

Risk and Audit Service: Performance

Audit and Governance Committee
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1. Executive Summary

1.1 This report summarises the performance and activity of the Risk and Audit Service for the period 1 March 2023 to 30 June 2023.

1.2 The report covers each of the areas of the service:

- Internal Audit
- Health and Safety
- Insurance
- Risk and Resilience.
- Counter Fraud

1.3 The report highlights the following key points:

- This has continued to be a busy period for the Service, with the completion of a number of key pieces of work. The performance indicators and key data in this report reflect this positive progress.
- The service continues to seek to support the effective management of risk, which is especially pertinent as the Council transforms.
- The development of the service continues, with a number of improvements having been completed in the period.

2. Introduction

- 2.1 The Risk and Audit Service is managed by the Chief Internal Auditor.
- 2.2 The mission of the Service is *“to deliver a first-class risk and audit service that is highly respected and valued by Sefton and is the envy of our peers”* and the Service has the following objectives:
- To lead the Council in embedding a system of internal control and risk management that facilitates the achievement of the organisation’s objectives.
 - To be a valued corporate influence in promoting the due consideration of risk in Council decisions, strategies, and plans
 - To align the service with the Council’s changing needs.
- 2.3 In delivering this mission and objectives, the Service encapsulates the following teams:
- **Internal Audit** – this statutory service provides the internal audit function for all areas of the Council, including maintained schools. Internal Audit can be defined as: “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. Internal Audit helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.” (Public Sector Internal Audit Standards)
 - **Health and Safety** – supports Council officers and members in providing an effective health and safety management system that meets the Council’s statutory health and safety duties; thereby controlling the risks of injury and ill health to staff and others affected by the Council’s activities.
 - **Insurance** – fulfils the duty to provide an appropriate insurance service for the Council, including claims management, advice on insurance issues and the management of insurable risk.
 - **Risk and Resilience** – develops risk management and mitigation strategies for the Council on emergency planning (ensuring that the Council meets its statutory responsibilities as a Category 1 responder under the Civil Contingencies Act 2004), public safety and business continuity issues.

- **Assurance Team** – will develop a Counter Fraud strategy and co-ordinate the development of counter fraud services across the Council.

1.4 This report summarises the main aspects of the performance of the Service for the period 1 March 2023 to 30 June 2023, covering the following areas:

- Internal Audit:
 - work undertaken in the period, including a summary of work completed and an outline of the high priority recommendations made.
 - performance against Key Performance Indicators
 - anti-fraud update
 - developments relating to this part of the Service.
- Health and Safety, Insurance, Risk and Resilience and Assurance and Counter Fraud:
 - work undertaken in the period, with key data provided where applicable.
 - developments relating to these parts of the Service.

2.5 The report concludes by looking ahead to the challenges which will be addressed in the forthcoming period.

3. Internal Audit: Performance Update

3.1 Completion of 2022/23 Audit Plan from 1 March 2023 to 30 June 2023

Since the last update to the Committee, the team have progressed a wide range of engagements. The table below outlines the audits in the Audit Plan that have progressed during the year. For engagements where a draft or final report is issued, the Audit Opinion and number of recommendations are identified.

Audit Engagement	Audit Opinion	Recommendations			Progress since last update
		High	Medium	Low	
2022/23 Final Reports issued					
Procurement	Moderate	0	10	0	Final Report issued 17 April 2023.
Green Park Primary School	Moderate	0	4	1	Draft issued 26 Jan 23; Final issued 01 June 2023
Corporate Debt Management	Moderate	0	6	1	Draft issued 16 Jan 23; Final issued 02 March 2023
Risk Management	Moderate	0	3	2	Draft issued 7 Mar 2023; Final issued 13 April 2023
Fleet Management	Moderate	0	2	1	Draft issued 28 Feb 2023; Final issued 14 April 2023
ASC Debt Management 2022/23	Moderate	1	3	0	Draft issued 10 Feb 2023; Final issued 20 Apr 2023
Fleet Management 2022/23	Moderate	0	2	1	Draft issued 28 Feb 2023; Final issued 14 April 2023
Cleansing Vehicles – Keys Management 2022/23	Moderate	0	3	3	Draft issued 20 Jan 2023, Final Issued 21 April 2023

Audit Engagement	Audit Opinion	Recommendations			Progress since last update
		High	Medium	Low	
All Saints School 2022/23	Moderate	0	6	1	Draft issued 7 Feb 23. Final Report Issued 02 June 2023
Covid-19 grants process 2022/23	Moderate	0	8	2	Draft issued 20 April 23. Final Report Issued 12 June 2023
Housing Benefits and Council Tax Reduction Scheme 2022/23	Minor	0	1	1	Draft report issued 24 May 2023. Final Report Issued 12 June 2023
Recycling Credits	Minor	0	3	0	Draft report issued 01 June 2023. Final Report issued 14 June 2023
Draft Report issued					
Data Protection – Data Breaches 2022/23	Moderate	0	2	4	Draft report issued June 2023
Newfield School 2022/23	Moderate	0	5	1	Draft report issued 12 June 2023
St Robert Bellarmine School 2022/23	Moderate	0	4	0	Draft report issued 12 June 2023
Springwell Primary School 2022/23	Moderate	0	4	2	Draft issued 26 January 23. The school have been reminded of need to respond to the Draft Report.
Marshside School 2022/23	Moderate	0	5	1	Draft issued 15 March 2023. The school have been reminded of need to respond to the Draft Report.
On-going work					
Tree Management (External Review)					Following up with Management to ensure that recommendations from the review will be addressed. Historically there has been a fragmented approach to

Audit Engagement	Audit Opinion	Recommendations			Progress since last update
		High	Medium	Low	
					tree management which the review has identified and tried to address. As a result, there is a need to draw up a Council wide approach. The Risk and Audit Team are seeking to facilitate with Green Sefton, the Council's in house tree management service, a corporate tree management approach that can be presented to SLB/ELT for approval.
Investment in Highways 2022/23					Fieldwork complete, awaiting Audit Management review.
Children's Services Demand Management					Initial planning work was undertaken. The Ofsted Inspection covered aspects of demand management. Audit plan to review progress against the Improvement Plan later in the year.
PSIAS					Self-assessment undertaken and progress made in improving procedures.
Sand way Homes – Financial Sustainability 2022/23					Fieldwork complete. Findings to be discussed with management ahead of issue of draft report
Highways Maintenance Procurement 2022/23					Fieldwork complete. Findings to be discussed with management ahead of issue of draft report
SHOL 2022/23					Annual Governance Review. Fieldwork in progress.
Sefton New Directions 2022/23					Annual Governance Review. Fieldwork in progress.
St John's, Crossens Primary School					Fieldwork has commenced and is in progress.

Audit Engagement	Audit Opinion	Recommendations			Progress since last update
		High	Medium	Low	
Annual Governance Statement 21/22					Updates on the progress to implement SGIs and Other Findings are obtained from ADs and EDs to inform this Committee.
Annual Governance Statement 22/23					Governance Assurance Statements issued. Those returned have been reviewed to prepare the AGS22/23.
Leisure Centres					Initial meeting held with Head of Service to agree scope and timing of audit.
Damp and Mould					Initial Audit Brief is prepared and timing of fieldwork to be agreed.
Social Value					Background planning work in progress.
Grants Management					Background planning work in progress.
Grants certified					
Bootle Area Action Plan 2022/23 Q4					£3.6k certified
Lord Street 2022/23 Q4					£Nil certified
TT Cables Q 22/23					£8.7k certified
Marine Lake Event Centre Q4 22/23					£37k certified
Supporting Families 2022/23 Q4					£53.6 certified
Biodiversity Net Gain Grant 2022/23 s31 Grant					£19.5k certified

Audit Engagement	Audit Opinion	Recommendations			Progress since last update
		High	Medium	Low	
Urban Traffic Control 2022/23 Q4					Nil claim
Crosby Lakeside Adventure Centre 2022/23 Q4					£121k certified
Mayors Charity 2022/23					Accounts Certified
Southport Eastern Access Corridor - Q4 Claim					£196k certified
Maritime Corridor 2022/23 Q4 claim					£21.1k certified
City Region Sustainable Transport Settlement Grant - 2022/23 Q4 Claim					£2.5 million certified

3.2 High Priority Recommendations

A summary of the high priority recommendations made on reports issued since the last Committee meeting is provided below.

Adult Social Care (ASC) Debt Management

The Accounts Receivable (AR) Manager and ASC management should coordinate to establish a standard process for referring queried invoices back to ASC. All referred invoice queries should adhere to this process complete with an audit trail detailing who handled the query. Additionally, the ASC management must assign an owner to all invoice queries received from the AR team and ensure that these queries are responded to promptly.

3.3 Internal Audit Review of Risk Management

The Statement of Purpose for the Audit and Governance Committee includes ‘to provide independent assurance to the members on the adequacy of the risk management framework...’ and ‘it provides independent review of Sefton’s governance, risk management and control frameworks...’. In addition, the Committee is ‘to monitor the effective development and operation of risk management and Corporate Governance in the Council.’ To facilitate the Committee in fulfilling its responsibilities it is good practice inform members of in house or external assessments of the effectiveness of the Council’s risk management framework. A Risk Management Audit approved by the Committee for inclusion in the 2022/23 Internal Audit Plan was completed during the last quarter.

The audit review details the process and findings regarding risk management within the Council. The Chief Internal Auditor has management responsibilities for Risk and Resilience team which includes operational risk management, integral to the review. The CIA maintains independence during the audit review through the Internal Audit Manager having operational responsibility for the review and issuing the report and liaising with the CIA’s line manager for agreeing the brief and feeding back on the audit findings. The review identified that:

The risk management system aided by risk registers across operational, service area, and corporate tiers, establishes a robust framework for effective risk management. Detailed protocols are provided in the risk management handbook including stakeholder roles, responsibilities, and reporting arrangements. The Council’s Constitution further supports this structure.

Risk management effectiveness hinges on thorough implementation across the council. Approximately 80 risk registers are maintained requiring active officer involvement. Risk management support is provided to the officers across the Council by the Risk and Resilience team.

The Internal Audit Opinion is ‘Moderate’ risk to the control environment. The report makes three medium and two low priority recommendations for improvements to systems and processes, summarised as:

1. Clearly define the role of the Risk and Resilience Team and update the Risk Management Handbook.
2. Develop a checklist to assess each risk register against.
3. Ensure that the Risk Appetite Framework is included in the Risk Management Handbook.

4. Progress the risk management training with the Corporate Learning and Development Team and review how risk management information is shared across the Council.
5. Review whether managers received adequate notice of deadlines to return updated risk registers.

Actions to address the weaknesses identified have been agreed by the Chief Internal Auditor and the Risk and Resilience Team. The implementation of agreed actions will be followed up in line with Internal Audit's normal procedures.

3.4 Other Added Value Work Completed

To assist the Committee in its understanding of the broad range of assistance and value that the Audit team has provided across the Council we have included some examples.

- Liaised with Legal Services regarding property transaction. No further Internal Audit involvement was required at that time.
- Provided advice to Financial Management Education regarding 'Statements of Internal Control' and declarations of interests in schools.

3.5 2022/23 Resources and Performance

The following table outlines the Audit Team's performance against the Key Performance Indicators outlined in the Audit Plan agreed by the Committee in March 2022. In December 2022, this Committee approved a revised Internal Audit Plan based on reduced resources in the Internal Audit Team. We have previously updated this Committee with details of the Internal Audit resourcing issues experienced during 2022/23.

Description and Purpose	Target	Actual	Variance and Explanation
<p>Percentage of the Internal Audit Plan completed.</p> <p>This measures the extent to which the Internal Audit Plan agreed by this Committee is being delivered. The delivery of the Plan is vital in ensuring that an appropriate level of assurance is being provided across the Council's systems.</p>	<p>100%</p> <p>See graph below</p>	<p>82%</p> <p>See graph below and narrative</p>	<p>18%</p> <p>Resources have not been in post as originally planned and discussed with the Committee. Performance based on actual resources in post slightly ahead see description below.</p>

Description and Purpose	Target	Actual	Variance and Explanation
<p>Percentage of Client Survey responses indicating a “very good” or “good” opinion</p> <p>This measures the feedback received on the service provided and seeks to provide assurance that Internal Auditors conduct their duties in a professional manner.</p>	100%	100%	No variance
<p>Percentage of recommendations made in the period which have been agreed to by management.</p> <p>This measures the extent to which managers feel that the recommendations made are appropriate and valuable in strengthening the control environment.</p>	100%	100%	No variance

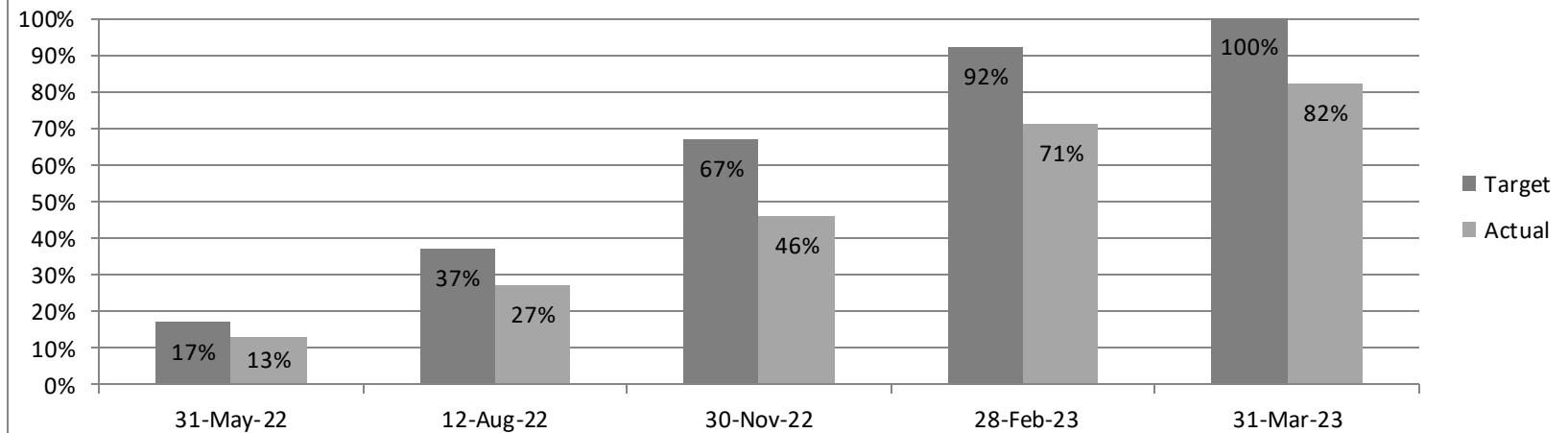


Figure 1: Percentage of the Internal Audit Plan 2022/23 completed (profiled to coincide with the Audit and Governance Committee reporting dates based on revised audit plan)

Figure 1 above shows the percentage of the revised audit plan completed during the year with 82% of the plan completed. Of the audits in the revised plan, there were four that were not undertaken at the request of management and one audit is on-going and is expected to be completed in the coming weeks.

The Audit engagements that were not completed during the year are listed below.

Audit Engagement	Comment
Adult Social Care – Market Sustainability	At the request of management, this audit was not undertaken.
Adult Social Care – Workforce (Recruitment and Retention)	At the request of management, this audit was not undertaken.
Children’s Social Care and Education – Demand Management	At the request of management in light of delivery of improvement plan, this audit was not undertaken.
Children’s Social Care and Education – Placements and Packages	At the request of management in light of delivery of improvement plan , this audit was not undertaken.
Sefton Hospitality Operations Limited	Audit is ongoing but there have been delays in obtaining some information from the client.

Presently, the team comprises Audit Manager, three Principal Auditors, a CIPFA trainee and a part-time trainee ICT-Auditor.

- One of the Principal Auditors is employed on a fixed term contract which will end on 30 June 2023 in line with the employee’s wishes. We have been attempting to secure a permanent Principal Auditor replacement since March 2023, but currently we have not been successful.
- The CIPFA trainee joined the team from Financial Management at the end of January 2023 and is expected to return to a role in Financial Management after six-months at which time a new CIPFA trainee will join the Audit team.

- Financial Management in February 2023 as part of the audit planning process agreed that a newly qualified CIPFA apprentice or other resource would join the Internal Audit team from July 2023 for the 2023/24 financial year. The 2023/24 Audit Plan was designed on this basis and approved by this Committee in March 2023 based on this assumption. Finance have confirmed that we are unlikely to have this particular resource by July 2023 and are considering options- a further update on this will be provided to the committee at the next meeting and it is acknowledged that this additionality influences the delivery of the agreed audit plan.

Current resourcing risks to the delivery of 2023/24 Audit Plan.

- Inability to recruit a replacement Principal Auditor from July 2023. Up to 14% of the plan is at risk of non-completion if a replacement Principal Auditor is not recruited.
- Financial Management do not release CIPFA graduate or provide additional resource to the team. Up to 14% of the plan is at risk of non-completion if the CIPFA graduate does not join the team.
- Laptop failures during the first few weeks of the year have resulted in several non-productive days for the team. The impact is currently less than 1% of the plan, and this will be continued to be monitored.

It is likely that a revised Annual Audit Plan will be required for the rest of the financial year as there is little planned contingency within the plan, a deliberate approach, and we envisage that this will be provided to the next meeting in September to approve.

Members of the committee are also asked to note that a full review of resourcing and capacity across the finance and internal audit service will be completed in 2023/24.

3.6 Annual Corporate Governance report

The following two tables outlines the progress at 30 May 2023 against the Significant Governance issues identified in the final report, which populated the Council’s Annual Governance Statement, issued in September 2022 and the other findings and recommendations in a separate table below.:

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
1	There were three SGIs in the Council’s 2020/21 Annual	GAS Review	JTAI - In June 2021, an interim Executive Director of Children’s Social	May 2023 – Risthardh Hare/ Jan McMahon	Dwayne Johnson, Chief

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
	<p>Governance Statement relating to inspections as follows.</p> <ul style="list-style-type: none"> A Joint Targeted Area Inspection (JTAI) for Children's Mental Health in Sefton took place in September 2019. An Ofsted and Care Quality Commission (CQC) revisit in April 2019 relating to weaknesses in the Written Statement of Action (WSOA). 		<p>Care and Education was appointed. An overarching Children's Plan was developed and in April 2021, an independent person was identified as chair for the partnership Children's Improvement Board. The Department for Education (DfE) issued an Improvement Notice for Children's Social Care Services in May 2021. The Council has further external advice from a DfE advisor who is a member of the Board. This has opened a range of advice and support to Sefton at all levels in the organisation.</p> <p>Ofsted and Care Quality Commission (CQC) - In June 2021, a review of the Improvement Notice was undertaken by Department for Education (DfE) and NHS England (NHSE) advisers and officials. The evidence from the review demonstrated significant progress the Council and partners had made and its success in addressing and embedding the improvements identified in Ofsted's/CQC revisit in 2019. The Improvement Notice was revoked, and the Council and partners formally exited departmental intervention. The SEND Continuous Improvement Board continues with oversight of the SEND system in</p>	<p>Since December 2022 a further Monitoring Visit took place in February 2023. Further monitoring visits will take place this year which will follow the Ofsted Framework. Phase 3 of the Improvement Plan is now in development.</p> <p>Significant progress has been made in respect of the Commissioner's recommendations.</p> <p>December 2022 - Martin Birch Following the 2022 Ofsted inspection an improvement plan has been devised and completed which has been submitted to Ofsted. The improvement plan focuses on four main themes: Improving quality. Implementation of leaning Improving tools Improving strategic partnerships</p> <p>The commissioner's report has been finalised with 22 recommendations. Following this, a Commissioner has now been appointed.</p> <p>Phase one of the improvement</p>	<p>Executive and Martin Birch, Executive Director of Education and Children's Services Dwayne Johnson, Chief Executive and Martin Birch, Executive Director of Education and Children's Services</p>

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
	<ul style="list-style-type: none"> Sefton was overdue an Ofsted Inspection of Local Authority Children's Services. Following a pause in the inspection framework due to COVID-19, Ofsted undertook a 'restart' focused visit of Children's Social Care in March 2021. This was not a full inspection and therefore was not graded. A letter to the Council was published on the Ofsted website on 10 May 2021 with the visit's findings and identification of priority action. <p>Areas for priority action in the letter included:</p> <ul style="list-style-type: none"> Timely application of the pre-proceedings stage of the Public Law Outline where risks for 		<p>Sefton. Since the 2019 Inspection the Board are aware of the additional 800 educational health and care plans required to support individuals and families and the resource impact on the workforce and high needs budget. Mitigated actions have been put in place to address these matters.</p> <p>Ofsted - In February 2022, an inspection of Sefton Local Authority Children's Services took place, and the judgement was graded inadequate. A revised Improvement Plan is being developed and this was submitted to Ofsted by 17 August 2022. Following the inspection, the DfE appointed a Children Commissioner to review the Council capacity and capability and would report to the Children Social Care Minister in October 2022.</p> <p>The pace of the required change is a challenge given capacity and so the Council has invested an additional £11.6m in Children's Services, secured the required interim</p>	<p>plan has now been completed and phase 2 is being developed which incorporates the 22 recommendations.</p> <p>A monitoring visit by Ofsted of our Integrated front door took place in November. Further monitoring visits will take place this year which will follow the Ofsted Framework</p> <p>October 2022 - Martin Birch Following the 2022 Ofsted inspection an improvement plan has been devised and completed which has been submitted to Ofsted. The improvement plan focuses on four main themes:</p> <ul style="list-style-type: none"> Improving quality Implementation of leaning Improving tools Improving strategic partnerships <p>The Commissioner is in the process of finalising his report.</p>	

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
	<p>children are not reducing through child protection planning; and</p> <ul style="list-style-type: none"> The effectiveness of case supervision and the monitoring of children who are subject to child protection planning, including those children in the pre-proceedings process, to prevent drift and delay. <p>What needs to improve in this area of social work practice:</p> <ul style="list-style-type: none"> The quality assurance arrangements and senior management oversight of social work practice. The strategic and operational focus on achieving change and reducing risk for vulnerable children, including disabled children and care leavers, and The capacity in social work teams and the number of children on social workers' caseloads. 		<p>transformational resources, put in place a robust Improvement Plan, developed a new approach to recruiting the Children's Social Care workforce and appointed a new Executive Director of Children's Social Care and Education.</p>		
2	<p>There was a Local Government Association (LGA) Peer Review Revisit on 21 and 22 April 2022.</p> <p>The LGA Peer team reviewed progress against the recommendations since the last Corporate Peer Challenge in September 2018, under the following</p>	GAS Review	<p>The Council will consider the public feedback report and then publish an action plan in response within eight weeks of the report's publication.</p> <p>6-month check-in to be scheduled - an opportunity to discuss progress and next steps.</p>	<p>May 2023 Action has now been completed therefore the SGI is now closed.</p> <p>December 2022 Action has now been completed therefore the SGI is now closed.</p> <p>October 2022 - Dwayne Johnson</p>	Dwayne Johnson, Chief Executive

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
	<p>themes:</p> <ul style="list-style-type: none"> • Local Priorities and Outcomes. • Corporate Transformation. • Economic Growth, and • Member Development. <p>Following the Revisit, the Peer team will produce a public feedback report which is expected June 2022.</p>			<p>The LGA report was published on 20 July 2022, and a report was presented to Cabinet on 27 July, this included the actions to address the recommendations made by the peer review team. We are expecting a further full Corporate LGA peer review in the autumn of 2023. So, we will need an SGI on it and the actions will be to state we will be preparing for the peer review over the next 12 months.</p>	
3	<p>To support financial sustainability, the Chartered Institute of Public Finance and Accountancy (CIPFA) issued a Financial Management (FM) Code which aims to ensure a high standard of financial management in local authorities. The FM Code was launched in November 2019 and authorities were advised that they should introduce this in the 'shadow year' in 2020/21 prior to full implementation in 2021/22.</p> <p>On 17 March 2021, the Council's Audit and Governance Committee has noted the introduction of the CIPFA FM Code and the self-assessment of compliance with the Code and noted the Action Plan to further improve both compliance with</p>	GAS Review	<p>As agreed, a further report on progress on the FM Code is due to be presented to the Audit and Governance Committee at the 22 June 2022 meeting as scheduled in the 2022/23 Work Programme for the Committee.</p> <p>Stephan Included: -</p> <p>"A further report on progress on the FM Code will be presented to the Audit and Governance Committee in 2023."</p>	<p>May 2023 - Stephan Van Arendsen</p> <p>The Council will continue to take annual updates to Audit & Governance Committee to provide assurance on continued compliance and progress against the action plan. The next report will be taken to the July 2023 meeting of the committee.</p> <p>David McCullough</p> <p>Next revision to go to committee July 2023.</p> <p>December 2022 - Stephan Van Arendsen</p> <p>The Council will continue to take annual updates to Audit & Governance Committee to provide</p>	<p>Stephan Van Arendsen, Executive Director, Corporate Services and Customer Services</p> <p>Chief Legal and Democratic Officer (Monitoring Officer)</p>

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
	<p>the Code and financial management across the Council.</p> <p>CIPFA's Better Governance Forum has issued guidance on Local Authority's Corporate Codes of Governance that recommends that these are reviewed and approved annually by the Audit Committee. The Council's Corporate Code of Conduct was last reviewed in 2019.</p>		<p>At the meeting of the Council's Audit and Governance Committee on 16 March 2022 the Committee agreed a work programme for 2022/23 which included that a revised Code of Corporate Governance will be presented for approval to the meeting on 15 March 2023. It will be scheduled on future work programmes for annual review and approval.</p>	<p>assurance on continued compliance and progress against the action plan. The next report will be taken to the June 2023 meeting of the committee.</p> <p>David McCullough The intention is still to present a revised Code to the A&G Committee on 15 March 2023.</p> <p>October 2022 Update - Stephan Van Arendsen On 22 June 2022, a further report was presented to the Council's Audit and Governance Committee which provided an update on the good progress made in implementing the action plan and also identified additional actions to further improve compliance.</p> <p>David McCullough It will go to A&G Committee in March 2023.</p>	
4	<p>Sefton Council declared a 'Climate Emergency' on 18 July 2019 and work has progressed within the Council on the agreed actions that were contained and approved by Members. There is a Strategy in place and delivery is via an Action Plan for the period to 2030. This will</p>	GAS Review	<p>Climate Change e learning is mandatory for all staff.</p> <p>All Cabinet Reports specify that the Climate Emergency Implications must be considered in the report within a specific section on the front sheet of all Cabinet Reports.</p>	<p>May 2023 - Stephan Van Arendsen In addition to the detail below the next 3-year implementation plan has now been approved by Cabinet and Council.</p> <p>A communications strategy has</p>	<p>Dwayne Johnson, Chief Executive and the Cabinet Member for Regulatory, Compliance and Corporate</p>

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
	<p>establish and refine a baseline position on the Council's carbon emissions (carbon footprint) with the development of three-year implementation plans to make the Council's activities net-zero carbon by 2030.</p>		<p>The Officers' Working Group has continued to meet on a monthly basis and the Member Reference Group chaired by the Cabinet Member for Regulatory, Compliance and Corporate Services also meets on a regular basis.</p> <p>The Street Lighting LED programme is underway as is the retrofit of Bootle and Southport Town Halls.</p> <p>The next annual report will be presented to Cabinet in June/July 2022.</p>	<p>now been agreed and moved to delivery phase.</p> <p>The recommendations made by the internal audit report have been agreed and implementation is in progress.</p> <p>The next annual report will be presented to June cabinet and July council.</p> <p>The councils next MTFP will include details of the financial cost of reaching the objectives of the climate emergency as set out in the implementation plan.</p> <p>December 2022 - Stephan Van Arendsen</p> <p>Following the September update the following has been completed or is in progress.</p> <ul style="list-style-type: none"> -Internal audit of the programme has been completed with no significant or high-risk recommendations- management action plan has been agreed. -Overall position in terms of key projects and funding requirements has been taken through ELT and member reference group providing clear position on each strategic 	<p>Services.</p>

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
				<p>issue.</p> <p>-Clear timeline agreed for next three-year implementation plan 2023-2026 agreed by members.</p> <p>October 2022 Update - Stephan Van Arendsen</p> <p>The Council continues to work on this long-term project as set out with monthly officer meetings and regular member reference group being held.</p> <p>In June/July Cabinet and Council received the latest annual report for the financial year 21/22.</p> <p>Work is on target for agreed projects and further work is currently being undertaken to determine: -</p> <ul style="list-style-type: none"> • the capital costs of delivering the required projects that will deliver the objectives by 2030; and • the timing of such projects <p>This will then inform future member decision making and central government lobbying.</p>	
5	COVID-19 continued as an SGI in 2021/22.	GAS Review	COVID-19 Outbreak Management (Health Protection) Board and the Stakeholder Board have stood down. Oversight of outbreaks will be	<p>May 2023 - Margaret Jones</p> <p>This issue can be closed. Public Health and colleagues across the</p>	Dwayne Johnson, Chief Executive, Margaret Jones,

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
			<p>managed through routine health protection arrangements and led by UKSHA. Sefton Health Protection Forum stood up in April 2022 and will provide local oversight and assurance, reporting to Health and Wellbeing Board.</p> <p>As of May 2022, the local mitigation against the possible threat of COVID-19 is reducing. Testing, contact tracing and the legal requirement to self-isolate have all ceased. A significant reduction in local authority health protection workforce will also take place over coming months. Public Health will continue to engage with UKHSA, CHAMPs, Directors of Public Health network and LGA to escalate concerns and ask for assurance from UKHSA that they will continue to fulfil health protection functions.</p> <p>The Budget Plan 2022/23 presented to Cabinet on 10 February 2022 by the Executive Director of Corporate Resources and Customer Services highlighted that consideration was given to the ongoing impact of the pandemic. Reporting on these will continue to Cabinet in 2022/23.</p>	<p>council should be back to business as usual re threats from infectious disease. We have no mitigations in place against Covid in particular. We continue to review alerts and monitoring as we would any other infection threat.</p> <p>December 2022 - Margaret Jones Covid booster offer remains.</p> <p>Covid managed as per other seasonal respiratory infections.</p> <p>October 2022 - Margaret Jones National booster programme was announced July 2022.</p>	<p>Director of Public Health and the Cabinet Member for Health and Wellbeing</p>
6	On 11 February 2021, the Government published a White Paper	GAS Review	The Integrated Care System (ICS) delivery has been put back by Central	May 2023 - Deborah Butcher This programme of work is now	Dwayne Johnson, Chief

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
	<p>'Integration and Innovation: Working Together to Improve Health and Social Care' - Department of Health and Social Care (DHSC), 2021, setting out a raft of proposed reforms to health and care to create Integrated Care Partnerships.</p> <p>'Shadow' arrangements were introduced in 2021/22 and to be delivered in full by April 2022.</p>		<p>Government until July 2022. Deborah Butcher, the Executive Director for Adult Social Care and Health Services has been appointed as the Sefton Place Director to the Cheshire and Merseyside Partnership Integrated Care Board (ICB). The role is a joint appointment between the NHS and Sefton Council, and she takes this role on in addition to her current duties as Executive Director for the Council. Place Directors will have statutory responsibilities in both the ICB and the relative Local Council. Good progress has been made in year in respect of integration between health and social care.</p>	<p>business as usual. There are regular reviews of governance and Place systems from the C@M integrated care board and no issues have arisen as a result. Place Plan has been received by the Health and Wellbeing Board.</p> <p>December 2022 - Deborah Butcher The Sefton Partnership is now fully operational this the local part of implementation of the Health and Social Care Act, the legislation that mandates Integration through the establishment of Integrated Care Partnerships (the outcome of the white paper referenced). The establishment of these Partnerships and their operation are monitored by the Cheshire and Merseyside Health Care Partnership or ICS and the required level of maturity has been confirmed through regular review meetings chaired by the Chief Executive of the ICS.</p> <p>October 2022 - Deborah Butcher Deborah Butcher has been appointed as Exec Director of Adult Social Care and Health – NHS Place Director Sefton in a</p>	Executive

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
				joint role from 1st May 2022.	
7	<p>In the 2020/21 Corporate Governance Internal Audit Review it was recommended that a self-assessment against the Local Government Association's National Framework is carried out in line with the conclusions of the Council's Ethical Working Group.</p> <p>Changes internally and at Social Value Portal mean that this work has stalled and will start again in the first quarter of 2022/23.</p>	GAS Review	<p>A Social Value Policy is in development with a view to implementing the policy in 2022/23.</p> <p>A self-assessment against the Local Government Association's National Framework has been carried out in line with the conclusions of the Council's Ethical Working Group.</p> <p>As a new national policy is introduced the Council will consider the required changes and update policies and approaches accordingly.</p>	<p>May 2023 - Jan McMahon Over 70 staff are now trained on the Social Value Portal.</p> <p>In February Overview and Scrutiny Committee (Regulatory, Compliance and Corporate Services) considered Ethical Business Practices Working Group Final Report – Update on Recommendations. The Committee agreed that this would be the final update as all the recommendations contained in the Final Report have now been implemented.</p> <p>December 2022 - Jan McMahon The Social Value Policy was agreed by Cabinet Member Regulatory and Compliance in August 2022.</p> <p>Work has continued on the development of the Social Value portal and 60 plus staff are scheduled to attend training in January 2023.</p> <p>The Procurement Bill is due its second reading in the House of Commons.</p>	Jan McMahon, Assistant Director Corporate Resources (Strategic Support)

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
				<p>October 2022 - Jan McMahon Internal consultation has taken place on the draft Social Value Policy and the policy will be considered by Cabinet Member Regulatory and Compliance in August 2022. The draft policy will be supported by an Equalities Impact Assessment.</p> <p>The Procurement Bill has been introduced in the House of Commons and progress can be viewed. https://bills.parliament.uk/bills/3159</p>	
8	In the 2020/21 Corporate Governance Internal Audit Review (IAR) it was recommended that Partnership Agreements are reviewed by Heads of Service (HoS) to provide assurances in line with the Council's Financial Procedural Rules (FPRs) for access for Internal Audit.	GAS Review	Partnerships The Chief Legal and Democratic Officer (Monitoring Officer) has sent a reminder e mail on 11 May 2022 regarding the provision of information relating to Partnerships Agreements to all HoS.	<p>May 2023 - Andrew Bridson An initial draft of the guidance has now been produced and will be subject to internal review by the relevant officers before it is issued to Executive and Assistance Directors.</p> <p>December 2022 - David McCullough The issue has moved on a little with Finance recently presenting a revised version of the Financial Procedures Rules to Full Council on Thursday 19th January 2032 which was approved.</p>	Partnership Agreements ADs

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Update	Lead
				<p>This included a review of how the Council will deal with its partnership arrangements and the inclusion of new provisions - the section of the FPR's has been simplified to include the high-level responsibilities of Executive Directors (ED) and Assistant Executive Directors (AED).</p> <p>The S151 Officer will now issue separate guidance to support EDs and AEDs to meet those responsibilities. This will include a checklist of all necessary requirements before entering into a partnership, during it and following its cessation.</p> <p>October 2022 - David McCullough</p> <p>The partnership arrangements we have don't necessarily fit with the original thinking about partnerships albeit that we do have some partnership arrangements. It's on my 'to do list' to review what arrangements we do have.</p>	

Other Findings

In addition to the SGIs detailed above, other findings were also identified in the Action Plan for 2021/22 at Appendix A. These are not categorised under the criteria for reporting as SGIs at this stage but will be kept under review. The leads who are detailed in the Action Plan at Appendix A will be responsible for implementing the recommendations relating to the actions. A follow up audit is scheduled for Autumn 2022 and an update on progress will be provided to the Audit and Governance Committee.

The following comments were included in the Internal Audit Corporate Governance Report for 2020/21 for the Other Findings in that report:

Of these other findings and recommendations, the recommendation for finding three was not implemented from the 2018/19 Internal Audit Corporate Governance Report. This relates to the location of partnering arrangements and the checking against the requirements in Sections 262a-262l of Financial Procedure Rules. This was reiterated in the 2019/20 Internal Audit Corporate Governance Report, and it is reiterated for the second year in this the report. Two of the other findings and recommendations, findings two and four recommendations were not implemented from the 2019/20 Internal Audit Corporate Governance Report and are reiterated in this report. Finding two relates to a self-assessment against the LGA National Framework and finding four relates to the provision of Third-Party Assurance Statements for the Council's Audit and Governance Committee.

Where the action is not completed on recommendation three by 31 March 2022 the action will likely to be considered a Significant Governance Issue due to the risk rating, the date when it was first identified and the extent of the progress.

A review of progress on these items for the 2021/22 AGS has indicated that the action relating to these has not been implemented by 31 March 2022 and consequently these have been escalated to Significant Governance Issues (6 and 7) in the 2021/22 AGS.

In 2021/22 Other Finding 5 relating to the review and regular audit of the quality and accuracy of data used has not been actioned in 2021/22 and it is reiterated in Other Finding 1 in this report.

Appendix A: Management Action Plan - Other Findings, Risks and Recommendations

Recommendation Priority Levels	
High	A matter that is fundamental to the system under review. The recommendation should be addressed as a matter of urgency.
Medium	A matter that is significant to the system under review.
Low	A matter that requires attention and would improve the system under review.

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
1	High	<p>The CIPFA/SOLACE Governance Framework also highlights that the review and regular audit of the quality and accuracy of data used in decision making and performance monitoring demonstrates good practice in governance. The GAS returns from Head of Service (HoS) indicated that whilst this was in place in some Services it was not always in place for all Services.</p> <p>This issue was highlighted in Other Findings in the 2021/22 Internal Audit Governance Report and in response each appropriate HoS/Senior Manager was to review the provision and</p>	<p>HoS review their arrangements for the review and regular audit of the quality and accuracy of data used in decision making and performance monitoring and confirm these arrangements are in place to their Executive Director (EDs).</p>	<p>From Q1 of 2022, quarterly performance reports are now produced for each service - these utilise key performance information and data and align with the financial performance and risk. This informs discussions at DMT and with Cabinet members around what is performing well and what areas of the service are performing below the standard required together with remedial plans were required. these are held on a shared file. It is intended that this quarterly report will be embedded in</p>	<p>May 2023 - Stephan Van Arendsen</p> <p>Quarterly finance/ performance/ risk reports have been produced in year and submitted to cabinet in order to reflect delivery of priorities, financial implications and risk issues arising.</p> <p>Quarterly service performance reports also produced and shared with cabinet members to inform decision making.</p> <p>The council has now agreed a corporate plan, and this is in place for</p>	EDs

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
		<p>use of data initially before 31 December 2021 and then before 31 March 2022 - to define what data is produced and is used to inform decision making.</p> <p>As this has not been implemented the recommendation is reiterated in this report.</p> <p>Risk Noncompliance with CIPFA/SOLACE behaviours and actions that demonstrate good governance.</p> <p>Potential Implications A lack of assurance on the quality and accuracy of the Council's data.</p>		<p>2022/23 and will support quarterly monitoring of the same to Cabinet.</p>	<p>23/24. This is supplemented by individual service plans for each area.</p> <p>This will build on the progress from 22/23.</p> <p>December 2022 - Stephan Van Arendsen</p> <p>Quarterly performance reports for Cabinet members continue to be produced.</p> <p>In addition, a consolidated mid-year review report was presented to Cabinet in November 22/23 that covered finance, performance, and risk - this was extremely well received by members. This will be followed by three quarter review and then an outturn report on the same basis.</p>	

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
					<p>October 2022 Update - Stephan Van Arendsen From Q1 of 2022, these quarterly reports are now being produced and discussed with Cabinet members- In addition the consolidated finance and performance report for the financial year has been produced and approved by Cabinet in July 2022.</p> <p>To develop this further there is now the proposal to produce a quarterly cabinet report that brings together finance, performance, and risk, again to reflect performance and inform future decision making</p>	
2	High	<p>Work has continued to further embed the Risk Management Framework in 2021/22 with the implementation of SLB actions.</p> <p>The Corporate Risk Management Handbook is normally updated</p>	<p>Implementation of the e-learning package, the development of the Council's Risk Appetite with the external provider, training, and the references to risk in</p>	<p>The Risk Appetite work is due to be completed in June 2022 and the Risk Appetite will be presented to SLB and Cabinet for approval. The Risk Management Handbook</p>	<p>May 2023 - David Eden The Risk Appetite was presented and approved by SLB in February 2023 and subsequently Audit and Governance Committee in March</p>	<p>Executive Director, Corporate Resources and Customer Services/Chief Internal</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
		<p>each year, and this was last approved by the Audit and Governance Committee in December 2020. There was no planned update of the Corporate Risk Management Handbook in December 2021 as the Council was awaiting the outcome of work to define the Council's Risk Appetite due to take place in 2022/23 before carrying out another review of the Handbook. The next update of the Handbook is scheduled in the Audit and Governance Committee 2022/23 Workplan for 14 December 2022. The Corporate Risk Register is updated and presented to the Audit and Governance Committee each cycle following sign off by SLB.</p> <p>The Council's Risk Management Handbook states that it will achieve its objectives by <i>'reinforcing the importance of effective risk management through training and providing opportunities for shared learning.'</i> It also states <i>'that at present, there is not a Sefton formal definition of Risk Appetite'</i></p>	<p>ELT/SLB reports are developed further in 2022/23.</p>	<p>will be updated to incorporate the Risk Appetite and reviewed by the Audit and Governance Committee in December 2022 in line with its Workplan.</p> <p>The training will incorporate the Risk Appetite.</p>	<p>2023.</p> <p>The Risk Appetite Training is currently being developed alongside the revised Corporate Risk Management Handbook which will be presented to the Audit and Governance Committee in July 2023.</p> <p>The format of the revised Committee header paper is currently being discussed with Democratic Services.</p> <p>December 2022 - David Eden</p> <p>The Risk Appetite will be presented to SLB in February 2023 and subsequently Audit and Governance.</p> <p>The Risk Management Handbook will be updated to incorporate the Risk Appetite and reviewed by the Audit</p>	<p>Auditor</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
		<p><i>however this will be developed over the next 12 months.</i></p> <p>As yet the risk e learning package and definition of the Council's Risk Appetite and have not yet been actioned. In March 2022, the Council have appointed an External Consultant who has undertaken interviews with Members and Senior Management to formulate and finalise a Risk Appetite.</p> <p>The Council's Insurance Claims Management Company has also been appointed to provide risk training in two modules, one will provide basic risk management knowledge and the second will provide the knowledge to complete risk registers.</p> <p>The planned work in April 2022 has commenced on ELT/SLB Reports incorporating references to risk.</p> <p>Risk The Corporate Risk Management Framework will not be fully embedded within the Council.</p>			<p>and Governance Committee in June 2023 in line with its Workplan.</p> <p>The proposed risk management e-learning training will incorporate risk appetite.</p> <p>October 2022 - David Eden The external facilitator was appointed in March 2022 and interviews took place with Officers and Members in April 2022. A proposed risk appetite framework has been developed and is currently with Management to consider how to go forward.</p>	

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
		<p>Potential Implications Lack of compliance with the Council's Corporate Risk Management Handbook. This may compromise or prevent the achievement of Council aims and objectives and result in the inadequate monitoring of associated controls and/or mitigations.</p>				
3	High	<p>As part of the Council's Corporate Governance Framework Review for 2021/22 members of the ELT, including the Chief Executive, have provided formal assurance in respect of their role and responsibilities, by each of them completing a Governance Assurance Statement (GAS). HoS have also been asked to provide a GAS. The GAS is based upon the seven principles of Corporate Governance laid out in the CIPFA/SOLACE Framework: Delivering Good Governance in Local Government (2016 Edition).</p> <p>A deadline for return of the GASs was set for 1 April 2022 and despite reminders two HoS</p>	<p>The respective HoS complete and return their GASs.</p> <p>The Chief Executive should e mail EDs and HoS to remind them of their obligation to submit their GASs and on a timely basis and in line with the deadlines for the production of the Council's AGS.</p> <p>In 2022/23 the Executive Director, Corporate Resources and Customer Services should provide the initial GAS requests to EDs and HoS. The dates</p>	<p>In the next year, Assistant Directors and Executive Directors during the discussion and Strategic Leadership Board will be reminded of their responsibilities in respect of the return of each GAS and the need for it to be accurate and robust to inform the overall assessment - if required follow up direction will be provided a week before the deadline.</p>	<p>May 2023 - Stephan Van Arendsen The response previously provided still stands so no further information on that one.</p> <p>December 2022 - Stephan Van Arendsen The position as of September remains the same for the guidance and direction that will be provided for the completion of the 22/23 AGS.</p> <p>When the current update of progress on 21/22 is complete this will be considered by SLB, and</p>	<p>Executive Director, Corporate Services and Customer Services</p> <p>Respective AEDs</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
		<p>GAS's have not been received. The two HoS that have not returned GASs are the Head of Economic Growth and Housing and the Head of Highways and Public Protection.</p> <p>Risk Not all assurances have been received for the annual review of the Council's Corporate Governance framework.</p> <p>Potential Implications Non-compliance with guidance CIPFA/SOLACE Framework: Delivering Good Governance in Local Government (2016 Edition) caused by a lack of assurances which may result in reputational damage to the Council.</p>	of the return of GASs by EDs and HoS should be regularly monitored and reported to SLB meetings.		<p>a reminder has been sent to SLB around the production of timely, accurate and robust responses.</p> <p>October 2022 Update - Stephan Van Arendsen It has been agreed with the Chief Internal Auditor that progress on delivery of the AGS will be reported to SLB throughout the year.</p> <p>The requirement to complete the annual GAS on time will be emphasised during this process and when the exercise for 22/23 is launched the roles and responsibilities of Assistant Directors will be re-iterated.</p>	
4	High	The Council has an agreed approach on the governance, risk management and performance assurances that the Council receives from its wholly owned	A report is received by Cabinet for Sefton New Directions Limited in line with the forward plan for June 2022	The report for Sefton New Directions was presented to Cabinet in June 2022.	<p>May 2023 - Deborah Butcher</p> <p>A report will be presented to Cabinet Report in the Autumn outlining any</p>	Deborah Butcher, Executive Director, Adult Social Care

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
		<p>subsidiaries, and this is achieved by reports delivered to Cabinet.</p> <p>There is a remaining action in respect of Sefton New Directions Limited to report to Cabinet and this is on the forward plan for June 2022.</p> <p>Internal Audit have already provided assurance having conducted an audit review of one of the subsidiaries, Sandway Homes Limited. Internal Audit will be conducting an audit review of the assurances received from the other wholly owned subsidiaries in accordance with the Internal Audit Plan 2022/23, which was approved by the Audit and Governance Committee in March 2022.</p> <p>Risk The Council does not adequately manage its wholly owned subsidiaries nor its other financial assets.</p> <p>Potential Implications Lack of assurance to the Council with potential loss and/or reputational damage to the</p>			<p>associated risks.</p> <p>March 2023 - Deborah Butcher</p> <p>No update available</p> <p>December 2022 - Deborah Butcher</p> <p>No response provided.</p> <p>Internal Audit are completing for SND a review of governance in quarter 4 2022/23 and SHOL. A further review of Sandway Homes focused on financial viability is also due to be undertaken in Q4 2022/23</p> <p>October 2022 - Deborah Butcher</p> <p>An audit and assurance work plan with ND has not yet been developed.</p>	and Health

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Update	Lead Officer(s)
		Council.				

3.7 Public Sector Internal Audit Standards

In March 2018 the Internal Audit Service was externally assessed as “generally complies” with the Public Sector Internal Audit Standards. This was reported to the Committee at the time. Each year the Internal Audit develops and implements an Improvement Plan to enhance systems and processes to improve the service. The Internal Audit Service was due to be externally assessed during 2022/23. With the absence of the Internal Audit Manager for four months the planning for the assessment was unable to take place. Planning for assessment to take place this financial year is due to start over the summer.

3.8 Developments

Since the last Audit and Governance Report Internal Audit has:

- Continued to monitor staff wellbeing during the prolonged period of home working maintaining frequent regular contact with all team members and planning for our agile/hybrid return to Magdalen house.
- Strengthened the school audit programme to include procurement frameworks.
- Undertaken recruitment exercises to find a suitable permanent Principal Auditor to join the team.
- We have provided proposals on the introduction of the Three Lines Model to management. Have started analysis work to categorise controls in the Corporate Risk Register to the Three Lines Model.

In the next quarter, the planned development for the service includes:

- The continued implementation of processes to reduce the backlog of audit recommendations that require following up and identify an effective way to report recommendations implemented and outstanding to this Committee.
- Roll out a proposal to management to develop the three lines of defence model recommended by the Institute of Internal Auditors
- Continue with preparations for upcoming Public Sector Internal Audit External Assessment due in coming year.
- Continue our search for a suitable Principal Auditors to join the team.

4. Health and Safety: Performance Update

4.1 Progress

- 4.1.1 There has been significant change during the quarter within the Corporate Health and Safety Team, which consists of three positions - two permanent and one fixed term until 31 March 2024. The fixed term Health and Safety Officer (Schools and Commercial) was appointed in May 2023, to fill a vacant post since August 2022, and is currently contracted until 31 March 2024. There have been issues with attracting suitable experienced and qualified candidates using the Council's prescribed route of recruitment to find suitable candidates. The Senior Health and Safety Advisor left the Council for alternative employment in December 2022 and has now been replaced with the post holder starting in April 2023. The third post, a permanent position, the post holder is leaving the Council with effect from 30 June 2023 and recruitment has been started to fill this vacancy using the Council's prescribed recruitment process. We are currently reviewing the resourcing position and intend to benchmark the Council's resources against other LAs within the Merseyside area.
- 4.1.2 Whilst perhaps not ideal to have so many changes occurring within such a short space of time, the outlook remains positive, with the new members bringing a wealth of skills and experience to the Council. However, resources continue to be extremely stretched to meet the various demands. Resultantly, expectations require managing, with a greater need for prioritisation. The Corporate Health and Safety team supports nearly 8,000 staff (including maintained school staff, and schools with a Service Level Agreement), plus agency staff, contractors, and volunteers working on behalf of the Council.
- 4.1.3 The Team continues to deliver a range of services across all departments and schools, which can generally be divided into three main areas:
- Policy and communication
 - Operational reactive and proactive response
 - Active monitoring.

- 4.1.4 Health and safety objectives and key performance indicators have been aligned to the Councils 'Vision 2030' and 'One Council' initiatives and core values. These are continually reviewed and drive the programme of work, not only for the team but for services areas through the health and safety sub-committees.
- 4.1.5 Consultation arrangements continue to work well, with the Corporate Health and Safety Committee playing a key role in conjunction with the Departmental Health and Safety Committees. The next scheduled corporate meeting will take place in September 2023. Most committee meetings continue to be held virtually, using TEAMS, which has proved to be successful, though one or two are now reverting to a face-to-face format. The Education Excellence Health and Safety Committee is an example of this.
- 4.1.6 The Health and Safety Team (Team) are attending corporate sites to advise and ensure statutory compliance, as well as restarting school visits, to review safety management systems. Such visits have been severely restricted in recent years due to the pandemic.
- 4.1.7 Perceived under reporting of accidents / incidents and near misses has been an issue for some time and Sefton is not alone in experiencing this. The Team continues to encourage managers to ensure all accidents, incidents and near misses are reported to ensure safety management is improved and to ensure the Council is protected as best as possible in the event of future claims as well as to comply with a legal duty to report accidents under the Social Security (Claims and Payments) Regulations. We are reviewing the quality of the incident reporting which in some cases requires improvement and have noticed that some RIDDOR incidents are being mis reported as being work related when they have merely occurred at work. This over reporting can provide a misleading appearance that the Council may be a higher risk than is the case. With ongoing monitoring in this area, it is believed that the number of RIDDOR reports submitted each year can be reduced, thereby only allowing genuine ones to be forwarded to the HSE. The team is committed to ensuring quality information is received, which then allows true analysis and targeting where necessary. The Team continues to encourage work-related accidents or incidents that occur whilst staff are working in their home to be reported and recorded in accordance with the Council Incident Reporting procedures and are examining options to promote the reporting during July 2023.
- 4.1.8 As we approach the summer months and continue to adapt to living alongside Covid, we are again beginning to receive plans via the Events Safety Advisory Group relating to summer shows, fairs and other events occurring on Council land. These are shows that can potentially attract significant numbers of people. The volume of documentation that can be submitted for such events can be significant which does impact on the Team's activities.

- 4.1.9 The Service Level Agreement with a significant number of Sefton's schools has been renewed for the 2023/24 period. Visits to those schools are being planned to allow the review of their safety management systems, however, it is anticipated that most of those visits will occur following the summer break. The Team is currently reviewing both the pricing and content of the SLA to ensure Sefton's provision remains both affordable and attractive as a package. This should help to retain the schools we currently contract with, as well as potentially attracting those schools who have sought alternative solutions.
- 4.1.10 Risk assessment remains the mainstay of health and safety and the health and safety team receive such documents from a range of sources, including corporate departments, schools (via the Evolve database) and from event organisers (via the Events Safety Advisory Group). We are focused on ensuring that there is consistent approach to risk assessments from these different groups and are providing guidance and support to achieve this. Risk assessments and safe systems of work should be reviewed following accidents or incidents and this message is regularly disseminated by the health and safety team to wider management to secure a more robust due diligence system.
- 4.1.11 The Team is encouraging a general review of risk documentation as we continue progress from the pandemic. Health and safety procedures that may have been suspended, or very much restricted over the last couple of years (as an example, carrying out audits) is now being resumed and this is a policy actively being put into place by the health and safety section. Re-starting the schools' visits programme is an example of this. Similarly, we are promoting the reviews of Display Screen Equipment should take place, especially where there have been changes following Covid.
- 4.1.12 The Team has been assisting Property Services who are the managers of a number of corporate buildings to undertake a review of security arrangements in Magdalen House, following an uptick in reported incidents at the site. The health and safety team are working in conjunction with Property Services to create a report highlighting possible solutions to reduce instances of aggression and its effects within this area. The findings of this report will be disseminated to all relevant service managers to allow consideration within their own buildings.
- 4.1.13 The Team has also been assisting with the review of the asbestos management policy within maintained schools.
- 4.1.14 The Corporate Health and Safety Committee and its Sub-Committees continue to provide good avenues for the quick dissemination of information to both managers and safety leads. Areas of current focus include the need for comprehensive accident investigations to ascertain the immediate, underlying and root causes of that accident. Another area of focus relates to slips, trips, and falls at ground level, which always features highly in most organisations' accident data.

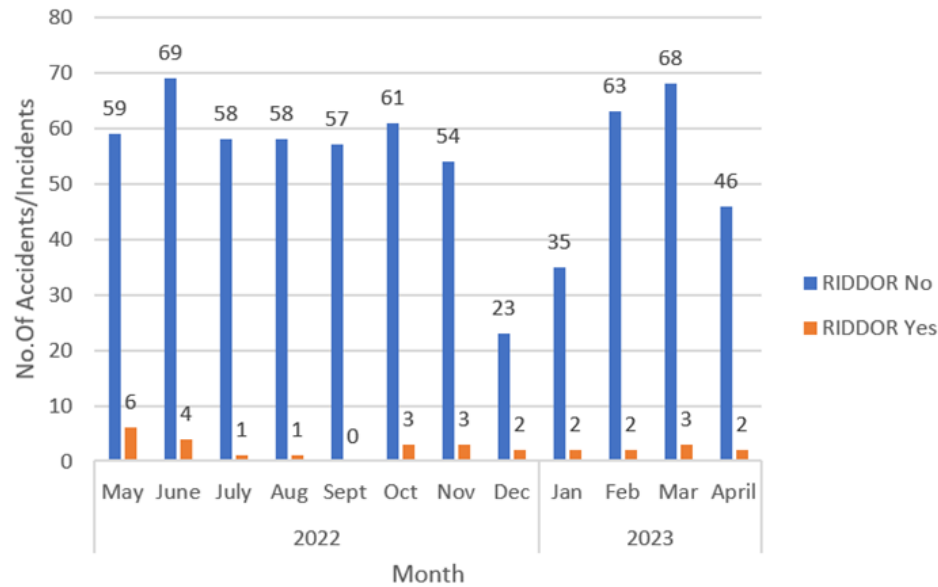
4.14 Other issues dealt with by the health and safety team in the last quarter include:

- Advising in relation to third-party involvement in the running of activities at Crosby Lakeside Activity Centre.
- Advise staff at Thornton crematorium.
- Advising leisure managers on investigation requirements following an incident on council premises.
- The review of Covid screens in Council buildings.
- First Aid and Fire Marshal duties – the practicalities in view of increased home working.
- The next phase of PAT testing and how this is best undertaken.

4.2 Key Incident Data

4.2.1 The Health and Safety Team continue to manage the Council's incident reporting system which records work-related accidents and incidents involving employees, agency workers, contractors, volunteers, and members of the public.

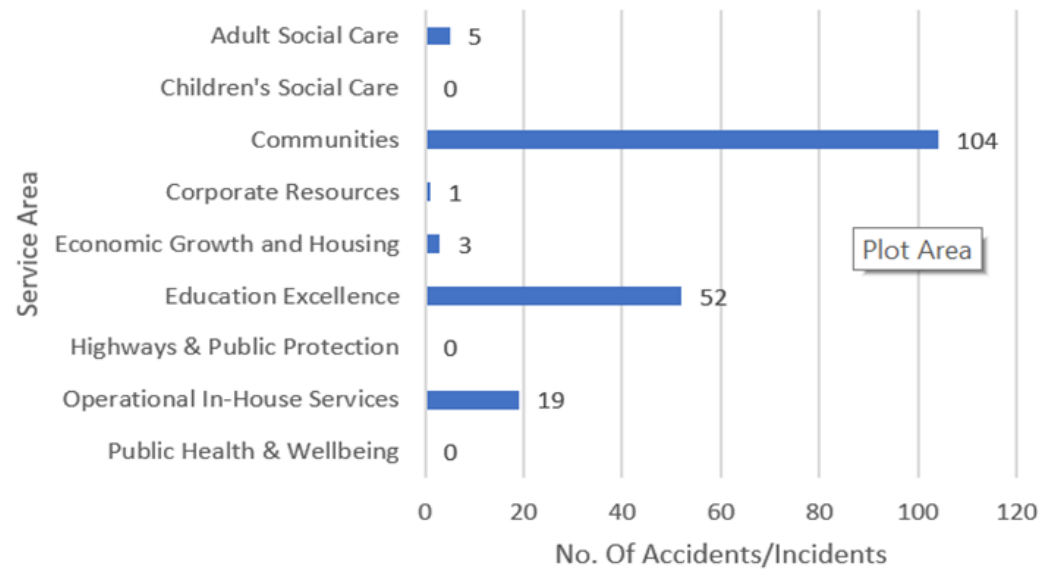
Graph 1 below provides reportable Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and non-reportable accident and incident data for the Council from 1 May 2022 to 30 April 2023 over the past 12 months.



Graph 1: Accident and incident data between 1 May 2022 to 30 April 2023

The graph shows relatively steady reporting figures, save for a drop in December, January, and April. Drops in reporting can usually equate to more staff being on leave, so the run up and aftermath of Christmas and Easter may have an impact upon this. The expected drop over the summer months of quarter two last year did not apparently occur.

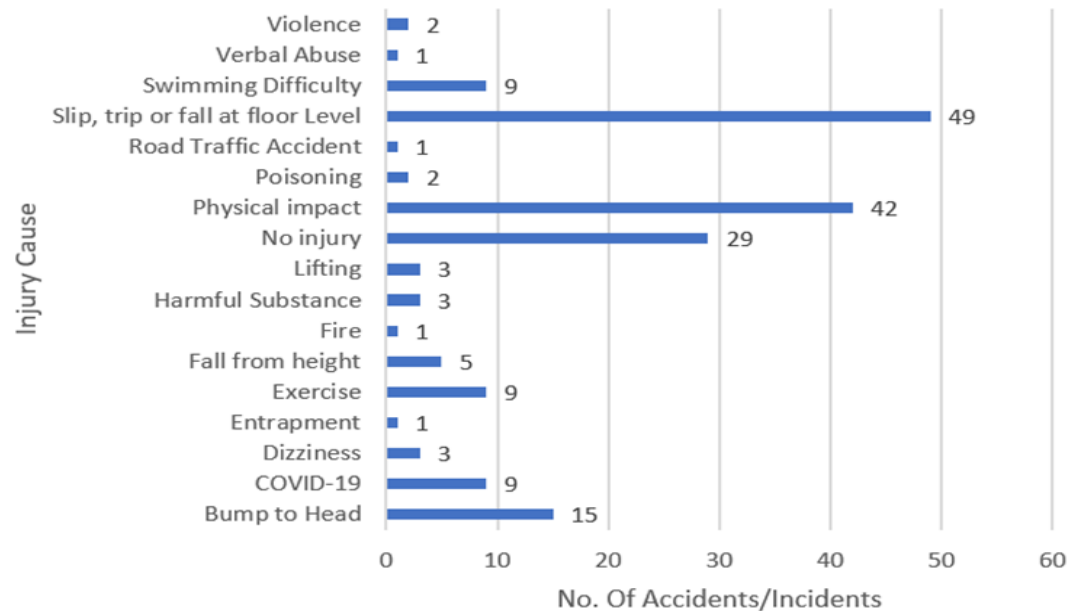
Graph 2 provides accident and incident data comparisons between departments between 1 February 2023 and 30 April 2023.



Graph 2: Accident and Incident data across Council Service Areas between 1st February 2023 to 30th April 2023

The higher the figure can reflect several different aspects. It may be a reflection of the size of the department, as a higher employee count will likely lead to a higher incident rate. Similarly, it can reflect higher risk positions, or possibly, just that one department is better at reporting near misses etc. than others. In the quarter under review, Communities topped the reporting of accidents and incidents. The graph also highlights some potential under reporting by departments and this matter will be raised accordingly.

Graph 3 shows the reported causes of accidents and incidents reported across Sefton Council from 1st February 2023 to 30th April 2023.

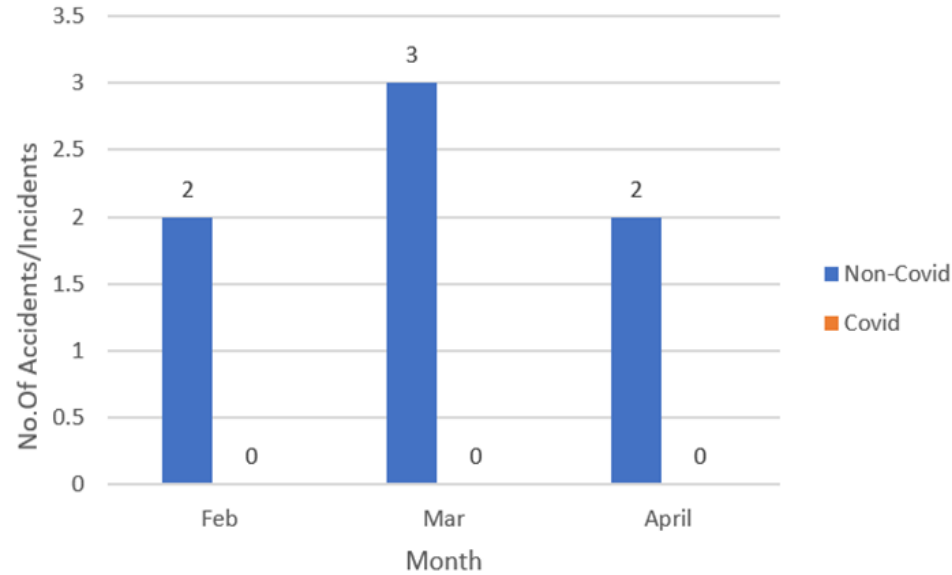


Graph 3: Accident and incident data by Cause between 1st February 2023 to 30th April 2023

Injuries from slips, trips and falls remains highest, however, this must be read in context as many of these will result from playground activity, as will physical impact, which can result from contact sports and games. Instances of physical impact away from where it is expected will be fully investigated.

Covid 19 remains present; however, this should only relate to cases where it can be demonstrated or strongly suspected that it was contracted whilst at work. This will be reiterated to relevant managers to ensure a reduction in future quarters. Covid 19 contracted away from work should be reported under normal sickness reporting and not via accident / incident reporting.

Graph 4 shows the number of notifications made to enforcement authorities and insurers under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), between 1 February 2023 to 30 April 2023.



Graph 4: RIDDOR Reports raised between 1 February 2023 to 30 April 2023

There were no cases of reportable COVID-19 cases due to the changes in the Governments reporting requirements.

As highlighted previously, RIDDOR reporting is currently under review to ensure that only those reports that meet the criteria are put through. Generally, they must relate to an accident and be work related. These elements are crucial. The determination of an accident is defined by the HSE as an identifiable external event that causes the injury, e.g., a falling object striking someone. Feeling a sharp twinge in the back would not be classed as an accident.

Work related is defined as 'out of or in connection with work' – i.e., it must be part of the work process.

4.3 Developments

There will be a continued focus during the next quarter of delivering the Health and Safety Improvement Plan with planned and reactive priorities.

The Team will be working with the health and safety sub-committees to develop their own service area improvement plans, considering lessons learnt and areas of good practice.

The Corporate Health and Safety Team will:

- Continue to support managers and head teachers with the review and updating of risk assessments.
- Continue to review, update, and monitor the Health and Safety Standards and Policies, with focus on fire risk assessments, personal and corporate security, dangerous substances, and Explosive Atmosphere Regulations, first aid provision and local emergency response.
- Continue to develop the Council-wide training needs assessment which will build into the health and safety training plan and provision, in collaboration with the Workforce Development Team.
- Work with senior managers to identify staff who require risk assessment or refresher training. Continue to support the delivery of risk assessment training for managers.
- Focus on improving the accuracy of incident reporting, investigation and implementation of controls and monitoring to prevent reoccurrence. Work with managers to ensure incidents of threatening and abusive behaviours towards staff are reported and investigated.
- Continue to deliver a health and safety monitoring regime across the Council, to schools where the Council retains responsibility for the health and safety as the employer and those schools with a Service Level Agreement with the Councils Corporate Health and Safety Team. This will provide assurance that health and safety management systems are suitable and effective.
- Monitor outdoor education activities, offering advice and reviewing risk assessments for off-site visits and adventurous activities involving young people in schools. This is managed by the EVOLVE system which schools can purchase as part of the Service Level Agreement offering.

- The Team continues to support and monitor schools in the safe storage and where necessary, destruction of their radioactive sources.

5. Insurance: Performance Update

5.1 Work Completed

During the period, the following key pieces of work/projects have been undertaken:

- The major focus of the Team since the last update has been on the preparation for the upcoming insurance tender for the Council's Insurance Programme to be in place for 29 September 2023. As agreed by Cabinet on 9 March 2023, this will be for a three year term, with optional extensions of two one-year periods. The tender is currently live on the Council's The Chest. The result of the exercise will be provided in a future update.
- Following the previously reported consultation with the Council's Maintained Schools to gather views on their participation in the insurance tender, it is pleasing to note that, with the exception of one school, all have indicated that they wish to remain with the Council for insurance cover rather than joining the Government's Risk Protection Arrangement alternative.
In addition, after liaising with the Councils Brokers and Insurers, the Team have secured, at no extra premium, insurance cover for schools who undertake any faith based activities. Previously, schools were required to pay a premium to the Archdiocese to cover such activities.
- The Council continues to defend cases robustly to protect the public purse and, where necessary, will enlist the assistance of Weightmans to provide litigation support for appropriate claims. With Weightmans assistance, two insurance claims were recently successfully defended at Liverpool County Court. In the first, reserved at £15k, cross examination at Trial produced a number of concessions by the claimant in relation to the cause of the accident and how it happened, and this resulted in their subsequent discontinuance of the claim. The second, although a very low level reserved claim, saw the Judge satisfied that the Council had done all that it should in the circumstances by taking reasonable steps in difficult circumstances and therefore found that there was no breach of duty attached.
- The Team has been involved in providing insurance advice to colleagues in Sefton Hospitality Operations Ltd to support their new bar/restaurant facility at The White House, based at Southport Golf Course to ensure adequacy of cover for their growing portfolio of activities.

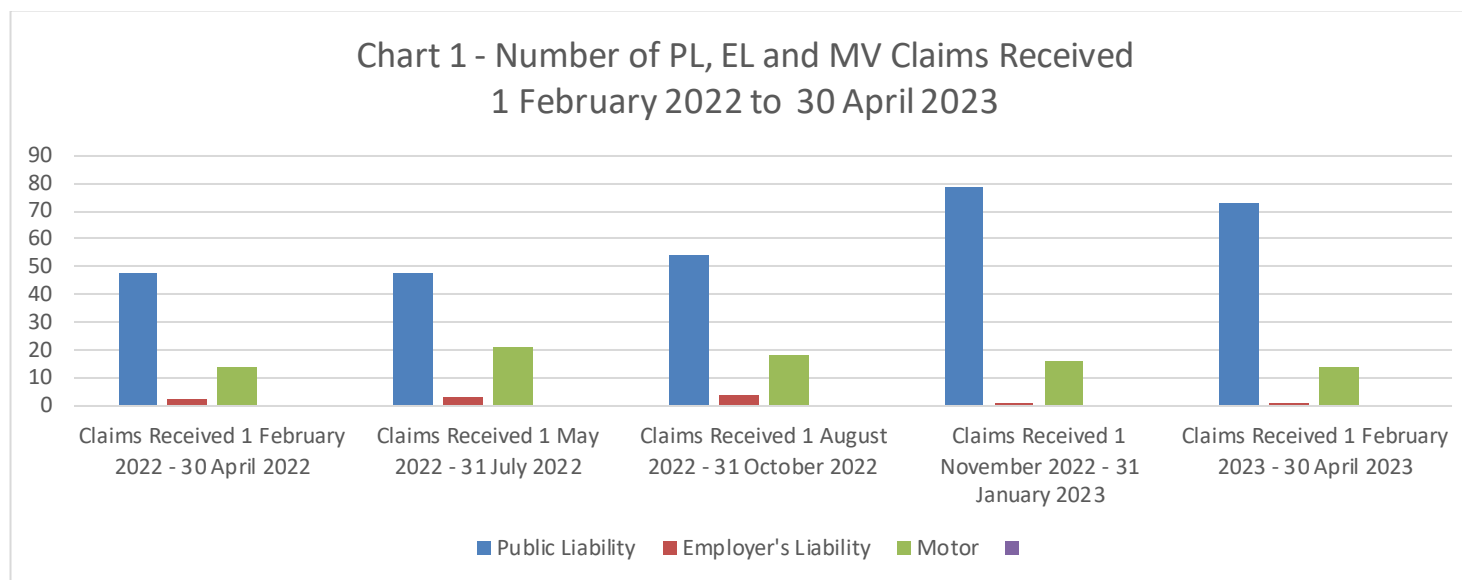
- To assist with major events organised by the Tourism service area, the Team have also assisted in procuring cancellation insurance for both the Southport Airshow and the British Musical Firework Championship to be held later this year.
- The valuation of Council properties reported in previous updates has not been finalised at the time of writing although it is due to be completed by 30 June 2023. The exercise will ensure that the Council has assurance that it has the appropriate level of material damage cover in place for each Council building. An update will be provided at the Committee meeting.
- The Team, where necessary, will continue to work with service areas to improve the management of insurable risk especially in areas where there are high numbers of claims or areas of concern. The Council generally has high defensibility rates, and such risk management activity will assist in maintaining and potentially improving the position further.

5.2 Key Claims Data

5.2.1 The following charts outline the insurance performance and include:

- Numbers of claims for Public Liability (PL), Employers Liability (EL) and Motor (MV) received by Sefton Council for the period 1 February 2022 to 30 April 2023.
- Value of the reserves for PL, EL and MV claims received by Sefton Council for the period 1 February 2022 to 30 April 2023.
- The average reserve value for PL, EL and MV claims received by Sefton Council for the period 1 February 2022 to 30 April 2023.

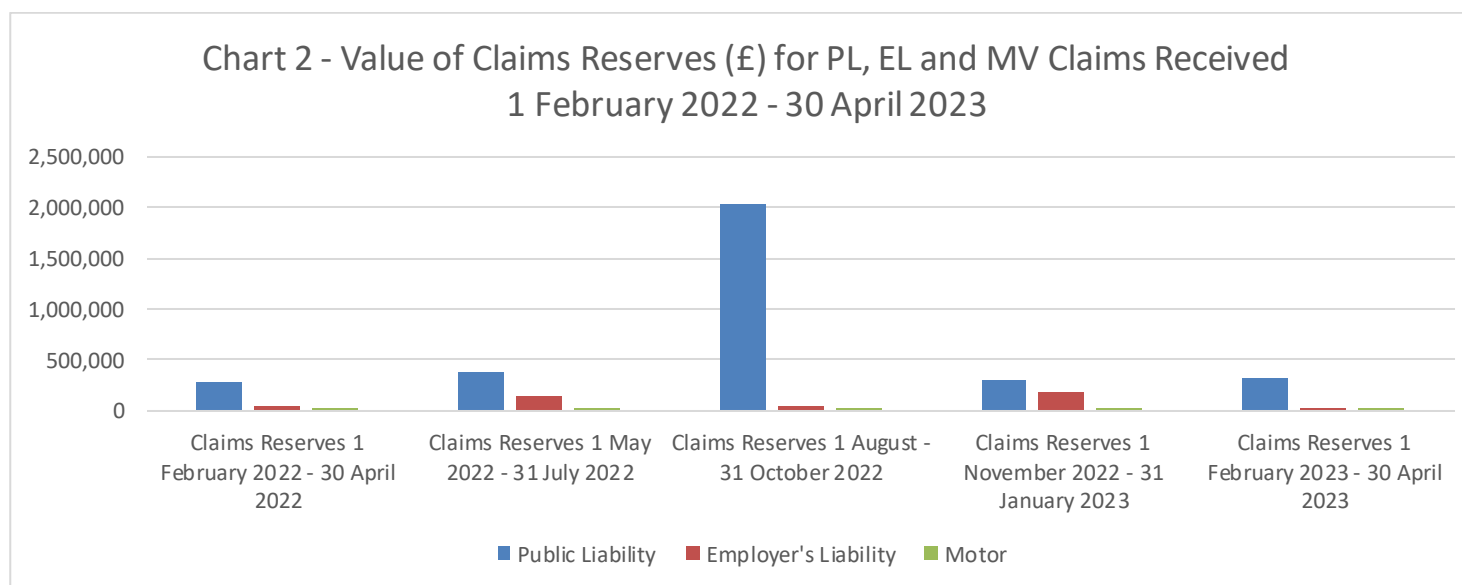
Chart 1 below outlines the number of claims for PL, EL and MV received for the period 1 February 2022 to 30 April 2023.



- 5.2.2 Numbers of PL claims have decreased by 8% from the previous quarter, although are the second highest of the overall reporting period, ending at an increase of 52% from the first quarter. Personal injury claims represent 34% of the claims received with the remainder being third party property damage. The majority of claims relate to the Highways service area which account for 84% of the personal injury claims and 83% of the property damage claims.
- 5.2.3 As per the previous quarter, one EL claim was received which stands 80% lower than at the start of the overall reporting period. Claim numbers continue to be below expectations for the size of the Council workforce.

- 5.2.4 The number of MV claims has decreased by 13% from the previous quarter and ends the overall reporting period in line with those received in the first quarter, and a decrease of 33% from the spike in the second quarter. Own damage claims count for 71% of the claims received with remaining 29% involving third party damage. The Waste and Cleansing service area account for 50% of the claims received. There have been no claims received for personal injury.
- 5.2.5 The current profile in all three areas presents no cause for concern however claim numbers will be monitored for any changes in trend.

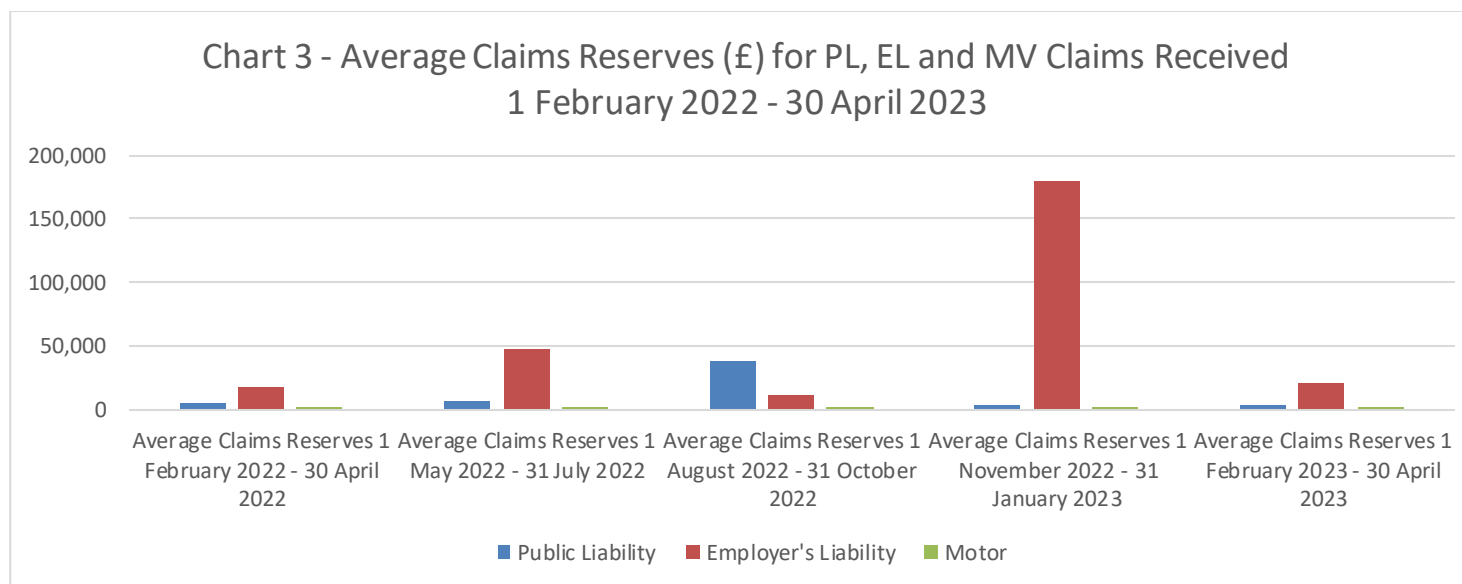
Chart 2 below outlines the value of the reserves for PL, EL and MV claims received for the period 1 February 2022 to 30 April 2023.



- 5.2.6 Claim reserves are allocated by the insurers and/or claims handlers independent of the Council and are determined by the type of injury sustained by the third parties and/or damage occasioned to their property.

- 5.2.7 Although there has been a decrease in numbers of PL claims received, due to the nature of alleged property damage and/or personal injury occasioned to third parties, there has been a small increase of 7.9% in the value of claims reserves.
- 5.2.8 Despite the number of EL claims being constant since the previous quarter, claims reserves have seen a decrease of 88%. This is reflected in the type of injury sustained by the employee and any special damages claimed. The reserve value also represents the lowest quarter and ends 43% lower than at the start of the overall reporting period.
- 5.2.9 Despite the decrease in claim numbers since the previous quarter, the value of reserves is the second highest of the overall reporting period at a seismic increase of 509% from the previous quarter and an increase of 101% from the first quarter. As stated above, no injury claims have been received and therefore all costs are repair related and may still be impacted by the effect of both the Covid-19 Pandemic and Ukraine crisis on supply and demand.

Chart 3 below outlines the average value of the reserves for PL, EL and MV claims for the period 1 February 2022 to 30 April 2023.



- 5.2.10 The average reserve for PL claims shows an increase of 17% since the last quarter, although it is the second lowest of the overall reporting period and ends at a decrease of 25% since the first quarter.
- 5.2.11 As reported above, there has been a decrease of 88% in the EL average claim reserve from the last quarter, although this is an increase of 14% since the start of the overall reporting period.
- 5.2.12 The average MV claims reserve, which is the highest of the overall reporting period, has increased by a significant 594% in the last quarter, and has doubled since the first quarter.
- 5.2.13 Trends in claims performance will continue to be monitored.

5.3 **Developments**

- Due to the recent retirement of a long standing member of the Team, a recruitment exercise is currently underway for an experienced Insurance Claims Technician to bolster the strength within the Team and ensure that the service continues to provide a high level of service to both internal and external partners.
- Once the Insurance Tender is live on The Chest, end of June 2023, the Team will work with Brokers to ensure that any clarification questions received from potential bidders are responded to fully and in a timely manner within the agreed timetable of the exercise. In due course, they will also evaluate the bids received before presenting the outcome of scores for approval.
- As reported in the December 2022 Committee, a class action claim has been received by the Council involving historical claims of abuse. The Team is liaising closely with both Insurers and Solicitors acting for the Council and although the matter is in still in the early stages of investigation. An additional six claims have now been received bringing the total to 39. Although the claimant's solicitor advises that a further 13 claimants have come forward, the Council or its insurers are yet to receive any correspondence in relation to these. Solicitors acting for the Council are now proposing a cut-off date to reduce the numbers of any further claims being received in the future. Updates on the claim will be provided as the claim develops.

- As the Council continues to change and commercialism develops, discussions will continue with the Insurance Broker to ensure that all new risks/liabilities to the Council are identified, and, if required, relevant insurance cover is sourced and procured to provide appropriate protection.
- In consultation with Health and Safety colleagues, the Team will continue to make use of the remaining allocation of free of charge Risk Management Days made available as part of the current liability insurance contract. These are utilised to provide service areas with training or advice for their specific roles. Once the 2023 Insurance Tender has been completed and a new contract is in place, more days should become available which will be considered for strengthening any relevant areas.
- To build on the already strong relationships forged, and to ensure the smooth running of all relevant contracts to provide value for money, regular meetings will continue with external suppliers to the Team – Brokers, Insurers, Claims Handlers, and Solicitors. Attendance at webinars will also be accepted where content is relevant and of interest to the Team and the organisation as whole.

6. Risk and Resilience: Performance Update

6.1 Work Completed

The Risk and Resilience Team (Team) continue to ensure progressive development across the key areas of Business Continuity, Emergency Planning and Risk Management and an improvement plan has been produced.

The Emergency Planning function of the Team is delivered at both organisational and multi-agency levels and the Team remain fully engaged with the planning, preparedness, response, and recovery activities of both the Council and partner agencies of the Merseyside Resilience Forum (MRF). The MRF has resumed pre-pandemic working groups to deliver on the business plan for the coming year and the team maintain strong working relationships and participation in various risk specific task and finish subgroups to plan and deliver multi-agency programmes of work.

The Team regularly promotes and shares invitations to MRF training opportunities to relevant Council colleagues and Emergency Duty Co-ordinators (EDCs) to enhance their knowledge and experience. During February 2023 several members of the council's crisis response team attended training for Emergency Assistance Centres, in April 2023 four colleagues attended a Tactical Emergency Management course and a validation session for the MRF Cyber Resilience Plan was also held.

In March 2023 the UK Government held Exercise Mighty Oak to seek assurance around the response and recovery from a national power outage scenario. The Risk and Resilience team attended the exercise for three days in an observational capacity and a multi-agency debrief was held in April to identify gaps and suggest further actions from the exercise.

As part of the ongoing Covid enquiry and in consultation with the Director of Public Health, the team were asked to contribute to a detailed questionnaire to understand the preparedness through existing plans to the pandemic. The enquiry will be conducted through several “modules” and feedback to the Local Government Association will be ongoing.

A webinar was held to outline the proposals for the introduction of Martyn’s Law (the Protect Duty), and this was attended by the team and various colleagues across the Council. The law will safeguard public spaces are risk assessed and comply with enhanced but proportionate measures to ensure public safety. The team will continue to share information on this subject across the Council as it becomes available.

A review of each Service area’s Business Continuity plan continues to be facilitated by the Team in consultation with the plan owners.

A Business Continuity exercise was held in January 2023 for Assistant Directors and the Executive Leadership Team. Following a debrief, detailing suggested actions to improve the Council’s response, recommendations were be fed back to Strategic Leadership Board and will be part of a Business Continuity improvement plan for the coming year.

The Business Continuity Strategy and Policy documents have been reviewed and updated for consideration by SLB and approval by Audit and Governance Committee.

Following an internal audit review of the Risk Management function the team have followed recommendations and introduced a checklist to ensure compliance of Risk Register completion in several key areas. Feedback on compliance will be provided to risk owners to promote continual improvement.

A further recommendation was to provide clearer definition around roles and responsibilities applicable to both the Risk and Resilience team and all staff with respect to Risk Management. The Corporate Risk Management Handbook has been revised to reflect this additional detail and the handbook is included in these meeting papers for approval by Audit and Governance Committee.

The focus on risk management this quarter has been on working with specific service areas to improve the content of their Operational Risk Registers and ensuring appropriate escalation of risk to the Service Risk Register. This review is on-going, and each service area will have an in-depth study on a rotational basis.

Work on producing a Risk Management Awareness e-learning package is nearing completion and the package is due to be tested on colleagues within the wider team before becoming Me-Learning platform for all staff and members to complete.

The Corporate Risk Register has been reviewed and is due to be presented to the July Audit and Governance Committee elsewhere in the agenda. An alternative, enhanced method of updating the register has been introduced to ensure improved visibility and engagement in the process is achieved. Meetings with risk owners continue to be held to ensure ongoing improvement to risk management arrangements across the Council.

The Council's Risk Appetite Framework (RAF) has been presented and approved by Strategic Leadership Board and Audit and Governance Committee. The team are currently working on a training presentation to successfully implement the changes associated with the use of the RAF and the detail of the framework has also been included in the revised Corporate Risk Management Handbook.

6.2 Developments

- Major incident plans and processes will continue to be reviewed and updated as necessary or following learning from any incidents.
- Continued engagement and preparation for introduction of Martyn's Law and associated workstreams
- The Team will continue to support further planning and training for the MRF Shoreline Pollution workstream following a successful event to validate the MRF multi-agency plan for multi-agency partners.
- Ongoing review of the business continuity plans with particular focus on recommendations from the recent exercise.
- Planning an exercise for Business Continuity – Adult Social Care Suppliers
- Continue to facilitate opportunity to exercise and train the current pool of Decision Loggists following the latest exercise held on 8 March 2023
- Further development of Risk Registers from all teams / services, including a qualitative exercise to ensure escalation of risks from Service Risk Registers to the Corporate Risk Register where appropriate.

7. Assurance and Counter Fraud: Performance Update

7.1 Work Completed

As highlighted in previous reports the limited resources for the Team were on secondment with the Revenues and Benefits Team until March 2023 and the one remaining staff member has been focused on providing support to the Health and Safety Team and the Risk and Resilience Team to assist in co-ordinating business continuity response in particular to the potential power outages. The support is required in particular to the Health and Safety Team due to the staffing issues following the Health and Safety School and Commercial Advisor leaving in August 2022 and the difficulties in obtaining suitably qualified and experienced staff. Ensuring that there is sufficient capacity within Health and Safety Team to address business as usual, with the tight competent resources that are currently available is a key issue and takes priority over counter fraud work.

From 1 April 2023 the two staff members transferred permanently to the Revenues and Benefit Team.

As a result, there has been limited counter fraud activity this quarter although we have help to co-ordinate the completion of the submission of information for the Nation Fraud Initiative.

7.2 Developments

The Assurance Manager who had been responsible for the Council's counter fraud co-ordination and reporting retired from the Council on the 31 March 2022. There are plans to use this opportunity to restructure the Risk and Audit Team to provide a dedicated qualified counter fraud professional as well as address some other anomalies in the structure. The proposed re-structure has been difficult to undertake due to both the uncertainty from the official recruitment freeze as well as the Council's funding position and previous unplanned absences in the Audit Team. As there remains a recruitment freeze for

23/24 there will be limited progress on counter fraud until the resourcing issues are addressed both in this function and the wider Risk and Audit Team with any action dependent on the clarity on the Council's budget position for 2024/25.

8. Looking Ahead

8.1 The Service continues to develop, with a number of key projects being undertaken to embed the role and influence of the team over the next quarter:

- The embedding of regular risk management review across the Council to ensure that Operational and Service Risk Registers are updated on a regular basis.
- Assisting the implementing of a RAF across the Council should help in the delivery of the Council's strategic objectives by ensuring that governance arrangements receive an assessment of the risks associated with a proposed action and whether it sits within or outside of the prevailing risk appetite.
- Continued delivery of the Internal Audit Plans for 2023/24, focusing attention on reviewing the key risks to the organisation, which will evolve as the Council changes.
- Implement the actions from the business continuity exercise in January 2023 including the completion of the Corporate BC plan.
- Recruitment of Principal Auditor, and one Health and Safety staff.
- Completion of the review of the Health and Safety Policy, work on developing wider occupational health, safety and wellbeing of staff and the finalising of the Annual Health and Safety Report.

- Delivering on the service improvement plans for the Risk and Audit Team.

9. Conclusions

- 9.1 Internal Audit has made good progress in the completion of the revised Internal Audit Plan 2022/23 despite the underlying difficulties in recruiting suitable internal audit staff and unplanned absences. Performance in respect of the agreement of recommendations and the feedback from clients has been particularly positive and reflects the value added by the Service. Progress on the 2022/23 audit plan has been promising.
- 9.2 The Council's accident record continues to be positive and there are plans to improve the risk management further by working with colleagues across the organisation with improved training offer.
- 9.3 The Health and Safety team has been continuing to respond to the significant impact of Covid-19 helping to ensure that management put appropriate risk assessments are in place and provide guidance and support to colleagues.
- 9.4 The Council's insurance claims performance remains good.
- 9.5 Further work is planned to improve risk management within the Council by looking at assurance mapping the key risks and embedding the Council's risk appetite through the Departmental Management Teams and the Committee reports. We will continue to ensure that there are risk registers are in place in line with the Corporate Risk Management Handbook.
- 9.6 Progress has been made in embedding business continuity with a focus this year of reviewing the existing BC plans clear road map for the completion of the outstanding business continuity plans shortly and a focus over the remainder of the financial year at testing and exercising the BC plans.

9.7 We are developing improvement places across each of the service areas to deliver improvements which will result in improved risk services as well as an integrated risk and audit approach.