

REPORT TITLE: Q1 GOVERNANCE MONITORING

20 JULY 2023

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 first quarter of the 2023/24 financial year.

RECOMMENDATIONS:

That the Audit and Governance Committee notes the content of the report including the update provided in the Health & Safety Annual Report 2022/23 and the progress against the internal audit management actions and raises any issues with the cabinet member.

## IMPLICATIONS:

### 1 COUNCIL PLAN OUTCOME

- 1.1 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

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

### 3 LEGAL AND PROCUREMENT IMPLICATIONS

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

### 4 WORKFORCE IMPLICATIONS

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

### 5 PROPERTY AND ASSET IMPLICATIONS

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

### 6 CONSULTATION AND COMMUNICATION

- 6.1 Consultation on the content of this report has been undertaken with the Cabinet member for Inclusion 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

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

### 8 PUBLIC SECTOR EQUALITY DUTY

- 8.1 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

- 9.1 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 2023/24 and Local Code of Corporate Governance. Independent assurance provided by the council's internal and external auditors evidence where there are weaknesses in the council's governance arrangements and are highlighted in this report.

## 11 SUPPORTING INFORMATION:

- 11.1 This report sets out the summary information in respect of the first quarter of the 2023/24 financial year concerning governance.

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

- 11.2 Progress against the actions included in the 2022/23 Annual Governance Statement is included in appendix 1 to this report.

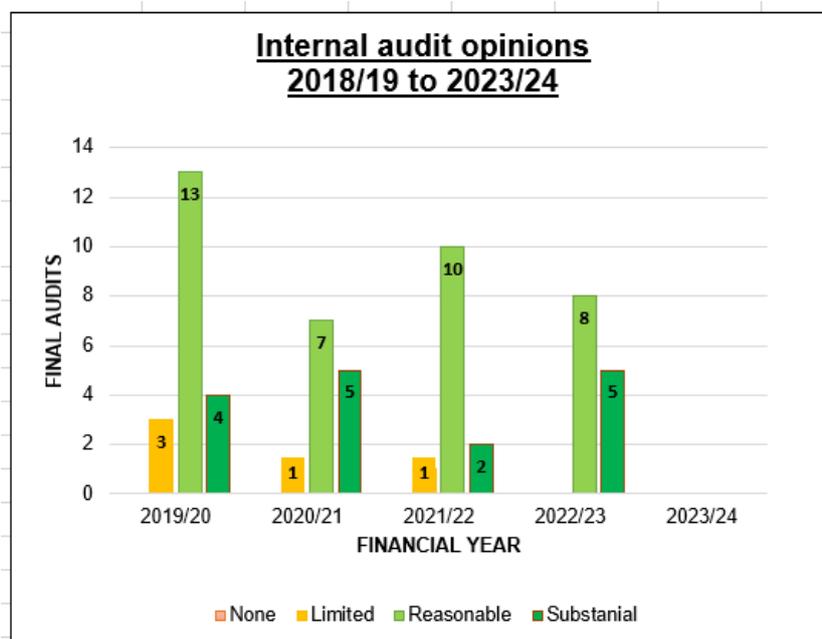
### ***Declarations of gifts and hospitality***

- 11.3 During the period 1 April 2023 to 30 June 2023 there were no declarations 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 April 2023 to 30 June 2023, there were 4 declarations of gifts or hospitality over the value of £50 made by members in accordance with the policy. All four declarations related to hospitality.

## 12 INTERNAL AUDIT ASSURANCE REPORTS

- 12.1 Internal audit provides an evaluation, through a risk-based approach, on the effectiveness of governance, risk management, and internal control operating at the council.
- 12.2 During 2022/23 there were no audit review reports that concluded with a 'no assurance' or 'limited assurance' opinion, meaning all were substantial or reasonable.
- 12.3 The opinions provided in audit review reports give assurance to senior management, external auditors and members of this committee that appropriate controls and processes are in place and are operating effectively.
- 12.4 In line with the agreed Audit Plan 23/24, audit reviews have commenced during the quarter and are in their early stages with no audits completed before 30 June. An update on progress covering both Q1 and Q2 will be included in the Internal Audit Progress Report 23/24 that will be appended to the Q2 Governance Monitoring report.

- 12.5 The graph below shows the assurance opinions of the completed internal audits that were included in the audit plans in the years 2019/20 to the current year 2023/24.



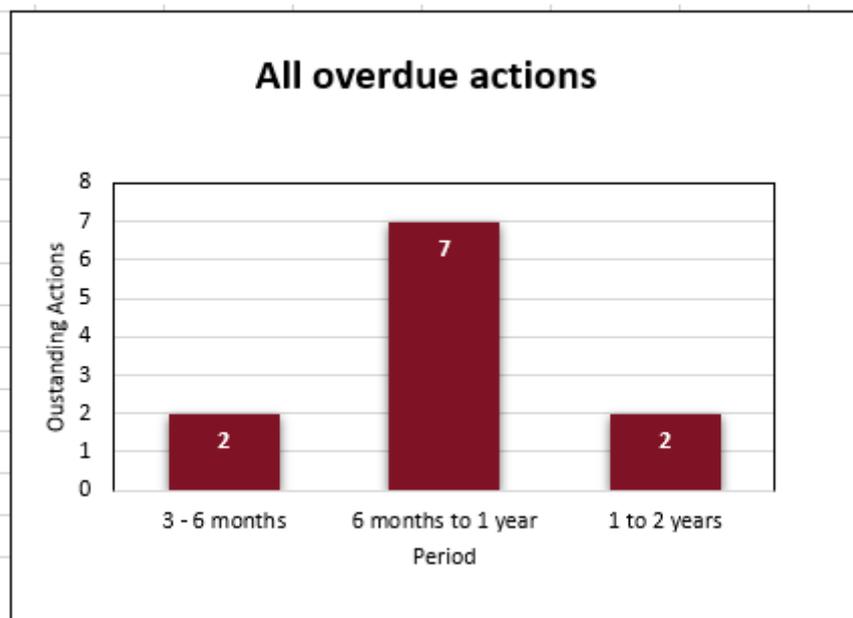
- 12.6 Since the Q4 2022/23 Governance Monitoring report was presented to Audit and Governance Committee on 12 June 2023 there have been 5 internal audit reports finalised and issued before the 30 June 2023. All the reports concluded with either reasonable or substantial assurance opinion.

- Contract Management Leisure Centres (reasonable assurance)
- Health and Safety (reasonable assurance)
- IT Asset Management (reasonable assurance)
- Procurement (reasonable assurance)
- HR Policies (substantial assurance)

- 12.7 An update on the progress against the Internal Audit Plan 2022/23 is provided in the Annual Internal Audit Report and Opinion 2022/23 included on this Committee's agenda (report AG111 refers).

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

- 12.8 Corporate heads of service (CHoS), service leads, and Executive Leadership Board (ELB) regularly review the progress against the management actions included in the internal audit reports.
- 12.9 Reported on a quarterly basis is a summary table showing the status of these actions. These management actions are kept under regular review to assess 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 to provide a brief explanation of the progress being made against the overdue audit actions and the reasons for the delay in completion.
- 12.11 There are currently 11 overdue management actions with 4 being high priority. This is 1 less than reported as overdue at the last meeting of the committee on 12 June 2023.
- 12.12 The chart below shows the 11 overdue management actions by the length of time that has passed since the target date for completion. The 2 actions overdue for between 1 to 2 years include IT Business Continuity and Working in Partnerships. An update on these actions can be found in the table in the next section of the report.



- 12.13 Further information relating to the current overdue internal 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>Working in Partnership</b>	09/09/2020	SDR	Limited	12 (2)	0	0	11 (2)	1 (0)		1	
<p><b>Progress update:</b> There is one overdue, medium priority action remaining which is to <i>undertake a check with each partnership lead officer that the required management documents are in place.</i></p> <p>Policy officers are working with partnership lead officers over the Summer to ensure all management documents, including terms of reference, partnership risk registers and exit agreement are in place for each of the Tier 3 and Tier 4 partnerships included on the updated Partnership Register. The exercise will be completed by the end of October 2023.</p>											
<b>IT Business Continuity &amp; Disaster Recovery</b>	06/07/2021	SDR	Reasonable	4 (0)	0	0	3	1 (0)		1	
<p><b>Progress update:</b> There is one, medium priority overdue action remaining '<i>Complete IT only test with no user involvement</i>'. Citrix solutions continue to be progressed with new solutions are under review.</p>											
<b>Information Governance Records Retention</b>	0303/2022	SDR	Limited	14 (4)	0	0	6 (1)	8 (3)		5	3
<p><b>Progress update:</b> The overdue high priority actions relate to the adoption of an updated Records Retention and Disposal policy and subsequent roll out across the organisation. Paragraph 13 to this report provide further details.</p>											

Audit Review	Report Date	Audit Sponsor	Assurance Opinion	Reported	Not Accepted	Management Actions			LOW	MEDIUM	HIGH
						Pending	Cleared	Overdue			
Health & Safety	10/03/2023	SDR	Reasonable	9 (5)	0	0	8 (4)	1 (1)			1

**Progress update:** There is one overdue, high priority management action remaining.

This action relates to Portable Appliance Testing (PAT) of all office based electrical equipment.

Arrangements are underway to organise PAT testing which will commence once requirements and costs have been agreed.

Testing is expected to take several months and be completed before the end of the year.

- 13 The following section provides an update on the progress against the actions included in audit review reports that concluded with a limited assurance opinion.

#### 13.1 **Information Governance – Records Management**

A review and refresh of the Retention and Disposal Policy has been completed and will be considered by Executive Leadership Board for adoption before the end of July 2023. The policy covers both digital and paper records that the council holds.

Work has already started on scoping the requirements for the roll out of the updated policy across the organisation and a project plan is under development.

Officers in the Policy Team have commenced collaborating with service leads to assess specific requirements to ensure the smooth roll out for each team across the council over the coming months which is expected to be completed by the end of the current financial year.

#### 13.2 **Working in Partnerships**

Updates to the Partnership Register have been completed and Policy officers have begun working with Service Leads and partnership lead officers over the summer to ensure that all management documents, including terms of reference, risk register and exit agreements are in place before the end of October.

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

- 14.1 The council's Risk Management Policy 2023/24 set out a timetable for this committee to review the policy and corporate risks (section 11 of the Risk Management Policy). The Corporate Risk Register is included at Appendix 4 of this report. The latest formal review of the Corporate Risk Register by Executive Leadership Board (ELB) was carried out on 5 July 2023.

- 14.2 As a result of the action arising from Audit and Governance Committee on 12 June 2023, ELB thoroughly reviewed the current controls on the Corporate Risk Register and confirmed that these are all active and relevant. A summary of the ELB review is below:

- CR001 Capacity to deliver services - The threat of potential industrial action was discussed. It was considered that any impact arising from a staff reduction could be mitigated through established business continuity plans.
- CR003 Ensuring decisions are made using evidence, customer insight and engagement - the controls were updated to include use of external specialist legal advice which it is currently doing.

- CR006 Effective partnership working – An additional control was added in recognition that external advice to enhance and facilitate partnership working is sought where appropriate.
- CR007 The need to ensure financial resilience – ELB agreed that the risk focussed mainly on the General Fund, but it should include the HRA too and updates were made to this effect. The controls were updated to reflect that TC25 is now being implemented.
- CR008 Availability of suitable sites for building new homes – The original likelihood was increased from 'likely' to 'highly likely' which was felt to be more reflective of the current climate, but the residual risk remains the same.

14.3 Unless stated above, the original and residual risk ratings were considered appropriate and tolerated. 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 did not identify any new or emerging risks to be added to the Corporate Risk Register.

14.5 Of the 79 Operational Risks managed by Corporate Heads of Service, 3 of these were presented to ELB for review as residual 'red' risks. ELB agreed that the controls were sufficient, that the current 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 2 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 **OTHER OPTIONS CONSIDERED AND REJECTED**

16.1 None

### **BACKGROUND DOCUMENTS: -**

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

AG104 Governance Monitoring Quarterly update Q4 2022/23, 12 June 2023.

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

None.

APPENDICES:

Appendix 1 – Annual Governance Statement 2023/24 – progress update

Appendix 2 – Code of Conduct complaints

Appendix 3 – Corporate Risk Register

Appendix 4 – Annual Health & Safety report 2022/23

**Annual Governance Statement 2022/23 – Action Plan update – June 2023**

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.	ELB endorsement of the refreshed Retention Policy and Schedule	Refresh of Retention and Disposal Policy complete and report for ELB being prepared for consideration by the end of July.	Senior Policy and Programme Manager	September 2023	In progress
		Map and align retention schedule to content/ indexing and values in business systems	Retention schedule being considered in line with implementation of upgrade to SharePoint and Microsoft 365.	Senior Policy and Programme Manager/ Corporate Heads of Service	December 2023	In progress
		Retention schedule implementation and application across business systems completed	Implementation of retention schedule to applied to upgrade of SharePoint due to take place later in 2023.	Senior Policy and Programme Manager/ Head of IT	March 2024	In progress
2.	<b>Council Constitution</b> Ensuring that the Council's Constitution is regularly reviewed and updated to take account of changes.	Review and refresh of Constitution before sharing with Working Group.	Completed	Strategic Director & Monitoring Officer	June 2023	<b>Complete</b>
		Draft Constitution considered by ELB.	Comments and amendments to feed into final draft.	Strategic Director & Monitoring Officer	June/ July 2023	<b>Complete</b>
		Final draft share with Working Group	On schedule to be completed before end of July/ end of August.	Strategic Director & Monitoring Officer	September 2023	In progress
		Draft Constitution considered by Audit & Governance Committee.	Scheduled for Audit & Governance Committee meeting	Strategic Director &	September 2023	In progress

No.	Issue	Actions	Progress Update	Lead Officer	Target Date	Current Status
			on 28 September	Monitoring Officer		
		Adoption of updated Constitution by Council.	For adoption at Full Council on 1 November.	Strategic Director & Monitoring Officer	November 2023	In progress
3.	<b>Complaint Handling</b> Review of performance for dealing with and responding to customer complaints, particularly stage one complaints	Promote across the organisation the standards that the Council has adopted for handling complaints	Internal comms being planned via City Voice staff newsletter	Service Lead for Corporate Support	June 2023	In progress
		Review current performance and identify areas and services where the council's standard is not being achieved	Each Corporate Head of Service receives a monthly report of complaints within their business areas which includes the % of complaints responded to within 10 working days. From May'23 this has also been shared with the relevant Director.	Service Lead for Corporate Support	July 2023	In progress
		Ongoing review and reporting of performance	There is a corporate KPI reporting overall % complaints responded to within 10 working days which is reported to PAC Board and Performance Panel (Scrutiny) and Cabinet. Performance by each Corporate Head of Service area is reviewed and reported as above	Service Lead for Corporate Support	Ongoing	In progress

### Code of conduct complaints

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 10 July 2023.

#### Summary of current caseload:

- A. Number **Active Individual Complaints**: 1 complaint from 1 individual complainant.
- 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. **Cases closed** since the last report: 2.
- G. Number of **Standards Sub Committees** held: 0.

#### Analysis of active cases:

Date received	Relating to Parish/ Town/ City Councillor	Current status/update	Approx time spent on this complaint since 01/07/23 (see note below)
Apr 23	Town/ Parish Councillor	Decision finalised. No breach. Complaint closed.	8 hours
May 23	Town/ Parish Councillor	Response received from subject member to complaint. File reviewed by IP and to be considered by MO.	1 hour

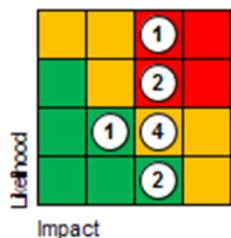
**Officer Time Recording:** Further to item 10 of the minutes of the Audit and Governance Committee on 12 June 2023, the Committee requested that the length of time spent by officers be recorded for future complaints. This process began on the 1 July 2023.

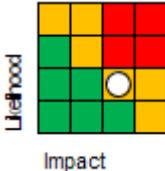
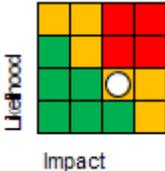
Officers continue to be involved in supporting Denmead Parish Council following the release of the Standards Investigation report earlier this year. This included the Chair of the Audit & Governance Committee and the Monitoring Officer attending the Full Council meeting at Denmead in June 2023 and will continue to provide support and guidance to both the Clerk and Parish Councillors. Since the last Audit & Governance Committee meeting this time is estimated at 18 hours.

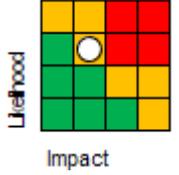
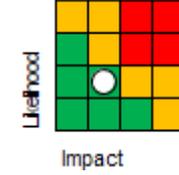
## Corporate Risk Register 2023/24

As of 5 July 2023

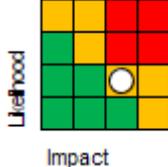
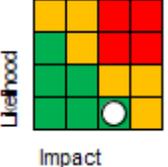
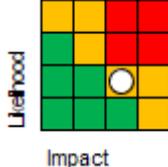
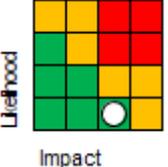
Residual Risk Summary:



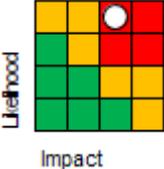
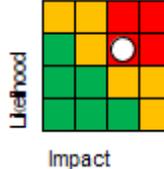
Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
CR001	Given competing demands and multiple complex priorities, the risk is that the council does not maintain capacity to deliver services	Chief Executive	<ul style="list-style-type: 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 respond to the needs of residents and businesses affected by the pandemic.</li> <li>• Competition from the</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 cases of staff shortage.</li> <li>• If staff lack political</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> <li>• Proactive approach to communications internal and external</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
			<p>private sector for key staff roles e.g. planning, project management.</p> <ul style="list-style-type: none"> <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> </ul>	<p>awareness, middle managers will be slow to redeploy resource to current priorities.</p> <ul style="list-style-type: none"> <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>• 50/50 hybrid working policy agreed.</li> <li>• Maintaining communication</li> <li>• Annual Service Planning</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> <li>• CMM review resources 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.	Strategic Director and Monitoring Officer (SE)	<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> </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</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• Consultation with ward and parish councillors (on matters within their ward or parish)</li> <li>• Risks with regard to significant projects are recognised and addressed</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
			<ul style="list-style-type: none"> <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> <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>	<p>Winchester-centric.</p> <ul style="list-style-type: none"> <li>- That decisions made are Inequitable.</li> <li>- There is a perception that people's views are ignored.</li> </ul> <ul style="list-style-type: none"> <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>separately via robust Project Management and regular reports to the Programme and Capital Strategy Board</p> <ul style="list-style-type: none"> <li>• Legal and Monitoring Officer consultation on decisions made.</li> <li>• Residents' survey completed 2022.</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> </ul>	

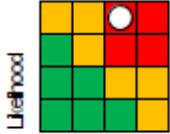
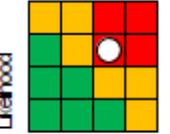
Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
CR004	Failure to have plans and processes in place to recover and maintain services after a major incident (including pandemic) that has a significant impact on the ability of the Council to provide its services	Strategic Director and Monitoring Officer (SE)	<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 2022 and a report due to ELB early 2023.</li> <li>Annual testing of IT Disaster Recovery Plan scheduled.</li> <li>Critical services identified with individual business continuity plans.</li> <li>Back up temporary office accommodation at Hyde Lodge</li> <li>All staff able to seamlessly work from home, where job allows.</li> <li>2020 internal audit (Business Continuity) resulting in substantial opinion and no identified weaknesses</li> </ul>	
CR006	Breakdown of effective partnership working	Strategic Director (DA)	<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</li> </ul>	<ul style="list-style-type: none"> <li>Significant project delivery such as the major projects and the new homes building programme could</li> </ul>		<ul style="list-style-type: none"> <li>Annual review by each CHoS of all partnerships undertaken to identify key strategic partners.</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
			<ul style="list-style-type: none"> <li>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>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 performance reporting for significant partnerships by CHoS'</li> <li>External support to enhance and facilitate partnership working where appropriate.</li> </ul>	
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)	Corporate Head of Finance and s151 (LK)	<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</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</li> </ul>		<ul style="list-style-type: none"> <li>Strategic Budget review mid-year 22/23</li> <li>One year funding settlement in place</li> <li>MTFS approach setting out medium and longer term options.</li> <li>Quarterly finance reporting and</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
			income targets. • Inflation rises. • Penalties are imposed on the Council due to falling standards in services. • Impact of a Pandemic	and impact on delivery and viability of key projects • Over borrowing and avoidable cost		monitoring of key income sources • Regular policy review and monitoring • Scenario planning and sensitivity analysis of key risks • Transformation Challenge 2025 (TC25) is now in the process of being implemented. • Maintain General fund reserve of at least £2m. • Regular review of reserves • Annual review of fees and charges • Monthly budget monitoring and regular HRA business plan updates	
CR008	Availability of suitable sites to meet the strategic need for building new homes (HRA)	Strategic Director (SH)	• Increasing demand for new houses • High cost of housing, including private rented sector • Unable to identify new sites for new houses. • Increasing	• Increased housing waiting list numbers. • Increasing homelessness • Difficulty accessing housing markets.		• A variety of plans in place to deliver new homes. • Regular monitoring of projects • Revised Housing Strategy	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
			<p>infrastructure demands on new sites.</p> <ul style="list-style-type: none"> <li>Higher build costs</li> <li>Increasing inflation and interest rates affecting supply</li> </ul>	<ul style="list-style-type: none"> <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>Cost benchmarking</li> </ul>	
CR009	Failure in cyber security leaving the council exposed to phishing and other attacks leading to compromised IT systems and data loss	Corporate Head of Finance and s151 (LK)	<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>	<p>Original Risk Rating matrix: A 3x4 grid with columns of colors (Yellow, Yellow, Red, Red) and rows of (Yellow, Green, Green). A white circle is in the top-right cell (Red/Red).</p>	<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</li> </ul>	<p>Residual Risk matrix: A 3x4 grid with columns of colors (Yellow, Yellow, Red, Red) and rows of (Yellow, Green, Green). A white circle is in the middle-right cell (Red/Yellow).</p>

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
						<ul style="list-style-type: none"> <li>• monitoring of Firewalls and pattern updates</li> <li>• Staff qualified in Cyber Scheme Professional standards and within GOV UK CESH guidelines.</li> <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>	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
CR010	Failure to effectively respond to the Climate Change Emergency and reduce the council and district carbon emissions	Strategic Director (DA)	<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> <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>• Reputational damage for failing to meet targets.</li> <li>• Increased risk of flooding - damage to property, 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>•</li> </ul>	<ul style="list-style-type: none"> <li>• Review of progress against the Winchester Carbon Neutrality Action Plan (CNAP). Currently reviewing the milestone report to determine next actions.</li> <li>• Climate Emergency declared.</li> <li>• Asset Management Strategy</li> <li>• £15mil HRA</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
CR011	Lack of preparedness and incapability to respond to events caused by climate change	Strategic Director (DA)	<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> <li>Failure to manage sluice gates and maintain rivers.</li> <li>Failure to respond to an adverse weather event, e.g. making safe city footpaths and car parks after heavy snow fall</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. closed car parks due to snow</li> <li>Adverse publicity</li> <li>Damage to reputation</li> </ul>		<ul style="list-style-type: none"> <li>Multiagency Emergency Response Plan in place, reviewed and updated annually.</li> <li>Annual Emergency Planning exercise to test the Plan.</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> </ul>	
CR012	Nutrient neutrality - Phosphates	Strategic Director (DA) and Corporate Head of Planning and Regulatory (EE)	<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</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</li> </ul>		<ul style="list-style-type: none"> <li>£200k grant funding has been awarded by Government across the affected Solent area and we are</li> </ul>	

Code	Risk Description	Risk Owner	What might go wrong?	What will happen?	Original Risk Rating	Current Controls	Residual Risk
			development within the affected area	housing land supply leading to unplanned development being permitted. <ul style="list-style-type: none"> <li>• Reputational damage</li> </ul>		currently working with PUSH to identify strategic solutions. <ul style="list-style-type: none"> <li>• A formal project is underway.</li> </ul>	



## **Annual Corporate Health and Safety report 2022-23**

**Written by:** Margareta Flicos - Corporate H&S advisor.

**Date:** 6 July 2023

### **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 Executive Leadership Board (ELB)
- summary of service delivery

### **Recommendations**

It is recommended that:

- (a) a Corporate Health & Safety report is submitted annually to the Audit and Governance Committee.
- (b) Audit and Governance Committee notes the progress in implementing the Health and Safety governance arrangements and service updates

### **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 (reviewed Feb 22) and the Corporate Fire Safety Policy (to be issued July 2023) 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 updates ELB quarterly and as needed for specific items
5. Health & Safety group meetings take place quarterly and are now 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. 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 are shared, with actions taken to prevent a reoccurrence and any other learning points.

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

### **Reporting to Executive Leadership Board (ELB)**

7. Health and safety and fire safety reports are provided quarterly to an ELB meeting, 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 also reported in the quarterly update
9. Health & Safety items are now included in the Corporate Risk Register and reviewed periodically at ELB meetings. This contains high level H&S risks that are considered to need significant further mitigation measures to reduce the current risk level.
10. Progress with recommendations from any external H&S audits are reported quarterly to ELB

### **COVID-19 Response**

11. All legal requirements for Covid for employers have now been removed. Covid guidance now refers to 'Living safely with respiratory infections including COVID-19'.
12. A watching brief will be maintained on local/national levels of Covid and review and Public Health workplace guidance adopted as required.

### **Service Updates**

13. 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).
14. The Corporate H&S service was audited in March 23 by the Southern Internal Audit Partnership and was rated reasonable. Good progress is being made on completing the actions required.
15. It has been agreed with HR that H&S training required across two or more Service areas is to be managed by HR, with support and assistance from Corporate H&S advisor. HR officer now allocated to implement 2023/4 training plan, following confirmation on training requirements from Corporate H&S advisor.

Corporate H&S training delivered to date to WCC staff by external trainers includes first aid, fire safety for fire marshals and conflict training (both dealing with face-to-face violent behaviour and dealing with it on the telephone)

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 and Revenues and Benefits 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
18. Following a H&S risk assessment review during 2022, further checks on risk assessments and the review process will be carried out in the planned 2023/24 H&S audit/inspections to be carried out starting in July 23 until March 24. Findings from these audits will be shared with ELB through the quarterly H&S reports.
19. Policy updates

Policy reviews were carried out on the following during 22/23:

- Management of violent and aggressive behaviour
- Lone working
- First aid procedure
- Accident/incident reporting and investigation
- Violent persons contact list - procedure.
- Corporate Fire policy (target issue date 31 July 23, following final approval by ELB and H&S group during July)
- Corporate asbestos policy (target issue date 31 July 23, following final approval by ELB and H&S group during July)
- Asbestos Management plan for WCC (target issue date 31 July 23, following final approval by ELB and H&S group during July).

The following policies require review during 23/24:

- H&S - procurement of contractors
- Contractor monitoring and H&S performance
- Working at height
- Legionella policy

- Driving at work
- Manual handling
- Stress policy
- DSE
- Home working
- Portable appliance testing
- Health surveillance

20. Accidents and incidents reporting

The table below shows the number of accidents and incidents reported per quarter in 22/23:

Quarter	Number of accidents and incidents reported
Apr 22-Jun 22	4
Jul 22- Sep 22	12
Oct 22-Dec 22	7
Jan 23-Mar 23	10
<b>Total</b>	<b>33</b>

Violent behaviour (verbal abuse, threatening behaviour and physical violence) accounted for 16 of these 33 accidents and incidents.

Conflict training has been delivered to a number of teams.

21. Between April 22 and March 23, one accident was reported to the Health and Safety Executive (HSE) under the RIDDOR regulations. There was no follow up from the HSE.
22. Corporate H&S gives H&S support to the Winchester Safety Advisory Group (SAG) for events on WCC land.
23. Housing Property Services are working 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.
24. The fire evacuation procedure for the City Offices and Annex has been updated and the number of fire marshals increased following the Hybrid working policy implementation

25. Housing Property Services are working on actions required following visits by the Hampshire and IOW Fire and Rescue Service (HLOWFRS). This includes:
- Flat front doors are well underway to Council tenanted flats, some difficulty in accessing despite the tenants being keen for the replacement.
  - Flat front doors are underway to the Leaseholder flats (all orders raised on accepted flats), albeit still awaiting the final stages of challenge with legal on those that refused.
  - Cross corridor doors – contractors have all assessed the sites and have tendered, these works will work around the programme of flat front door replacements.
  - The remodelling of the bin store/shed areas has commenced, some delays in moving of existing bins to secure location and liaising with tenants and leaseholders over remodelling their sheds.
  - The new alarm systems have already made significant progress within the communal areas and are almost at phase 2, which will be individual flat access to link them to main system.
  - The assessment is completed for the automatic opening vents undertaken. (Further quotes are being sourced as initial responses were circa £200k+). Work by Wates around the site needs to complete for scaffolding to be erected to support the works.
  - CCTV works – awaiting a final quote, however, the system will match the ones being put inside the new builds adjacent.
  - Fire coating the balcony cladding, fire-retardant materials obtained and started where access has been gained.
  - Bathroom windows on ground floor to lift lobby – Completed.
  - New office/ control rooms have been compartmentalised. Awaiting the main sprinkler, CCTV and alarm systems completions.
  - Communal areas - Timinox paint certifications have been sought to validate the fire coating applied to all communal stair, corridors, and service area walls.
26. Following a visit by HLOWFRS in March 23 to inspect the Guildhall, the following actions have been taken to address the improvements required by the fire and rescue service:
- Fire risk assessment undertaken by a specialist contractor.
  - external consultant has undertaken a detailed condition survey of the doors which has highlighted works required.
  - fire drill held.
  - work is being carried out to enable contractors to improve the signage, lighting, doors and fire stopping.

- additional fire safety information given to third parties using guildhall.