

REPORT TITLE: Q2 GOVERNANCE MONITORING

28 NOVEMBER 2024

REPORT OF CABINET MEMBER: CLLR BECKER – CABINET MEMBER FOR  
COMMUNITY AND ENGAGEMENT

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WARD(S): ALL

PURPOSE

To provide members of the Audit and Governance Committee with a summary overview of the key issues in respect of governance during the second quarter of the 2024/25 financial year.

RECOMMENDATIONS

That the Audit and Governance Committee notes the content of the report including the update provided in the Annual Corporate Health and Safety Report 2023/24 and the progress against the internal audit management actions and raises any issues with the cabinet member.

## IMPLICATIONS:

### 1 COUNCIL PLAN OUTCOME

This summary document supports the council to be open and transparent by reporting the effectiveness of its governance framework and highlighting areas of weakness or issues of concern.

### 2 FINANCIAL IMPLICATIONS

There are no financial implications arising from the content of this report.

### 3 LEGAL AND PROCUREMENT IMPLICATIONS

There are no legal or procurement implications arising from the content of this report.

### 4 WORKFORCE IMPLICATIONS

There are no workforce implications arising from the content of this report.

### 5 PROPERTY AND ASSET IMPLICATIONS

There are no property and asset implications arising from the content of this report.

### 6 CONSULTATION AND COMMUNICATION

Consultation on the content of this report has been undertaken with the Cabinet member for Community and Engagement and with members of the Executive Leadership Board (ELB) and Corporate Heads of Service (CHoS). Owners of actions included in the internal audit reports that are referred to in this report have provided updates on the progress achieved against the agreed management actions.

### 7 ENVIRONMENTAL CONSIDERATIONS

There are no environmental considerations arising from the content of this report.

### 8 PUBLIC SECTOR EQUALITY DUTY

None arising from the content of the report, although officers will need to consider the council's Public Sector Equality Duty and if required complete an Equality Impact Assessment on any specific recommendations or future decisions to be made. This report is not making any decisions and is for noting and raising issues only.

## 9 DATA PROTECTION IMPACT ASSESSMENT

There are no data protection impact assessments required.

## 10 RISK MANAGEMENT

- 10.1 This report presents a summary update on how the council is performing against the governance processes and procedures that are in place and set out in the Risk Management Policy 2024/25 and Local Code of Corporate Governance. Independent assurance provided by the council's internal and external auditor which evidence where there are weaknesses in the council's governance arrangements are highlighted in this report and the actions being taken to address them.

## 11 SUPPORTING INFORMATION

- 11.1 This report sets out the summary information in respect of the second quarter of the 2024/25 financial year concerning governance.

### ***Annual Governance Statement***

- 11.2 Progress against the actions included in the 2023/24 Annual Governance Statement is included in appendix 1 to this report.

### ***Declarations of gifts and hospitality***

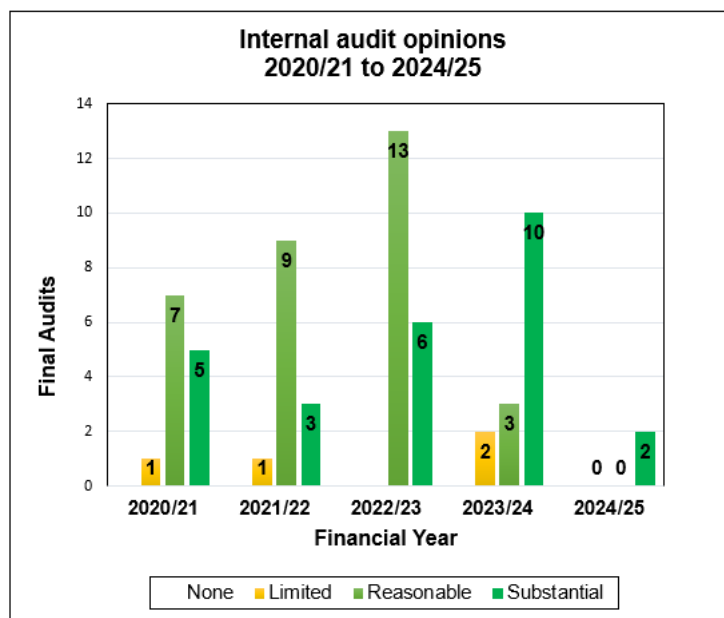
- 11.3 During the period 1 July 2024 to 30 September 2024 there was one declaration of gifts and hospitality made by officers in accordance with the Employee Code of Conduct.
- 11.4 Members regularly update their register of interest forms and during the period 1 July 2024 to 30 September 2024 there were no declarations of gifts or hospitality over the value of £50 made by members in accordance with the Members Code of Conduct.

## 12 ***Internal Audit***

- 12.1 The council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements.
- 12.2 Internal audit provides an evaluation, through a risk-based approach, on the effectiveness of governance, risk management, and internal controls operating at the council. The internal audit plan for 2024/25 was approved by this committee on 29 February 2024, report [AG127](#) refers.
- 12.3 The formal internal audit reviews result in published reports and an opinion on the assurance that can be placed on the framework of risk management,

internal controls and governance designed to support the achievement of management objectives of the service area under review.

- 12.4 The chart below shows the assurance opinions of the completed internal audits that were included in the audit plans in the years 2020/21 to the current year 2024/25.



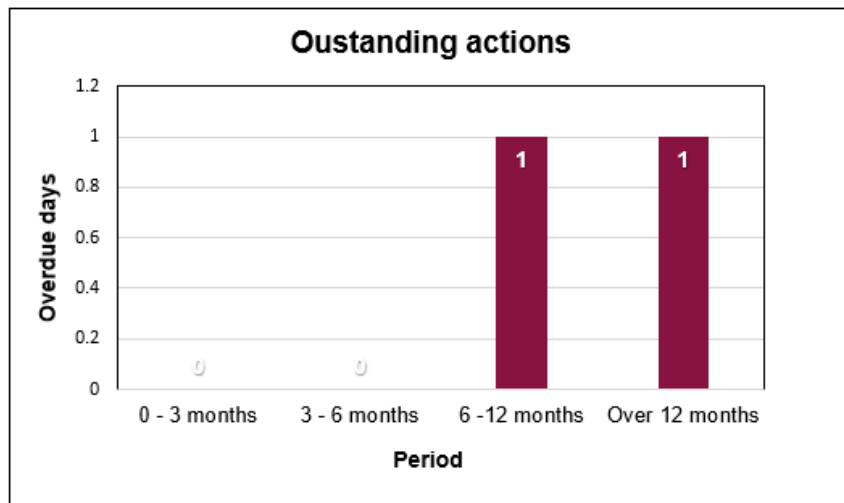
- 12.5 Where reasonable or substantial audit opinions are offered following an audit review this gives assurance to senior management, external auditors and members of this committee that an appropriate system of governance, risk management and control exists with internal controls and processes operating effectively in the area audited.
- 12.6 To support members in monitoring the progress of actions in place, where opinions are either limited or no assurance, additional commentary summarising the weaknesses observed and the progress being made to address these can be found in section 13 of this report.
- 12.7 Since the Q1 2024/25 Governance Monitoring report was presented to Audit and Governance Committee on 26 September 2024 there has been one internal audit report finalised and issued before the 30 September 2024, which concluded with reasonable assurance.
- Environmental Health (Food Safety) (Reasonable)

#### ***Internal Audit Management Actions Tracking***

- 12.8 Corporate heads of service (CHoS), service leads, and Executive Leadership Board (ELB) regularly review the progress against the actions included in the internal audit reports.
- 12.9 Reported on a quarterly basis is a summary table showing the status of these actions which are kept under regular review to assess progress and consider

where actions might become superseded or obsolete due to external or internal factors.

- 12.10 To assist member’s understanding, an additional narrative is included in the table below to provide a brief explanation of the progress being made against the actions that have passed their target date and the reasons for the delay in completion.
- 12.11 There are currently 2 overdue actions, neither of which are high priority. This is five less than reported to the last meeting of the committee on 26 September 2024.
- 12.12 The chart below provides an analysis of the overdue management actions by the length of time that has passed since the target completion date for each of the actions. There is 1 action showing as overdue for more than one year and this relates to the Records Retention and Disposal audit. Work on this action is almost complete. A more detailed update is included in paragraph 13.2 of this report.



Further information relating to the current overdue management actions is shown in the table below:

Audit Review	Report Date	Audit Sponsor	Assurance Opinion	Reported	Not Accepted	Management Actions			LOW	MEDIUM	HIGH
						Pending	Cleared	Overdue			
<b>Information Governance Records Retention</b>	0303/2022	SDR	Limited	14 (4)	0	1	12 (4)	1		1	
<p><b>Progress update:</b> There is one overdue action and one pending action.                      Work continues on retention and disposal of documents, with disposal of paper and electronic records scheduled for review and disposal by end of Q3.</p>											
<b>Human Resources - Policies</b>	10/07/2023	SDR	Reasonable	4(2)	0	0	3(2)	1		1	
<p><b>Progress update:</b> There is one medium priority overdue action remaining which is to update the Learning and Development Policy. Having given consideration to the CPC feedback, ELB are due to consider this policy in Q3 for internal release during January 2025.</p>											

### 13 ***Internal Audits with Limited Assurance***

13.1 The following section provides background and an update on the progress of management actions where an internal audit concluded with a limited assurance opinion and supports members in monitoring the progress of the actions in place to address the identified weaknesses found during the audit review.

#### 13.2 ***Information Governance – Records Management***

Over the last few months, the Policy Team have worked closely with Service Leads and their teams to implement the Retention and Disposal schedule across systems and platforms. The deletion of the records and documents that do not need to be retained will be implemented by the IT team in Q3.

The Policy team are also working with teams on applying the Retention and Disposal schedule to the paper documents that are stored at an offsite storage facility. Paper records and documents that do not need to be retained will be destroyed during Q3.

### 14 ***Risk Management***

14.1 The council's Risk Management Policy 2024/25 sets out a timetable for this committee to review the policy and corporate risks (section 11 of the Risk Management Policy). The current Corporate Risk Register is appended at Appendix 4. The most recent formal quarterly review of the Corporate Risk Register by the Executive Leadership Board (ELB) was carried out on 9 October. All risks and their current controls were reviewed.

14.2 As a result of the review there were the following updates:

- CR001 – Capacity to deliver services - due to a number of significant external factors including uncertainty of macroeconomics, a new Government and potential changes to national policies, ELB agreed to increase the likelihood of the original risk from 'unlikely' to 'likely' and reviewed the residual risk and agreed it was still appropriate and tolerated and no further controls were needed at this stage.
- CR008 – ELB agreed to update the risk description from “Availability of suitable viable sites to meet the strategic need for building new homes (HRA)” to “Availability of new homes to meet the strategic need via a variety of means (build or buy). The current indicator is that we are able to meet the strategic need and as such the residual likelihood has been reduced from 'likely' to 'unlikely.’
- CR012- Nutrient neutrality (Phosphates) – likelihood reduced from 'likely' to 'unlikely' as funding has now been secured.

14.3 Other than those updates set out above, the original and residual risk ratings of all risks were considered appropriate and tolerable. The causes, consequences and controls for each risk were reviewed and deemed to be current and sufficient at the time of the review.

- 14.4 ELB will continue to monitor the potential impacts to existing risks and any new or emerging risks.
- 14.5 Of the 69 operational risks managed by Corporate Heads of Service, four of these were presented to ELB for review as the residual risk was rated as 'red'. One of these was de-escalated by ELB to 'amber' and for the others, ELB agreed that the current controls were sufficient, that the residual risk score was correct and accepted and escalation to the Corporate Risk Register was not required at this stage.

## 15 ***Code of Conduct Complaints***

- 15.1 The Audit and Governance Committee has two sub-committees including the Standards Sub-Committee, whose purpose is to consider investigation reports in respect of Code of Conduct Complaints that have been referred to it by the Monitoring Officer.
- 15.2 Appendix 3 provides brief details of the Code of Conduct complaints received, in progress and closed and where enquiries have been made to the Office of the Monitoring Officer.

## 16 ***Annual Corporate Health and Safety Report***

- 16.1 Attached as appendix 5 is the council's annual corporate health and safety report 23/24. This report provides details made on the delivery of health and safety governance arrangements for the council and includes:
- Implementation of the governance framework
  - Reporting to Executive Leadership Board
  - Summary of service delivery

## 17 **OTHER OPTIONS CONSIDERED AND REJECTED**

- 17.1 None

### **BACKGROUND DOCUMENTS:** -

#### **Previous Committee Reports:** -

AG132 Governance Monitoring Quarterly update Q1 2024/25, 26 September 2024.

#### **Other Background Documents:**

None.

### **APPENDICES:**

Appendix 1 - Annual Governance Statement 2023/24 – Action plan update



Appendix 2 - Internal Audit Progress Report

Appendix 3 - Code of Conduct complaints

Appendix 4 - Corporate Risk Register

Appendix 5 - Annual Corporate Health and Safety Report 2023/24

**Annual Governance Statement 2023/24 – Action Plan update – September 2024**

No.	Issue	Actions	Progress Update	Lead Officer	Target Date	Current Status
1.	<b>Records Retention and Disposal</b>  Ensuring that the Records Retention and Disposal Policy and Schedule are refreshed and embedded into the organisation so that records are stored in accordance with the agreed schedule.	Adoption of updated Retention & Disposal Schedule by Executive Leadership Board (ELB)	The updated Retention and Disposal schedule was approved by ELB on 12 June 2024.	Senior Policy & Programme Manager/ Corporate Heads of Service	June 2024	<b>Complete</b>
		Map & align retention schedule to content /indexing and values in system(s)	The retention schedule has been mapped to systems in preparation for the implementation across business applications and systems.	Senior Policy & Programme/ Service Lead for IT	June 2024	<b>Complete</b>
		Create implementation plan for roll out Policy & Schedule for adoption at ELB	The implementation plan to roll out the policy and schedule has been initiated and agreed by ELB.  The Policy and Schedule have been rolled out across the council.	Senior Policy & Programme Manager	June 2024	<b>Complete</b>
		Implementation of Retention & Disposal schedule across business applications and systems	The Policy team are working with Service Leads and the IT department on the deletion of records and	Senior Policy & Programme Manager/	Dec 2024	The IT department are working towards the deletion of

<b>No.</b>	<b>Issue</b>	<b>Actions</b>	<b>Progress Update</b>	<b>Lead Officer</b>	<b>Target Date</b>	<b>Current Status</b>
			documents that do not need to be retained in accordance with the document retention schedule.	Corporate Heads of Service		Documents and Records by the end of Q3

## Internal Audit Progress Report 2024/25

September 2024

Winchester City Council



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**Southern Internal  
Audit Partnership**

Assurance through excellence  
and innovation

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## 1. Role of Internal Audit

The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body must:

***'Undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.'***

The standards for 'proper practices' are laid down in the Public Sector Internal Audit Standards [the Standards – updated 2017].

The role of internal audit is best summarised through its definition within the Standards, as an:

***'Independent, objective assurance and consulting activity designed to add value and improve an organisations' operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes'.***

Winchester City Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the Council that these arrangements are in place and operating effectively.

The Council's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisations' objectives.

## 2. Purpose of report

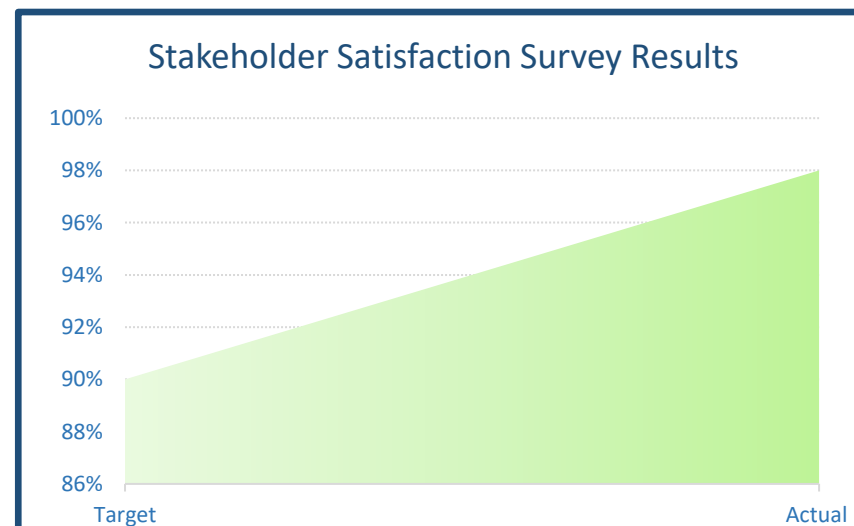
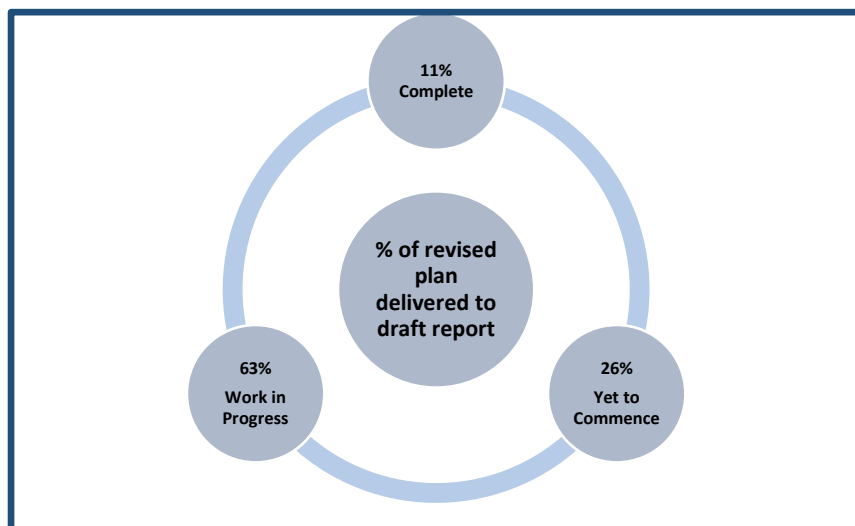
In accordance with proper internal audit practices (Public Sector Internal Audit Standards), and the Internal Audit Charter the Chief Internal Auditor is required to provide a written status report to 'Senior Management' and 'the Board', summarising:

- The status of 'live' internal audit reports.
- an update on progress against the annual audit plan.
- a summary of internal audit performance, planning and resourcing issues; and
- a summary of significant issues that impact on the Chief Internal Auditor's annual opinion.

Internal audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of risk management, control and governance designed to support the achievement of management objectives of the service area under review. The assurance opinions are categorised as follows:

<b>Substantial</b>	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
<b>Reasonable</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
<b>Limited</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
<b>No</b>	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

### 3. Performance dashboard



#### Compliance with Public Sector Internal Audit Standards

An External Quality Assessment of the Southern Internal Audit Partnership was undertaken by the Institute of Internal Auditors (IIA) in September 2020. The report concluded:

*'The mandatory elements of the International Professional Practices Framework (IPPF) include the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. There are 64 fundamental principles to achieve with 118 points of recommended practice. We assess against the principles.*

*It is our view that the Southern Internal Audit Partnership conforms to all 64 of these principles.*

*We have also reviewed SIAP conformance with the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN).*

*We are pleased to report that SIAP conform with all relevant, associated elements.'*



#### 4. Analysis of 'Live' audit reviews

Audit Review	Report Date	Audit Sponsor	Assurance Opinion	Total Management Action (s)	Not Yet Due	Complete	Overdue		
							L	M	H
Information Governance – Records Management	Mar 22	DL	Limited	14	1	12		1	
<b>IT Asset Management *</b>	<b>Feb 23</b>	<b>DL</b>	<b>Reasonable</b>	<b>8</b>	<b>0</b>	<b>8</b>			
Human Resources – Policies and Procedures	Jul 23	CX	Substantial	4	0	3		1	
Human Resources - Recruitment	Jun 24	CX	Reasonable	7	3	4			
New Homes Programme	Jul 24	SDP	Substantial	1	1	0			
Green Economic Development Strategy and Action Plan	Jul 24	SDS	Substantial	4	4	0			
Environmental Health - Food Safety	Sep 24	SDS	Reasonable	7	4	3			
<b>Total</b>							<b>0</b>	<b>2</b>	<b>0</b>

\* Denotes audits where all actions have been completed since the last progress report.

Audit Sponsor (Director)	
Chief Executive	CX
Strategic Director - Services	SDS
Strategic Director - Place	SDP
Director Legal (Monitoring Officer)	DL
Director Finance (CFO)	DF

**5. Executive Summaries of reports published concluding a 'Limited' or 'No' assurance opinion**

To date, there have been no audits which have concluded with a 'limited' or 'no' assurance opinion during 2024-25.

**6. Planning & Resourcing**

The internal audit plan for 2024-25 was agreed by the Council's Management Team and approved by the Audit and Governance Committee in February 2024. The audit plan remains fluid to provide a responsive service that reacts to the changing needs of the Council. Progress against the plan is detailed within section 7.

## 7. Rolling Work Programme

Audit Review	Sponsor	Scoping	Terms of Reference	Fieldwork	Draft Report	Final Report	Assurance Opinion	Comment
<b>Brought Forward – Included within previous annual reports and opinions</b>								
Cyber Security – IT Response Planning	DF	✓	✓	✓	Dec 22		Limited	
Mobile Device Management	DF	✓	✓	✓	Aug 23		Limited	
Virtualisation	DF	✓	✓	✓	Sept 23		Reasonable	
Green Economic Development Strategy and Action Plan	SDS	✓	✓	✓	Jun 24	Jul 24	Substantial	
New Homes Programme	SDP	✓	✓	✓	Jun 24	Jul 24	Substantial	
Tree Management	SDP	✓	✓	✓	Mar 24		Limited	
Environmental Health - Food Safety	SDS	✓	✓	✓	May 24	Sep 24	Reasonable	
<b>2024-25</b>								
<b>Strategic / Governance Reviews</b>								
Decision Making and Accountability	DL	✓	✓	✓	Jul 24	Aug 24	Substantial	
Programme and Project Management	DL	✓	✓	✓	Jul 24	Aug 24	Substantial	
Financial Stability – TC25	DF							Q3
Climate Emergency / Green Agenda	SDP							Q4
Asset Management (Corporate Estate) – Follow-up	SDS							Q4

<b>Audit Review</b>	<b>Sponsor</b>	<b>Scoping</b>	<b>Terms of Reference</b>	<b>Fieldwork</b>	<b>Draft Report</b>	<b>Final Report</b>	<b>Assurance Opinion</b>	<b>Comment</b>
Alternative Delivery Models – Housing Company	SDS							Q3
Health & Safety	SDR							Q3-4
Contract Management – ID Verde & Wetton	SDS	✓	✓	✓				
Information Governance – Records Management and Retention - Follow-up	DL	✓						Q3-4
Corporate Governance Framework	DL	✓	✓	✓				
Fraud Framework - NFI	DF	n/a	n/a	✓				On-going
<b>Core Financial Systems</b>								
Accounts Receivable / Debt Management	DF	✓	✓	✓				
Treasury Management	DF	✓	✓	✓				
NNDR	DF	✓	✓	✓				
Expenses & Overtime	DF	✓						Q3
<b>Information Technology</b>								
IT Governance – Microsoft Licencing	DF	✓	✓	✓				
Information Security – Cyber Security Roadmap	DF							Q4
Networking and Communications – Patch Management	DF	✓						Q3
<b>Service / Operational Reviews</b>								
Housing Asset Management – Repairs and Maintenance	SDS	✓						Q3

<b>Audit Review</b>	<b>Sponsor</b>	<b>Scoping</b>	<b>Terms of Reference</b>	<b>Fieldwork</b>	<b>Draft Report</b>	<b>Final Report</b>	<b>Assurance Opinion</b>	<b>Comment</b>
Housing Asset Management – Housing Retrofit Programme	SDS							Q4
Disabled Facilities Grants	SDS	✓						Q3
Planning / Development Management – Developer Contributions	SDS	✓	✓					Q3
Land Registry / Charges	DL	✓	✓	✓				
Parking / Enforcement	SDS	✓	✓	✓				
Markets	SDS/SDP	✓						Q3-4
<b>Certification Audits</b>								
Bus Service Operator Grant	SDS	n/a	n/a	✓	n/a	✓		Grant Certified
Mayor’s Charity Account	DL	n/a	n/a	✓				Certification audit.

**Annex 1 - Adjustments to the plan**

<b>Audit reviews added to the plan (included in rolling work programme above)</b>	<b>Comment</b>
Decision Making and Accountability *	Carried forward from 2023-24 plan as work in progress at the time of the Annual Internal Audit Report and Opinion.
Accounts Receivable / Debt Management *	Carried forward from 2023-24 plan as work in progress at the time of the Annual Internal Audit Report and Opinion.

<b>Audit reviews removed from the plan (excluded from rolling work programme)</b>	<b>Comment</b>
None	n/a

\* Agreed Audit & Governance Committee September 24

### **Code of Conduct Complaints**

Following the request at the last meeting of this Committee on 26 September 2024, the Monitoring officer as part of their annual report will update the committee on the officer time spent for all complaints dealt with in that municipal year.

Code of Conduct Complaints received by the office of the Monitoring Officer since previous meeting of Audit & Governance Committee and update of those previously reported - as of 25 October 2024.

#### **Summary of current caseload:**

- A. Number **Active Individual Complaints**: 1 complaint from 1 individual complainant (see current status/update below).
- B. Number Complaints **Not Commenced**: 0
- C. Number **individual complaints** relating to a City Councillor: 0.
- D. Number **individual complaints** relating to a Parish/Town Councillor: 1.
- E. Number of complaints received since last report: 0.
- F. Number of **complaints closed** since the last report: 5.
- G. Number of **Standards Sub Committees** held: 0.

**Analysis of active cases:**

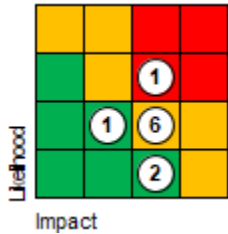
<b>Date received</b>	<b>Relating to Parish/ Town/ City Councillor</b>	<b>Current status/update</b>	<b>Approx time spent on this complaint</b>
June 2024	Parish Councillor	Response from subject member now received, albeit delayed. Response received from Independent Person.  Monitoring Officer has referred for further, external investigation.	20 hours

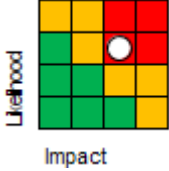
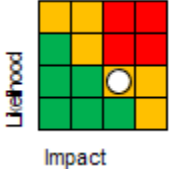


# Corporate Risk Register 2024/25

As of 22 October 2024

Residual Risk Summary:

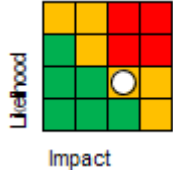
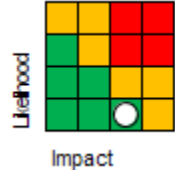


Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
CR001	Given competing demands and multiple complex priorities, the risk is that the council does not maintain capacity to deliver services	Chief Executive	<ul style="list-style-type: none"> <li>• Ambitious council plan with multiple strands of activity</li> <li>• Staff resources are lean, and teams are working at capacity to deliver services at current levels of demand.</li> <li>• Outbreak of a pandemic that increases the pressure to continue to provide critical services as well as</li> </ul>	<ul style="list-style-type: none"> <li>• If decision making is slow, delays occur, and potentially available resources are redeployed or become unavailable if they are externally sourced.</li> <li>• Implementation of business continuity plan to target work in critical areas in</li> </ul>		<ul style="list-style-type: none"> <li>• Council Plan is distilled into key priorities by service. If capacity becomes an issue, prioritisation of activity is in place.</li> <li>• Critical activities are reviewed with Cabinet alongside a refreshed Council Plan approved in January'23</li> </ul>	

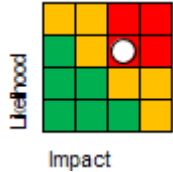
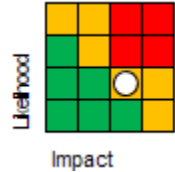
Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
			<p>respond to the needs of residents and businesses affected by the pandemic.</p> <ul style="list-style-type: none"> <li>• Competition from the private sector for key staff roles e.g. planning, project management</li> <li>• Decision making can be slow.</li> <li>• Tension between day-to-day and strategic priorities.</li> <li>• Key skills not in the right place</li> <li>• Budget uncertainty</li> </ul>	<p>cases of staff shortage.</p> <ul style="list-style-type: none"> <li>• If staff lack political awareness, middle managers will be slow to redeploy resource to current priorities.</li> <li>• If staff are diverted then can't deliver on other lower-level priorities or day-to-day work</li> <li>• Reputation is damaged as the council is not seen to be able to deliver projects.</li> <li>• Local members are not always kept informed of activity in their area.</li> <li>• Unable to deliver key council services</li> </ul>		<ul style="list-style-type: none"> <li>• Proactive approach to communications internal and external</li> <li>• 50/50 hybrid working policy agreed.</li> <li>• Maintaining communication</li> <li>• Annual business planning, with actions and projects aligned to Council Plan priorities.</li> <li>• Regular meetings with relevant cabinet members</li> <li>• Positive use of fixed term contracts to aid flexible resourcing</li> <li>• Targeted use of external resource</li> <li>• Reallocation of human and financial resources across and within the organisation as required.</li> </ul>	

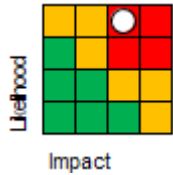
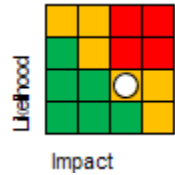
Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
						<ul style="list-style-type: none"> <li>PAC Board reviews resources to deliver projects on a regular basis</li> </ul>	
CR003	Decisions made by the council are challenged due to a lack of a strong evidence base, customer insight and engagement with change or procedural errors	Monitoring Officer G John	<ul style="list-style-type: none"> <li>Lack of skill and/or time to identify evidence to support decision making</li> <li>Lack of consultation with ward members and/ or parish council's over local issues</li> <li>Procedural error in statutory process</li> <li>Inconsistent and traditional approach to customer engagement across the council</li> <li>Lack of awareness of the questions to ask</li> <li>Lack of awareness of the 'right time' to engage</li> <li>Lack of public awareness of the opportunity to engage</li> </ul>	<ul style="list-style-type: none"> <li>Lack of a robust and evidence based approach to customer engagement can lead to: <ul style="list-style-type: none"> <li>- Reputational damage</li> <li>- Views that the council is too Winchester-centric</li> <li>- Decisions made are Inequitable</li> <li>- A perception that people's views are ignored</li> </ul> </li> <li>Ward members and/or parish council's not being informed.</li> <li>Legal/ judicial review or challenge against a decision made</li> </ul>	<p>Lifehood Impact</p>	<ul style="list-style-type: none"> <li>Engagement with ward and parish councillors (on matters within their ward or parish) encouraged.</li> <li>Risks with regard to significant projects are recognised and addressed separately via robust Project Management and regular reports to the Programme and Capital Strategy Board</li> <li>Legal and Monitoring Officer consultation on decisions made.</li> <li>2024 Residents' survey commissioned and will be undertaken in June'24 and</li> </ul>	<p>Lifehood Impact</p>

Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
			<ul style="list-style-type: none"> <li>• Council is not aware of the full range of interested stakeholders.</li> <li>• Council may only hear the loudest voices and not the silent majority or those that do not readily engage.</li> <li>•</li> </ul>			<ul style="list-style-type: none"> <li>results will be used to evidence decision making.</li> <li>• A proactive open and transparent approach to communication based on Gunning Principles</li> <li>• Use of external specialist advice when appropriate</li> <li>• Commitment made in the refreshed Council Plan in terms of 'Listening Better.'</li> <li>• Equality, Diversity, and Inclusion Action Plan is being embedded across the organisation.</li> <li>• Updated Constitution adopted at Council on 30 November 2023</li> <li>• Where possible and appropriate, digitalisation will be utilised to</li> </ul>	

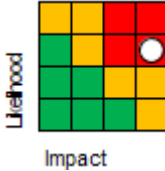
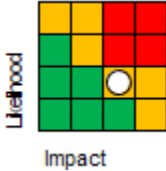
Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
						mitigate against procedural errors	
CR004	Failure to have plans and processes in place to recover and maintain services after a major incident (including pandemic) that has a significant impact on the ability of the Council to provide its services	Chief Executive	<ul style="list-style-type: none"> <li>• Not maintaining an effective corporate wide Business Continuity Plan</li> <li>• Not regularly testing the plan and following-up learning</li> <li>• Key staff unavailable</li> <li>• Communication systems ineffective</li> <li>• Lack of awareness of Business Continuity Plan</li> <li>• Failure to assess business critical functions and have plans in place</li> </ul>	<ul style="list-style-type: none"> <li>• Unacceptable delay and uncertainty in returning to normal working after an emergency.</li> <li>• Adverse publicity and criticism</li> <li>• Reputation damage</li> <li>• Adverse social and/or economic impact</li> </ul>		<ul style="list-style-type: none"> <li>• Business Continuity Plans reviewed and tested in 2023 and approved by ELB on 6 March 2024.</li> <li>• IT Disaster Recovery Plan exercise held on 20 March.</li> <li>• Business critical services identified with individual business continuity plans created, tested and approved.</li> <li>• All staff able to seamlessly work from home, where job allows.</li> <li>• 2023 internal audit review of business continuity offered substantial opinion and no identified weaknesses.</li> <li>• Work programme in place for 2024</li> </ul>	

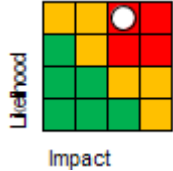
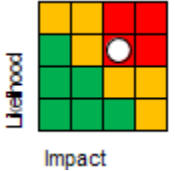
Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
CR006	Breakdown of effective partnership working	Strategic Director D Adey	<ul style="list-style-type: none"> <li>Partnerships can falter due to lack of shared vision within partnerships.</li> <li>Money spent on Partnership working doesn't add value.</li> <li>Strategic partnerships may falter due to conflicting demands within individual partners.</li> <li>Incorrect application of the procurement regulations due to a misunderstanding as to how and when they apply to partnership working.</li> <li>Partnerships may be unsuccessfully commissioned due to lack of skills and poor scoping.</li> <li>Significant local, regional, or national partners may close down, affecting the council</li> </ul>	<ul style="list-style-type: none"> <li>Significant project delivery such as the major projects and the new homes building programme could fail due to failure of strategic partnerships.</li> <li>Local delivery could fail if local strategic partners are not aligned.</li> <li>Reputational damage to all partners</li> <li>Lack of value for money (VfM)</li> </ul>		<ul style="list-style-type: none"> <li>Annual review by each CHoS of all partnerships undertaken to identify key strategic partners.</li> <li>Partnership register established and endorsed by ELB on 6 March.</li> <li>Guidance documents available from Knowledge Hub.</li> <li>Partnership Governance and Management Framework adopted.</li> <li>Partnership scoring tool available to assess project tier.</li> <li>Management checklist available from Knowledge Hub</li> </ul>	

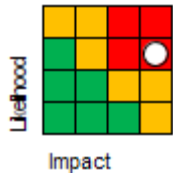
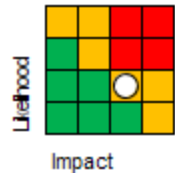
Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
CR007	Lack of sufficient funding and/or escalating costs over the medium term reducing financial viability and inability to achieve a balanced budget (General Fund and HRA)	Director of Finance L Keys	<ul style="list-style-type: none"> <li>• Reduced Government funding</li> <li>• Reliance on strategic partners to deliver services and projects.</li> <li>• Macro economy, including effects of Brexit, reduces locally generated Business Rates and parking income.</li> <li>• Failure to achieve income targets.</li> <li>• Inflation rises.</li> <li>• Penalties are imposed on the Council due to falling standards in services.</li> <li>• Impact of a Pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to balance the budget.</li> <li>• Increased Council Tax</li> <li>• Public's ability to pay for services.</li> <li>• Reduce services provided.</li> <li>• Demand/cost of services.</li> <li>• Increased construction costs and impact on delivery and viability of key projects</li> <li>• Over borrowing and avoidable cost</li> </ul>		<ul style="list-style-type: none"> <li>• One year funding settlement in place</li> <li>• MTFS approach setting out medium and longer term options.</li> <li>• Quarterly finance reporting and monitoring of key income sources</li> <li>• Regular policy review and monitoring</li> <li>• Scenario planning and sensitivity analysis of key risks</li> <li>• Transformation Challenge 2025 (TC25) is now in the process of being implemented.</li> <li>• Maintain General fund reserve of at least £2m.</li> <li>• Regular review of reserves</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
						<ul style="list-style-type: none"> <li>Annual review of fees and charges</li> <li>Monthly budget monitoring and regular HRA business plan updates</li> </ul>	
CR008	Availability of new homes to meet the strategic need via a variety of means (build or buy).	Strategic Director S Hendey	<ul style="list-style-type: none"> <li>Increasing demand for new houses</li> <li>High cost of housing, including private rented sector</li> <li>Unable to identify new sites for new houses.</li> <li>Increasing infrastructure demands on new sites.</li> <li>Higher build costs</li> <li>Increasing inflation and interest rates affecting supply</li> </ul>	<ul style="list-style-type: none"> <li>Increased housing waiting list numbers.</li> <li>Increasing homelessness</li> <li>Difficulty accessing housing markets.</li> <li>Outward migration of younger residents</li> <li>Adverse publicity</li> <li>Government intervention</li> <li>Ability to meet the business plan target which will have a negative effect on income</li> </ul>		<ul style="list-style-type: none"> <li>A variety of plans in place to deliver new homes</li> <li>Regular monitoring of projects</li> <li>Revised Housing Strategy and HRA Business Plan</li> <li>Cost benchmarking</li> </ul>	

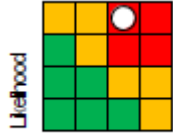
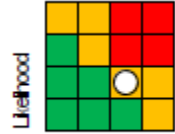


Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
CR009	Failure in cyber security leaving the council exposed to phishing and other attacks leading to compromised IT systems and data loss	Director of Finance L Keys	<ul style="list-style-type: none"> <li>• Malicious attack by Hackers for financial gain</li> <li>• Malicious attack by Hackers to disrupt business and ability to deliver services.</li> <li>• Viral code attack in order to data mine information and identities</li> </ul>	<ul style="list-style-type: none"> <li>• Possible complete shutdown of Council IT Systems and Infrastructure</li> <li>• Business\service delivery disruption</li> <li>• Significant Financial loss</li> <li>• Credibility and confidence lost in engaging with digital services and e-payments</li> </ul>		<ul style="list-style-type: none"> <li>• Mandatory Cyber Security awareness training held for all staff.</li> <li>• IT Systems and processes administered to PSN (Public Services Network) standards and protocols.</li> <li>• ITILv3 Methodology adoption for ITSM</li> <li>• Comprehensive and regular reviews of ISP (Information Security Policies) and IT Network Access Policies</li> <li>• Operational daily checks and proactive monitoring of Firewalls and pattern updates</li> <li>• Staff qualified in Cyber Scheme Professional standards and</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
						<p>within GOV UK CESH guidelines.</p> <ul style="list-style-type: none"> <li>• Regular system health checks and vulnerability scans</li> <li>• System and software maintained to supported levels.</li> <li>• Email security managed by accredited 3rd party.</li> <li>• Insurance for potential losses of a cyber attack</li> <li>• Third party review jointly with TVBC being undertaken to see what further actions the councils can pro-actively take to mitigate this risk further</li> </ul>	
CR010	Failure to effectively respond to the Climate Change Emergency and reduce the council and district carbon emissions	Strategic Director D Adey	<ul style="list-style-type: none"> <li>• Failure to achieve target for the council to be carbon neutral by 2024 and the district by 2030.</li> </ul>	<ul style="list-style-type: none"> <li>• Reputational damage for failing to meet targets.</li> <li>• Increased risk of flooding - damage to property,</li> </ul>		<ul style="list-style-type: none"> <li>• Revised CNAP plan put in place 13/09/2023. Actions leading towards carbon reduction are</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
			<ul style="list-style-type: none"> <li>• Carbon emissions increase</li> <li>• Air quality drops</li> <li>• Insufficient project capacity in-house</li> </ul>	<ul style="list-style-type: none"> <li>• disruption to business, health, and wellbeing of displaced residents</li> <li>• Increased risk of droughts - pressure on river system health, depleted aquifer/reservoir volumes, negative impact upon agriculture, fire risk</li> <li>• Extreme heat and cold - health risk for vulnerable people, pressure on emergency and health services</li> <li>• Protests by lobby groups</li> <li>• House price volatility</li> </ul>		<ul style="list-style-type: none"> <li>• clearer in theme and size of reduction needed.</li> <li>• Climate Emergency declared.</li> <li>• Asset Management Strategy</li> <li>• £45mil HRA</li> </ul>	
CR011	Lack of preparedness and incapability to respond to events caused by climate change	Strategic Director D Adey	<ul style="list-style-type: none"> <li>• Failure to prepare for an adverse weather event, for example long period of rain, heavy snow, or heatwave.</li> </ul>	<ul style="list-style-type: none"> <li>• Flooding causing damage to property and assets.</li> <li>• Loss of income to the council e.g.</li> </ul>		<ul style="list-style-type: none"> <li>• Multiagency Emergency Response Plan in place, reviewed and updated annually.</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
			<ul style="list-style-type: none"> <li>• Failure to manage sluice gates and maintain rivers.</li> <li>• Failure to respond to an adverse weather event</li> </ul>	<ul style="list-style-type: none"> <li>closed car parks due to snow</li> <li>• Adverse publicity</li> <li>• Damage to reputation</li> </ul>		<ul style="list-style-type: none"> <li>• Emergency Planning exercise to test the Plan held annually with partners participating.</li> <li>• Completion of flood alleviation schemes</li> <li>• Temporary flood defence barrier purchased and available to be used where there is a need.</li> <li>• The Emerging Local Plan has clear objectives to support the council priority of Tackling the climate emergency and creating a greener district.</li> <li>• Annual review of Flood Action Plan which includes contact details of parish flood coordinators last</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
						<p>undertaken in September'24</p> <ul style="list-style-type: none"> <li>• Gold and Silver commander training attended or to be by relevant officers at that level.</li> <li>• Cold Weather Plan</li> <li>• HOIW LRF Multi-agency Flood Plan in place</li> </ul>	
CR012	Nutrient neutrality - Phosphates	Strategic Director D Adey and Corporate Head of Planning and Regulatory (J Pinnock)	<ul style="list-style-type: none"> <li>• Inability for developers to achieve nutrient neutrality specifically related to phosphates will delay housing and delivery of other forms of residential development within the affected area</li> </ul>	<ul style="list-style-type: none"> <li>• Adverse impact on economy</li> <li>• Reduction in supply of new homes</li> <li>• Inability to maintain a 5 year housing land supply leading to unplanned development being permitted.</li> <li>• Reputational damage</li> </ul>	 <p>Lifehood Impact</p>	<ul style="list-style-type: none"> <li>• The Council is working in partnership with PfSH and currently involved in works to sign the Inter Authority Agency (IAA) which would enable all parties to benefit from nutrient mitigation projects. The IAA will have controls and sets out how future projects will be governed and managed.</li> </ul>	 <p>Lifehood Impact</p>

Code	Risk Description	Risk Owner	What might go wrong? (cause)	What will happen? (consequence)	Original Risk Rating	Current Controls	Residual Risk
						<ul style="list-style-type: none"> <li>• HRA Funding in place for four projects</li> </ul>	

## **Annual Corporate Health and Safety report 23/24**

### **Executive Summary**

This report details progress made on the delivery of Health & Safety governance arrangements for Winchester City Council and covers:

- implementation of Governance framework
- reporting to ELB
- summary of service delivery

### **Background**

1. The service provided by the Corporate Health & Safety service is to ensure competent, specialist and risk-based advice and guidance is afforded to the Council to enable it to carry out statutory duties regarding both the Health & Safety at Work etc Act 1974, the Regulatory Reform (Fire Safety) Order 2005, the Buildings Safety Act 2022 and other relevant fire safety legislation and to promote a positive safety culture throughout WCC.
2. The WCC Council Health, Safety and Welfare Policy Feb 22 is currently under review. The Corporate Fire Safety Policy, Corporate Asbestos Policy and Corporate Asbestos Management plan were issued in August 2023. These policies/plan set out the roles and responsibilities across all levels and sections of WCC.
3. The WCC Health & Safety group governance framework (Jan 22) details the governance arrangements including ELB, H&S group meetings and Service area H&S management.

### **Ongoing governance arrangements**

4. The Corporate Health & Safety service provided a 23/24 end of year report to ELB on 24 July 24 and further reports were submitted as needed for specific items such as policy reviews.
5. Health & Safety group meetings take place quarterly and were held in May, August and November 23 and January 24. They are held face to face. These meetings are a key part of the Health and Safety governance.

The group comprises H&S representatives from each Service area, the Union H&S representative, a Corporate Head of Service, FM, insurance and HR. It is chaired by the Corporate H&S advisor. The Strategic director overseeing H&S attends these meetings whenever possible

The group provides a means for consultation with all employees as per statutory requirements. Colleagues can share best practice, learning points and discuss any current issues at the workplace.

Details of all accidents and incidents reported and sickness absence summary data are shared, with actions taken to prevent a reoccurrence and any other learning points from the accidents and incidents that have occurred.

6. Service areas have H&S as a standing item in their management meetings

### **Reporting to ELB**

7. As a minimum an annual H&S report is provided to ELB providing information on such matters as policy & guidance updates, staff training, Fire risk assessments, significant accidents & incidents, contact with enforcement bodies and accident and near-miss data for health and safety and fire incidents.
8. Progress with the implementation of the Corporate Health and Safety Management Plan is reviewed every eight weeks by a Strategic Director, Corporate H&S advisor and Service Lead for Public Protection.
9. Significant Health & Safety risks that require action to reduce the level risk are now included in the corporate risk register This contains high level H&S risks that are considered to need significant further mitigation measures to reduce the current risk level.
10. The findings from any external H&S audits are reported to ELB and actioned as appropriate.

### **Service Updates**

11. The Corporate H&S service is managed by the Service Lead for Public Protection and comprises a part time Corporate H&S advisor (three days per week).
12. The Corporate H&S service was audited in March 23 by the Southern Internal Audit Partnership and was rated reasonable. All actions required were completed by November 23.
13. A corporate training plan for 23/24 was developed by Corporate H&S with HR and implemented by HR.

The following training was provided by an external training provider:

- Asbestos Awareness (for asbestos in buildings)
- Asbestos awareness (for asbestos when fly tipped)
- Asbestos Duty to Manage
- Accident investigation training (provided by WCC insurer) for relevant managers, with a WCC arrangements section delivered by Corporate H&S.

14. The following training was planned and scheduled to run in Q1 24/25



- IOSH Working Safely (for H&S reps in Corporate H&S group)
  - IOSH Leading Safely (for Service Leads and above)
  - IOSH Managing Safely (for managers in higher risk Service areas)
15. Corporate H&S advisor has delivered risk assessment training to staff nominated as Service area H&S risk assessors.
16. A business case is being prepared by Public Protection for ELB for the purchase of additional lone working devices. This is to ensure that relevant roles, who have already been identified in Built Environment, Public Protection, Special Maintenance, Guildhall, Governance, Revs and Bens and Sustainability and Natural Environment have access to a device. Housing is already using such devices where needed.
17. A review of the entries on the Violent Persons Contact list (register) by Housing is ongoing to ensure that it is up to date and complies with Data Protection regulations. A SharePoint based system is being developed by IT to ensure that database is regularly reviewed and kept up to date.
18. Where requested, assistance was given to managers on the carrying out or review of H&S risk assessments. Planned checks on risk assessments and the review process will be carried out as part of the 24/25 H&S management plan. Findings from these audits will be shared with ELB through the quarterly H&S reports.
19. Corporate H&S gives H&S support to the Winchester Safety Advisory Group (SAG) for events on WCC land.
20. Policy updates  
Policy development/reviews were carried out on the following during 23/24:
- Corporate Fire Safety Policy
  - Corporate Asbestos Policy
  - Corporate Asbestos Management plan
  - Selection of contractors (H&S) policy
  - Working at height
  - Control of Noise at work policy
  - Control of Hand Arm Vibration policy

The following policies require review during 24/25:

Legionella policy  
Display Screen Equipment DSE  
Portable Appliance Testing (PAT)  
Manual handling  
Stress policy  
Driving at work  
Health Surveillance

## Control of Substances Hazardous to Health (COSHH)

21. Fire risk assessments on City Offices, Guildhall, West Wing, Cipher House and Abbey House were carried out between April and June 23 by a fire safety contractor (working through Facilities Management). All high priority actions required are complete, apart from one action for City Offices where work is being urgently carried out to action this as soon as possible.
22. A corporate reporting form for false alerts for fire alarms, near misses and fires in Corporate Properties was set up.
23. Housing have carried out significant work on the new duties required to ensure WCC high rise Housing stock buildings comply with the new Building Safety Act 22 requirements. This includes registration of high-rise residential buildings with the new Building Safety regulator. Four such buildings (Winnell blocks) have been registered.

Fire risk assessments (FRAs) have been carried out (by contractors. None of the four high rise buildings need any remedial work carried out in relation to the external cladding.

A separate paper will be presented to Housing Cabinet Committee in due course.

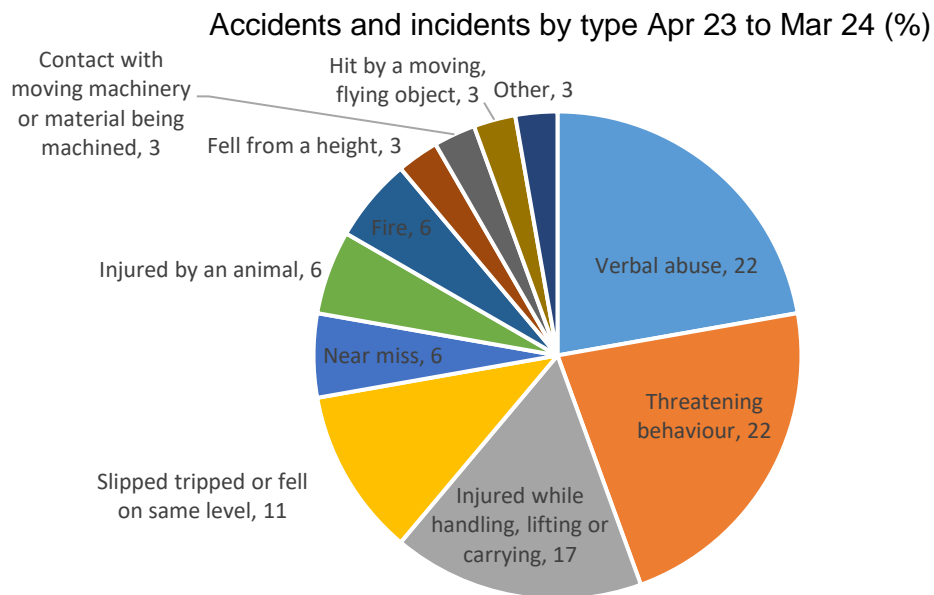
24. An amenity pesticide inspection was carried out by the (HSE) at Cipher House in November 2023. This was part of a planned HSE inspection programme.

Two improvement notices were served covering insufficient bunding in the pesticide storage cupboard and lack of records for pesticides as applied.

All required actions were completed by 8 January 2024, with the HSE confirming sufficient evidence had been supplied to confirm compliance.

## 25. Accidents and incidents reported

The chart below shows the type of H&S accidents and incidents reported to Corporate H&S in 23/24:



Verbal abuse and threatening behaviour accounted for 44% (16 of 36) of these accidents and incidents.

We provide clear guidance for staff who may experience verbal abuse and threatening behaviour, and this will be reviewed at the Health and Safety Committee and reinforced with staff

There were no fire safety incidents reported to Corporate H&S during 23/24.

27. Between April 23 and March 24, one accident was reported to the Health and Safety Executive (HSE) under the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). This accident was a serious dog bite to an employee. It was reportable under RIDDOR due to the employee being absent from work for more than seven consecutive days. There was no follow up from the HSE.