

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 December 2023 to 29 February 2024.

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 December 2023 to 29 February 2024, 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 Amendments to the Audit Plan 2023/24

The audit team has dedicated an unforeseen total of 50 days to conduct an extensive review into Children’s Social Care, a task that was not originally accounted for in both the original and revised Audit Plans. The budgeted days available for contingency in the revised plan has been exceeded. In March 2024, one of the team will not be available for two weeks for paternity leave and we now believe it is not possible to complete the audit plan in its entirety. We have reviewed the audit engagements where work has not commenced and have identified one audit where we would request removal from the current audit plan and for it to be considered for inclusion in 2024/25 audit plan.

During the quarter we have received two requests from senior officers for Audit Engagements to be completed. To accommodate these new management requests, we would like to gain approval for amendments to the 2023/24 audit plan.

Audit Engagement	Service Area		Days
High Needs Funding	Children’s Social Care	New	15
Early Help and Aiming High - Commissioning	Children’s Social Care	New	15
Total additions			30
CSC – Market Sustainability	Children’s Social Care	Remove and consider in 24/25	15
Highways inspection - public sector equality duty	Highways and Public Protection	Remove	15
Severe Adverse Weather Policy Compliance	Highways and Public Protection	Remove	15
Total Removed			45

3.2 Completion of Audit Plan

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	Recommendations	Current Audit Engagements
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	Opinion	High	Medium	Low	Draft	Final	Progress since last update
Birkdale Primary School	Minor	0	1	3	13-12-23		Following discussions with the school, revised draft report issued.
St Robert Bellarmine School 2022/23	Moderate	0	4	0	19-09-23	28-02-24	Final Report issued
Our Lady Star of the Sea	Moderate	0	2	2	26-02-24		Draft Report issued
Freshfield Primary	Moderate	0	1	3	26-02-24		Draft Report issued
St John Bosco Primary	Moderate	0	3	2	26-02-24		Draft Report Issued
Crosby High School	Moderate	0	2	3	26-02-24		Draft Report Issued
Our Lady of Compassion	Moderate	0	3	1	26-02-24		Draft Report issued
Woodlands Primary	Moderate	0	5	0	23-08-23	13-12-23	Final Report Issued
St Edmund and St. Thomas	Moderate	0	4	2	29-09-23	26-02-24	Final Report Issued
St Nicholas Primary	Minor	0	0	1	28-02-24		Draft Report Issued
Pupil Place Planning	Minor	0	1	2	26-02-24		Draft Report Issued
Governance Assurance Statements	n/a	n/a	n/a	n/a	n/a	23-02-24	Summary table issued
Public Health Commissioning - Living Well	Minor	0	0	1	28-02-24		Draft Report Issued
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 tree management corporately which the review has identified and tried to address. The Risk and Audit		

Audit Engagement	Audit Opinion	Recommendations			Current Audit Engagements		
		High	Medium	Low	Draft	Final	Progress since last update
							<p>Team have produced a joint report with Green Sefton, that was presented to ELT for discussion in December 2023. The outcome is that the Assistant Director of Operational In-House Services will co-ordinate the development of a corporate framework for tree risk and maintenance management. The framework will incorporate both the existing approach to management of highway tree assets and trees on land under the existing Green Sefton portfolio and provide guidance in relation to the management of trees on other Sefton Council owned property, land and education assets as appropriate.</p> <p>The report has been shared with the aim that this is included within the proposed workplan to implement a scoping project to formalise tree management across all Council owned land.</p>
Risk Management							Arrangements have been made for an audit by Gallagher Bassett during March 2024. Interviews with key stakeholders have been arranged.
Social Value Outcomes							Fieldwork in progress.
ASC – Inspection Preparation							Fieldwork in progress.
ASC – Controls to mitigate market failure							Fieldwork completed and Draft Report reviewed. One query outstanding prior to issuance.
Petty Cash							Draft report prepared.
Leisure Centres							Fieldwork in progress
Waste management							Fieldwork in progress

Audit Engagement	Audit Opinion	Recommendations			Current Audit Engagements		
		High	Medium	Low	Draft	Final	Progress since last update
Sefton New Directions 22/23					Draft report prepared		
Major Construction Projects					Fieldwork in progress		
Climate Emergency					Fieldwork underway		
SHOL					Fieldwork completed and draft report prepared. Finalisation delayed due to changes in management.		
Consultancy / Management Support – Children’s Services					Finalising revised draft reports for fact finding exercise regarding contract expenditure, procurement of agency workers; Code of Conduct and mandatory training.		
High Needs Funding					Initial planning work completed.		
Early Help and Aiming High - Commissioning					Initial planning work completed.		

Grants Certified	Value Certified
Southport Eastern Access Corridor 2023/24 - Q3 Claim	£107k
Maritime Corridor 2023/24 - Q3 Claim	£158k
Bootle Area Action Plan 2023/24 - Q2 Claim	£12k
Bootle Area Action Plan 2023/24	£5k
RSTS Highways and Non-Highways Maintenance Work 2023/24 - Q3 Claim	£1.89 million
Crosby Lakeside Adventure Centre 2023/24 – Q2 Claim	£357k

Grants Certified	Value Certified
Crosby Lakeside Adventure Centre 2023/24 – Q3 Claim	£251k
Supporting Families Q4	£81k

3.3 High Priority Recommendations

There are no high priority recommendations made in the reports issued since the last update to the Committee.

3.4 2023/24 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 2023.

Description and Purpose	Target	Actual	Variance and Explanation
<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>Percentage of revised Audit Plan completed.</p>	<p>See graph below.</p> <p>92%</p>	<p>See graph below and narrative.</p> <p>78%</p>	<p>14% variance.</p> <p>The variance is due to a combination of the unplanned Children's Social Care work, on boarding of a new team member, the time taken to complete the review of schools by more junior staff has taken longer than anticipated, and work to improve assurance mapping framework has impacted on delivery of the plan.</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%	<p>One client survey received during quarter.</p> <p>Comment “The report has been very helpful as it resulted in detailed surveys of 3 premises, staff training and findings which we will now action.”</p>
<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

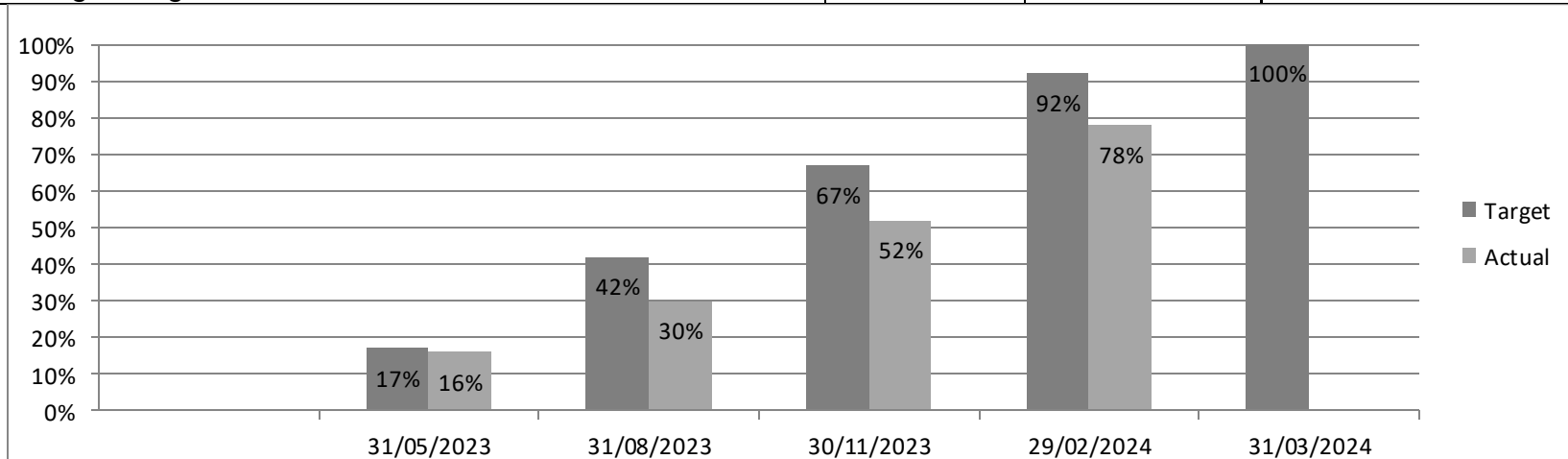


Fig 1: Percentage of the Internal Audit Plan 2023/24 completed. Performance in May and August measured against Original Audit Plan, performance in November and February against revised plans.

Figure 1 above shows the percentage of the audit plan completed during the year with 78% of the revised plan completed after eleven months.

On 8 January 2024, a Principal Auditor joined the team and so the team now comprises Audit Manager, three Principal Auditors, a CIPFA trainee and a part-time trainee ICT-Auditor.

- The CIPFA trainee joined the team from Financial Management at the end of January 2023 and is now expected to return to Financial Management in April 2024. On return to her role in Financial Management a new CIPFA trainee will join the Audit team and there will a period where they provide support to each other to ensure a smooth handover of responsibilities.
- Financial Management in February 2023 as part of the audit planning process had proposed that a newly qualified CIPFA former apprentice (one Full time Equivalent (FTE)) would join the Internal Audit team from July 2023 for two years. The 2023/24 Audit Plan was presented to and approved by this Committee based on this assumption. Finance subsequently confirmed that Audit would not receive this resource as there was no newly qualified CIPFA former apprentice available to transfer.
- In practice, there is a lead time for new members of the team before they are 100% productive in the delivery of audit engagements. During this time, they complete their formal induction, all the necessary mandatory training courses, learn the Internal Audit process (there are similarities and differences between organisations) and are also starting two or three audits engagements which can be fragmented. New starters will not be in the normal ebb and flow of the audit process for several weeks and we estimate there to be approximately ten development days where new starters are not delivering to their full capacity. This in addition to a slight delay in the start-date compared to the revised has resulted in an additional lost 2% of audit days.

A revised Audit Plan for the year was approved by the Committee in September 2023 to better reflect the resources available.

3.5 Public Sector Internal Audit Standards (PSIAS)

In March 2018 the Internal Audit Service was externally evaluated against the PSIAS and was found to generally comply. We report annually to the Committee on our progress and develop an Improvement Plan to further enhance our systems and processes. During 2022/23, the planned external assessment could not be conducted, due to resourcing issues, which has impacted our five-year planning cycle and as a result the service no longer complies with the PSIAS. Despite this, we have

completed our annual self-assessment, which will inform our ongoing improvement efforts. Some of the improvements are reported below in 3.10. We are now scheduling an external validation for Q1 2024/25 to ensure compliance with the standards.

3.6 Institute of Internal Auditors International Professional Practices Framework

Internal audit professionals around the globe rely on the International Standards for the Professional Practice of Internal Auditing (Standards) and the International Professional Practices Framework (IPPF) to help navigate the complex world of risk management, governance, and control. For more than a generation, these documents from The Institute of Internal Auditors (IIA), which flow through to the UK Public Sector Internal Audit Standards, have guided practitioners in providing internal audit assurance and advice that is independent, objective, effective, efficient, ethical, and of the highest quality.

We reported in December 2023 that the IIA had released a draft that dramatically changes how the *Standards* and other elements of the IPPF are presented and explained. The new *Global Internal Audit Standards*[™] more clearly articulate the keys to effective internal auditing by grouping the *Standards* into five domains:

- Domain I: Purpose of Internal Auditing
- Domain II: Ethics and Professionalism
- Domain III: Governing the Internal Audit Function
- Domain IV: Managing the Internal Audit Function
- Domain V: Performing Internal Audit Services

In January 2024, the Global Internal Audit Standards were issued which will replace the 2017 International Standards for Professional Practice. The 2017 Standards remain in effect for a 12-month transition period until 9 January 2025. The standards apply to any individual or function that provides internal audit services. The Chief Internal Auditor is accountable for the internal audit function's implementation of and conformance with all principals and standards. All internal auditors are responsible for conforming with the principals and standards relevant to performing their duties. There will likely be a revised Public Sector Internal Audit Standard although the timing remains unclear at present.

3.7 Follow up of Audit Agreed Actions

At the last meeting on 13 December 2023 Members were presented with a report which provided an update on the Follow up of Audit Agreed Actions from all audits between 2018 to 2023 financial years. During the follow up exercise, the Audit team were unable to obtain a response for 20 (3%) of the overall agreed actions from the Service Areas.

Members agreed that a further update would be provided at the March Meeting with the Audit Team attempting to follow up with the Service Areas once more to obtain a response.

During the second phase of the follow up exercise, all of the Service Areas responded to provide an update. From the 20 outstanding agreed actions, 17 (85%) have been implemented and closed, three (15%) have been set with a new implementation date.

3.8 Corporate Governance 2022/23

The following two tables outlines the progress against the Significant Governance Issues identified in the final audit report issued in October 2023 and the other findings and recommendations in a separate table below.

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Timescale	Lead	Progress Update
1	<p>A full OFSTED inspection of Sefton’s Children’s Services was completed in February 2022 and the judgement was graded as ‘inadequate’ across all areas.</p> <p>Following the inspection, the Department for Education (DfE) appointed a Children Commissioner to review the Council capacity and capability and oversee improvement within the Council. An Improvement Plan was devised and submitted to OFSTED, containing 22 recommendations which focuses on the following four main themes:</p> <ul style="list-style-type: none"> Improving quality. 	GAS Review	<p>Work will continue during 2023/24 to implement the recommendations within the Commissioners Improvement Plan.</p> <p>Further OFSTED monitoring visits will take place during 2023/24 in line with the OFSTED Framework.</p> <p>The progress made regarding the Implementation Plan and the outcomes of monitoring visits will be reported through the Councils governance structure.</p>	31 March 2024	Chief Executive and, Executive Director of Children’s Services	<p>February 2024 - Executive Director of Children’s Services</p> <p>A refreshed and focussed Improvement plan has been launched which focusses on 5 clear priorities. We have started to see improvements in staff stability, practice and reduced numbers in assessments and strategy meetings.</p>

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Timescale	Lead	Progress Update
	<ul style="list-style-type: none"> Implementation of learning. Improving tools. Improving strategic partnerships. <p>OFSTED completed a monitoring visit to Children's Services in February 2023. The headline findings in the monitoring report stated "there has been insufficient progress in improving the response to children in need of help and protection. The pace of improvement is too slow, and most practice weaknesses identified at the inspection in February 2022 remain today".</p>					Monitoring visits have continued as part of the OFSTED framework. The most recent visit has highlighted "steady progress".
2	<p>Sefton Council's High Needs budget continues to face severe cost pressures from increasing numbers of children being diagnosed with complex and life-long SEND related issues.</p> <p>The High Needs cumulative budget deficit was £12.4m at the end of 2021/22 and is forecast to be over £18.5m by the end of 2022/23. The budget report presented to Cabinet in April 2023 forecasts a further deficit of at least £6.5m for 2023/24 resulting in an overall High Needs budget deficit of between £24m and £30m by the end of 2023/24.</p> <p>Central government has announced that the ringfencing of this deficit will continue until the end of 2025/26, however the position after this point is uncertain. At this stage there is no evidence to suggest this</p>	GAS Review	<p>Strategic and Operational Plans will be developed during 2023/24 with the aim of delivering the service within the annual allocation and reducing the accumulated deficit. The support of the Department for Education led 'Delivering Better Value Programme' will support this process.</p> <p>Monitoring of the Strategic and Operational Plans will be a key feature of the quarterly reports presented to Cabinet and Council during 2023/24.</p> <p>In addition to engaging in the DFE led Delivering Better Value programme the council will engage directly with DFE and Treasury to inform, lobby and seek to influence the future of this budget.</p> <p>The council is piloting a new approach to address the number of inappropriate</p>	31 March 2024	Executive Director of Children's Services and Assistant Director Children's Services (Education)	<p>February 2024 - Executive Director of Children's Services</p> <p>The DBV plan was submitted in July 2023 and grant approved in Sept 2023. The workstreams identified within the DBV are underway and identified teams are focussing on the delivery of their specific areas. Most recent activity include.</p> <ul style="list-style-type: none"> - Staffing has been recruited and staff in place within some posts. - Refresh of the

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Timescale	Lead	Progress Update
	<p>deficit will be met from central government.</p> <p>If the deficit is not reduced annually between 2023/24 and 2025/26, it will ultimately need to be met from either the Dedicated Schools Grant (DSG), which would impact on funding available for the education sector or the Council. A deficit of over £20m cannot be met from the Council based on the resources that are available or the reserves that are held. As such, this would be a major risk to the Council's financial sustainability.</p>		<p>EHCPs, with a focus on earlier intervention. The team around the school model will take a multi-agency approach to intervene more effectively to support families without the need of EHCP. The pilot will begin in September 2023 and run for one academic year.</p>			<p>Graduated Approach and toolkit has commenced with input from health and social care colleagues to ensure a holistic approach.</p> <ul style="list-style-type: none"> - A comprehensive training package running has been developed and will be rolled out from April 2024. <p>It has been recognised that the DBV project will only be part of a bigger plan by the council to have the most impact on the High Needs Deficit. Therefore, additional initiative will run alongside the DBV project. These include.</p> <ol style="list-style-type: none"> 1. Maintained Special School Sufficiency Project. 2. Revised High Needs Funding Framework for Schools. 3. Reviewing of PFA Transitions at Post 16, 19 and 21.

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Timescale	Lead	Progress Update
						<p>4. Ensuring Partner agencies are contributing to provision costs.</p> <p>The Team around the School initiative continues to progress positively, and we have seen some improvements in relation to outcomes for Children. The model is currently focussed on 5 clusters of schools which covers approximately 25% of the schools in Sefton. The pilot will continue to the end of the school year when a decision on extension and implementation will be made.</p>
3	<p>The Children's Services budget between 2020/21 and 2022/23 has been overspent each year, with a significant overspend occurring for 2022/23, resulting in a risk to the financial sustainability of the Council.</p> <p>The Council is currently working on a range of options to address the overspend, including the development of a five-year Medium Term Financial Plan (MTFP) aligned to the Commissioners Improvement</p>	GAS Review	<p>Development of the five-year MTFP aligned to the recommendations of the Commissioners Improvement Plan for Children's Services.</p> <p>Financial management responsibilities will be defined across Children's Services.</p> <p>The Children's Services Scheme of Financial Delegation will be reviewed and updated.</p>	31 March 2024	Executive Director of Children's Services	<p>February 2024 - Executive Director of Children's Services</p> <p>All actions are in progress with a clear scheme of delegation in motion with regular financial oversight as proposed.</p> <p>Financial training was</p>

	Significant Governance Issue (SGI)	Source	Action to Address the Issue	Timescale	Lead	Progress Update
	<p>Plan for Children's Services.</p> <p>The financial management arrangements within Children's Services will need to be robust, given the volatility and budget pressures that are likely to continue during 2023/24.</p>		<p>Financial management training will be rolled out to relevant staff within Children's Services.</p> <p>Monthly budget monitoring will take place, the identification of remedial actions to address budget variances.</p> <p>Quarterly reports presented to Cabinet and Council will include updates regarding the Children's Services financial management.</p> <p>There will be a focus for 12-months on an Invest to Save approach. This recognises that resource used at an earlier stage benefits families with potential to create significant long term cost savings.</p>			<p>delivered via the corporate team and the current DCS receives regular challenge meetings.</p>
4	<p>In the 2020/21 and 2021/22 Corporate Governance Internal Audit Review, it was recommended that partnership agreements are reviewed by Assistant Directors to provide assurances in line with the Council's Financial Procedural Rules (FPRs) for access for Internal Audit.</p> <p>A revised version of the FPRs was approved by Council on 19 January 2023. This included a review of how the Council will deal with its partnership arrangements and the inclusion of new provisions and high-level responsibilities of Executive Directors and Assistant Directors.</p>	GAS Review	<p>The draft guidance regarding partnership arrangements will be subject to internal review by the relevant officers before it is finalised and issued to Executive Directors and Assistant Directors.</p> <p>Executive Directors and Assistant Directors will carry out their responsibilities regarding partnership arrangements in line with the FPRs and evidence will be made available to provide assurance that partnership arrangements are being adhered to.</p>	31 March 2024	Executive Director, Corporate Services and Customer Services and all ED's and AD's.	<p>February 2024 - Executive Director, Corporate Services and Customer Services</p> <p>This issue has been communicated to AD's and Executive Directors as part of the AGS work in 2023 but it is clear that further work is required to ensure compliance- a further note reflecting turnover of staff at AD level will go out in January</p>

Significant Governance Issue (SGI)	Source	Action to Address the Issue	Timescale	Lead	Progress Update
Guidance has since been drafted to support Executive Directors and Assistant Directors fulfil their new responsibilities, including the development of a checklist of all necessary requirements before entering into a partnership, during it and following its cessation. However, the guidance has yet to be issued and the new partnership arrangements are yet to be fully embedded in operation.					2024.

Other Findings

In addition to the SGIs detailed above, other findings were also identified in the Action Plan for 2022/23 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. Regular follow up progress on the will be provided to the Audit and Governance Committee.

Three of the ‘other findings’ recommendations in Appendix A were reported as an SGI in the 2021/22 AGS and have been downgraded due to the progress made during 2022/23 to address the SGI (recommendation 1, 4 and 9). These will be kept under review during 2023/24 to ensure that the associated actions are fully implemented. Recommendation 3 and 5 are reiterated from the 2021/22 report due to the recommendation not being fully implemented. Recommendation 2, 6, 7 and 8 are new recommendations for 2022/23. Any recommendation not implemented by 31 March 2024, will be considered for including as an SGI in next year’s review.

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.

Recommendation Priority Levels

Low

A matter that **requires attention** and would improve the system under review.

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
1	High	<p>CIPFA's Better Governance Forum guidance on Local Authority's Corporate Codes of Governance recommends that these are reviewed and approved annually by the Audit Committee. The Council's Code of Corporate Governance was last reviewed in 2019.</p> <p>This matter was raised in the 2021/22 Corporate Governance Internal Audit Review and a review of the Council's Code of Corporate Governance was subsequently scheduled for 2022/23. However, this review did not take place during 2022/23 and has been re-scheduled for July 2023.</p> <p>Risk</p>	<p>The Code of Corporate Governance is reviewed and approved by the Audit and Governance Committee at the earliest possible opportunity.</p>	<p>The Council's Corporate Code of Conduct is scheduled to be reviewed and submitted to the Audit and Governance Committee for 19 July 2023.</p>	<p>Chief Legal and Democratic Officer (Monitoring Officer)</p>	<p>19 July 2023</p>	<p>February 2024 - Chief Legal and Democratic Officer</p> <p>The revised Code of Corporate Governance was submitted to the Audit and Governance meeting on 6th September 2023 and approved.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>The Council's Code of Corporate Governance is not updated and becomes outdated.</p> <p>Potential Implications Governance arrangements do not reflect good practice and current legislation.</p>					
2	High	<p>Insufficient funding available to local government coupled with continued pressure on the demand led budgets within the Council and investment in Children's services in recent years, has resulted in limited investment in other areas of the Council. This has resulted in capacity constraints across multiple services, compromising delivery of the Corporate and Service Plans during 2022/23. This includes adhering to national guidelines and best practises like mandatory counter fraud activities stipulated by the CIPFA</p>	<p>Capacity issues within services are reflected in Service Plans and remedial action considered as part of the annual budget setting process.</p>	<p>The capacity issues and how resources allocation has been prioritised across all services within the council are known.</p> <p>During the financial year 2023/24, if available funding is identified then this will be used to fund the business requirement-similarly all Assistant Directors and budget holders have been directed to identify if funding can be redirected or released to meet pressure within</p>	<p>Executive Director, Corporate Services and Customer Services and, Chief Internal Auditor</p>	<p>31 March 2024</p>	<p>February 2024 - Executive Director, Corporate Services and Customer Services</p> <p>The finance outlook for local government continues to be challenging with insufficient funding being available to support services. In Sefton an updated MTFP was presented to cabinet and council in September that set out revised MTFP assumptions and budget gap. This work has been undertaken with investment for both demand and inflation being focussed on ASC, CSC, and Home to School Transport. For next year the vacancy freeze and management programme will come to an end therefore all services across the council will</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>Code of Practice on 'managing the risk of fraud and corruption'.</p> <p>Risk Corporate and Service Plans are not delivered resulting on lack of service provision and increased chances of fraud occurring within the Council due to a reduction on pro-active and reactive counter fraud activity.</p> <p>Potential Implications Fraud is undetected within the Council resulting in breaches of the Council's Code of Conduct and financial loss to the Council.</p>		<p>services.</p> <p>In addition, as part of the budget setting process for 2024/25 to 2026/27 and the budget meetings and understanding of growth requirements is to be a feature with detail requested on whether this can be met from existing resources or additionality is required. if existing resources can be used this is a simple exercise however if additionality is required that is more difficult as corresponding savings will be required to meet that cost.</p>			<p>be able to recruit to all budgeted for posts-in addition the H&S team have another 2 posts, there has been recent recruitment to the internal audit team that will see it as full establishment and there is a proposal to fill the counter fraud post.</p> <p>February 2024 - Chief Internal Auditor</p> <p>During 2022/23 and 2023/24 there has been a recruitment freeze with very limited ability to recruit to vacant positions. In Q3 of 2023/24 we have undertaken planning for a re-structure of the Risk and Audit Team which will seek to address a number of resourcing issues including Counter Fraud the outcome of which has provisionally been accepted by Finance. Further work will take place during Q4 to refine the re-structure, seek advice from Personnel and obtain formal approval from Finance and Personnel before it is implemented.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
3	High	<p>As part of the Council's Corporate Governance Framework Review for 2022/23 members of the Senior Leadership Board (SLB), including the Chief Executive, have been asked to provide formal assurance in respect of their role and responsibilities, through the completion a Governance Assurance Statement (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 GAS was set for 14 April 2023 and reminders were issued from Internal Audit and Executive Director, Corporate Services and Customer Services. However, seven of the 14</p>	<p>The Chief Executive should e-mail SLB to remind them of their obligation to submit their GAS and on a timely basis and in line with the deadlines for the production of the Council's AGS.</p>	<p>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>	Chief Executive	31 March 2024	<p>February 2024 – Chief Executive</p> <p>This will be completed to support the start of the AGS exercise in Q4 of 2023/24.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>GAS returns were received after the deadline of 14 April 2023 with the final GAS received on 8 June 2023.</p> <p>In addition, following discussions with Children's Services a joint GAS between the ED and two Ads was submitted rather than individual submission. This approach was agreed by the Executive Director, Corporate Services and Customer Services for 2022/23.</p> <p>Risk Not all assurances have been received in a timely manner 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</p>					

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		Government (2016 Edition) caused by a lack of assurances which may result in reputational damage to the Council.					
4	Medium	<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 each local authority is required to detail how it meets these standards and what improvements are required in order to ensure compliance.</p> <p>The Council's Finance Service completes an annual self-assessment of compliance with the Code that includes input from the Strategic Leadership Board to reflect that</p>	Progress against the implementation of the FM Code Action Plan is monitored and reported to Council meetings.	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.	Executive Director, Corporate Services and Customer Services	31 March 2024	<p>February 2024 - Executive Director, Corporate Services and Customer Services</p> <p>This was completed with the report being presented and approved at Audit and Governance committee in July 2023.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>financial management and good practice needs to be embedded across the Council and at all levels of the organisation.</p> <p>The output from the most recent review was presented to Audit and Governance Committee on 22 June 2022 and this highlighted that many areas of good practice in financial management are evident across the organisation. An action plan to further improve compliance with the Code was also presented to Audit and Governance Committee.</p> <p>This matter was raised as an SGI in the 2021/22 Corporate Governance Internal Audit Review and has been downgraded due to the progress made during 2022/23.</p> <p>Risk The FM Code action plan</p>					

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		is not fully implemented. Potential Implications Systems and processes that do not comply with the requirements of the CIPFA FM Code.					
5	Medium	In 2022/23, SLB actions embedded the risk management framework. The Audit and Governance Committee (AGC) approved the Corporate Risk Management Handbook last in September 2022, with a review planned after risk appetite work completion. The Corporate Risk Register is updated regularly and presented to the AGC post SLB approval. A Risk Management e-learning package is under development, with the Workforce Learning Team handling its conversion. The risk appetite framework statement received SLB's approval in	Completion and Implementation of the e-learning package. The Risk Appetite training to be developed for DMT and rolled out during the summer. Agreement on the inclusion and format of the risk appetite framework within the Committee papers is required before the training can be implemented. The Corporate Risk Management Handbook to be updated to reflect the Risk Appetite and presented to Audit and Governance Committee for approval. Implementation of the Risk Management Audit agreed	The work has substantially been completed however the initial review of the draft training has identified concerns that the content has moved from the original brief. We are currently working with Workforce Training to resolve these issues. Risk Appetite training has been developed, piloted in two Service Areas and is currently being rolled out across the remaining DMTs. Risk Team are currently working with the Democratic	Executive Director, Corporate Services and Customer Services and Chief Internal Auditor	31 March 2024	February 2024 - Chief Internal Auditor A draft e-learning package was developed in the early part of the year however further refinement is required to ensure that the training is appropriate for all users. We have reviewed this in Q4 2023/24 and have shared our comments with Workplace Learning colleagues. We have developed risk appetite training and delivered to all of the Service Area Departmental Management Team attendees during Q2/Q3 2023/2024 financial year. We are awaiting on Democratic Services to develop a revised Committee Header to include risk appetite before finishing the roll out of risk appetite across

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>February 2023 and AGC's in March 2023.</p> <p>The April 2023 Internal Audit review pinpointed two enhancement areas: the Risk Management Team's role and boundaries, and the improvement of training and information sharing. Plans include improving risk management within the organisation through the adoption of the Three Lines of Model and Assurance Mapping of key risks.</p> <p>Risk The Corporate Risk Management Framework will not be fully embedded within the Council.</p> <p>Potential Implications Lack of compliance with the Council's Corporate Risk Management Handbook. This may compromise or prevent the achievement of Council</p>	actions	<p>Services Team to include the risk appetite section which is considering further changes to improve the reports.</p> <p>The Corporate Risk Management Handbook has been altered to reflect the risk appetite and the revised version was approved in July 2023.</p> <p>The actions from the Risk Management Audit which in part, training, risk appetite training and Corporate Risk Management Handbook, are duplicated above will be implemented.</p>			the Council.

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		aims and objectives and result in the inadequate monitoring of associated controls and/or mitigations.					
6	Medium	<p>In March 2018, the Internal Audit Service was externally assessed by CIPFA as “generally complies” with the Public Sector Internal Audit Standards.</p> <p>Each year the Internal Audit Service develops and implements an Improvement Plan to enhance systems and processes. Vacancies with team and recent recruitment challenges have meant that the Improvement Plan has not been fully implemented.</p> <p>A further CIPFA assessment was due to take place in quarter four 2022/23 but did not take place due to resource issues within the team. The assessment has been</p>	<p>A self-assessment of the Public Sector Internal Audit Standards is undertaken and identified gaps are incorporated in the Improvement Plan.</p> <p>Regular monitoring and reporting of the Improvement Plan.</p>	There are plans to complete the review during second half of 2023/24.	Executive Director, Corporate Services and Customer Services and Chief Internal Auditor	31 March 2024	<p>February 2024 - Chief Internal Auditor</p> <p>A self-assessment was undertaken in Q3 2023/24, and an improvement plan drafted. The outcome of the self - assessment and the improvement plan has been shared with the Audit and Governance Committee in December 2023.</p> <p>Planning for the external assessment to be undertaken in Q1 2024/2025 has started.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>re-scheduled for 2023/24.</p> <p>Risk The Internal Audit Service are assessed as not compliant with the Public Sector Internal Audit Standards.</p> <p>Potential Implications Reputation damage to the Council.</p>					
7	Low	<p>The external audit of the draft statement of accounts for the years ended 31 March 2021 and 31 March 2022 has not yet been completed by the Council's external auditor, Ernst and Young LLP (EY), due to delays caused by new guidance on infrastructure assets and EY's new digital approach and resourcing issues.</p> <p>EY have made it clear that the delay is a cross sector issue and no concerns have been found during the audit testing stage. Regular meetings have</p>	<p>Monitoring of EY progress in line with the proposed external audit engagement timetable and frequent reporting to Audit and Governance Committee.</p> <p>A progress update will be provided to Members at the July meeting of the Audit and Governance Committee.</p>	<p>Regular meetings are continuing to take place with EY to monitor progress (both at a "local" level with our audit manager / team as well as strategic level with the partners). Verbal updates have previously been provided to A&G – report presented to most recent A&G (see below).</p> <p>Update to A&G in July outlined that 20/21 audit will hopefully be</p>	Service Manager – Finance.	30 September 2023	<p>February 2024 - Service Manager – Finance</p> <p>Regular meetings have continued to take place with EY to monitor progress (both at a "local" level with our audit manager / team as well as strategic level with the partners).</p> <p>Updated Statement of Accounts (SoA) for 20/21 and 21/22 were presented to the Audit and Governance Committee on 27th September 2023 alongside the 22/23 draft SoA for 22/23. A further report covering all three audits was presented to the Committee on 13th December</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>taken place between the Council and EY and a letter was sent to EY on 20 June 2023 requesting the completion of the audit.</p> <p>Whilst this situation is allowed for by Regulation 10, paragraph (2a) of the Accounts and Audit Regulations 2015, the delays caused by EY mean the Council has been unable to publish the audited 2021/22 final statement of accounts in line with the deadline of 30 November 2022.</p> <p>Risk Unidentified material misstatements that could be exacerbated in future years putting pressure on the revenue account.</p> <p>Potential Implications Reputational damage to the Council and delays in commencing future years audits.</p>		<p>completed by end of July 2023 (for approval by Chair who has delegated authority) and 21/22 by early September 2023.</p>			<p>2023.</p> <p>The audit of the 20/21 SoA is now complete. The audit of the 21/22 SoA is currently in abeyance whilst EY await direction from the Government of actions to resolve outstanding local government audits – this guidance is expected in the next few months. For the same reasons the audit of the 22/23 SoA has yet to properly commence. However, some initial work has been undertaken by EY, mainly on their Value for Money responsibilities.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
8	Low	<p>The Cost-of-Living report presented to the Cabinet meeting in September 2022 states:</p> <p>“People across Sefton, like many across the country, are living with and facing further challenges in light of the mounting national cost of living crisis. The combination of changes to the welfare system, soaring domestic energy and fuel prices, rising prices in the shops due to inflation has hit households hard”.</p> <p>A Cost-Of-Living Member Reference Group has been established and no significant concerns have been raised to date. However, the continuation of negative external factors will likely impact the demand for the Council's services and the Council will need to be pro-active and responsive in delivering necessary</p>	<p>Continual review of the impact of the cost-of-living crisis on financial sustainability.</p> <p>Demand for Children's Services, Adult Social Care and Communities will be escalated as appropriate.</p> <p>Identify necessary pro-active activities in terms of support and report</p>	<p>The cost-of-living MRG focussed on impact on residents, businesses, and council services.</p> <p>A comprehensive overview was provided over a series of meetings covering all of these aspects and several actions were taken as a result.</p> <p>In June 2023, the Chair agreed to stand down the MRG on the grounds that the Welfare Reform and Anti-Poverty MRG continued to pursue this agenda.</p>	<p>Executive Director, People, Executive Director of Adult Social Care and Health, Executive Director of Children Services</p>		<p>February 2024 – Executive Director, People</p> <p>The Welfare Reform Member Reference Group continues to meet and to discuss all aspects facing residents during the cost of living crisis and has a particular focus on the implementation of the child poverty strategy.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>support programmes.</p> <p>Risk The Council does not adequately respond to the challenges presented by external factors and the cost-of-living crisis.</p> <p>Potential Implications Suitable cost-saving / income generating actions are not identified which impacts the financial sustainability of the Council and residents are unable to access the services they require due to the cost-of-living crisis.</p>					
9	Low	<p>Sefton Council declared a 'Climate Emergency' on 18 July 2019. The Council has a target to achieve net zero carbon by 2030 for Council operations and has set out a strategy and Action Plan to achieve this goal.</p> <p>Work has progressed during 2022/23 and the Council are coming to the</p>	<p>Progress against the implementation of the Phase 2 Action Plan is monitored and reported to Council meetings.</p> <p>The financial implications continue to be monitored and formally reported upon, including the availability of internal or central government funding.</p>	<p>The Officers' Working Group will continue to meet on a monthly basis and the Member Reference Group chaired by the Cabinet Member for Regulatory, Compliance and Corporate Services will meet regularly during 2023/24.</p>	<p>Executive Director, Corporate Services and Customer Services and Executive Director, People</p>	<p>31 March 2024</p>	<p>February 2024 - Executive Director, Corporate Services and Customer Services</p> <p>Work continues on the programme as set out with monthly officer meetings and the member reference group continuing to meet as set out.</p> <p>During the last period the following work has been</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>end of Phase 1 delivery (2020–2023) of the Climate Change Emergency strategy / Action Plan.</p> <p>The Phase 2 Action Plan (2023-2026), outlining interim targets and the work required to meet the committed net zero targets over the next three years, was approved by Cabinet in April 2023.</p> <p>The successful implementation of the strategy is dependent upon funding of approximately £35m being made available either through the councils MTFP, grant funding or from central government. Due to the current economic climate, there is uncertainty around whether external funding will be available and therefore any shortfalls in funding would need to be met by the Council. This</p>		<p>The next annual report will be presented to June 2023 cabinet and July 2023 council meetings.</p> <p>The Council's 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>completed: -</p> <ul style="list-style-type: none"> • Work continues on the LED street lighting project. • A review of communications has been undertaken and a microsite has been set up which will be supplemented by newsletters to all interested parties. • A bid has been submitted together with city region partners to the government's decarbonisation programme – if successful the council will be able to commence one of its 2 remaining major projects (the other being fleet replacement) which will see all of its major buildings decarbonise in accordance with the surveys undertaken in the last 18 months. <p>It remains the case that central government funding is crucial to the delivery of the programme.</p>

No.	Priority	Other Findings	Action/ Recommendation	Auditee Response	Lead Officer(s)	Completion Date	Progress Update
		<p>will be continually reported via the councils MTFP process.</p> <p>This matter was raised as an SGI in the 2021/22 Corporate Governance Internal Audit Review and has been downgraded due to the progress made during 2022/23.</p> <p>Risk Phase 2 of the Climate Change Emergency strategy / Action Plan is not implemented.</p> <p>Potential Implications Climate Change Emergency strategy and net zero targets will not be achieved resulting in financial implications and reputational damage to the Council.</p>					

3.10 Developments and Improvements

We reported in December 2023 that an improvement plan for Internal Audit had been developed. Since the last Audit and Governance Report, Internal Audit has:

- Developed and shared guidelines for use of AI to assist in the planning stages of audit engagements.
- Updated the document retention policy.
- Continued to monitor staff wellbeing during the prolonged period of home working maintaining frequent regular contact with all team members.
- Completed induction process for one new Principal Auditor.
- Completed two recruitment cycles to recruit two Principal Auditors for fixed terms.
- Continued to implement dedicated team office days to further strengthen our already strong team dynamics.
- Started on the implementation of the Audit improvement plan.
- Team is now focused on delivering the revised 2023/24 Audit Plan.
- Continued with engagement with Risk colleagues to help understand and define how the Three Lines Model could be integrated in with the Assurance Mapping and Risk Management.
- Completed audit planning process for 2024/25 including meetings with Executive Directors and Assistant Directors.
- Started the Assurance Mapping process.
- Trialling shorter weekly update meetings with the team.
- Joint working with the various Risk and Audit Teams on project work. In addition to providing useful project outcomes, it is hoped this will strengthen knowledge and cohesion between teams.

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

- Roll out a proposal to management to develop the three lines of model recommended by the Institute of Internal Auditors
- Continue with preparations for upcoming Public Sector Internal Audit External Assessment due in coming year.
- Finalise recruitment of two Principal Auditors to fixed term posts.
- Work with Financial Management to ensure a smooth handover of responsibilities when the CIPFA trainees transfer between teams.
- Continue with the implementation of the Internal Audit Improvement Plan.
- Review the approach to school audits.

4. Health and Safety: Performance Update

4.1 Progress

- 4.1.1 Following the departure of a permanent member of the Corporate Health and Safety team (the team) on the 30 June 2023 there followed a significant recruitment drive to fill the vacancy. Following a prolonged process, we offered the position to a candidate who began duties in January 2024. The recruitment process proved difficult in attracting suitably qualified and experienced interviewees for the role. A further candidate has been offered a Health and Safety role and is due to start on 4 March 2024. The increase will allow a more proactive approach in tackling safety issues.
- 4.1.2 Despite the addition of a further staff member, the team continues to be extremely busy in meeting the demands of the Council. The team supports nearly 8,000 staff (including maintained school staff and schools with a Service Level Agreement in place) in day-to-day health and safety, advising on accidents, incidents and investigations as well as playing the lead role in seven Health and Safety Sub Committees and the Corporate Health and Safety Committee. This also includes advice relating to agency staff, contractors and volunteers working on behalf of the Council. The team is also involved in advising upon events (internally led and external) that occur on council land, as well as overseeing the authorisation process of school visits where they are of an adventurous, overseas, or residential nature.
- 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 Health and safety consultation arrangements remain in place, with the Corporate Health and Safety Committee playing a key role in conjunction with the Departmental Health and Safety Sub-Committees. The next scheduled corporate meeting will take place in March 2024. The sub-committees are held ahead of the main meeting where points raised feed into the main meeting for further discussion and consideration. The structure provides a good avenue for the dissemination of information relating to that particular department and the wider dissemination via the full Committee.
- 4.1.6 The team has undertaken a thorough review of asbestos management both in its council buildings and the schools. This has involved inspecting premises and their accompanying documentation, as well as close liaison with Building Services. A report has been provided for Property Service's information. Asbestos training is currently being given to all maintained and voluntary controlled schools with a view to bringing about better day to day management. This is being delivered by a third party in Environmental Essentials and is conducted in two parts – part one being online and part two, via virtual classroom. Whilst most schools undertook the training without issue, we are working with some schools to reinforce the message that the training is mandatory and a legal requirement.
- 4.1.7 The under reporting of accidents, incidents and near misses continues in some parts of Sefton. Whilst we are not unique in experiencing this, there remains room for improvement, and we are continuing to promote the issue. 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 it can in the event of future claims. This will also aid compliance with its legal duty to report accidents under the Social Security (Claims and Payments) Regulations.
- 4.1.8 The reporting system has been made more accessible to greater numbers, with access now being available directly from the intranet's front page. Reporting rights are no longer just restricted to managers but also available to first line supervisors to relieve administrative burdens and increase information flows. All Service Areas have been approached to provide details of their first line supervisors and we have refreshed the user lists on the software issuing new log ins. Departments are being approached and advised directly where there is strong evidence of under-reporting. The team is about to work with the Comms Teams to produce a package of communication to staff members from regular emails, updates on the intranet and a video from senior management. The Incident Reporting procedure is currently under review to ensure all current issues, including reporting mechanisms for third party contractors working on behalf of the Council's undertaking, are covered.

- 4.1.9 The team continues to review the quality of incident reporting and provides comments in most cases so the inputter is aware that the report has been received and any further action that they should take. A small number of incidents continue to be reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) when they should not be the case. 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. We are continuing to educate managers on the criteria for reporting RIDDOR incidents.
- 4.1.10 The team are active members of Sefton Event Safety Advisory Group (SESAG) advising other stakeholders on the Group, as well as event organisers in relation to their responsibilities and best practice. During 2023/24 brought about a full schedule of events held across Sefton's parklands and other associated sites, which included everything from music to comedy, to food, drink, flowers, fireworks, and air displays. All of these have boosted tourism and rejuvenated some of our more disadvantaged neighbourhoods. Whilst most events are relatively low risk in nature, some of the activities incorporated within may be deemed higher risk and requiring further consideration. Fair rides, inflatables and daredevil stunts are examples of activities that can raise the risk levels of an event and thereby attract the attention of the team. The volume of documentation that can be submitted for such events can be significant.
- 4.1.11 The Team has recently reviewed the Council's procedures when dealing with event applications, to ensure a more coordinated approach across Service Areas and enhancing systems that are currently in place. They are currently working with other teams and departments to ensure the recommendations are implemented ahead of the spring / summer season of 2024. The need for improved and coordinated responses is heightened by the forthcoming legislation relating to Martyn's Law, especially in relation to security arrangements at some of our larger events. The team has been involved in considerations and advice around this proposed legislation.
- 4.1.12 Visits to schools with a Service Level Agreement (SLA) in place continued throughout the quarter. A significant minority of maintained schools abstained from receiving a health and safety audit in 2023/24. The team will therefore be conducting audits on a selection of those schools up until the summer closedown to ensure that their safety management remains in place. Visits that have been conducted in willing schools have been well received and the team intends to build upon this success for the 24/25 period. A review of the schools' health and safety SLA was undertaken to maximise the effect of the service, retain current customers and stave off approaches from third party competitors. Instead of a full inspection occurring each year that

tied the school and our inspecting team member up for a full day (putting some schools off), audits will now be limited to half a day and run over a three-year cycle.

4.1.13 Risk assessment remains the mainstay of health and safety and the team receive such documents for review from a range of sources, including corporate departments, schools' external events organisers (via the Evolve database) and from public event organisers (via the Sefton Events Safety Advisory Group). There is a wide range of differing standards when it comes to risk assessment submissions and advice is given upon receipt to strengthen the quality of those submitted. Risk assessments and safe systems of work should be reviewed following accidents or incidents, and this message is regularly disseminated by the team to wider management to secure a more robust due diligence system. The team has also been working closely with Property Services to develop its latest risk assessment across the Council's corporate buildings.

4.1.14 The team continues to work alongside other Service Areas to review existing practice and establish best practice. Examples of such cross - departmental work include:

- Property Services in relation to:
 - fire marshal and first aid provision,
 - PAT testing,
 - security and aggression in public facing council buildings,
 - asbestos management,
 - asbestos training
 - building etiquette and the
 - review of corporate buildings risk assessments.
- Workforce Learning and Development in relation to the establishment of a new health and safety training programme.
- Various parties on the re-establishment of the Workforce Wellbeing Group.
- Adult Social Care in relation to better accident / incident reporting measures.
- Operational In-House Services in relation workers working in excessive heat, hand – arm vibration and working in or near water.
- Operational In-House Services and Communities on managing open water spaces and beach environments.

- Various teams regarding a Zero Tolerance of Violence Policy.

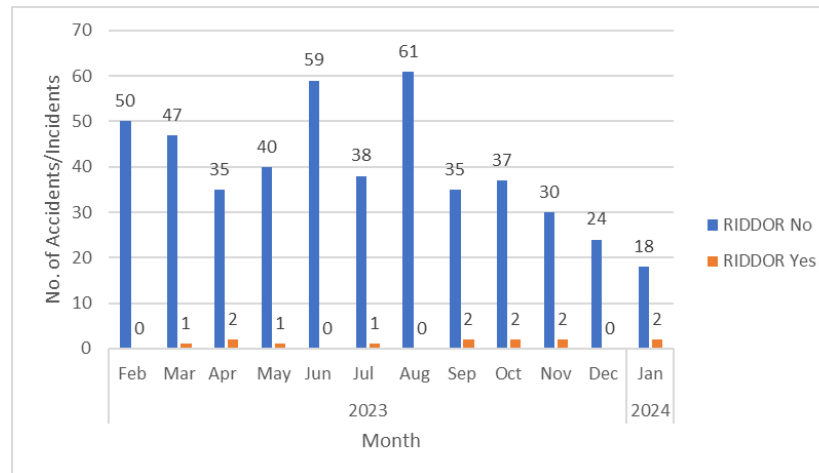
4.1.15 Along with some of the broader projects, the team remains busy with more specific / individual enquiries from both the schools and corporate side. These cover such areas as:

- DSE and Ergonomic issues including the purchase of relevant chairs.
- School's struggling to access the CLEAPSS and Evolve systems.

4.2 Key Incident Data

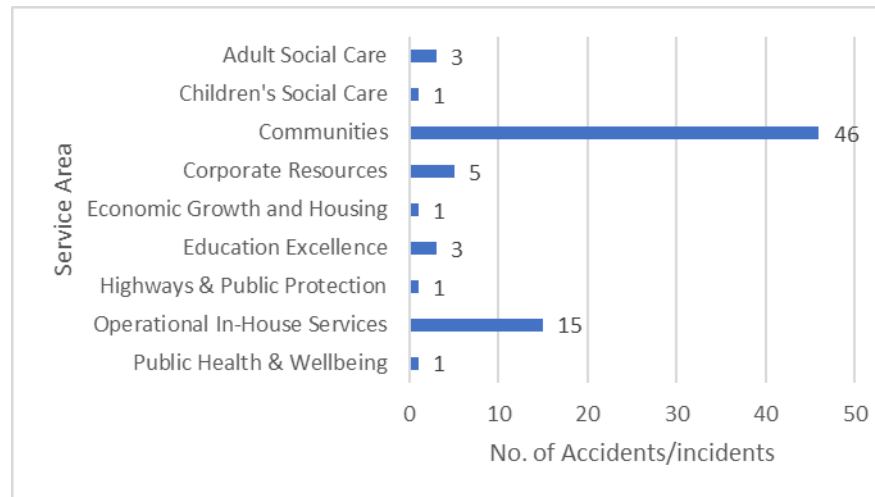
4.2.1 The Health and Safety Team continue to manage the Council's incident reporting system which records work-related accidents and incidents involving employees, agency workers, contractors, volunteers, and members of the public.

Graph 1 below shows the number of RIDDOR against Non - Reportable accident and incident data for the Council from 1 February 2023 to 31 January 2024 over the past 12 months.



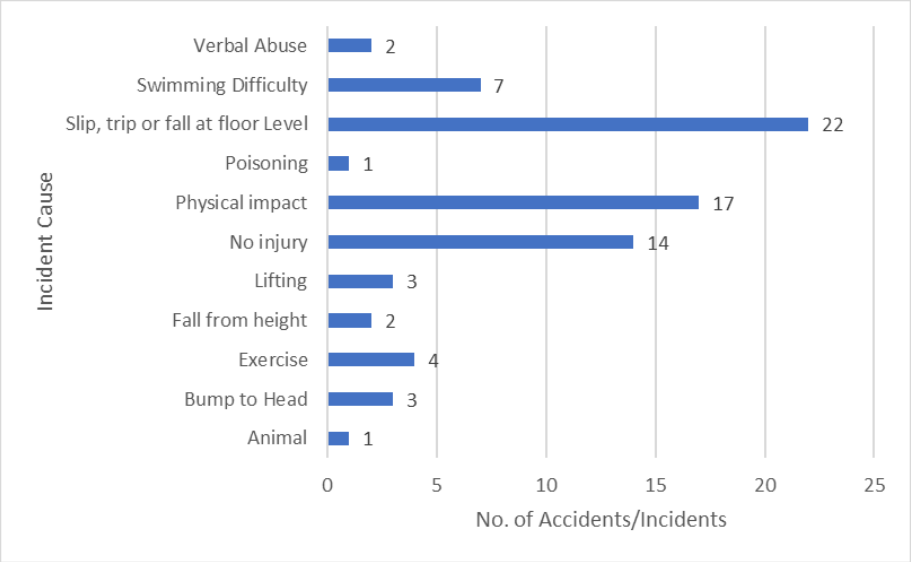
4.2.2 The above are corporate figures, excluding some of the playground bumps and falls of the schools. This shows a total of 474 accidents incidents across the 12-month period, with a further 13 being reported as RIDDOR. These collective figures mask some of the previous zero returns submitted by some departments. Spikes over the summer have tailed off since. This is understandable for the Christmas period with shut down's, however, the figure of 18 appears very low for January. This may be due in part to extended leave in the first week. With these figures, there is an average of 39.5 reported accidents per month.

Graph 2 shows Accident and incident data comparisons for Service Areas between 1 Nov 2023 and 31 Jan 2024



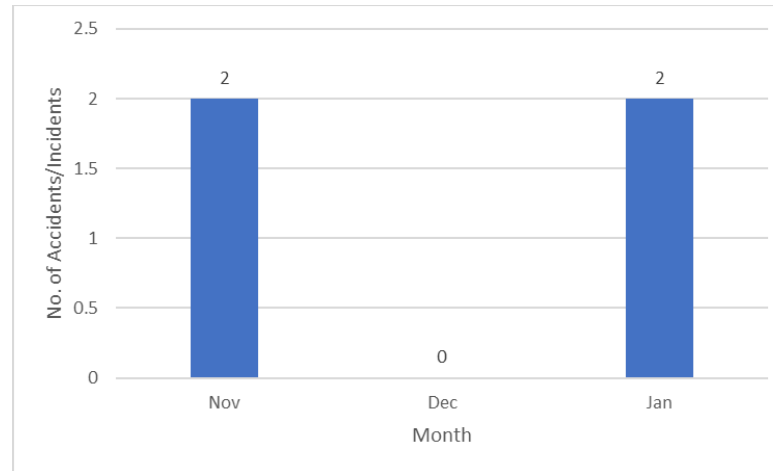
4.2.3 This graph demonstrates some of the figures from the last quarter and apart from the submissions from Communities and Operational In-House Services, reveals some of the low submissions across the organisation as a whole. On a positive, there are no zero returns in this quarter, which hopefully demonstrates better understanding of the requirement to report.

Graph 3 Reported causes of accidents/ incidents reported across Sefton Council from 1 Nov 2023 and 31 Jan 2024



4.2.4 No injury incidents tend to be near misses, which are important considerations as they usually manifest into full accidents at a later stage. Appropriate action is therefore required at the ‘near miss’ stage to avoid resultant future accident. Slips and trips at floor level are again the top cause of injury, with a notable increase in the number of trips that are completely avoidable. Usually, this is in relation to items being left or stored upon a floor. There is no excuse for poor housekeeping and this matter will be raised in the forthcoming health and safety committee meetings.

Graph 4 The number of notifications made to enforcement authorities and insurers under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), between 1 November 2023 and 31 January 2023



4.2.5 RIDDOR reports generally relate to more serious incidents or where a staff member has been injured and is subsequently absent from work for more than seven days due to a work-related injury. This is the key part in any RIDDOR consideration - that the injury stems from a work-related injury and not just merely from it occurring in work. This misunderstanding leads to a number of invalid submissions for which again, the team continues to work with relevant teams to improve understanding. Something that the team has requested over recent quarters is that accidents which are deemed to be RIDDOR's are first discussed with the team. Unfortunately, very few are and RIDDOR's therefore continue to be submitted without the team's input. In the four RIDDOR's submitted in this period, two are not believed to meet the criteria, with one being borderline. The fourth staff member sought advice from the team and subsequently submitted following that advice.

4.3 Developments

4.3.1 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.

4.3.2 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.
- Supporting the review of event management by Green Sefton and Tourism as well as Open Water safety by Green Sefton and Leisure.
- 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.

5. Insurance: Performance Update

5.1 Work Completed

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

5.1.2 Working with colleagues in Tourism, the Team have secured cancellation insurance for two major Council events to be held in Southport later this year – the Southport Airshow (13 - 14 July 2024) and the British Musical Fireworks Championships (20 – 21 September 2024).

5.1.3 As previously advised, cyber insurance policies are being considered using the Council's Insurance Brokers. The exercise launched with schools produced a very limited response in appetite, however quotes are currently waited for those that did show interest. In addition, indicative premiums for similar cover have been received for the Council which are currently being considered by the ICT team.

5.1.4 To determine if the Insurance Fund has sufficient reserves to fund current and future claims that may be presented, following a procurement exercise an external contractor has now been instructed to undertake an Actuarial Report on the Council's insurance claims. The Report is due back with the Council by 30 April 2024 and the outcome will be reported in a future update.

5.1.5 The Council continues to defend cases robustly to protect the public purse and, where necessary, will enlist the assistance of Weightmans, the Council's liability insurance solicitor, to provide litigation support for appropriate claims. No court trials have taken place since the last update.

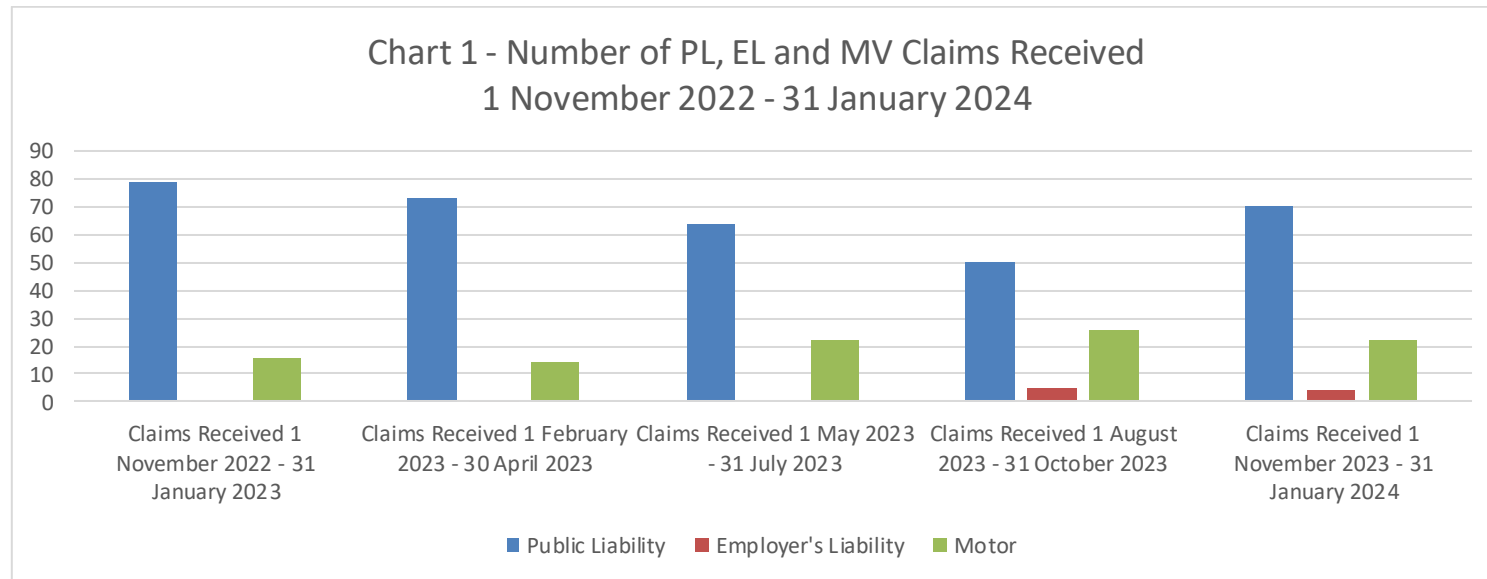
5.1.6 The Team, where necessary, will continue to work with service areas to improve the management of insurable risk especially in areas where there are high numbers of claims or areas of concern. The Council generally has high defensibility rates, and such risk management activity will assist in maintaining 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 November 2022 to 31 January 2024.
- Value of the reserves for PL, EL and MV claims received by Sefton Council for the period 1 November 2022 to 31 January 2024.
- The average reserve value for PL, EL and MV claims received by Sefton Council for the period 1 November 2022 to 31 January 2024.

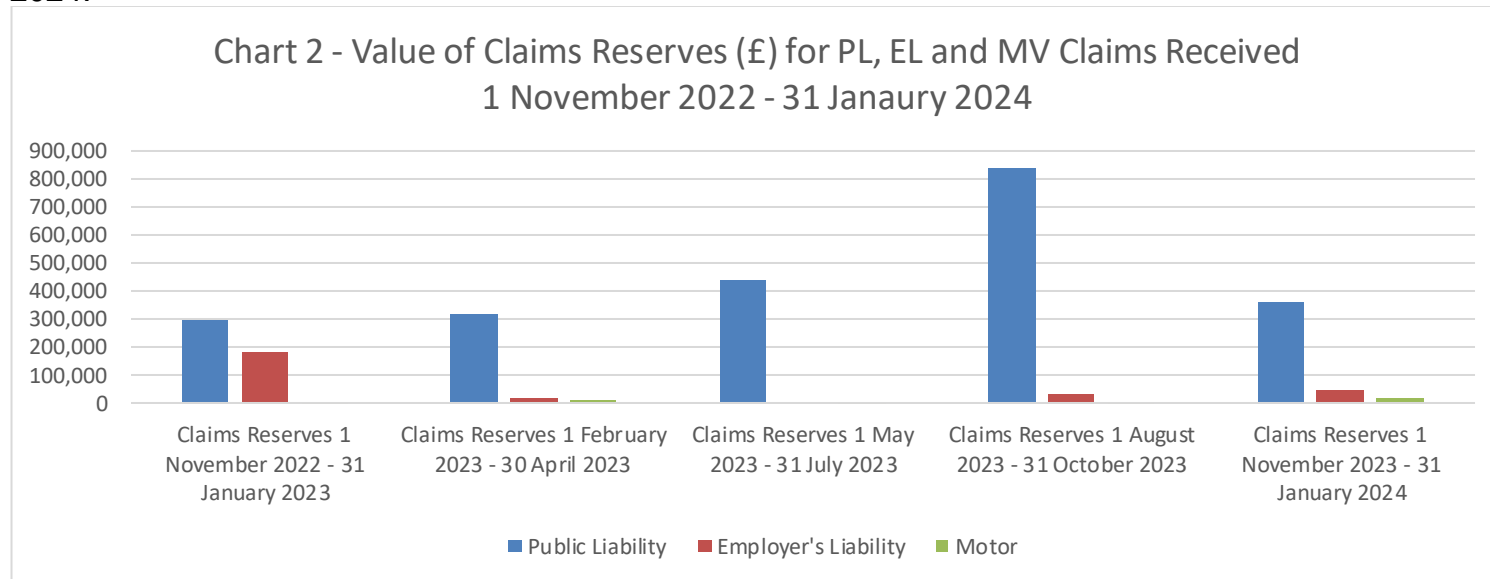
Chart 1 below outlines the number of claims for PL, EL and MV received for the period 1 November 2022 to 31 January 2024.



5.2.2 The number of PL claims has increased by 40% since the previous quarter, although end of the period is 11% lower than the start of the overall reporting period. Personal injury claims represent 40% of the claims received with the remainder being third party property damage. The majority (81%) of all claims received relate to the Highways service area which account for 68% of the personal injury claims and 90% of the property damage claims.

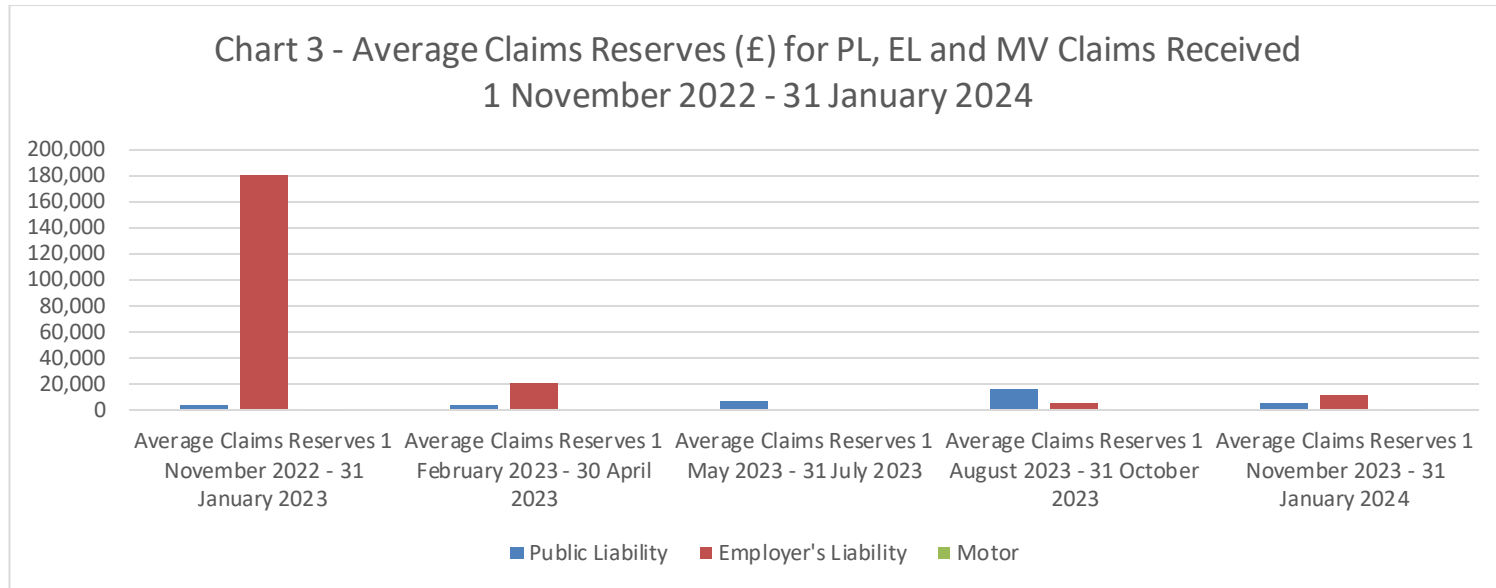
- 5.2.3 EL claim numbers remain low, and there has been a 20% decrease since the previous quarter. Half of the claims received this quarter relate to incidents in Schools. Numbers for the latest quarter stand at the second highest of the overall reporting period.
- 5.2.4 The number of MV claims has decreased by 15% from the last quarter and is equal to the third quarter of the overall period. The Waste and Cleansing service area account for 64% of the claims received with Schools and Parks and Green Spaces each representing 25% of the remainder. Own damage claims count for 68% of the claims received with the remainder involving third party damage and one claim 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 November 2022 to 31 January 2024.



- 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 Despite an increase in PL claim numbers, total reserves decreased by a significant 57% reflecting the injuries and/or damage sustained by third parties. The figure represents the third lowest of the overall reporting period.
- 5.2.8 As with PL claims, the injuries sustained in EL claims effect the reserves, and although there has been a decrease in claim numbers, EL total reserves have increased by 49% since the previous quarter. They do however end at 74% lower than the fust quarter.
- 5.2.9 Although MV claim numbers have decreased this quarter, claim reserves are the highest of the overall reporting period having increased by 177% since the previous quarter. This reflects the repair costs to own fleet and third party vehicles. Of the overall reserve, 37% relates to the one third party personal injury claim received.

Chart 3 below outlines the average value of the reserves for PL, EL and MV claims for the period 1 November 2022 to 31 January 2024.



- 5.2.10 The average reserve for PL claims shows a decrease of 69% since the last quarter, which was the highest of the overall reporting period, remaining in a similar range with the majority of the other quarters in the period.
- 5.2.11 The average reserve for EL claims have increased by 85% from the previous quarter, however it is the third lowest in the overall period. As stated previously, although the claim numbers are low, the reserves reflect the nature of the injuries sustained.
- 5.2.12 The average MV claims reserve, which is the highest of the overall reporting period, has significantly increased by 227% from the previous quarter. This has been caused in part by the receipt of the personal injury claim.
- 5.2.13 Trends in claims performance will continue to be monitored.

5.3 Developments

- 5.3.1 Communication has been issued to all Sefton maintained schools with regard to the Insurance Service Level Agreement for the upcoming 2024/2025 financial year. Unless converting to Academies, it is expected that all schools purchase the same as part of the Long-Term Agreement currently in place with Insurers.
- 5.3.2 As a result of the Health and Safety Team being bolstered by the appointment of further team members, the relationship between the two Teams has recently strengthened. As incidents show the potential of becoming claims or when claims (especially Employers Liability claims) are received, discussions take place to assist in improving safety management with and by service areas where required. Capturing the essential detail in the early stages assists in the overall handling of claims and in the potential defensibility of such.
- 5.3.3 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.
- 5.3.4 Following commencement of the new insurance year on 29 September 2023, the Team will continue to make use of the allocation of free of charge risk management days made available as part of the liability, material damage and motor insurance contracts. These are utilised to provide service areas with training or advice for their specific roles and to strengthen areas of the Council where relevant. Aside from these days, Insurers have also offered bespoke support in relation to both Risk & Resilience and a Fleet Review, and discussions are currently taking place to plan how and when these will be delivered in the near future.
- 5.3.5 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

- 6.1.1 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 for each portfolio has been produced.
- 6.1.2 The Emergency Planning function of the Team is delivered at both singular organisation (council) and multi-agency (local resilience forum) levels. Both officers of the Team remain fully engaged with the planning, preparedness, response, recovery training and exercise activities of both the Council and partner agencies of the Merseyside Resilience Forum (MRF). The MRF publishes its annual Business Plan during March / April of each year supported by a Programme of Work which is driven by risks identified in the Merseyside Community Risk Register. MRF workstreams are delivered at the operational level by the collaborative work of emergency planning officers, from all member agencies of the MRF, who currently provide representation at 10 different, risk-specific themed subgroups. Output is endorsed at a tactical level by the Business Management Group and then considered for sign off by the Executive Group at strategic level. Sefton's Risk and Resilience Team maintain strong working relationships and quarterly attendance at all 10 subgroups to fulfil participation in the planning and delivery of multi-agency activities and ensure continuation of partnership links.
- 6.1.3 The Team regularly promotes and encourages opportunity for training and exercising by sharing invitations to council colleagues and Emergency Duty Co-ordinators (EDCs) about MRF and other appropriate emergency preparedness events to support and enhance their knowledge and experience. Events this quarter where the Team have been involved or will be involved include.
- **LCC Rest Centre Exercise (5 Dec 2023)** – attended by the Team and 3 Sefton Crisis Support Team members.
 - **MRF Preparedness Awareness (10 Jan 2024)** – virtual presentation covering background to Civil Contingencies Act 2004 and related doctrine, UK Resilience Framework, National Resilience Standards, National Security Risk Assessment, Joint Emergency Service Interoperability Principles and MRF Structure and Function attended by seven Sefton colleagues.
 - **Exercise Skorpion (12 Jan 2024)** – National Police exercise with focus on Chemical Biological Radiological Nuclear Explosive (CBRNE) response attended by EDC officer.

- **Strategic Emergency Management (1 & 2 Feb 2024)** - attended by one new to the role EDC and a Service Manager.
- **Cyber Security and Risk Management (15 Feb 24)** – training day hosted through the MRF Cyber Risk subgroup.
- **Exercise Coral Chain (6 Mar 2024)** – live national police exercise supported by the Team and members of Sefton and Liverpool Crisis Response Teams.

- 6.1.4 The Team is looking to recruit additional staff volunteers to the council’s Crisis Response Team (CRT), these members of staff volunteer to support the council’s response to a civil emergency in a variety of ways for example residents who may become displaced from their homes and need temporary shelter/accommodation or other welfare needs. Some members of the Crisis Response Team have also expressed an interest in specialising in the role of Decision Loggists. Risk and Resilience officers have sourced appropriate training, and two CRT members will attend the ‘Working as a Loggist’ course at the Emergency Planning College, Easingwold in March/September 2024 with potentially further opportunity for other new recruits to attend this training if they too wish to pursue this role.
- 6.1.5 The Team are members of Sefton Events Safety Advisory Group (SESAG) and have continued to participate in multi-agency event plan reviews and meetings with event organisers. The Group will continue to meet with the new Spring/Summer calendar of events from March 2024 to jointly deliberate and seek assurances from the information provided via event plans, risk assessments, site visits and organiser’s presentations at the SESAG. This is to ensure advice about best practice is shared as necessary for the safety of events held within the borough.
- 6.1.6 The Team is currently developing the contingency arrangements which the council provides each year in support of the Radox Health Grand National Meeting at Aintree (11 – 13 April 2024). This is to assist joint operations between Merseyside Police and the Jockey Club if the racecourse had to be wholly evacuated during the three day festival. The Team will make enhancements to the normal Emergency Duty Cover arrangements and identify suitable locations for evacuation assembly points outside of the venue. Police and Security stewards can then direct racegoers to these areas prior to any triage of circumstances and needs for onward movement away from the area.
- 6.1.7 As part of the Council’s Major Emergency Plan arrangements, there has been a review of the current Emergency Coordination Centre (ECC) facility located within Council premises since 2005 due to the cost of updating to reflect current requirements and its current use by staff members. Suitable venues within the council’s buildings portfolio were assessed and a new location in Sefton has been identified. This new site was the favoured option due to the capacity of meeting rooms and the existing fixtures/fittings matching the specification required for the activity. The Team will now be looking at moving over any further kit and equipment as needed.

- 6.1.8 In preparation for the Winter season, the Team undertook a review of the Council's Severe Weather Protocol document and their approach to sharing National Severe Weather Warnings which are communicated by the Met Office and then notified to a pre-determined target group of colleagues from all areas of the council. The frequency with which the warnings are issued has increased significantly, particularly for rain and wind conditions, so a decision was made that the team should assess each warning individually, considering the potential impact of the event before onward distribution to the contact group. This should lessen the frequency of warnings being shared, but also prioritise those events where the impacts may be more severe. The Council's Severe Weather Protocol has been updated to reflect this change.
- 6.1.9 A review of each Service area's Business Continuity plan continues to be facilitated by the Team in consultation with the plan owners. The updated contact details have been tested in a no notice, out of hours call out to ensure contact can be made when necessary and the results of these tests have been reported back to the relevant plan owners.
- 6.1.10 A Business Continuity exercise was held in January 2023 for Assistant Directors and the Executive Leadership Team. Following a debrief, one action identified was to complete the Corporate Business Continuity Plan. The Team have produced a plan along with supporting annexe documents and these have been submitted to and endorsed by ELT in January 2024. A further exercise to test Corporate Business Continuity response is planned to take place in March 2024. The Team have procured an external consultant to scope out a scenario for the exercise and continue to develop and plan for this event.
- 6.1.11 An approach to update the Business Continuity Plan for Children's Social Care was agreed with The Executive Director for Children's Services and one scoping meeting has taken place to begin work on this document.
- 6.1.12 Following the Internal Audit review of the Risk Management function the Team have introduced a checklist to ensure compliance of the various risk registers in accordance with the Corporate Risk Management Handbook and good risk management practice. The Team have produced, throughout the quarter, checklists for all completed Risk Registers at Corporate, Service and Operational levels. The results of the checklists are being fed back to relevant risk owners. This is increasing engagement with those risk owners and encouraging robust reviews.
- 6.1.13 The team have completed the presentations for the introduction of Risk Appetite and the Council's agreed Risk Appetite Framework (RAF). The RAF was presented and approved by Strategic Leadership Board and Audit and Governance Committee in March 2023. We still await the outcome of the review by Democratic Services with the Chief Legal Officer to ensure that the Committee meeting header sheet includes risk appetite.

- 6.1.14 During the quarter, the team have attended the Climate Risk Workshop, hosted by the Council's Energy & Environmental Management team and an external course "Advancing the Risk Management Agenda". The workshop supported the understanding of introducing climate related risks into the wider risk management framework. The risk management course was an opportunity to refresh the knowledge around the identification and approach to enterprise risk management within the authority.
- 6.1.15 A review of Risk Management will be undertaken by Gallagher Bassett, the Council's claims management provider, this quarter as part of the free risk management days available to the Council. The requested documentation has been collated and sent to the auditor for consideration.
- 6.1.16 The team has worked with colleagues from Internal Audit to review all risks within the Corporate Risk Register, identifying and recording the key sources of assurance that inform of the effectiveness of how our corporate risks are managed. An assurance map has been developed using the three lines model and is currently with the Executive Leadership Team for comment.
- 6.1.17 The team have agreed a phased approach with The Executive Director for Children's Services to introduce Operational Risk Registers (ORRs) across all teams within the service. This will ensure alignment to the Council's Corporate Risk Management Framework. Work began in December with the first two teams and varying progress has been made to draft and develop the ORRs with managers from each team. Due to the number of ORRs to be completed within Childrens Social Care, a stepped plan to undertake work with a couple of teams each cycle will be adopted, and further teams brought on board each quarter.
- 6.1.18 Following a robust review of the Corporate Risk Register (CRR) by The Chief Executive Officer and The Executive Director for Corporate Resources and Customer Services in November 2023, the team have redesigned the review and approval process for the CRR and for quarterly submission of Service Risk Registers (SRR). This change in process was notified to all ELT/SLB members and a calendar of key dates was shared for 2024 to assist in the planning of review and submission of risk documentation throughout the year. Timely submission of this documentation will also assist the team in meeting tight deadlines to produce supporting reports.

6.2 Developments

- Major incident plans and processes will continue to be reviewed and updated as necessary or following learning from any incidents.
- Reintroduce quarterly Emergency Duty Coordinator (EDC) briefings to increase knowledge and awareness of EP arrangements.
- Review and formalise an internal Incident debrief process.
- Continued engagement and proportionate 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 supporting the upcoming exercise.
- Planning an exercise for service specific Business Continuity plans.
- 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 two members of 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 and risk management. The support is required in particular to the Health and Safety Team due to the staffing issues following the School Advisor leaving in August 2022, the Senior Health and Safety Officer leaving in December 2023 and the Health and Safety Officer leaving in June 2023 and the difficulties subsequently in obtaining suitably qualified and experienced staff. Ensuring that there is sufficient capacity within Health and Safety Team to address business as usual, with gaps in the team and challenges in the recruitment of staff using the prescribed routes to recruit staff, has been key to ensure that key processes have operated as well as some progress being achieved in health and safety. The two staff members seconded to the Revenues and Benefits Team transferred permanently on the 1 April 2023 to Revenues and Benefits 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 were 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 however recently there is clarity on the potential to re-structure and proposals are being developed with support from HR colleagues.

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 reviews across the Council to ensure that Operational and Service Risk Registers are updated on a regular basis. Other work includes the completion of the external review of risk management and the horizon scanning session.
 - Finalising the Assurance Mapping exercise should assist in providing assurance on the key risks affecting the delivery of the Council's strategic objectives.
 - The finalisation of the Risk Appetite Framework inclusion on the Committee header sheets.
 - 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 BC exercise in January 2023, finalising of the Corporate BC plan and finalising the planning for a BC in March 2024.
 - The recruitment of two temporary Principal Auditors, and the start of Health and Safety Officer.
 - Completion of the review of the Health and Safety Policy, work on developing wider occupational health, safety, and wellbeing of staff.
 - Delivering on the service improvement plans for the Risk and Audit Team.

9. Conclusions

- 9.1 Internal Audit has made reasonable progress in the completion of the original approved Internal Audit Plan 2023/24 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 2022/24 approved Internal Audit plan will be hampered by the unplanned reduction in resources requiring a revised Internal Audit Plan.
- 9.2 The Council's accident record continues to be positive, although reported incidents remain below expected 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 is continuing to focus on incident reporting, review of risk assessments and the review of event management/Open Water.
- 9.4 The Council's insurance claims performance remains good.
- 9.5 Further work is planned to improve risk management within the Council by finalising the work on 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.

