market that you have £x to spend will generally result in bids coming in close to that figure even though some may have bid £x minus y in the absence of that information.
- 2.3 The Council is likely to achieve the most commercial advantage if decisions about whether to disclose the available budget are made on a project by project basis. However there are wider issues of public interest in relation to how public money is spent which would justify a decision to disclose the available budget in all cases should this be the preferred option in line with the Council's commitment to transparency.
- 2.4 The Committee is asked to consider the approach that should be adopted in relation to disclosure of the available budget when tendering for services and make recommendations to Cabinet about this.

The options appear to be:

- (i) To adopt a general policy to always disclose the available budget
- (ii) To adopt a general policy to never disclose the available budget
- (iii) To make decisions about whether to disclose the available budget on a project by project basis taking into account the commercial factors that apply.

3.0 Should the Council announce the name of the successful tenderer when making awards of contracts?

3.1 Awards of contracts are made in three situations:

- (i) Where a contract is awarded for a new service, there is no existing contractor and the decision does not directly affect any of the Council's workforce.
- (ii) Where the Council outsources a service and its own workforce will be affected by the outcome of the decision.
- (iii) Where the Council tenders for a service supplied by an external contractor and that service that will be affected by the outcome of the decision.

3.2 Major contract awards are usually made by Cabinet. This means that if the name of the successful tenderer is announced in the meeting it will immediately be available to the public on the Council's website. In cases of new contracts this should not cause any issues in respect of existing services that are provided by the Council.

3.3 In cases where it is planned to outsource a council service, the Council's workforce will be affected by the decision. In these cases managers will know the date when a decision about the contract award will be made, have the opportunity in advance to discuss the potential impact of the decision to be made and have an opportunity to put in place arrangements to inform their staff of the decision as soon as it is known.

3.4 However different factors come into play when a follow on contract is awarded where a Council service is provided by a contractor. This is particularly the case in situations where that contractor is not successful in their bid to continue to run the service. They may be subject to immediate financial pressures as a result of the decision and will need to be prepared to respond to questions from their staff. Where it is a major contract they are also likely to have to deal with questions from the press. At the same time they need to continue to operate services for Council pending the transfer of the Service to the new provider at a point where staff who do not want to transfer may look for jobs elsewhere or leave.

3.5 In these situations, officers have found it helpful to have an opportunity to inform the contractor of the decision in private, before the decision is made public. This allows time to make plans about the continuation of services during the transition period and to give the contractor the opportunity to inform their staff, so that they do not become aware of the decision through the press. However, this approach is not in keeping with the Councils general approach for decisions to be made in public.

3.6 The Committee is asked to consider the approach that should be adopted in relation to the award of contracts in future and make recommendations to Cabinet about this.

The options appear to be:

- (i) To have a general approach to always announce the name of the successful tenderer at Cabinet in every situation.
- (ii) To have a general approach to announce the name of the successful tenderer at Cabinet in all cases apart from those where an existing tenderer has put in a tender for a follow on contract.
- (iii) To not have a general approach but to consider the merits of announcing the name of the successful tenderer at Cabinet on a case by case basis.

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Audit and Governance Committee

Review of Appointments to Outside Bodies



Date of meeting:	23 September 2019
Title of Report:	Review of Appointments to Outside Bodies
Lead Member:	Councillor Peter Smith (Deputy Leader)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Claire Daniells, Senior Governance Advisor
Contact Email:	Claire.daniells@plymouth.gov.uk
Your Reference:	CLD AGC 01
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

Plymouth City Council currently appoints representative members to 53 outside bodies. Outside bodies are organisations which are independent from the council, but have an impact on our services or help us to fulfil our responsibilities. Following the Annual General Meeting of Council in May 2019 it was evident that a review of the current list of outside bodies was required. This paper seeks agreement as to the principles for appointments to outside bodies, prior to undertaking a full review on the basis of those agreed principles. Processes and procedures for ensuring effective updating and management of membership of outside bodies going forward will also be revised and strengthened.

Recommendations and Reasons

The report recommends that:

- I. Audit and Governance committee approves the principles for appointments to outside bodies as follows:
 - a. Appointments to outside bodies are confirmed at the Annual General Meeting of Council each year, with the exception of appointments of Cabinet members to outside bodies which are confirmed by the Leader.
 - b. Responsibilities of councillors on outside bodies will depend on the type of body in which a member is involved. These appointments create obligations on the council and individual councillors, particularly where a councillor is asked to be a member or director of an outside body. Therefore consideration needs to be given to ensure these obligations are proportionate to the relationship between the Council and that outside body.
 - c. Appointments should be made based on the insight/connection that the appointee can bring, for instance some outside bodies are more relevant to

councillors of specific Wards. Consideration should be given as to whether a link or specific interest exists between the appointee and the outside body.

- d. There should be a memorandum of understanding between the outside body and the appointed representative so that each is aware of and understands their role and obligations. This could include a letter of appointment, provision of insurance cover, expectations as to attendance at meetings etc.
 - e. Where appropriate, outside bodies should be asked to provide suitable insurance cover for those appointed when acting on behalf of that organisation. This is particularly important where the councillor will be a director or trustee with statutory responsibilities and/or whether they may be taking financial or employment decisions on behalf of the outside body.
 - f. Members appointed to outside bodies should receive sufficient support from officers to ensure they have the information they need to maximise their contribution to these organisations.
 - g. Members on outside bodies should provide regular feedback to officers/Council as appropriate and for larger outside bodies and those of strategic importance, this may be by way of an annual or biannual report to a meeting of Full Council.
 - h. Consideration should be given as to whether an elected member is the most appropriate appointment or whether a Council officer could fulfil the role, especially where outside bodies do not have decision making powers.
 - i. Where councillors are invited to join an outside body, consideration should be given as to whether undertaking an alternative role as a 'friend' to the body could be more appropriate. This allows support for the outside body and its causes without legal responsibility. An outside body could also opt to appoint a 'Council Representative' to act as a liaison and point of contact for the body, without necessarily requiring full attendance at Board meetings.
2. Audit and Governance Committee establish a cross-party working group to review the current list of outside bodies, to include membership requirements, Terms of Reference, strategic fit, omissions and monitoring of membership requirements of outside bodies, in line with the principles as set out above.

Alternative options considered and rejected

The alternative considered was to take no action – this would not bring clarity to the current situation for either the outside bodies or the members involved and risks time and resources not being used as effectively as possible.

Relevance to the Corporate Plan and/or the Plymouth Plan

This activity supports the Council values of 'We are Democratic' in ensuring that representatives to outside bodies are appointed in line with the Terms of Reference of those bodies. It also supports the value of 'We are Co-Operative', helping to ensure we work together with our partners to serve the best interests of our city and its communities.

Implications for the Medium Term Financial Plan and Resource Implications:

Support for the review of outside bodies will be met within existing budgets and resources.

Carbon Footprint (Environmental) Implications:

There are no significant environmental implications, although where appointments to an outside body are no longer required, this may reduce carbon footprint through travel.

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

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

None identified

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 1 of the Local Government Act 1972 by ticking the relevant box</i>						
		1	2	3	4	5	6	7
A	Appendix I - Briefing report							
B	Appendix II – AGM Appointments 2019							

Background papers:

**Add rows as required to box below*

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

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

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Originating Senior Leadership Team member: Siân Millard, Oversight and Governance Manager											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 12/09/2019											
Cabinet Member approval:											
											
Date approved: 11/09/2019											

APPOINTMENTS TO OUTSIDE BODIES

Appendix I – Briefing Report



Overview

Plymouth City Council currently appoints representative members to 53 outside bodies. Outside bodies are organisations which are independent from the council, but have an impact on our services, represent our residents, or help us to fulfil our responsibilities. In order to maintain effective partnerships with these bodies, representatives of the Council, usually elected councillors, sit on the various committees and forums that are responsible for them. The Council and/or a councillor may be asked to provide a representative on an outside body to strengthen the tie between that body and the Council. These arrangements may be the result of constitutional requirements of the outside body (for example where the Council has established an outside body to carry out functions on its behalf), or they may be the result of the terms of trust funds which leave funds to the Council, subject to requirements to manage the fund.

The Leader of the Council and the Leader of the Opposition appoint representatives to committees and outside bodies, predominantly following local elections and these are agreed at the Annual General Meeting (AGM) of Council each May. The Leader of the Council also appoints members of the Cabinet to outside bodies. A list of the appointments made at the AGM in May 2019 can be found at Appendix II.

Following the Annual General Meeting of Council in May 2019 it was evident that a review of the current list of outside bodies was required; there was a lack of clarity as to whether some outside bodies were still functional and for those that were, their purpose and terms of reference were in some cases not fully understood. Many of these arrangements have been in place a long time and were set up when the role of the organisation and of the Council were somewhat different to their current roles.

Given that the full list of outside bodies has not been reviewed for some time, and following discussions with members of the Audit and Governance Committee, it was suggested that agreement as to the principles for appointment to outside bodies be established, prior to a larger review being undertaken of which outside bodies should be appointed to, on the basis of those agreed principles. Processes and procedures for ensuring effective updating and management of membership of outside bodies going forward will also be revised and strengthened.

This report sets out the principles/expectations of appointments to outside bodies. Should Audit Committee agree, it is recommended that a subgroup of the committee undertake a cross-party working group to review current the current suite of outside bodies and this work be completed by March 2020.

Principles of outside bodies

- Appointments to outside bodies are confirmed at the Annual General Meeting of Council each year, with the exception of appointments of Cabinet members to outside bodies which are confirmed by the Leader.
- Responsibilities of councillors on outside bodies will depend on the type of body in which a member is involved. These appointments create obligations on the council and individual councillors, particularly where a councillor is asked to be a member or director of an outside body. Therefore consideration needs to be given to ensure these obligations are proportionate to the relationship between the Council and that outside body.
- Appointments should be made based on the insight/connection that the appointee can bring, for instance some outside bodies are more relevant to councillors of specific Wards. Consideration should be given as to whether a link or specific interest exists between the appointee and the outside body.
- There should be a memorandum of understanding between the outside body and the appointed representative so that each is aware of and understands their role and obligations. This could include a letter on appointment, provision of insurance cover, expectations as to attendance at meetings etc.
- Where appropriate, outside bodies should be asked to provide suitable insurance cover for those appointed when acting on behalf of that organisation. This is particularly important where the councillor will be as a director or trustee with statutory responsibilities and/or whether they may be taking financial or employment decisions on behalf of the outside body.
- Members appointed to outside bodies should receive sufficient support from officers to ensure they have the information they need to maximise their contribution to these organisations.
- Members on outside bodies should provide regular feedback to officers/Council as appropriate and for larger outside bodies and those of strategic importance, this may be by way of an annual or biannual report to a meeting of Full Council.
- Consideration should be given as to whether an elected member is the most appropriate appointment or whether a Council officer could fulfil the role, especially where outside bodies do not have decision making powers.
- Where councillors are invited to join an outside body, consideration should be given as to whether undertaking an alternative role as a 'friend' to the body could be more appropriate. This allows support for the outside body and its causes without legal responsibility. An outside body could also opt to appoint a 'Council Representative' to act as a liaison and point of contact for the body, without necessarily requiring full attendance at Board meetings.

APPENDIX II: APPOINTMENTS TO OUTSIDE BODIES 2019/20



*Continuing membership until such time as the Councillor/Representative resigns or is replaced by Council

NB: If noted that a representative (a Rep) is required, this does not have to be a councillor. Council may appoint a non-councillor as its representative on these outside bodies.

	Organisation	No. of Cllrs/ reps	Term of Office	Appointed 2018/19	Appointments / Nominations 2019/20
1	Academy – All Saints Academy Plymouth – Governor	1 Rep	*	Cllr Derrick	Cllr Derrick
2	Academy - Marine Academy Plymouth – Governors	1 Rep	*	Cllr Winter	Cllr Winter
3	Access Plymouth	2 Cllrs	Fixed terms of office for four years (to be reviewed annually)	Cllr Mrs Aspinall Cllr Drean	Cllr Mrs Aspinall Cllr Drean
4	Ballard Youth Activity Trust	7 Reps	Fixed terms of office for three years (to be reviewed annually)	Cllr Mavin Cllr Singh Cllr Wheeler Cllr Corvid Cllr Deacon Mrs Heather Binley	Cllr Mavin Cllr Singh Cllr Corvid Cllr Deacon Mrs Heather Binley
5	Dartmoor National Park Authority	2 Cllrs and 2 substitutes	*	Cllr Vincent Cllr Mrs Aspinall	Cllr Vincent Cllr Mrs Aspinall Cllr Delaz Ajete (sub) Cllr Dann (sub)
6	Devon and Severn Inshore Fisheries and Conservation Authority	1 Cllr	*	Cllr Buchan	Cllr Buchan
7	Devon and Somerset Fire and Rescue Authority	4 Cllrs <i>3 Labour and 1 Conservative Proportional</i>	*	Cllr Hendy Cllr Wheeler Cllr Mrs Bowyer Cllr Drean	Cllr Wheeler Cllr Singh Cllr Buchan

	Organisation	No. of Cllrs/ reps	Term of Office	Appointed 2018/19	Appointments / Nominations 2019/20
8	Devon Investment and Pension Fund	1 Cllr and 1 named substitute	*	Cllr Parker-Delaz-Ajete Cllr Lowry (sub)	Cllr Parker-Delaz-Ajete Cllr Lowry (sub)
9	Devonport Community Lands Trust	1 Cllr	*	Cllr Stevens	Kate Taylor
10	Devonport Community Leisure Limited	1 Cllr	*	Cllr Coker	Kate Taylor
11	Devonport Local Liaison Committee	3 Cllrs	*	Cllr Coker Cllr Vincent Cllr Wheeler	Cllr Coker Cllr Vincent Cllr Wheeler
12	East End Development Trust	2 Cllrs		Cllr Rennie Cllr Dann	Cllr Rennie Cllr Dann
13	Elize Hele and John Lanyon Education Foundations	3 Reps	Fixed term of office for three years (reviewed annually)	Cllr Parker-Delaz-Ajete Cllr Wheeler Cllr Mrs Pengelly	Councillor Allen
14	Emma Stirling Bequest Three of the Cllrs to be from the Honicknowle ward	4 Cllrs	Annual Appointment	Cllr Lowry Cllr Buchan Cllr Smith	Cllr Lowry Cllr Buchan Cllr Smith Cllr Morris
15	Erle Trust Fund	2 Cllrs	*	Cllr Mrs Beer Cllr Darcy	Cllr Mrs Beer Cllr Darcy
	<i>Cllrs to be from the Plymouth Erle ward</i>				
16	Estover / Leigham / Mainstone Management Committee	1 Cllr	Annual Appointment	Cllr Mavin	Cllr Mavin
17	Four Greens Community Trust CIC Board	2 Cllrs	*	Cllr J Taylor Cllr Drean	Cllr J Taylor Cllr Drean
	<i>Cllrs must not sit on the Millfields or Wolseley CEDTs</i>				
18	Incinerator Liaison Committee	2 Cllrs	*	Cllr Tuohy Cllr Wheeler	Cllr Tuohy Cllr Wheeler
	<i>Cllrs from St Budeaux, Ham or Devonport wards</i>				

	Organisation	No. of Cllrs/ reps	Term of Office	Appointed 2018/19	Appointments / Nominations 2019/20
19	Local Government Association: General Assembly	1 Cllr	Annual Appointment	Cllr Evans	Cllr Evans
<i>The Leader (Exercises 5 votes on behalf of the Council)</i>					
20	Market Forum	3 Cllrs	*	Cllr Penberthy Cllr Lowry Cabinet Member with portfolio	Cllr Penberthy Cllr Lowry Cllr Tuffin Cabinet Member with portfolio
21	Millfields CEDT	2 Cllrs	*	Cllr Penberthy	Cllr Penberthy Cllr McDonald
<i>One Cllr to be from the St Peter and the Waterfront ward. Cllrs must not sit on the Four Greens or Wolseley CEDTs.</i>					
22	Mount Batten Sailing and Water Sports Centre – Board of Directors	2 Cllrs	Fixed terms of office for 3 years (reviewed annually)	Cllr Goslin Cllr Derrick	Cllr Goslin Cllr Derrick
23	Municipal Charities of Plymouth	3 Reps	Fixed term of office for three years (to be reviewed annually)	Pauline Bunkin (to May 2019) Freeman Jean Nelder (to May 2020) Cllr Corvid (May 2021)	Pauline Bunkin (to May 2022) Freeman Jean Nelder (to May 2020) Cllr Corvid (May 2021)
24	North Prospect Community Learning Development Group	1 Cllr	*	Cllr Derrick	Vacant
25	North Yard Community Trust	4 Cllrs	Annual Appointment	Cllr Haydon Cllr Tuohy Cllr Wheeler	Cllr Haydon Cllr Tuohy Cllr Wheeler Cllr Stevens
<i>Two Cllrs from the St Budeaux ward, one from the Ham ward and one from the Devonport ward</i>					
26	Olford Bequest	2 Reps	Fixed terms of office for five years (reviewed annually)	Cllr Mrs Aspinall Cllr Dr Mahoney	Cllr Mrs Aspinall Dr John Mahoney
27	Pembroke Street Estate Management Board	1 Cllr	Annual Appointment	Cllr Stevens	Cllr Coker

	Organisation	No. of Cllrs/ reps	Term of Office	Appointed 2018/19	Appointments / Nominations 2019/20
	<i>Devonport ward Cllr</i>				
28	Plymouth and Devon Racial Equality Council	1 Cllr	*	Cllr Haydon	Cllr Haydon
29	Plymouth Area Disability Action Network	1 Rep	*	Cllr Mrs Aspinall	Cllr Mrs Aspinall
30	Plymouth Arts Centre	1 Rep	Annual appointment	Cllr Penberthy	Cllr Penberthy
31	Plymouth Centre for Faiths and Cultural Diversity – Board of Trustees	1 Cllr	Annual appointment		Cllr Allen
32	Plymouth Charity Trust	4 Reps	Fixed terms of office for 4 years (reviewed annually)	Cllr Dann Cllr Deacon Mr Andrew Ford Mrs Patricia Nicholson	Cllr Dann Cllr Deacon Mr Andrew Ford Mrs Patricia Nicholson
33	Plymouth Citizens' Advice Bureau Trustee Board	2 Reps	*		Cabinet member with Portfolio Cllr Aspinall
34	Plymouth Community Homes – Board of Directors	2 Reps	3 years (reviewed annual)	Cllr Tuohy Cllr Bridgeman	Cllr Tuohy Cllr Bridgeman
35	Plymouth Drake Foundation – The Community Charity	2 Cllrs	*	Cllr Winter Cllr Drean	Cllr Winter Cllr Rebecca Smith
36	Plymouth Energy Community Limited	1 Cllr	*	Cllr Buchan	Cllr Buchan
37	Plymouth Foyer	1 Rep	*		Cllr Penberthy
38	Plymouth Local Access Forum	3 Cllrs	*	Cllr Morris Cllr Vincent Cllr Wheeler	Cllr Morris Cllr Vincent Cllr Wheeler

	Organisation	No. of Cllrs/ reps	Term of Office	Appointed 2018/19	Appointments / Nominations 2019/20
39	Plymouth Senior Citizens' Forum	2 Cllrs	*	Cllr Goslin	Cllr Goslin Cllr Tuffin
40	Plymstock United Charity	2 Reps	fixed terms of office for 4 years (reviewed annually)	Cllr M Leaves Cllr R Smith	Cllr M Leaves Cllr Watkin
41	Plymouth Waterfront Partnership Advisory Board	4 Cllrs	*	Cllr Dann Cllr McDonald Cllr Tuffin	Cllr Dann Cllr McDonald Cllr Tuffin Vacant
<i>Four ward councillors from across St Peter and the Waterfront, Sutton and Mount Gould, and Plymstock Radford Wards</i>					
42	Relate Plymouth	1 Rep	fixed terms of office for 4 years (reviewed annually)	Cllr Hendy	Cllr Hendy
43	SACRE Standing Advisory Council for Religious Education	6 Reps	*	Cllr Mrs Aspinall Cllr Morris Cllr Tuohy Cllr Drean Cllr Mrs Johnson	Cllr Mrs Aspinall Cllr Morris Cllr Tuohy Cllr Tuffin Cllr Drean Cllr Mrs Johnson
44	South West Councils	1 Cllr	*	Cllr Evans	Cllr Evans OBE
45	South West Employer's Panel	1 Cllr	*	Cllr Peter Smith	Cllr Pete Smith
46	South West Ports Welfare Committee	1 Rep	*	Cllr Mrs Aspinall	Cllr Mrs Aspinall
47	South West Regional Flood and Coastal Committee	1 Cllr and 1 Deputy (Cllr)	fixed term of office for 4 years (reviewed annually)	Cabinet member with portfolio Cllr Buchan (Deputy)	Cabinet member with portfolio Cllr Buchan (Deputy)
48	Tamar Estuaries Consultative Forum	2 Cllrs	*	Cllr Wheeler Cllr Buchan	Cllr Wheeler Cllr Buchan
49	Tamerton Foliot United Charities	1 Cllr <i>Southway ward Cllr</i>	Fixed Term of office for 4 years (reviewed annually)	Cllr Morris	Cllr Morris

	Organisation	No. of Cllrs/ reps	Term of Office	Appointed 2018/19	Appointments / Nominations 2019/20
50	Wessex Reserve Force and Cadet Association	1 Cllr	Annual Appointment	Cllr Derrick	Cllr Murphy
51	Wolseley CEDT	2 Cllrs	*	Cllr Tuohy Vacancy	Cllr Tuohy Vacancy
<i>Two councillors who must be from 'within the area of benefit' i.e. the Devonport, Ham, Peverell and Stoke Wards and who must not sit on the Four Greens or Millfields CEDT. One Cllr should represent the political party with a majority membership; and one, the main party of opposition. Should there be Cllrs of only one political party represented in these wards, only one Cllr may be appointed.</i>					