

Audit and Governance Committee

Agenda

Date: Thursday, 10th March, 2022
Time: 10.30 am
Venue: Council Chamber, Municipal Buildings, Earle Street, Crewe
CW1 2BJ

PLEASE NOTE –This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. It is advised that this only be removed when speaking at the meeting.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. Apologies for Absence

To receive any apologies for absence.

2. Declarations of Interest

For requests for further information

Contact: Helen Davies

Tel: 01270 685705

E-Mail: helen.davies@cheshireeast.gov.uk

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Public Speaking Time/Open Session**

In accordance with paragraphs 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting and should include the question with that notice.

4. **Minutes of Previous Meeting** (Pages 5 - 12)

To approve as a correct record the minutes of the meeting held on 17 January 2022.

5. **Action Tasks** (Pages 13 - 16)

To review the action tasks that emerged from the meeting on 17 January 2022.

6. **External Audit Progress and Update Report**

To receive a verbal update on the External Audit Progress.

7. **Certification of Grants and Claims** (Pages 17 - 20)

To consider the Certification of Grants and Claims.

8. **Internal Audit Plan 2022/23** (Pages 21 - 42)

To receive and approve the Summary Internal Audit Plan for 2022/23.

9. **Member Code of Conduct Sub-Committee Report (HPC)** (Pages 43 - 60)

To receive a summary of recent Member Code of Conduct complaints and associated investigations involving elected members of Handforth Parish Council.

Page 16 of the report contains exempt information as defined in paragraphs 3 and 4 of Part 1 of Schedule 12A to the Local Government Act 1972. It may therefore be necessary for the Committee to exclude the press and public in order to consider this page.

10. **Risk Management Update** (Pages 61 - 90)

To consider the update on the Strategic Risk Register for the period Quarter 3 2021-22.

11. **Appointments** (Pages 91 - 94)

To receive an update to the Committee on the appointment of co-opted independent members to the Audit and Governance Committee, and a recommendation from the appointments panel.

12. **Upheld Complaints to the Local Government Ombudsman** (Pages 95 - 102)

To consider the Decision Notices issues by the Local Government Ombudsman.

13. **Standing Item: Work Plan 2021/22 and 2022/23** (Pages 103 - 114)

To consider the Work Plan 2021/22 and 2022/23.

Membership: Councillors R Bailey, C Bulman, B Evans, A Harewood, M Houston, D Marren (Vice-Chair), P Redstone, M Sewart and M Simon (Chair)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Audit and Governance Committee**
held on Monday, 17th January, 2022 in the Council Chamber, Municipal
Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor M Simon (Chair)
Councillor D Marren (Vice-Chair)

Councillors R Bailey, C Bulman, A Harewood, M Houston, P Redstone and
M Sewart

EXTERNAL AUDITORS

Mark Dalton- Mazars (via Microsoft Teams)
Muhammed Uzair Khan- Mazars (via Microsoft Teams)

OFFICERS IN ATTENDANCE

Jane Burns- Executive Director of Corporate Services.
David Brown- Director of Governance and Compliance and Monitoring Officer
Alex Thompson- Director of Finance and Customer Services and Section 151
Officer
Andrew Ross- Director of Infrastructure and Highways
Michael Todd- Acting Internal Audit Manager (via Microsoft Teams)
Alan Ward- Complaints Officer (via Microsoft Teams)
Lianne Halliday- Procurement Officer (via Microsoft Teams)
Helen Davies- Democratic Services Officer

48 APOLOGIES FOR ABSENCE

Apologies of absence were received from Councillor Byron Evans.

49 DECLARATIONS OF INTEREST

In the interests of openness and transparency, Councillor David Marren declared a pecuniary interest as a Director of Orbitas for item six and seven on the agenda. Councillor Marren advised he would leave the meeting for both these items and not take part in any of the debate or vote.

In the interests of openness and transparency, Councillor Carol Bulman declared that as a Middlewich Town Councillor, complaints about the smells and odours from ANSA had been reported through to her, and she knew one of the complainants but this would not pre-determine her view in any way towards ANSA.

50 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak.

51 MINUTES OF PREVIOUS MEETING

Councillor Patrick Redstone noted that on page seven, the paragraph before the resolution should read:

Reference was made to the audit work undertaken in schools and the council services offered to schools and it was proposed that briefing session be arranged on these matters.

RESOLVED:

That subject to the paragraph amendment above, the minutes of the meeting held on 25 November 2021 be approved as a correct and accurate record.

52 ACTION TASKS

The Committee reviewed the action tasks from the previous meeting.

There was some discussion that related to:

- the detail on items purchased via purchase cards/credit cards above £500 and this was satisfactorily resolved by the Director of Finance and Customer Services and Section 151 Officer; and
- the accessibility of Council buildings for members of the public and the need for clear external messaging on doors to ensure the council is perceived as welcoming.

In relation to item 10, the Internal Audit Progress Report, the action had been for a briefing session to be arranged for the Committee on the Provision of Services to Schools. The Committee heard that this was planned ahead of the next meeting, or failing that, early in the new financial year.

RESOLVED:

That the item be received and noted.

53 UPDATE ON THE LOCAL WARD BUDGETS AND 'TOP UP' SERVICE PILOT SCHEME

Andrew Ross, Director of Infrastructure and Highways attended the meeting via Microsoft Teams to present an oral update to the Committee and answer any questions.

The Committee heard that the Highways Local Ward Member Budget was established in June 2021, with an agreement to provide the Highways and Transport Committee with update report at an appropriate time, to include a full conclusion and any recommendations. This report had now been received and debated at the Highways and Transport Committee and summarised a number of responses and funded schemes to date, there had been a number of issues with the scheme ranging from operational to limitations on how the budget could be

spent and the level of funding involved. A further report would be received by the Highways and Transport Committee in September to reflect on progress since the end of the pilot.

The scheme would continue into 2022 and the deadline for pilot spending was 30 June 2022.

The Committee had some discussion and noted that within the report that the scheme had been opened up to Town and Parish Councils to enable them to buy additional highway services if they wished, however this was not part of the original council decision.

In total there were 26 viable schemes (these were not necessarily all individual Members), but many schemes were rejected as being not compliant with policy.

The Director of Infrastructure and Highways advised the Committee that the allocation of highways funding to local ward budgets was decided at full council prior to the change of governance to the committee system, at that time proposals to take schemes forward received sign-off with the Portfolio Holder which is why it was rolled out as a pilot.

The Committee expressed concern that the pilot roll out had not been done in the spirit of the original amendment and that whilst it was understood government criteria for this specific grant pot would apply, that those rules had been interpreted differently by the council.

There was some discussion on:

- whether the £4,200 per Member was enough funding to make a significant difference to communities whilst balancing the loss of that budget from the overall highways revenue budget;
- the implication that there would be funding increases next year;
- the assurance of the governance of the scheme; and
- who would conduct a review of the pilot?

RESOLVED:

That the report be received and noted and that the Director of Infrastructure and Highways attend a future meeting with a further update on the scheme.

54 ANNUAL AUDIT LETTER 2020/21 AND CERTIFICATION REPORT

Alex Thompson, Director of Finance and Customer Services and Section 151 Officer attended the meeting to introduce the item.

Councillor David Marren left the room at this point in the meeting.

Mark Dalton and Muhammed Uzair Khan from Mazars attended the meeting by Microsoft Teams to given further context and a brief summary of the key highlights contained within the report and then answered any questions the Committee had.

Mark thanked finance officers for a good set of accounts.

The Committee recognised the accounts were reflective of working within a pandemic, there was some discussion about whether the Council was at risk of overclaiming grants associated with Covid-19. Mark advised that Covid grants were accurately reflected within the accounts but there were no issues identified in overclaiming.

There was some discussion about the need for further assurance on value for money, Mark advised this detail would be available inside the next two months (which was inside the three month extension allocated for the return of accounts) but acknowledged the shortage of experienced auditors within the public sector at present.

The Committee asked what approach Mazars took to governance, Mark agreed to share details of the sub criteria/key questions that are considered against the Value for Money specified reporting criteria. These points are as follows:

Governance: how the body ensures that it makes informed decisions and properly manages its risks, including:

- how the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud
- how the body approaches and carries out its annual budget setting process
- how the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed
- how the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests).

RESOLVED: That the Audit Completion Report for the year ending 31st March 2021 be received and noted.

55 **STATEMENT OF ACCOUNTS 2021/22**

Councillor David Marren returned to the meeting.

Alex Thompson, Director of Finance and Customer Services and Section 151 Officer attended the meeting to introduce the item.

The Committee were advised there had been capacity issues linked to covid and a change to the core reporting system.

Thanks were given to the internal teams that worked together and external auditors for supporting officers.

The Committee asked to record its thanks to all those involved in the audit team and external audit team and congratulations to their excellent partnership working.

RESOLVED: That:

- a) the changes to the draft Accounts in accordance with the Audit Completion Report be received and noted; and
- b) the Chairman of Audit and Governance Committee be given delegated authority to sign off the final Accounts on behalf of the Committee, in consultation with the Director of Finance and Customer Services.

56 ANNUAL GOVERNANCE STATEMENT - PROGRESS UPDATE

Michael Todd, Acting Internal Audit Manager attended the meeting via Microsoft Teams, he introduced the item, gave some context to the report advising the Committee that there had been no significant changes from September 2021. The Committee were given the opportunity to ask any questions.

The Committee reflected that when questions are asked within a Committee, where officers promise written answers, there should be assurance that these responses are distributed in correspondence to the whole Committee not just the person who asked the question. The council should maintain a good communication policy and any drift or delay in responding should be avoided.

The Committee noted the list of training contained within the report and queried if this was monitored to ensure it was completed by Members.

Jane Burns, Executive Director of Corporate Services noted that Member training was overseen by the Member Input Panel who could judge effectiveness of Member Training.

The Committee gave thanks to staff working so hard and so well over the pandemic.

RESOLVED (Unanimously):

That the Annual Governance Statement 2020/21 be approved.

57 HEARING SUB COMMITTEE FINDINGS

This item had been deferred until the Audit and Governance Committee Meeting on 10 March 2022.

58 UPHELD COMPLAINTS TO THE LOCAL GOVERNMENT OMBUDSMAN

Alan Ward, Complaints Officer attended the meeting via Microsoft Teams to introduce the report. The Committee were advised there had been five complaints between Aug-Nov 2021. Three related to Special Educational Needs and Disabilities (SEND), one to Licensing and one Children's Social Care.

Helen Rawlinson, Business and Data Manager for SEND, also attended the meeting via Microsoft Teams to answer any questions from the Committee, she gave assurance to the Committee that the SEND department had undergone significant change and a restructure. There was now a permanent complaints officer and tribunals officer, that ensured there was consistency and lessons learned.

Councillor Bulman noted that the recent Ofsted inspection was assured there had been improvements.

There was some discussion by the Committee about the accountability and potential links to performance appraisal for the Chief Executive in relation to upheld complaints by the Local Government Ombudsman (LGO).

Jane Burns, the Executive Director of Corporate Services noted that this was not current practice. The council has implemented a new Customer Experience Strategy with an emphasis on improving consistency for customers and learning and apologising when things go wrong. The Chief Executive has given a personal commitment to championing customer services.

The Committee considered if there was potential to add an item to the Committee's Work Programme on the general customer experience.

The Complaints Officer and Business and Data Manager for SEND were thanked for their attendance and input to the Committee.

RESOLVED:

That the report be received and noted.

59 COVID-19 UPDATE

Jane Burns, Executive Director of Corporate Services and presented the report to the Committee.

The Committee were advised that the report was retrospective and had been presented to Corporate Policy Committee. The key highlights included the fact that Cheshire East had extremely high infection rates, which is worrying, although there had been positive vaccination and booster uptake in 80% of the borough with some low pockets of younger people in Crewe. Pop up clinics and walk in vaccination centres had been scheduled for areas within Crewe to address this point. There had been business grants made available to support eligible business in hospitality and leisure sector. The Contain Outbreak Management Fund had now been extended into 2022/23.

The Committee reflected on comments in the report on known issues with delays within the planning department. The Finance, risk and governance issues were of concern to this Committee. Currently the Executive Director of Place was leading a deep dive review of the Planning Department, in tandem with a Member Advisory Panel chaired by Councillor Tony Dean reporting to the Environment and Communities Committee.

RESOLVED:

That the ongoing implications of Covid-19 and Cheshire East Council's response be received and noted.

60 **WORK PROGRAMME**

The Committee reviewed its Work Programme.

It was noted that on page 146 the item should read:

To receive an update from the Council's External Auditors in relation to the 2021/22- external audit report and other issues

not 2020/21 as printed.

RESOLVED:

That the Work Programme be received and noted.

(a) Highways Funding

David Brown, Director of Governance and Compliance and Monitoring Officer advised the Committee there were a number of items it needed to schedule for the forthcoming meetings. There had been some discussion earlier in the meeting that related to Local Ward Member Budgets and Customer Experience Strategy that could be scheduled once the main business of the Committee had been resolved via the Work Programme.

RESOLVED:

That the Director of Governance and Compliance and Monitoring Officer, Head of Audit and Risk and Democratic Services Officer schedule time to shape the Work Programme and bring it back to Committee for approval.

(b) Partnerships Governance

Jane Burns, Executive Director of Corporate Services presented the scoping report to the Committee that focussed on governance and assurance.

There was some discussion by the Committee that included the changes and developments as a result of the Cheshire and Merseyside Integrated Care System (ICS) and the governance and scrutiny of that. On reflection, the Committee felt that a review would be premature.

RESOLVED: That

a) the scope and phasing of the review of the governance and assurance arrangements for significant partnerships or collaborations be noted but not taken forward at this point.; and

b) the Director of Governance and Compliance and Monitoring Officer circulate a note to the Chair and Committee on governance arrangement in shared service.

61 **CONTRACT PROCEDURE RULE NON-ADHERENCES**

Alex Thompson, Director of Finance and Customer Services and Section 151 Officer introduced the item and Lianne Halliday, Procurement Officer attended the meeting via Microsoft Teams to answer any questions the Committee had.

RESOLVED: That:

- a) the reason for 17 waivers approved between 1st September 2021 and 30th November 2021 (27 in total in 2021/22) be received and noted; and
- b) it be noted that the Finance Sub-Committee, on the 5th January 2022, reviewed the Waivers for this period as part of their responsibility for the pipeline of procurement activity.

62 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED:

That the press and public be excluded from the meeting during consideration of the following item pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 1, 2 and 3 of Schedule 12A of the Local Government Act 1972 and the public interest would not be served in publishing the served in publishing the information.

63 WAIVERS AND NON-ADHERENCES

Alex Thompson, Director of Finance and Customer Services and Section 151 Officer introduced the item and Lianne Halliday, Procurement Officer attended the meeting via Microsoft Teams to answer any questions the Committee had.

The Procurement Officer advised the Committee there were a number of waivers signed off in May and July in 2021, this was due to an internal error with date coding when logged but steps had been taken to ensure this error was not repeated again.

RESOLVED:

That the report be received and noted.

The meeting commenced at 2.00 pm and concluded at 5.27 pm

Councillor M Simon (Chair)

Audit and Governance Committee - Action Log
Date of Meeting: 10 March 2022

Item No	Report Title	Action	Officer	Deadline for Action
5	Action Tasks	Previous Outstanding Action: Briefing session to be arranged for the Committee on the Provision of Services to Schools.	Josie Griffiths	Update: A date will be set early in the new financial year before the next Committee meeting.
6	Update on the Local Ward budgets and 'Top Up' service pilot scheme	<p>There had been some discussion by the Committee on:</p> <ul style="list-style-type: none"> • whether the £4,200 per Member was enough funding to make a significant difference to communities whilst balancing the loss of that budget from the overall highways revenue budget; • the implication that there would be funding increases next year; • the assurance of the governance of the scheme; and • who would conduct a review of the pilot? 	Previously Andrew Ross, now John David	John David, Interim Director of Highways and Infrastructure to attend March meeting to update the Committee.

7	Annual Audit Letter, Certification Report	The external auditors were asked for an enlarged description of governance and their approach to it.	Mark Dalton-Mazars	Helen included sub criteria and key questions within the minutes of the meeting 17 January 2021.
11	Upheld Complaints to the LGO:	The Committee were advised that the council has implemented a new Customer Experience Strategy with an emphasis on improving consistency for customers and learning and apologising when things go wrong. The Chief Executive has given a personal commitment to championing customer services. The Committee considered if there was potential to add an item to the Committee's Work Programme on the general customer experience.	Jane Burns/David Brown/Alex Thompson	<p>Alan Ward will draw up a consolidated report of upheld complaints to help identify themes and trends. The Committee could then choose to pick the top 2 themes and ask service areas to update on preventative measures.</p> <p>Other options:</p> <p>a) Helen Gerrard is the project lead for Customer Experience, the Committee could define an area of this work to scrutinise further.</p> <p>b) Corporate Policy receive updates against the Customer Service Strategy- A&G may wish to look at specific areas in line with these reports or something separate.</p>
13a	Highways Funding:	David Brown, Josie Griffiths and Helen Davies schedule time to shape the Work Programme based on the main business of the Committee and bring it back to Committee for approval.	David Brown/Josie Griffiths/Helen Davies	Completed and within the agenda pack for 10 March 2022.

13b	Partnerships Governance:	David Brown to circulate a note to the Chair and Committee on governance arrangement in shared service	David Brown	

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Audit and Governance Committee

Date of Meeting:	10 th March 2022
Report Title:	Certification of Claims and Returns 2020/21
Report of:	Alex Thompson, Director of Finance & Customer Services
Report Reference No:	To be provided by Democratic Services
Ward(s) Affected:	Not applicable

1. Purpose of Report

- 1.1. A summary of the key findings that have been identified during the External Auditors certification process for the 2020/21 Housing Benefit Subsidy claim and the Teachers' Pension End of Year Certificate (EOYC).
- 1.2. The report contributes to the Council's objective of being an open and enabling organisation.

2. Executive Summary

- 2.1 The External Auditors certification process has concluded with no errors or exceptions identified in relation to the 2020/21 Housing Benefit Subsidy claim and a small number of errors and exceptions reported in relation to the Teachers' Pension End of Year Certificate.

3. Recommendations

- 3.1. That members note the findings of the external audits regarding these certification processes.
 - As a result of the testing of the 2020/21 Housing Benefit Subsidy claim no errors or exemptions were found and no recommendations for improvements were made to the DWP.

- Following the audit of the Teachers' Pension Certificate a number of minor findings were reported to management.

4. Reasons for Recommendations

- 4.1. To ensure that members consider the findings of the certification process.

5. Other Options Considered

- 5.1. Not applicable.

6. Background

- 6.1. KPMG were appointed as external auditors following a joint procurement with the Greater Manchester Councils to complete the Housing Benefit (Subsidy) Assurance Process and to certify the Teachers' Pension annual statement of contributions. The contract commenced on 1 April 2019. This is in addition to the main audit of the Council's financial statements which is undertaken by Mazars LLP.
- 6.2. The audit of the Housing Benefits Subsidy Claim was completed in accordance with HBAP Modules 1 and 6 2020/21 issued by the Department of Work and Pensions (DWP).
- 6.3. Following the completion of the Housing Benefit Subsidy Claim the auditors reported that no errors or exceptions were found as a result of their testing. In addition no recommendations for improvements to the Council's claims completion process were made to the DWP.
- 6.4. The certification of the Teachers' Pension End of Year Certificate was carried out in accordance with the Teachers' Pensions Regulations 2010 (SI 2010/990) and The Teachers' Pension Scheme Regulations 2014 (SI 2014/512), for preparing the End of Year Certificate ("EOYC") for the year end 31 March 2021.
- 6.5. A small number of exceptions and errors were noted for which management provided explanations. The Council is responsible for the preparation and submission of the EOYC and for all corrections prior to submission.

7. Consultation and Engagement

- 7.1. Engagement with the auditors was carried out by the relevant officers.

8. Implications

8.1. Legal

- 8.2. There are no legal implications identified.

8.3. Finance

- 8.3.1. The audit fees will be met from within the revenue budget.

8.4. Policy

8.4.1. There are no policy implications identified.

8.5. Equality

8.5.1. There are no equality implications identified.

8.6. Human Resources

8.6.1. There are no human resources implications identified.

8.7. Risk Management

8.7.1. The risks associated with the findings of this report relate to a position where the Council may not meet the requirements of the certification process and a financial liability is incurred.

8.8. Rural Communities

8.8.1. There are no direct implications for rural communities.

8.9. Children and Young People/Cared for Children

8.10. There are no direct implications for children and young people.

8.11. Public Health

8.11.1. There are no direct implications for public health.

8.12. Climate Change

8.12.1. There are no direct implications for climate change.

Access to Information	
Contact Officer:	Joanne Wilcox Head of Financial Management Joanne.wilcox@cheshireeast.gov.uk
Appendices:	None
Background Papers:	Reporting accountant's report for the Housing Benefit Subsidy claim form MPR720A for the year ended 31 March 2021 Report on agreed upon procedures in respect of Teachers' Pensions End of Year Certificate for the year ended 31 March 2021

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Audit & Governance Committee

Date of Meeting:	10 March 2022
Report Title:	Internal Audit Plan 2022/23
Report of:	Jane Burns, Executive Director of Corporate Services
Report Reference No:	To be provided by Democratic Services
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. The purpose of this report is for the Committee to receive and approve the Summary Internal Audit Plan for 2022/23 (Appendix A).

2. Executive Summary

- 2.1. The preparation and delivery of the Annual Internal Audit Plan, the annual opinion on the organisation's arrangements for governance, risk and internal control, and the assurances these provide to the Annual Governance Statement are key indicators and contributors for the Council's corporate objectives as an open and enabling organisation.
- 2.2. The Council's Internal Audit Charter, which has been developed to ensure compliance with the Public Sector Internal Audit Standards (PSIAS), requires the preparation of a risk based internal audit plan which takes into account the need to produce an annual internal opinion. The opinion is a key source of assurance for the Annual Governance Statement (AGS) which is approved by the Audit and Governance Committee and signed by the Council's Chief Executive and Leader.

3. Recommendations

- 3.1. That the Committee:
 - 3.1.1. Approve the Internal Audit Plan 2022/23.

- 3.1.2. Note that the plan details priority work during quarters 1 and 2 along with additional areas for consideration during quarters 3 and 4. Progress against the plan, and the priorities for the last 6 months will be reported back as part of the regular updates to the Committee.

4. Reasons for Recommendations

- 4.1. The Council's Internal Audit Charter, developed in accordance with the Public Sector Internal Audit Standards (PSIAS), requires the production of an annual internal audit plan. This plan sets out the anticipate range and volume of work which is required to deliver the annual internal audit opinion on the organisation's arrangements for governance, risk and internal control.
- 4.2. The authority to approve the annual internal audit plan is within the Audit and Governance Committee's Terms of Reference.

5. Other Options Considered

- 5.1. There is no "do nothing" option. Failure to approve an internal audit plan would mean significant noncompliance with the Public Sector Internal Audit Standards. Approval of the proposed audit plan ensures that the work of internal audit in 2022/23 is focused upon and contributes to the annual opinion.

6. Background

- 6.1. All principal local authorities subject to the Accounts and Audit Regulations 2015 must make provision for internal audit in accordance with the Public Sector Internal Audit Standards. The Standards state that the provision of assurance services is the primary role for internal audit in the UK public sector. This role requires the Head of Audit and Risk (as "Chief Audit Executive") to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control.
- 6.2. The planning process and risk assessment is detailed in Appendix A. Through this additional and thorough consultation we look to ensure that internal audit resources continue to focus on areas where assurance provides the most value, particularly during periods of change.
- 6.3. For planning purposes, the 2022/23 plan will be based on the current team structure with adjustments made where necessary to reflect any changes in resource during the year.
- 6.4. Proposed audit activities identified through the development and consultation process are matched against the internal audit resources available and

prioritised accordingly; the proposed risk-based summary internal audit plan for 2022/23 is included in Appendix A.

- 6.5. In accordance with PSIAS, the plan is fixed for a period of no longer than one year. It details the assignments to be carried out, their respective priorities, (by differentiating between core assurance work and other work), and the estimated resources required. The Corporate Leadership Team has been consulted on the plan prior to presentation to the Audit and Governance Committee.
- 6.6. The Plan will continue to be reviewed and refined during the year. Minor changes to the plan will be discussed with the Executive Director of Corporate Services, and any significant matters impacting upon the completion of the plan or the ability to provide the annual opinion will be reported to the Corporate Leadership Team and the Audit and Governance Committee.
- 6.7. In accordance with the Council's Internal Audit Charter, the Audit and Governance Committee is asked to review and approve the summary internal audit plan 2022/23. In doing so, Members should consider whether the:
 - 6.7.1. scale and breadth of activity is sufficient to allow Internal Audit to provide an independent and objective audit opinion that can be used to inform the AGS
 - 6.7.2. level of resources in any way limits the scope of Internal Audit, or prejudices the ability to deliver a service consistent with the Standards
 - 6.7.3. level of non-assurance work has an adverse impact on the core assurance work.

7. Consultation and Engagement

- 7.1. In preparing the Summary Plan, there has been consultation to identify the expectations of senior management, external audit and other key stakeholders. This is covered in Appendix A.

8. Implications

8.1. Legal

- 8.1.1. All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015. The latter states that authorities "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.”

8.1.2. The guidance accompanying the Regulations recognises that with effect from 1st April 2013, the Public Sector Internal Audit Standards (PSIAS) represent “proper internal audit practices”. The PSIAS apply to all internal audit service providers within the UK public sector.

8.2. Finance

8.2.1. In accordance with the PSIAS, the Audit and Governance Committee should ensure that the function has the necessary resources and access to information to enable it to fulfil its mandate, and is equipped to perform in accordance with appropriate professional standards for internal auditors. A small contingency allocation has been included at this stage.

8.2.2. The Internal Audit Plan 2022/23 has been prepared, based on current resources, to cover the core areas of work required to deliver an annual audit opinion. This will be compared to resource availability as part of establishing the plan and in monitoring progress against the plan.

8.2.3. If an imbalance between the two arises the Committee will be informed of proposed solutions. Matters that jeopardise the delivery of the audit plan or require significant changes to it will be identified, addressed and reported to the Committee.

8.3. Policy

8.3.1. There are no direct policy implications.

8.4. Equality

8.4.1. There are no direct implications for Equality and Diversity.

8.5. Human Resources

8.5.1. To ensure that the Internal Audit team can continue to deliver the necessary levels of assurance to the organisation, the opportunity is being taken to reflect on the requirements of the organisation and ensure that sufficient resource is available to deliver this.

8.5.2. Internal Audit are currently at reduced capacity pending a restructure and interim arrangements are being explored to address the immediate shortfall.

8.6. Risk Management

8.6.1. Delivery of an appropriately balanced and focused Internal Audit Plan supports the Council’s ability to effectively and efficiently identify and manage its risks, with the implementation of recommended actions designed to deliver improvements in governance and the control environment.

8.7. Rural Communities

8.7.1. There are no direct implications for rural communities.

8.8. Children & Young People/Cared for Children

8.8.1. There are no direct implications for children and young people.

8.9. Public Health

8.9.1. There are no direct implications for public health.

8.10. Climate Change

8.10.1. There are no direct implications for climate change

Access to Information	
Contact Officer	Josie Griffiths Head of Audit and Risk josie.griffiths@cheshireeast.gov.uk
Appendices	Appendix A: Summary Internal Audit Plan for 2022/23
Background Papers	Public Sector Internal Audit Standards (PSAIS) The Accounts and Audit Regulations 2015

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Internal Audit Plan 2022/23

Audit and Governance Committee 10th March 2022

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OFFICIAL

1. Introduction

- 1.1. This document sets out Cheshire East Council's Internal Audit Plan for 2022/23. It also covers how the service will be delivered and developed in accordance with the Internal Audit Charter and how the plan links to the Council's objectives and priorities.
- 1.2. The provision of assurance is the primary role for Internal Audit. This role requires the Head of Audit and Risk as the Chief Audit Executive, to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control (i.e. the control environment).
- 1.3. The objectives in producing the Internal Audit plan each year are to ensure that the scale and breadth of activity is sufficient to allow the Chief Audit Executive to provide an independent and objective opinion to the Council on the control environment and that audit activity focuses on areas where assurance is most needed.
- 1.4. This plan, detailed in Table 3, has been produced based on the known, current, resource available. In developing the plan, we have looked to recognise the context of strategic and operational change affecting the Council and providing assurance that previously identified significant control weaknesses have been effectively and efficiently addressed and improved.
- 1.5. This summary plan has been drawn up on the basis that the control environment and risk profile of the Council will continue to change during 2022/23, and the plan will be monitored and re-aligned during the year to ensure it remains responsive, adaptable and resource is directed to those areas where assurance is most required.
- 1.6. There is also a recognition of the significant impact of the Covid-19 pandemic on the organisation as a whole and the delivery of the 2020/21 and 2021/22 Internal Audit Plans. Therefore, the plan identifies the level of resource available for the full year and details the priority work intended to be carried out over the next 6 months. This will allow Internal Audit to be agile in responding to emerging risks and issues.
- 1.7. Progress updates, consideration of the ongoing priorities for internal audit and where necessary, revisions to the plan will be brought back to the Audit and Governance Committee through the year.
- 1.8. This approach is in line with other local authorities who are moving away from the traditional fixed annual Audit Plan in favour of a flexible approach, and by working closely with services to regularly assess areas of risk and weakness we will ensure that Internal Audit continues to add value to the organisation in an efficient and effective manner.

2. Responsibilities and Objectives of Internal Audit

- 2.1. The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance

arrangements. Internal Audit plays a vital part in advising the Council that these arrangements are in place and operating properly.

- 2.2. Internal Audit is described in the Public Sector Internal Audit Standards (PSIAS) as an “independent, objective assurance and consulting service designed to add value and improve the Council’s operations. It helps the Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”.
- 2.3. Internal Audit’s primary function is the provision of assurance. This is delivered through the provision of the annual internal audit opinion, which informs the Annual Governance Statement and is based on an objective assessment of the framework of governance, risk management and control.
- 2.4. Subject to the availability of resources, and there being no impact on the core assurance work, non-assurance work, including fraud related, and consultancy work may be undertaken at the request of the organisation. As seen within the 2021/22 plan and in line with the flexible approach outlined earlier in the report, we expect consultancy and advice to feature prominently within the 2022/23 plan.
- 2.5. It is not the responsibility of Internal Audit to detect fraud, but the potential for it to occur is considered in each assignment. It is the responsibility of the organisation to create an environment of no tolerance, and ensure adequate controls are in place to prevent and detect fraud.
- 2.6. The Council’s response to internal audit activity should lead to the strengthening of the control environment and therefore positively contribute to the achievement of the Council’s objectives.

3. Standards, Ethics, and Independence

- 3.1. Our Internal Audit Charter is designed to conform to the PSIAS which came into effect from 2013 and were revised with effect from 1st April 2017. All internal audit work will be delivered in line with the requirements of the Standards.
- 3.2. All Internal Audit staff comply with the mandatory local Code of Ethics, which is based upon the Code included in the PSIAS. Internal Audit staff are also bound by the requirements of their respective professional bodies.
- 3.3. Declarations of Interest in line with the Council’s Code of Conduct are made by the Internal Audit team; these are considered in the allocation of every engagement to ensure there are no conflicts of interest.
- 3.4. To provide effective assurance on the Council’s arrangements for governance, risk, and internal control across all aspects of service delivery, Internal Audit is independent of all the activities of the Council. Internal Audit’s rights of access are outlined in the Internal Audit Charter and the Finance Procedure Rules.
- 3.5. As the Head of Audit and Risk as Chief Audit Executive has operational responsibilities for other services, assurance work in this area is reported to the

Director of Governance and Compliance or Executive Director Corporate Services to maintain independence and objectivity.

4. Planning Methodology

- 4.1. The planning process undertaken recognises and complies with the requirements of the Public Sector Internal Audit Standards in relation to planning. In accordance with PSIAS, the plan is fixed for a period of no longer than one year.
- 4.2. In accordance with the Charter, the annual internal audit plan for 2022/23 has been developed using a risk-based methodology to prioritise the audit universe, consistent with the organisation's goals. The risk-based plan considers the requirement to produce an annual internal audit opinion and the assurance framework.
- 4.3. The starting point for preparing the Plan is to consider the adequacy and outcomes of the Authority's risk management, performance management and other assurance processes.
- 4.4. As the Council has recognised its current level of risk maturity as between "risk aware and risk defined" and has established the target of becoming "risk managed", additional work has been undertaken by the Internal Audit team to inform and develop the Internal Audit plan.
- 4.5. The Internal Audit Plan needs to be flexible to be able to reflect the changing risks and priorities of the organisation. It is, therefore, presented at a summary level. The plan is monitored regularly throughout the year to ensure that it addresses key areas of risk and emerging issues.
- 4.6. Internal Audit's own risk assessment considers issues at an organisation, regional and national level as well as the results of previous audit work. The assessment considers materiality, sensitive and significance of each. This prioritises areas for inclusion in the plan.
- 4.7. Factors considered in the risk assessment are listed below,
 - Objectives from the Cheshire East Council's Corporate Plan 2021-25
 - Risks and opportunities recognised on the Strategic Risk Register
 - Briefings from CIPFA's Better Governance Forum
 - Items in the current year Plan which are in train at the year end, or need to be rolled forward into the new plan
 - Coverage from previous internal audit plans and the outcome of follow up work
 - Consultation with key internal stakeholders; Corporate Leadership Team, Senior Management including Strategic Risk Owners/Managers and Internal Audit staff

- External stakeholders and other assurance providers; External Audit, Cheshire West, and Chester Internal Audit (for Shared Services hosted by this Council), the North West Chief Audit Executive Group and other inspectorate agencies and providers of assurance.
- 4.8. The Plan will be reviewed and defined during the year, to ensure the following processes are considered:
- Outcomes from the Strategic Risk Management Process.
 - Outcomes from the business/commissioning planning process, including key organisational objectives and priorities and risks to achieving them.
 - Outcomes from the Annual Governance Statement process.
 - Continuing consultation with key stakeholders.
 - The outcome of consultation on a new structure for Internal Audit
 - The continuing assessment of an Assurance Framework, to ensure existing sources of assurance provision are captured and understood, ensuring effective planning and efficient deployment of resources.
- 4.9. In delivering the 2022/23 Plan, there will be a need to take account of the following:
- the requirement to use specialists, e.g. ICT or contract and procurement auditors
 - outcomes from the restructure and development of Internal Audit
 - Self-assessment against the Quality Assurance and Improvement Programme (QAIP) and self-assessment against the PSIAS
 - clarification on any requirements for internal audit support to the Council's Alternative Service Delivery vehicles, and any other organisations where the Council acts as host or accountable body.
- 4.10. Minor changes to the plan will be discussed with the Executive Director of Corporate Services, and any significant matters impacting upon the completion of the plan or the ability to provide the annual opinion will be reported to the Corporate Leadership Team and the Audit and Governance Committee.

5. Key Themes and Outputs

- 5.1. In developing the plan we have identified priorities for the first 6 months of 2022/23, this is in line with the approach to the 2021/22 plan and allows flexibility of approach and responsiveness to new developments.
- 5.2. These priorities will be subject to review throughout the year thus enabling Internal Audit to respond to emerging risks and issues and continue to add value to the organisation. Changes to the Plan will be reported to future meetings of Audit and Governance Committee.
- 5.3. Key themes within the 2022/23 Internal Audit Plan include:
- Assurance around the operation of the new ERP system (B4B/Unit4)
 - Assurance around the operation of the Council's decision-making processes and procedures

- Assurance around the implementation and continuing impact of measures introduced in response to the Covid-19 pandemic

5.4. The outputs from the plan fall into two main areas:

Assurance Audits

On completion of an assurance audit an opinion report will normally be issued, in line with the Internal Audit Charter, on the risks and controls of the area under review. The overall opinions used are “Good”, “Satisfactory”, “Limited” and “No Assurance”. Reports are shared with the Council’s External Auditors.

The opinions given on individual assurance reports inform the annual audit opinion on the control environment that is reported to the Audit and Governance Committee.

Consulting Services

These are advisory in nature and generally performed at the specific request of the organisation. The nature and scope of the consulting engagement should aim to improve governance, risk management and control and should still contribute to the overall opinion.

In some cases, it may not be appropriate or proportionate to provide a full report and opinion. In these instances advice may be documented by email or a formal memo or email reference and a short note will be made in the annual report.

5.5. The main areas of the plan that will deliver an opinion on the risks and controls of the area under review and will inform the Head of Audit and Risk’s Annual Internal Audit Opinion include:

- Key Financial Systems
- Corporate Core and Cross Service Systems
- Service Specific Systems
- Anti-Fraud and Corruption – Proactive reviews
- Project/contract audit
- ICT/Computer audit
- Investigations
- Continuous auditing/monitoring
- Probity/compliance audit
- External clients

5.6. The main areas of the plan that will not deliver an opinion report but will help inform the Annual Internal Audit Opinion include:

Corporate Governance and Risk

- Support to and co-ordination of the production of the Annual Governance Statement (AGS).
- Attendance at officer working groups such as the Information Governance Group.

Statutory Returns

- Internal Audit may be required, as a stipulation of funding or similar, to carry out an audit/give assurance on the programme/project or aspects, thereof, and report back to the statutory/funding body.

Anti-Fraud & Corruption

- National Fraud Initiative – results are recorded on the Cabinet Office secure website.

Follow Up

- Monitoring the effective implementation of agreed audit recommendations to provide assurance that improvements in the control environment are being realised.

Advice and Guidance

- The exact nature and scope of any internal audit work is agreed in advance with the manager.

- 5.7. Other work undertaken by the Head of Audit and Risk and the Internal Team, but that will not necessarily inform the annual opinion includes:

Corporate Work

- Supporting the Audit and Governance Committee including production of reports
- External Audit liaison
- Support and contribution to corporate initiatives and working groups.
- Regional Collaboration

Anti-Fraud and Corruption and Whistleblowing Reports

- At the request of management, Internal Audit may assist with the investigation of suspected fraud and corruption in response to reports and referrals received under the Council's Whistleblowing Policy
- Awareness raising
- Supporting the production and development of Corporate Policies and Procedures

- 5.8. In accordance with CIPFA guidanceⁱⁱ the Head of Audit and Risk, as Chief Audit Executive, should be made aware of major new systems and proposed initiatives to help ensure risks are properly identified and evaluated and appropriate controls built in.

- 5.9. In addition, time has been allocated in the plan for the service to be developed and improved.

- 5.10. Internal Audit also provides services to PATROLⁱⁱⁱ, as Cheshire East Council is the host Council. Reports on this area provide assurance to the management body of PATROL and do not contribute to the Annual Internal Audit Opinion.

- 5.11. As Accountable Body for the Cheshire and Warrington Local Enterprise Partnership, Cheshire East Council is required to undertake assurance on the use of specific funding streams administered by CWLEP, and to provide

assurance to the Council's Section 151 Officer, in support of their own reporting requirements in relation to CWLEP.

- 5.12. During the year, Internal Audit may be able to undertake assurance work for other external clients, subject to being able to prioritise the delivery of the annual audit opinion for the Council.

6. Resource and Delivery

- 6.1. The Internal Audit Plan 2022/23 has been prepared, based on current resources, to cover the core areas of work required to deliver an annual audit opinion. The resources currently available are outlined in Table 1 below:

Table 1: 2022/23 Resource compared to previous years

Audit Year	2022/23	2021/22	2020/21
Maximum Days	1,738	1,883	1,798
Unavailable Working Days <i>Annual Leave, Bank Holidays, Estimated Sick Leave, Estimated Special Leave</i>	292	351	330
Available Working Days	1,446	1,532	1,468
Non-Chargeable Sub Total <i>Training, Planning, Team Management and Service Development</i>	172	175	185
Chargeable Days	1,274	1,357	1,283

- 6.2. There have been staffing movements during 2021/22, including the permanent appointment of a Senior Auditor following a period of acting up and an Auditor post is being covered by an agency worker. In addition, a Senior Auditor retired in April 2021.
- 6.3. The Internal Audit Manager vacancy is being filled through an acting up arrangement by the Principal Auditor whose substantive role is being filled by an agency worker. The second Principal Auditor vacancy is being backfilled with an internal acting up arrangement.
- 6.4. In calculating the resource available for the 2022/23 plan, the Head of Audit and Risk has been included at a third of their overall availability, and assumptions have been made that the two agency staff will continue in their roles for the first quarter.
- 6.5. There is a slight decrease in the number of chargeable days available in comparison to the previous year, and as referenced earlier, preparations to restructure the team are expected to be implemented during the 2022/23 financial year. However, the proposed resource outlined above will ensure that sufficient evidenced work can be completed during 2021/22 to inform the Annual Internal Audit Opinion.
- 6.6. The allocation of days to particular areas of the plan as shown in Table 3 is indicative. During the scoping of individual assignments, auditors will work with

relevant managers to refine the risks and controls upon which assurance is required, and the allocation will be amended if appropriate.

- 6.7. A contingency figure is normally included to recognise that the plan needs to be flexible to be able to reflect the changing risks and priorities of the Council. The plan does include a small amount of time for advice and guidance in addition to a specific contingency for reactive fraud investigation, which may be undertaken or supported by Internal Audit after appropriate risk assessment.
- 6.8. If there is an imbalance between the work plan required to deliver an annual opinion and the resources available, the Audit and Governance Committee will be informed of proposed solutions. Significant matters which jeopardise the delivery of the plan or require changes to the plan will be identified, addressed, and brought to the attention of the Corporate Leadership Team and the Audit and Governance Committee.
- 6.9. In further defining the audit plan for delivery, areas of work may be highlighted which the Internal Audit function is not currently sufficiently staffed/skilled to provide assurance on, for example, specialist ICT audits. In these cases, there will be a need to consider procuring external resource to provide the necessary assurance.
- 6.10. Internal Audit's key priority will always be to deliver the assurance programme of work to provide the Council with an informed annual audit opinion.

7. Progress Reporting

- 7.1. During the year, Internal Audit will produce interim progress reports for the Audit and Governance Committee, detailing key issues arising from audits and progress made against the Audit Plan. Any significant matters affecting the delivery of the plan or requiring changes to the plan will also be reported to the Committee.
- 7.2. At the end of the year, an Annual Report, containing the Internal Audit Opinion, is presented to the Audit and Governance Committee to provide assurance or otherwise on the effectiveness of the internal control framework of the Council. This will be based on the findings of the work carried out during the year.

8. Quality Assurance and Improvement

- 8.1. Internal Audit undertakes quality assurance and improvement activity to support all aspects of its service delivery. This includes evaluation of Internal Audit's compliance with the PSIAS, reviewing compliance with internal auditor's application of the Code of Ethics, and an assessment of the efficiency and effectiveness of Internal Audit, identifying opportunities for improvement.
- 8.2. The outcomes of this activity are reported to the Corporate Leadership Team and the Audit and Governance Committee, including results of ongoing internal assessments and external assessments conducted at least every five years.
- 8.3. The external assessment against PSIAS was carried out under the peer review arrangement with the North West Chief Audit Executive Group and reported to the Audit and Governance Committee in September 2018.

Performance Indicators

8.4. Internal Audit has several existing Performance Indicators that are reported to the Audit and Governance Committee through the year via interim reporting and the Annual Report.

Table 2: Internal Audit Performance Indicators

Performance Indicator	Initial 2022/23 Target	2021/22 Actual to date	2020/21 Actual	2019/20 Actual
Percentage of Audits completed to user's satisfaction	95%	83%	97%	97%
Percentage of significant recommendations agreed	95%	100%	99%	99%
Productive Time (Chargeable Days)	85%	82%	80%	80%
Draft report produced promptly (per Client Satisfaction Form)	95%	93%	95%	95%
Percentage of agreed audit recommendations implemented	90%	100%	100%	100%
Percentage of agreed audit recommendations implemented within agreed timescale	75%	100%	75%	75%

8.5. It is also pleasing to report that Internal Audit has received positive feedback from colleagues across the authority on the consultancy and advice work which has been undertaken in 2021/22 as part of the continuing response to the Covid-19 pandemic.

8.6. Targets for 2022/23 will be confirmed following assessment of actual performance in 2021/22.

Collaboration

8.7. The Head of Audit and Risk continues to participate in the North West Chief Audit Executive Group, which meets regularly and acts as a discussion group on various local and national developments affecting Internal Audit, Corporate Governance, Risk Management and Counter Fraud. The Group also conducts peer reviews for the required external review of Internal Audit against PSIAS every 5 years.

8.8. The group also has several sub-groups, including Schools, Fraud and Contract Management which are attended and supported by members of the Internal Audit team. These are extremely useful for sharing best practice and learning from colleagues' experiences and provide informal benchmarking opportunities.

8.9. Where practical and beneficial, audit work may be undertaken with other partner authorities. The benefits of participation should be to increase the level

of assurance available for all partners, to develop strong working relationships and to provide positive learning experiences. Careful consideration is given to the practicalities of undertaking fieldwork and the reporting of findings as part of developing the scope of each engagement.

- 8.10. Internal Audit work around post implementation assurance of the ERP system (B4B/Unit4) will be undertaken with Cheshire West and Chester Council's Internal Audit team during 2022/23.

Service Priorities

- 8.11. During 2022/23 the Internal Audit team will look to develop and embed the use of computer aided audit techniques; this will allow efficient testing of greater populations of data to be undertaken more regularly, thus improving the level of assurance we are able to provide.
- 8.12. Working practices will be reviewed following the implementation of the upgraded audit management software to ensure the user experience is improved, and to achieve consistent and effective use of the system. This will improve the quality of performance reporting to support monitoring of actions by senior management.

Table 3: Summary Internal Audit Plan 2022/23 including Q1/Q2 Priorities

Audit Theme/Area <i>Identified Key Areas</i>	Drivers <i>Strategic Risks and Corporate Priorities</i>	Context	2022/23 Planned Audit Days	2022/23 Planned %
Chargeable Days			1,274	
Less: Corporate Work			152	
<i>Includes:</i> <ul style="list-style-type: none"> • Corporate Requirements: Corporate Management Duties, Performance Development Review Process. • Corporate Groups and Assurance: Annual Governance Statement, Assurance Framework development • Audit and Governance Committee: Reports taken on behalf of other areas of the Council, Committee Administration, Work Plan Development, Member Liaison, Training and Development. 		Activities which the Internal Audit function are required to participate in corporately or have direct responsibility for providing.		
Available Audit Days			1,122	
Corporate Governance and Risk			112	10
<i>Includes:</i> <ul style="list-style-type: none"> • Audit and Governance Committee: Internal Audit reports to Committee. • Corporate Groups – Corporate Assurance Group, Information Governance Group • External Audit - Mazars Liaison • Regional Collaboration - Working with regional internal audit partners • Reviewing corporate and operational risk management arrangements 	<ul style="list-style-type: none"> • CP1: An open and enabling organisation 	Statutory requirements Work supporting the overall provision of assurance and the annual internal audit opinion.		

Audit Theme/Area <i>Identified Key Areas</i>	Drivers <i>Strategic Risks and Corporate Priorities</i>	Context	2022/23 Planned Audit Days	2022/23 Planned %
Anti-Fraud and Corruption - Proactive Reviews			45	4
National Fraud Initiative	<ul style="list-style-type: none"> • SR3: Financial Management and Control • CP1: An open and enabling organisation 	Statutory requirement – NFI/Responding to fraud trends/Awareness raising.		
Anti-Fraud and Corruption - Reactive Investigations			45	4
Specific contingency for reactive investigations in response to demand.	<ul style="list-style-type: none"> • CP1: An open and enabling organisation 	Undertaken/supported as necessary after appropriate risk assessment.		
Key Financial Systems			225	20
<p><i>Q1/Q2 Priorities:</i> ERP Post Implementation Assurance <i>(Potential for joint work with Cheshire West and Chester)</i></p> <p><i>Q3/Q4 – likely areas of work</i> Other key financial systems such as Council tax, NDR, Benefits</p>	<ul style="list-style-type: none"> • SR3: Financial Management and Control • CP1: An open and enabling organisation 	<p>Provision of assurance to S151 Officer on identified high risk areas.</p> <p>Post implementation assurance ERP</p> <p>Review of new arrangements and follow up of previous recommendations.</p>		
Corporate Core and Cross Service			168	15
<p><i>Q1/Q2 Priorities</i> ICT Assurance Reviews</p> <p>Decision Making Process and Procedure</p> <p>ASDV Governance</p> <p>Performance and Organisational Learning</p> <p><i>Q3/Q4 – likely areas of work:</i> LEP (S151) Assurance</p>	<ul style="list-style-type: none"> • SR1a: Increased Demand for Adult Services • SR1b: Increased Demand for Children’s Services • SR3: Financial Management and Control • SR4: Information Security and Cyber Threat • SR5: Business Continuity • SR6: Organisational Capacity and Demand 	<p>Key Corporate and Cross service risks.</p> <p>Provision of assurance on the Council’s internal control and governance arrangements.</p> <p>During 2022/23 this will continue to have a specific focus on assurance in relation to the impact of the Covid-19 pandemic.</p>		

Audit Theme/Area <i>Identified Key Areas</i>	Drivers <i>Strategic Risks and Corporate Priorities</i>	Context	2022/23 Planned Audit Days	2022/23 Planned %
Debt Management and Recovery	<ul style="list-style-type: none"> • SR8a: Governance and Decision Making • SR11: Pandemic Virus • CP1: An open and enabling organisation • CP2: A council which empowers and cares about people • CP3: A thriving and sustainable place 			
Adults, Health, and Integration			112	10
<p><i>Q1/Q2 Priorities:</i> Liberty Protection Safeguards/Deprivation of Liberty Standards</p> <p>Commissioning – Contract Management</p> <p><i>Q3/Q4 – likely areas of work:</i> Integrated Care System</p>	<ul style="list-style-type: none"> • SR1a: Increased Demand for Adult Services • SR2: NHS Funding and Integrated Care System • SR12: Fragility and failure in the social care market • CP2: A council which empowers and cares about people 	<p>Key Corporate and Cross service risks.</p> <p>Outcome from reviewing key departmental and service risk areas; arrangements for key service delivery areas, reviewing performance management and the achievement of outcomes.</p> <p>Provision of assurance relating to specific service areas, including arrangements for key service delivery areas and assurance on management and delivery of key projects.</p>		
Children’s Services			112	10
<p><i>Q1/Q2 Priorities:</i> Schools Financial Value Standard</p> <p><i>Q3/Q4 – likely areas of work:</i> Fostering</p>	<ul style="list-style-type: none"> • SR1b: Increased Demand for Children’s Services • SR2: NHS Funding and Integrated Care System • SR12: Fragility and failure in the social care market 	<p>Key Corporate and Cross service risks.</p> <p>Outcome from reviewing key departmental and service risk areas; arrangements for key service delivery areas, reviewing performance management and the achievement of outcomes.</p>		

Audit Theme/Area <i>Identified Key Areas</i>	Drivers <i>Strategic Risks and Corporate Priorities</i>	Context	2022/23 Planned Audit Days	2022/23 Planned %
	<ul style="list-style-type: none"> CP2: A council which empowers and cares about people 	Provision of assurance relating to specific service areas, including arrangements for key service delivery areas and assurance on management and delivery of key projects.		
Place			90	8
<i>Q1/Q2 priorities:</i> Land Transactions Highways <i>Q3/Q4 – likely areas of work:</i> Capital Projects Carbon Action Plan	<ul style="list-style-type: none"> SR7: Council Funding SR9: Capital Projects SR10: Infrastructure Investment (opportunity) SR14 Climate Change (Carbon Neutral 2025) CP3: A thriving and sustainable place 	<p>Outcome from reviewing key departmental and service risk areas.</p> <p>Assurance on arrangements for key service delivery areas and reviewing performance management in front line service area.</p>		
Providing Assurance to External Organisations			22	2
<i>Includes:</i> PATROL <i>Other organisations may request assistance in year, subject to available resource</i>	<ul style="list-style-type: none"> Host Authority arrangement 	Provide assurance in agreed format, similar to former Small Bodies Annual Return		
Advice and Guidance			79	7
<i>Includes:</i> Provision of ad-hoc advice and guidance to services	<ul style="list-style-type: none"> CP1: An open and enabling organisation 	Add value and improve overall governance, risk management and control processes within the organisation.		
Other Chargeable Work			112	10
<i>Includes:</i> Certification of grants arising in year Follow up and additional reporting on the implementation of agreed audit actions	<ul style="list-style-type: none"> CP1: An open and enabling organisation 	Specific requests from services Follow up implementation of recommendations, including further testing or additional work where necessary.		

Audit Theme/Area <i>Identified Key Areas</i>	Drivers <i>Strategic Risks and Corporate Priorities</i>	Context	2022/23 Planned Audit Days	2022/23 Planned %
Total Audit Days			1122	100

ⁱ <http://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=241&MIId=5685>

ⁱⁱ "The Role of the Head of Internal Audit in Public Sector Organisations", CIPFA, 2010

ⁱⁱⁱ The Joint Committee of England and Wales for the Civil Enforcement of Parking and Traffic Regulations outside London.



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Audit and Governance Committee

Date of Meeting:	10 March 2022
Report Title:	Handforth Parish Council – Member Complaints
Report of:	David Brown, Director of Governance and Compliance
Report Reference No:	To be provided by Democratic Services
Ward(s) Affected:	All

1. Report Summary

- 1.1. This report provides a summary of recent Member Code of Conduct complaints and associated investigations involving elected members of Handforth Parish Council.

2. Recommendations

- 2.1. That the Committee -
 - a) Note the content of the report; and
 - b) Agree any consequential amendments to the Code of Conduct and associated process to be included within the current review.

3. Reasons for Recommendations

- 3.1. The Audit and Governance Committee is responsible for assuring the Council that its standards arrangements, including the promotion of high standards of ethical behaviour, and the development, maintenance and updating of the Member Code of Conduct and associated protocols are fit for purpose. The Committee will monitor and advise Council about the operation of the Member Code of Conduct in light of best practice and any changes in the law.

- 3.2. The Committee has established a working group to review the procedure for dealing with complaints and to consider the adoption of the revised Local Government Association Model Code of Conduct. This report and its findings are pertinent and should inform that review.
- 3.3. The complaints discussed in this report relate to Handforth Parish Council and, both former and current parish councillors. Cheshire East Council is responsible for administering the Member Code of Conduct process for town and parish councils in the Borough. The complaints discussed in this report have absorbed a significant amount of officer and member time, have resulted in external expense, and have attracted widespread negative media attention. This report ensures the Committee are adequately appraised of the particular circumstances, which include the delays and complications arising during the process, and the consequent significant impact on costs.
- 3.4. Further, the Hearing Sub-Committee involved with these complaints expressed a desire for a summary report to be presented to the Committee once all complaints had been concluded. This would include reflection on how the process could be improved and made more efficient, now that it has been in operation in practical terms for the first time since it was devised.

4. Background

- 4.1. In line with the arrangements for dealing with Member Complaints, the Monitoring Officer (MO) has over many years received complaints in respect of the conduct of councillors of Handforth Parish Council (HPC). The MO database indicates that between 2018 and Nov 2020 a total of 21 formal complaints were received, with the number and frequency of complaints increasing over the last 18 months. The number of complaints rose significantly after media attention in 2020/21.
- 4.2. The current complaints can be broadly grouped under two headings – complaints that arose within HPC’s membership, and complaints that arose as a result of virtual meetings that took place in December 2020.
- 4.3. These current complaints have resulted a total of 6 separate investigation reports which combined multiple complaints about conduct from single sources and multiple complaints from the public. Following sequential resignations arrangements to continue to process each report were revised to protect personal data.
- 4.4. **Complaints arising within HPC –**
- 4.5. The Monitoring Officer received a number of complaints about HPC councillors, mostly from fellow HPC councillors. There is a significant history of complaints on numerous topics over several years. HPC appears

historically to have Councillors with very different views on how the parish council should be run. The differences in opinion between Councillors has resulted in referrals to the Monitoring Officer over a wide range of behavioural and conduct issues. The current complaints relate largely to the same underlying issue, namely disagreements regarding the operation of section 85 of the Local Government Act 1972 which deals (amongst other things) with the issue of an elected member failing to attend meetings for six consecutive months, and the implications of this. These allegations also purported to challenge the Chief Executive in the role of Returning Officer, criticise the holding of an election and on several occasions threatened legal proceedings in relation to an election which culminated in a letter before action. Although the start point in such matters is often informal resolution, essentially the continuous threats of legal action prevented informal resolution in this case due to the immediate escalation to a formal challenge.

4.6. The complaints arising within HPC were received as follows. On 8 July 2020, the MO received a complaint about two HPC councillors (councillors A, B), reference MO010/20.

4.7. On 8 and 16 September 2020, the MO received three further complaints about three HPC councillors (councillors A, B, C) from three fellow HPC councillors (D, E, F). The complaints were in identical terms aside from the identity of the complainant, differences between the parts of the Code of Conduct alleged to have been breached, and differences in supporting documentation.

Complaint MO032/20 – D vs A, B, & C

Complaint MO033/21 – E vs A, B, & C

Complaint MO034/21 – F vs A, B, & C

4.8. On 15 October 2020, the Monitoring Officer received three further complaints about three HPC councillors (D, E, F) from three fellow HPC councillors (A, B, C). The complaints were in identical terms.

Complaint MO043/21 – A vs D, E, & F

Complaint MO040/20 – B vs D, E & F

Complaint MO044/21 – C vs D, E, & F

4.9. On 21 October 2020, the MO received a further complaint about a HPC councillor (councillor C), reference MO039/20. This complaint related to allegations of intimidation and bullying by a councillor.

4.10. In accordance with adopted procedure, all the above complaints were reviewed by the MO Team in accordance with the agreed process upon receipt. In each case, given that the criteria appeared to have been met, the complaints and supporting information were compiled and referred to an Independent Assessment Meeting in order to consult with the Council's Independent Person before deciding a course of action in each instance. These meetings took place on 18 September 2020 and 16 November 2020, and the MO decision in relation to all the above complaints was that they should be referred to a single external investigator for investigation because of the complexity and the nature of the allegations. This referral was made to Bevan Brittan LLP.

4.11. An external investigator is appointed only when required, and the requirement is triggered by several factors.

- Capacity - the Monitoring Officer's Team is primarily designed to respond to 82 Cheshire East councillors. It works on the premise that Councillors in general wish to uphold good behaviour, will cooperate with the process and will engage in a constructive way. This service is extended by statutory obligation to all town and parish councils within the Borough Council's area. The service provides a standards regime for 108 town and parish councils. Town and parish councils are also supported through their association, Cheshire Association of Local Councils (ChALC), with Cheshire East resources being engaged when early resolution has not worked. Again, this process presupposes a level of cooperative engagement. In this case prior to the social media interest, the volume and frequency of complaints would have left the service unable to support other Councils and Councillors
- Complexity - the complexity and serious nature of the complaints. In this case the complaints ranged from election offences, fraud, financial impropriety, to poor behaviour, and were expressed in language of significant gravity. In this case nearly every councillor complaint was expressed in terms of substantive allegations of unlawful behaviour which required careful and expert consideration (none of which materialised into a substantive issue). The complaints also crossed multiple disciplines, and even if not complex required technical expertise to be obtained.
- Conflicts of interest with Cheshire East Council itself. This manifested itself primarily in the election arena with a multiplicity of complaints and challenges to the Returning Officer and electoral process. These 'complaints' against Cheshire East Council were articulated in terms

of threatened legal proceedings and were intertwined with the behaviour complaints. A further conflict of interest also arose as some members of HPC complained about the Monitoring Officer and their staff. Essentially either complaints or threats of litigation had been made in relation to the majority of the internal resource available. It should also be noted that further complaints were made against the independent investigators.

- Additionally, over several years, previous attempts to resolve issues using internal resources had failed, and it was hoped that an objective or independent view may facilitate early resolution. Where potential litigation is threatened, whether against individuals or the Council, staff or third parties may be also be perceived to have an interest in the outcome.

- 4.12. The independent investigation into the above complaints resulted in three separate investigation reports dated 30 May 2021.
- 4.13. The first investigation report, in relation to the complaint received on 8 July 2020, concluded that both subject members had potentially conducted themselves in breach of the provisions of the Members Code of Conduct relating to Objectivity, Openness, Leadership, and Respect for others.
- 4.14. The second investigation report, in relation to the complaints received on 8 and 16 September 2020 concluded that all three subject members had potentially conducted themselves in breach of the provisions of the Members Code of Conduct relating to Objectivity, Openness, Leadership, Respect for others.
- 4.15. The investigator notes in this second report that the Subject Members did not initially agree to come forward for interview. The investigator provided a firm deadline by which interviews must be conducted (29 January 2021), however it was not until 2 March 2021 that interviews were able to be conducted with 2 of the 3 subject members. A third subject member did not engage by way of interview at all.
- 4.16. The third investigation report, in relation to the complaints received on 15 October 2020, concluded that all three subject members had not breached of the provisions of the Members Code of Conduct relating to Objectivity, Leadership, Respect for others, Information, or Bullying. The investigators report did however note *“that the subject members, as well as all other members of the Council, might benefit from appropriate advice and training in relation to ethical standards and the management of employment issues.”*

- 4.17. The final complaint referred for investigation (received 21 October 2020) was investigated and the findings were added to the first investigation report as there was a high degree of similarity. The conclusion reached by the investigator was that the subject member (councillor C) had potentially conducted themselves in breach of the provisions of the Members Code of Conduct relating to Leadership, Respect for others, and Bullying.
- 4.18. **Complaints arising in December 2020 –**
- 4.19. The Monitoring Officer received a large number of complaints about HPC councillors in relation to two virtual meetings which took place on 10 December 2020 via Zoom (the majority of complaints from members of the public arose much later after an edited version of the meeting was publicised in social media). The meetings were an extraordinary meeting of the Council's Planning and Environment Committee, and an extraordinary meeting of the full Council. Both meetings were facilitated by the Cheshire Association of Local Councils (ChALC) in the absence of the permanent HPC clerk.
- 4.20. In accordance with adopted procedure, all the above complaints were reviewed against set criteria by the MO upon receipt. In each case, given that the criteria appeared to have been met, the complaints and supporting information were compiled and referred to an Independent Assessment Meeting before deciding a course of action in each instance. The MO decision in relation to all the above complaints was that they should be referred to an external investigator for investigation.
- 4.21. Section 28(4) of the Localism Act 2011 requires the investigation to follow the procedure adopted by the Council. Given that the external investigator appointed in relation to the earlier complaints had the benefit of the wider context, and in the interests of expediency and cost, it was decided the same investigator should be appointed to investigate these new matters.
- 4.22. The independent investigation into the above complaints resulted in three additional separate investigation reports dated 27 May 2021. The reports contain multiple recommendations and conclude that all three subject members had potentially conducted themselves in breach of the provisions of the Members Code of Conduct relating to Objectivity, Openness, Leadership, Respect for others.
- 4.23. The reports were provided to the Sub Committee for adjudication. Due to the resignations of the subject Councillors prior to the Sub Committee hearing none of the reports have been considered by the Audit and Governance Sub Committee and no formal findings made against any Councillor.

4.24. A total of six reports had to be produced, the later reports having substantial supporting documentation in excess of 100 pages each to deal with variety of complaints made, involving 6 councillors.

5. Post investigation

5.1. In accordance with adopted procedure, each investigation report was reviewed on receipt by the MO in consultation with the Independent Person. On 16 June, the Monitoring Officer issued Determination Notices to all three subject members who had been found potentially in breach of the Code, confirming the course of action to be taken in relation to each complaint. Two of the three subject members resigned from office, and it was accordingly not possible to pursue these matters against former councillors. The remaining complaints would be directed to a Hearing Sub-Committee meeting.

5.2. During the final stages of investigation, and following receipt of the draft investigation reports, a number of complications arose which prolonged the process and increased the total cost. These include:

5.2.1. The sequential resignation from office of all three subject members destined to attend a Hearing Sub-Committee, over a prolonged period of time as the Hearing Sub Committee approached.

a) Councillor A resigned during the latter stages of the investigation process as the draft report was substantially completed.

b) Councillor C purportedly resigned during the investigation process in March 2021. The resignation was however misdirected and of no effect. Confirmation of correctly tendered resignation was not received for some time, but it was necessary to continue with the outstanding investigations in the intervening period.

c) Councillor B resigned after the finalised reports had been provided prior to the third rearranged Sub Committee hearing. The previous hearings having been changed upon the subject member's request.

5.2.2. Following each resignation from office, extensive combined investigation reports and numerous supporting documents required review and redaction to ensure no former councillor information was disclosed inappropriately. The reports and appendices extended to over 1000 pages in total.

5.2.3. The investigation process itself was characterised by repeated and prolonged delays. For example, insistence on revisiting, repeatedly and in detail over the course of approximately two months, matters falling

outside the scope of the investigation (namely section 85 of the Local Government Act 1972) or a refusal to engage at all.

- 5.2.4. On 25 November 2020, the Monitoring Officer wrote to HPC with reference to a large number of complaints and referrals received about the conduct of HPC councillors, fundamental issues of poor governance, unlawful decision making, and the role of the Returning Officer appointed by Cheshire East Council. The letter sought to clarify the position and assist HPC, and was subsequently published to the HPC website. The publication of the letter generated numerous complaints and representations both about the content and publication of the letter and the actions of Cheshire East Council officers, predominately from councillors B and C.
- 5.2.5. By letter dated 8 February 2021, councillors A, B, C wrote to the Council threatening Judicial Review of various matters related to the operation of section 85 of the Local Government Act 1972 which had underpinned the initial tranche of councillor complaints. The Council was obliged to engage further independent legal representation to compile a response to the threatened claim. This was arranged and a response dispatched to the claimants.
- 5.2.6. By further letter, councillor C made a number of very serious allegations of financial impropriety. Due to the nature of these allegations, it was incumbent on the Council to liaise with the Police and audit (to whom the allegations had also been made). It was established that there was no foundation whatsoever to these allegations, however they served to delay the process and incur additional costs.
- 5.2.7. Further separate allegations were made by councillor C regarding the perceived illegality of an electoral process. Again, the Council was obliged to consider these in detail, and again they were found to have no foundation.
- 5.2.8. Numerous letters and emails of complaint from subject members in the above matters challenging the Council and its officers and the conduct of the code of conduct investigation process. The independent investigator was, as the matters were concluding, also subject to complaints which necessitated resolution. The nature and the manner in which the complaints were expressed resulted in the external investigators firm engaging their own staff protection protocols. This has included complaints to external statutory bodies such as Information Commissioner and professional associations.

5.2.9. There continue to be information requests, complaints and correspondence from former HPC councillors on the same issues that were subject to investigation. Additional correspondence continues to be received relating to ongoing potential litigation and complaints against Cheshire East Council officers.

6. Recommendation following investigations

An authority must have an effective, fair, impartial, and transparent complaints and investigation procedure, in which both councillors and the public can have confidence.

Timeliness:

- 6.1 In the current case complaints had been made over many years culminating in the recent circumstances and which manifested themselves in a multiplicity of complaints over a wide range of issues. The Council must adopt a process to investigate complaints and then must follow the process. The recent series of reports arose from complaints in September 2020 and resulted in the first reports being available in May 2021. In normal circumstances 8 months would be an excessive period of time and potentially prejudicial to a fair outcome. In this case given the current process, complexity, volume of complaints and given the level of cooperation and engagement, the committee may conclude 8 months is proportionate. A clearer, simpler, more succinct and transparent process may facilitate both timeliness and fairness. The issue of cooperation and engagement and what happens if subject members do not engage should also be clarified in the new process.
- 6.2 The delay between May 2021 and November 2021 of 6 months relates solely to trying to arrange and agree the process to set committee hearings. Whilst the Monitoring Officer has the power under current legislation to investigate and make decisions on allegations, it is not suggested that Councillors are excluded from the hearing process. The Monitoring Officer in consultation with the Independent Person and chair of Audit and Governance Committee should publish clear criteria for any councillor-to-councillor complaint, and any complaint involving only councillor and officers. Complaints from the public or of such seriousness they should be considered by committee should be progressed expeditiously; arbitrary imposition of dates would be unfair but significant savings in time and cost could be made by a robust approach to this element in the new process. It is suggested that no more than two hearing dates occur in any investigation.

Proportionality

- 6.3 An investigation process needs to be proportionate and fair. The process must have an independent element as a check on the impartiality of decision-making. The more significant the likely sanctions that can be imposed, the more robust the independent element needs to be in order to safeguard the fairness of the process. The allegations in this case were of an extremely serious nature and if accepted, likely to invoke sanctions. In this case our independent oversight is provided by the independent person.
- 6.4 The committee may be satisfied that the process is fair, but proportionality also applies to the reasonableness of the resources used as against potential sanction. This investigation has cost £85,716. The annual precept for Handforth Parish Council is £85,000. Although the process is undoubtedly fair it is arguable it is not proportionate in respect of cost against potential sanction.
- 6.5 The Cheshire East Council is statutorily obliged to undertake this role for town and parish councils. The cost of investigations into poor behaviour even when proven to have occurred cannot (in whole or part) be recovered from those councils. This cost is equivalent to employing a social worker to support a family in need.
- 6.6 It is suggested that following best practice as suggested in the Local Government Ethical Standards Review January 2019 that Cheshire East revise, adopt and publish a clear robust public interest test. For example, Article 10 of the European Convention on Human Rights states that “everyone has the right to freedom of expression”, although this right is not absolute, and is subject to “such formalities, conditions, restrictions and penalties as are prescribed by law and are necessary in a democratic society...for the protection of the rights and interests of others”.
- 6.7 In *Heesom v Public Service Ombudsman for Wales*, the application of Article 10 to local councillors, taking into account judgments by the European Court of Human Rights found that “Article 10 protects not only the substance of what is said, but also the form in which it is conveyed. Therefore, in the political context, a degree of the immoderate, offensive, shocking, disturbing, exaggerated, provocative, polemical, colourful, emotive, non-rational and aggressive, that would not be acceptable outside that context, is tolerated.” It added that politicians, including councillors, have “enhanced protection as to what they say in the political

arena” but by the same token are “expected and required to have thicker skins and have more tolerance to comment than ordinary citizens”.

- 6.8 This extends to “all matters of public administration and public concern including comments about the adequacy or inadequacy of performance of public duties by others” but do not extend to “gratuitous personal comments”. We should be clear about the bar necessary to consider and investigation on councillor-to-councillor complaints.
- 6.9 The current process also significantly favours confidentiality over transparency. The underlying policy consideration in respect of councillor conduct is simply the public have the right to know about the behaviours of the councillor they voted into office. When complaints are made, and unless there is good reason otherwise, in all councillor-to-councillor complaints if a complaint is accepted and determined, the decision to investigate should be published and where individuals cease to be in office any information, draft report etc available at that point should be available for inspection.

Conflicts of Interest

- 6.10 A clear approach to conflicts of interest created by complaints and proposed litigation against officers and investigators should be created and published. It is not appropriate for participants in the process to be able to ‘select by complaint’ those individuals they are prepared to engage with.

7. Hearing Sub-Committee

- 7.1. The remaining complaints pertaining to subject members who were still in office were directed to the Hearing Sub-Committee for consideration.
- 7.2. In accordance with the Council’s adopted procedure, a series of pre-hearing meetings were held virtually to consider the practical aspects of the hearing process, ahead of the actual hearings.
- 7.3. A total of 7 pre-hearing meetings were held, largely due to the ongoing need to amend arrangements and for the Monitoring Officer to issue further directions.

14 June 2021	Training / Briefing for Sub-Committee, 2 hours
17 June 2021	Hearing arrangements, follow up meeting

23 June 2021	Pre-hearing meeting
28 June 2021	Continuation of 23 June
26 August 2021	Pre-hearing meeting
15 September 2021	Pre-hearing meeting
11 November	Meeting following cancellation of last formal Sub-Committee meeting

- 7.4. A total of 4 formal Hearing Sub-Committee meetings were scheduled, all of which were deferred or aborted for the following reasons:

30 June 2021	Postponed on subject member request	First scheduled date, arranged 15 June 2021
8 September 2021	Cancelled	
1 October 2021	Cancelled	Replaced by hearing 'on the papers' to be held on 11 November 2021
11 November 2021	Cancelled	Final subject member resigned

8. Costs

- 8.1. The costs associated with this long running matter comprise two separate elements – the direct and quantifiable costs incurred with external service providers, and the indirect internal costs incurred in terms of member and officer time expended.
- 8.2. There is no distinction made in terms of internal or external costs incurred between the first set and the second set of complaints outlined above. In both cases, the MO was obliged to progress each set of complaints through the Council's adopted procedure and ultimately refer for investigation. The complaints, although separate, were taken through the process together and were investigated together.
- 8.3. Because of the number and nature of the complaints, the amount of time that would need to be committed to investigating six individual councillors against a complicated factual matrix, and due to the various ongoing challenges and

complaints raised about the Council and its officers during the process, the decision was taken to appoint an external investigator.

- 8.4. As each set of complaints was investigated separately but simultaneously, and the same external investigator and independent advisor appointed, all invoices for external work completed were combined.
- 8.5. The external costs incurred in relation to the external investigations, independent legal advice to the Sub Committee, and dealing with threats of Judicial Review total £85,716 (incl VAT).
- 8.6. In addition to the external costs, there are a number of internal costs that have been incurred in the progression of these complaints. Councillors appointed to the sub-committee were obliged to spend many hours preparing for and attending pre-hearing meetings and aborted hearings. An estimate would be approximately 30 hours spent by each councillor on reading and preparation and a similar amount of time again spent on pre-hearings.
- 8.7. Officer time spent on administering these complaints, which includes briefings, preparation for meetings and hearings, attendance at hearings, dealing with correspondence, dealing with judicial review and complaints. These officer related costs total more than £10,000 based on a standard blended charge rate.

9. Implications of the Recommendations

9.1. Legal Implications

- 9.1.1. The Monitoring Officer of the principal council (Cheshire East Council) is deemed to be the Monitoring Officer for the purposes of the Code of Conduct and register of interests for the parish or town councils in the area of the principal Council.
- 9.1.2. The Local Government and Housing Act 1989 requires adequate resources to be made available to fulfil that role of Monitoring Officer.
- 9.1.3. Conflicts of interests arise in this case when multiple complaints are made not just between parish Councillors, but also when complainants propose litigation and make complaints against the principal council and its officers and against the independent investigator. Where substantial conflicts of interests are created by the complainants an independent report must be sought.

9.2. Finance Implications

9.2.1. The financial implications arising from the matters outlined in this report are as noted within the body of the report.

9.2.2. Section 5 of the Local Government and Housing Act 1989 requires adequate resources to be made available for the purpose of resolving councillor code of conduct complaints. The cost of investigation and committee hearings cannot be recharged to the town or parish council. The cost of training recommended should be paid by the town or parish council and may be provided by the principal council or other external provider if the recommendation for training is agreed.

9.2.3. The cost of the independent investigation, cancelled meetings, reports, preparation for committees etc into the multiple cross complaints involving 6 Councillors is £85,716.00. This is funded by Cheshire East Council.

9.2.4. The annual Parish Precept for Handforth Parish Council (now styled as a town council) is approximately £85,000 for 2021/22

9.3. Policy Implications

9.3.1. There are no direct policy implications arising from this report. The review of the Code of Conduct and the procedure will make further recommendations for improvements to be considered at full council

9.4. Human Resources Implications

9.4.1. There are no direct human resources implications arising from this report.

9.5. Risk Management Implications

9.5.1. There are no direct risk management implications arising from this report.

9.6. Rural Communities Implications

9.6.1. There are no direct implications for rural communities.

9.7. Implications for Children & Young People/Cared for Children

9.7.1. There are no direct implications for children and young people.

9.8. Public Health Implications

9.8.1. There are no direct implications for public health.

9.9. **Climate Change Implications**

9.9.1. There are no direct implications for Climate Change

Access to Information	
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Working for a brighter future together

Audit and Governance Committee

Date of Meeting:	10 March 2022
Report Title:	Strategic Risk Management Update – Q3 2021/22
Report of:	Jane Burns, Executive Director Corporate Services
Report Reference No:	To be provided by Democratic Services
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. Effective risk management is central to good governance and supports the efficient delivery of the Council's corporate plan objectives. The Audit and Governance Committee provides an independent assurance to the Council on the adequacy of the risk management framework.

2. Executive Summary

- 2.1. This report provides the Audit and Governance Committee with an update on the Strategic Risk Register for the period Quarter 3 2021-22, as shown in detail in Appendix A and Appendix B.

3. Recommendations

- 3.1. That the Strategic Risk Update for Quarter 3 2021/22 is considered and received.

4. Reasons for Recommendations

- 4.1. Risk management is central to facilitating good governance and the achievement of corporate objectives. As a publicly accountable body, the Council must demonstrate effective identification and management of the risks that threaten the achievement of its corporate objectives, the effectiveness of its operations, and reliable financial reporting.

- 4.2. The Audit and Governance Committee have responsibility for monitoring the effective development and operation of risk management across the Council.

5. Other Options Considered

- 5.1. No alternative options considered; this is an update report to support the Committee in meeting its responsibilities under its Terms of Reference.

6. Background

- 6.1. The last update to Committee set out refreshed and refocused strategic risks. Risk owners and managers have reviewed these strategic risks again during quarter 3. Table 1 sets out the summary register with the net scores for the previous quarters along with Q3.

Ref	Risk	Q1 Net Score	Q2 Net Score	Q3 Net Score	Direction of Travel
SR 1A	Increased Demand for Adult's Services	16	16	16	↔
SR 1C	Increased Demand for Children's Services	16	16	12	↓
SR 2	NHS Funding and Integrated Care System	16	16	16	↔
SR 3	Financial Management and Control	9	9	9	↔
SR 4	Information Security and Cyber Threat	12	12	12	↔
SR 5	Business Continuity	9	9	9	↔
SR 6	Organisational Capacity and Demand	12	12	12	↔
SR 7	Council Funding	16	16	12	↓
SR 8A	Governance and Decision Making	9	9	9	↔
SR 8B	Political Uncertainty	8	8	8	↔
SR 9	Capital Projects	12	12	6	↓
SR 10 (O)	Infrastructure Investment	12	12	12	↔
SR 11	Pandemic Virus	12	12	12	↔
SR 12	Fragility and failure in the Social Care Market	16	16	16	↔
SR 13	Reputation	9	9	9	↔
SR 14	Climate Change (Carbon Neutral 2025)	9	9	6*	↓
SR 15	Economy Risk	9	9	9	↔

*revised risk description from Q3.

- 6.2. Appendix A sets out the Strategic Risk Register in further detail, from the gross/unmanaged score, existing risk mitigation activity and the current net score as at Q3. Previous quarter net scores are also included.

- 6.3.** Appendix B sets out the Strategic Risk Register from the net score to the target score, future planned mitigation activity and a commentary for the Q3 period.
- 6.4.** Four risks on the Strategic Risk Register have decreased during Q3 2021/22. No risks have increased in score.
- 6.5.** Scoring for SR 1C Increased demand in Children's Services, has decreased from a net score of 16 in Q2, to 12 in Q3. Whilst activity in children's services has increased locally as well as nationally, business cases were included as part of the MTFs consultation for Children's Social Care and SEND Services to ensure services can continue to meet increased activity and demand.
- 6.6.** In order to mitigate this risk and prevent children and young people from experiencing greater intervention in their lives, we are continuing to deliver our partnership strategies to ensure that we support families early, providing the right support at the right time, and that we work together with families, so we achieve the best outcomes for children and young people.
- 6.7.** During 2021 new strategies for neglect and SEND were launched. We are also continuing to develop different options within Cheshire East to ensure we have the right homes available for our cared for children and young people, through our Bespoke project and the Mockingbird fostering programme. The second Mockingbird constellation launched in January 2022.
- 6.8.** Scoring for SR 7 Council Funding has reduced from 16 to 12; this recognises the impact of the financial planning arrangements taking effect, including the review of MTFs assumptions reviewed by the Finance Subcommittee, the MTFs being published between the autumn statement and the more detailed local government settlement.
- 6.9.** Whilst the settlement provided clarity for a single year, the risk of reduced levels of local taxes also reduced as collection rates and levels of government funded reductions have stabilised the forecasts. Collection rates should further improve with the implementation of the improved Council Tax support scheme, the emergency assistance scheme consultation and new business grants.
- 6.10.** Scoring for SR 9 Capital Projects has reduced from 12 to 6. This recognises the impact of the various mitigation measures in place, addressing the creation of capital projects and schemes through the Council's capital programme, through to the monitoring and oversight measures used to oversee delivery. Oversight is also provided through regular financial monitoring reported to the Finance Sub-Committee, and the relevant service committees.

6.11. SR 14 Climate Change (Carbon Neutral) has been reviewed and reshaped during Q3. The net score of this revised risk, described below, has been set at 6.

6.12. This risk is now described as follows

Failure to achieve Carbon Neutral status for the Council by the 2025 milestone target as a result of ineffective planning and delivery of actions, will result in non-delivery of a key priority in the Council's Corporate Plan. It will also contribute to climate change temperature rise and severe weather events which could have an impact on public health and safety. It could also have financial implications with increased need for adaptation of key infrastructure for severe weather events across the borough.

6.13. The net score recognises a range of mitigating activities, including

- Carbon Neutral programme established with Programme Board reviewing progress and risks monthly
- Member Advisory group overseeing its delivery
- Annual update on progress reported to relevant committee
- Climate change as a key consideration as part of our statutory planning duties as an authority and within the development of local planning policy.
- Planned natural offset set at 10% more than required to reduce risk of non-delivery in any one project area.

6.14. The programme management arrangements in place ensure that progress and risks are monitored and reported regularly to the Brighter Future Transformation Board and the Environment and Communities Committee.

6.15. The 2022-26 MTFs includes proposals for capital investment in energy efficiency measures in our buildings, for renewable energy through a large-scale solar farm, for electric vehicle charging points for our fleet, the delivery of a heat network at North Cheshire Garden Village, and for carbon storage through tree planting on Council land.

Q4 Developments and Horizon Scanning

6.16. A number of changes and developments are emerging as we approach the end of the 2021/22 period which it is helpful to make the Committee aware of.

6.17. Governance arrangements for the Integrated Care System (ICS) continue to progress at pace, with implementation on the ICS now beginning in July 2022. The current description of the risks around ICS are included within SR 2 (NHS Funding and Integrated Care System); this will be reshaped in detail during Q4, and future risk description, score and supporting measures reported back to the Committee.

6.18. SR 4 (Information Security and Cyber Threat) describes the challenges and threats to the Council's Information Security arrangements. Local Authorities, like many other sectors are increasingly reliant on the

availability of various software systems to deliver services to residents, and the enabling support services.

- 6.19. Protecting the availability and security of these systems, and in many cases the sensitive information they hold is increasingly challenging, as the resources required to attack them are more easily available. Criminal activity in the form of cyber threats have increased during the pandemic, and the threats from state actors is also increasing.
- 6.20. A recent report to Corporate Policy Committee (3rd March 2022) outlines the challenges in more detail, the current mitigation measures which are in place, and how the Council engages with sector specialists to monitor, identify and respond to emerging threats.
- 6.21. The Council has recently been successful in obtaining additional funding from the Department of Levelling Up, Housing and Communities (DLUHC) to further improve the Council's security approaches.
- 6.22. Following the Prime Ministers statement on February 21st, the remaining Covid restrictions in place have been removed, in line with the "Living with Covid" guidance. The impact of these national changes on managing SR 11 (Pandemic Virus) are being closely monitored.

Q3 - Business Continuity

- 6.23. The third quarter of 2021/22 offered further change in the pandemic, particularly as the Council responded to Plan B from 8th December. The report to the Corporate Policy Committee on 10th February is covered elsewhere on the Committee's agenda.
- 6.24. To minimise the impact on the delivery of services to residents wherever possible, services reviewed their business continuity plans in relation to staffing levels, and the potential of other events occurring as the pandemic responses continued. CEmart has continued to receive updates on challenges to service delivery and business continuity challenges.

7. Implications

7.1. Legal

- 7.1.1. There are no direct legal implications arising from the recommendations of this report. This report provides assurance to the Audit and Governance Committee that the Council achieves its strategic aims and operates its business, under general principles of good governance, that it identifies risks which threaten its ability to be legally compliant and operates within the confines of the legislative framework.

7.2. Finance

- 7.2.1. There is no direct impact upon the MTFS from the recommendations of this update report. Costs relating to implementing risk treatment plans are included within service budgets. The need to provide financial security

against the impact of risks is considered on a case by case basis and either included within specific budgets within the MTFS or considered under the overall assessment of the required level of General Reserves as part of the Reserves Strategy.

7.3. Policy

7.3.1. Cheshire East Council has adopted the Risk Management Framework approved by Cabinet in June 2020. Risk management is integral to the overall management of the authority and, therefore, considerations regarding key policy implications and their effective implementation are considered within departmental risk registers and as part of the risk management framework.

7.4. Equality

7.4.1. There are no direct implications arising from the recommendations of this update report.

7.5. Human Resources

7.5.1. There are no direct implications arising from the recommendations of this update report.

7.6. Risk Management

7.6.1. This report relates to overall risk management; the Audit and Governance Committee should be made aware of the most significant risks facing the Council and be assured that the risk management framework is operating effectively by continually reviewing the risk profile, identifying where strategic risks are emerging and assuring the Committee on how these are being managed.

7.7. Rural Communities

7.7.1. There are no direct implications arising from the recommendations of this update report.

7.8. Children and Young People/Cared for Children

7.8.1. There are no direct implications arising from the recommendations of this update report.

7.9. Public Health

7.9.1. There are no direct implications arising from the recommendations of this update report.

7.10. Climate Change

7.10.1. There are no direct implications arising from the recommendations of this update report.

Access to Information	
Contact Officer:	Josie Griffiths Head of Audit and Risk Management Email: Josie.Griffiths@cheshireeast.gov.uk
Appendices:	Strategic Risk Register (Appendix A)
Background Papers:	Risk Management Framework

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Risk Ref	Risk Description	Risk owner (CLT member)	Gross (unmanaged) score			Existing risk mitigation activity	Net (current) scores Quarter 3 2021/22			Previous quarter net score Q1 21/22	Previous quarter net score Q2 21/23
			Likelihood	Impact	Total (Lxl)		Likelihood	Impact	Total (Lxl)		
SR 1A	<p>Increased demand for Adult Services That Cheshire East’s local social, economic and demographic factors lead to an increase in the level of need and increased demand for adult services, resulting in the capacity of the Council’s systems relevant to these areas being unable to continue to respond/ absorb the pressures presented, resulting in a possible lack of continuity of social workers/ increased market failure pertaining to a range of service providers, unmet need, potential safeguarding issues, and difficulty in achieving the Council’s desired outcomes - that people live well and for longer</p>	Executive Director - Adults, Health and Integration	4	4	16	<ul style="list-style-type: none"> • ASC/Commissioning and Communities is engaged in the facilitation and forward planning of market engagement events, so to keep providers / people informed of preventative change as we progress with our People Live Well, for Longer Transformation Programme of Work. • ASC/Commissioning have in place a robust Contracts and Quality Monitoring Policy Framework – that makes clear – how quality is monitored in a person-centred way with a vast range of partners, when to activate a suspension protocol working with care quality commission and when/ how we are decommissioning services – keeping people at the centre of decision making regarding any service disruption or period of market failure. • ASC/Commissioning operate a monthly quality monitoring partnership forum that includes Police, Safeguarding, Care Quality Commission, ASC operations, Legal, CCG’s and ASC lead commissioner – in the ongoing monitoring of quality and reporting and alerting of risk escalation that can be effectively managed – reports into relevant DMT’s and Safeguarding Board. • ASC/Commissioning hold a provider risk register whereby we monitor and review risk pertaining to specific providers as part of our role working with Care Quality Commissioning pertaining to Market oversight. • ASC/Commissioning care sourcing/brokerage team support service and a local area co-ordination services- supporting vulnerable people to access wider community/ third sector services and wider more universal offers – diverting people away from care where appropriate. • ASC/Commissioning finance and planning resource allocation system to promote and engage more people to take direct payments and will enable people to identify against changing needs – an indicative robust budget thus reducing people reliance on traditional models of care. • ASC/Commissioning preventative policy framework that standardise of approach to prevention across adult social care “front door – whereby people will be directed away from traditional services towards a more empowering community solution, those accessing services will be fully assured working with providers – what our clear aim, vision and intentions are over the next three years. • ASC/Commissioning provider financial self-assessment accreditation tool – to assist with the monitoring and management of potential uplift and or additional funding. This will ensure that funding is robustly based on clear evidence, against demand / trends in market development and impact on provider/ council and people accessing the service. • ASC/Quarterly staff engagement groups are developed through leadership forums so to keep people informed and abreast of change as we progress to respond to demand and growth in the sector. Services operate regular staff conferences to address service specific developments and challenges. • ASC/Commissioning are involved in the North West regional and local programme of work pertaining to health and care staff recruitment, retention, and selection – resulting in a robust career path being developed with key partners and in being clear pertaining to local strategy. • ASC/Commissioning influencing and working with Cheshire CCG pertaining to development of ICS and ICP plans • ASC/Commissioning/communities have developed a robust and responsive policy framework (People Helping People) with a vast range of third sector providers – thus reducing demand on adult social care. 	4	4	16	16	16

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						<ul style="list-style-type: none"> • To continue to develop with Children/families services joint commissioning and cross department work with adults – whereby risks can be better reduced together through a new joint commissioning management monthly working group. • ASC/Commissioning monitor performance and demand against capacity to ensure service meets demand where possible, developing robust action plans for service/market failure. • ASC performance monitoring reported on regular basis to CLT and Adult and Health Committee • Additional risks escalated as appropriate. 					

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SR 1C	<p>Increased demand for Children's Services Cheshire East's local social, economic and demographic factors lead to an increase in the level of need and increased demand for children's social care services, resulting in the capacity of the Council's systems relevant to these areas being unable to continue to respond/ absorb the pressures presented, resulting in a possible lack of continuity of social workers/ increased market failure pertaining to a range of service providers, unmet need, potential safeguarding issues, and difficulty in achieving the Council's desired outcomes - that children have the life skills and education they need to thrive.</p>	Executive Director - Children's Services	4	4	16	<ul style="list-style-type: none"> • In 2021/22, the council committed to growth bids for Children's Social Care, and for increased capacity in the SEND service to meet the continuing demands of the service. Additional business cases have been included in the consultation on the Medium Term Financial Strategy for further funding from 2022 onwards in these two areas to continue to meet the rising demand. • We are closely monitoring the demand to services and the reasons that are driving demand so that we can be responsive and mitigate any risks to service delivery. Performance is monitored on a monthly basis by services. The Children and Families quarterly scorecard is reviewed at the Children and Families Committee and the Safeguarding Review meeting attended by the Chief Executive and Lead Member for Children and Families. The Safeguarding Review meeting includes discussion of workforce pressures and risks. • The Early Help Brokerage Service was established in October 2015 to ensure demand for low level cases are appropriately allocated, reducing the demand on the Children's Social Care team in the front door. • We have a range of support available to families through early help and prevention services, including council, partner, voluntary, community, faith sector and commissioned services. These services support families and help prevent needs from escalating and requiring higher level intervention. We are continuing to develop our service offer through developing our partnership working and joint commissioning. • The Cheshire East Safeguarding Children's Partnership and the 0-25 SEND Partnership Board meet on a regular basis and is sighted on changes to demand for services so there can be a partnership approach to meeting children and young people's needs. • A strategy is in place to ensure only the right children come into care; this approach will reduce demand to Children's Social Care services. • Our partnership Neglect Strategy was launched in July 2021 to ensure children at risk of neglect are identified early, which will reduce higher cost demand at a later stage. • A strategy is in place to manage increasing demand and reinforce SEN Support in settings through our 'Access to SEND Services' strategy. • A robust governance structure is established for SEND. A new SEND strategy has been developed which will drive the continued improvement of support to children and young people with special educational needs and disabilities. • We have supported children and young people who were most vulnerable through the pandemic through the Covid Grant Scheme/ Household Support Fund and the Holiday Activity Fund. • We are developing our in-house placement options through our Bespoke Children's Homes and Mockingbird fostering model. • We have escalated the need for Ofsted to register more placements in a letter to Ofsted. 	4	3	12	16	16

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SR 2	<p>NHS Funding and Integrated Care System</p> <p>Risk that due to the increasing financial deficit in the NHS, the five-year plan to reshape the delivery of NHS services across the wider region, may cause a reduction in Cheshire East Council shared service delivery and NHS service delivery, shifting costs and demand which places additional strain on Council resources resulting in unmet need and potential difficulty in achieving the Council's outcomes that people live well and for longer and local communities being strong and supportive.</p>	Executive Director - Adults, Health and Integration	4	4	16	<p>A Health and Wellbeing Board is established with representation from Clinical Commissioning Groups and the Council, which provides a forum for these challenges to be addressed at a strategic level. In addition, a Cheshire East Partnership Board has been created where system leaders are looking at integration and how to make the system more financially sustainable to achieve better outcomes for the residents of the Borough.</p> <p>Contract clauses are in place to address cessation of service and performance management arrangements should any failing performance materialise.</p> <p>Partnership working is in place and commissioning is informed through the JSNA. The H&WB is working with Cheshire Fire and Rescue, NHS and other partners on various schemes of intervention and prevention which are intended to decrease demand. The Adults, Health and Community Directorate has introduced a new model for helping people to retain control and maintain their independence and reduce additional strain on services.</p> <p>The Cheshire East Integrated Care Partnership has been in place since October 2020 and is developing implementation plans across a number of work streams designed to achieve quality improvement and financial efficiencies across the system. Progress on the ICP is reported to the Health and Wellbeing Board.</p>	4	4	16	16	16
SR 3	<p>Financial Management and Control</p> <p>Ineffective financial management controls and failure to effectively manage change, limits the Council's financial resilience and lead to the Council failing to deliver the MTFS, undermine the Council's reserves strategy and results in pressure on ability to deliver services to residents.</p>	Director of Finance and Customer Services	4	4	16	<p>Financial planning arrangements include preparation by the finance team of detailed financial forecasts, based on the best available information and including prudent assumptions based on professional judgement and external advice.</p> <p>Balanced budget to put into effect the council's service plans for the forthcoming year, matched by available funding and including a risk assessment of the adequacy of general reserves</p> <p>MTFS sets out how the Council will deliver the Council's corporate plan including identification of budget gaps</p> <p>Use of a report format and report clearance process which ensures provision of relevant information on financial impact and risk exposure to the decision makers.</p> <p>Clear and effective communication of changes or updates to Finance and Contract Procedure Rules</p> <p>Sources of specialist advice and guidance</p> <p>Budget monitoring, comparing actual performance against approved budget, is undertaken throughout the financial year and reported to service committees.</p> <p>Risk-based approach to the use of reserves, identifying appropriate reserve levels and ensuring that reserves are not depleted without first identifying a strategy to restore them to risk-assessed levels during the MTFS period.</p> <p>Where a residual deficit is forecast, a number of actions will be explored including:-</p> <ul style="list-style-type: none"> • use of any service or non-specific underspends to offset pressures elsewhere within the budget • accessing external funding ensuring compliance with any funding conditions • use of reserves • use of general balances <p>Treasury management strategy to manage the council's cash flows, including an investment strategy focused on the security of principal sums and a borrowing</p>	3	3	9	9	9

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						strategy to manage interest payable and other charges A capital strategy that prioritises capital investment programmes, identifies the financial impact of investment in schemes and limits the amount of unsupported borrowing to be taken					
SR 4	<p>Information Security and Cyber Threat: As the Council continues to move towards using new technology systems to reduce costs and fulfil communication, accessibility, and transaction requirements, it becomes increasingly vulnerable to a security breach, either maliciously or inadvertently from within the Council or from external attacks by cyber-criminals. This could result in many negative impacts, such as distress to individuals, legal, financial, and reputational damage to the Council, in addition to the possible penetration and crippling of the Council's IT systems preventing it from delivering its Corporate Outcomes.</p>	Executive Director - Corporate Services	4	4	16	<p>The CIO is an advocate of and reports on Information Risk to the Corporate Leadership Team and the Audit and Governance Committee and makes the Annual Statement of Internal Control of Information Risk.</p> <p>The Council has a number of Information and Data Security policies which are published on the Centranet and help to protect from the Council from inappropriate and unauthorised access and communicates what to do in the case of an incident.</p> <p>Progress on Information Risk and Information Security is monitored through the Strategic Information Governance Group (SIGG), Operational Information Governance Group (IGG) and the Virtual IGG Task and Finish Group.</p> <p>The Council has an Incident Reporting process which has been communicated to staff, all incidents are scored and assessed by IGG to ensure that the breaches are minimised, and future breaches are reduced.</p> <p>The Council complies with the Public Services Network PSN Code of Connection, NHS Data Security and Protection Toolkit, DWP's MOU and NHS Digital controls, work continues with the consolidation and enhancement of elements of the security estate to meet the ever-developing threat profiles. This includes third party IT hardware and software tests undertaken by accredited security vendors, these validate that the network and hardware are secure and robust, if any vulnerabilities are found then a mitigation plan is drawn up and actioned.</p> <p>The Council has an Information Asset Register which is reviewed on an annual basis and has been published on the open data portal.</p> <p>There is also an Information Assurance Data Management (IADM) programme of activity to increase awareness and maturity of information assurance and governance across the Council. The programme is tasked with guiding the organisation to manage its information in a compliant and efficient way.</p> <p>Data Classification has been rolled out to the organisation; this allows the categorisation of information so that appropriate controls can be employed to protect the information.</p> <p>The Council provides security and compliance e-learning courses (which are mandatory for all employees) on the Learning Lounge and Metacompliance portal. This includes several modules of Data handling, Security, and Information Assurance.</p> <p>Controls are in place to restrict access to the data centres and network equipment and risk assessments of existing systems and networks are on-going.</p> <p>The Council has a Data Protection Officer who assists in ensuring compliance</p>	4	3	12	12	12

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						with GDPR and to specify the procedures to be adopted. The Council’s ICT Services have a strategic direction to move to a “Cloud First” principle, whilst this enables an evergreen environment which is always up to date, additional controls are needed to prevent compromise or inappropriate use and access. This includes contract compliance and monitoring to ensure ongoing protection of information. An assessment was completed using the Council’s insurance broker to understand current and future risks and whether any risks needed treating or could be offset through insurance cover.					
SR 5	Business Continuity Risk that an internal or external incident occurs which renders the Council unable to utilise part or all of its infrastructure and resources (such as buildings, IT systems, and staff etc.) such that the Council is unable to deliver some, or in extreme cases all of its services and putting residents at risk for a period of time and resulting in a reduced achievement of Corporate Plan outcomes over the longer period.	Executive Director - Corporate Services	3	4	12	Implementation of Clearview; Business Continuity Software for business continuity planning; Clearview provides the process in a easily understandable format to identify critical and serious priority activities.Executive Directors, Directors and Heads of Service have received training in developing Business continuity plansAwareness raising campaign by undertaking a Cyber Attack Awareness Exercise and fire in a public building (in addition to emergency planning colleagues and also included a community flooding and a fire scenario which had business continuity implications and the council’s response) with colleagues from across various areas of the CouncilThe Clearview system enabled staff to review and revise their BC Plans for both Departmental and Service Level Plans with relevant templates for appendices (in line with the structure formats) All BC plans were uploaded to the system by March 2020 and have been asked to review in light of second wave COVID. High level course on Business Continuity Management has been added to the Council’s Learning Lounge. ICT Shared Service also have a Crisis Recovery Plan that has been updated to take account of lessons learned as a result of ICT outage incidents. This Crisis recovery plan overview contains key information for the ICT Shared Service disaster recoveryA corporate business continuity plan has been developed and is contained within Clearview.	3	3	9	9	9
SR 6	Organisational Capacity and Demand Local demographic and external factors (including COVID and EU Exit) lead to increasing and changing demands on services. This, combined with ongoing financial pressures, an ageing workforce, staff turnover and skills shortages in key areas of the workforce, result in insufficient capacity and an inability to retain or attract staff. This results in a detrimental impact upon physical, emotional and mental wellbeing of staff, and impact negatively on the Council’s ability to deliver all of its intended objectives and outcomes.	Executive Director - Corporate Services	4	4	16	In terms of the demand, work planning in advance has been improved. Significant increases in work pressures are being raised in advance, so that additional resource can be sourced for commissioned work. Improved HR data is being used to identify potential issues and service workforce plans developed to mitigate. The apprenticeship levy and talent management and succession planning frameworks are under development to help mitigate. Ongoing work to reduce work on reliance on agency staff, for a more stable permanent workforce base and reduced costs. A range of comprehensive measures are in place to support staff wellbeing and resilience. Labour markets are now seeing significant movement due to the impacts of Covid19, including the end of the furlough scheme. Locally, there are particular pressures, for example, on the care sector, with some neighbouring authorities are offering higher salaries which impacts on staff retention. Agency staff are not always available to fill the roles. Additional work programmes and recruitment campaigns are also in place for areas such as	3	4	12	12	12

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						Care4CE. Redeployment of staff is being considered where services are stretched and agency staff are not available. The council is moving to agile working as a permanent feature of future ways of working, which may attract a wider pool of candidates. Alongside service workforce plans, a recruitment and retention strategy is under development to ensure the Council addresses identified shortfalls with agreed actions and service specific solutions The Head of HR considers that the measures reduce the likelihood but not the impact.					
SR 7	Council Funding Significant detriment to the Council’s funding streams as a result of changes to grant funding, reductions in the collection of council tax, business rates or fees and charges and changes in the local economic circumstances increase pressure on the Council’s financial position and ability to deliver corporate priorities within the planned medium term financial strategy.	Director of Finance and Customer Services	4	4	16	Financial planning arrangements include preparation by the finance team of detailed financial forecasts, based on the best available information and including prudent assumptions based on professional judgement and external advice Balanced budget to put into effect the council's service plans for the forthcoming year, matched by available funding and including a risk assessment of the adequacy of general reserves Brighter Futures Commercial workstream addressing opportunities to increase income for the Council Monitoring of grant funding formula	3	4	12	12	16
SR 8A	Governance and Decision Making Failure to maintain effective corporate governance could result in poor decision-making, non-compliance and breach of legislation, leading to regulatory intervention and significant cost in financial terms and to the reputation of the Council, and failure to take decisions which deliver the objectives of the Corporate Plan.	Executive Director - Corporate Services	4	4	16	Council’s Constitution covers decision making processes, including finance and contract procedure rules. Following the change to Committee system, mechanisms are in place to capture learning from the use of the committee system from Members (Constitution Working Group) and Officers (Brighter Futures Transformation Governance Workstream). Constitution is a publicly available document; guidance on the use of the decision-making processes is provided by enabling services including Legal, Finance, Democratic Services, and Audit and Risk. Reports to Committees are developed and reviewed by senior officers and enabler sign off, briefings are arranged with Committee Members to address any further knowledge requirements ahead of the relevant meeting. Schemes of delegation; local and financial are in place to provide clarity on responsibilities ensure separation of duties is in place where required, and minimise the risk of management override. Assurance mechanisms on the organisations’ compliance with it’s decision-making processes are provided through the external audit (Statement of Accounts) and the work of the internal audit team. There are other external inspections, such as Ofsted, which may examine elements of our decision-making processes through their work, although this is not usually the primary focus. The organisation publishes an Annual Governance Statement identifying	3	3	9	9	9

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						significant governance issues which have occurred, any known areas which may cause issues if not managed effectively and updates on issues previously identified.					
SR 8B	Political Uncertainty Uncertainty around future local and national political policy and administration could result in challenges to, or failure to take the decisions required to facilitate delivery of the Council’s Corporate Plan, leading to unnecessary increases in resources used in the decision-making process and dissatisfaction from residents.	Corporate Leadership Team	3	4	12	Engagement with political administration of CEBC Engagement with group leaders of CEBC parties Training and briefing to CEBC members	2	4	8	8	
SR 9	Capital projects Risk that the Council's major capital projects are insufficiently managed to ensure that they are delivered on time, on budget and at the required quality level.	Executive Director - Place	4	4	16	<ul style="list-style-type: none"> • The Capital Strategy and overall Capital Programme is presented annually as part of the Medium-Term Financial Strategy at full Council. • New projects and schemes are subject to the approval of detailed business cases in accordance with the Finance Procedure Rules • The Assets Board provides strategic oversight of the Council’s land and property assets including recommendations and reports on acquisition, disposal and development. • The Capital Programme Board undertakes detailed appraisals of projects and business cases; undertakes gateway reviews and risk management reviews of major capital projects; and receives post project completion reports to assess benefit realisation and lessons learnt. • Appropriate and proportionate governance has been established to oversee project delivery, including risk registers. This includes project boards to manage individual projects and thematic programme boards to provide additional strategic oversight and manage interdependencies, e.g. Carbon Neutral Programme Board, Leisure Investment programme Board, Place Board. • The Place Board provides strategic oversight of all the major Crewe-centric and Macclesfield-centric projects, including HS2 and strategic housing sites, to ensure individual projects are fully aligned to the overarching vision and delivery plan for each town. • Financial monitoring undertaken quarterly, with summary data reported to Finance Sub-Committee and appropriate service committee twice a year • High level progress updates are reported to the appropriate service committee twice a year. More detailed progress reports on individual projects or programmes are provided on a periodic basis. • Regular 121s between Executive Director and Directors which includes updates on major projects 	2	3	6	12	12

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SR 10	Infrastructure Investment (opportunity) Securing the required investment to support our major infrastructure and development priorities in Place, particularly in relation to HS2 and delivery of the Crewe Hub, and noting the inflationary pressures across all aspects of project delivery.	Executive Director - Place	4	4	16	<ul style="list-style-type: none"> This risk will be reviewed by the Place Board (chaired by the Executive Director of Place) and the Business Case and Investment Integration Board (chaired by the Director of Finance) on a monthly basis and the chairs inform CLT accordingly. Day to day management of the actions in place to reduce the risk is a combination of the BCII: Business Case and Investment Integration, the Programme Director and the Programme Manager. The controls above will be used to monitor the risk. There have been no control failures to date. In fact, the controls in place today are probably stronger than at any point in achieving the objective. This is commensurate to the closing window of opportunity and the increase in work required by the Council to turn the outputs of the consultants Business Case work. Future issues may arise if the dedicated resource currently requested is not quickly put in place to release the efficiencies of working a close dedicated team brings. Ultimately, while the Council can control the technical evidence, business case formation and the technical level negotiation with Government Departments, the risk is being impacted on by recent Government administration changes and the resultant changes in Government policy. Value engineering of design and development of projects and Early Contractor Involvement where appropriate. Liaison with the contracting industry to identify the most efficient design solutions. Constant review and effective management arrangements of capital projects and programme budgets. Managing outward facing expectations on the scheme Ongoing cost review based on latest construction inflation forecasts 	3	4	12	12	12
SR 11	Pandemic Virus Ongoing risk of genetic shift resulting in rapidly spreading strain of influenza and other diseases previously unseen in humans for which no preventative treatment is available. In addition to the human health risks pandemic flu poses a risk to healthcare capacity and CEC business continuity.	Executive Director - Adults, Health and Integration	4	4	16	<p>Limited National Government mandatory and advisory measures. National Vaccine roll outSub-regional collaboration co-ordinated by the CHaMPS Public Health CollaborativeCheshire and Warrington Local Resilience Forum managed partnership working.Cheshire East Emergency Planning activityAdvice and guidance to schools, businesses and residentsTrack and Trace Team activity / Swab Squad/Contract Tracing TeamCheshire East organisational activityOngoing working from homeLocal Track and Trace Hub establishedDelivery of government mandated actions and activity (self isolation payments, support for care providers etc)Supporting NHS roll out of Covid 19 vaccination programmeInitiating flu vaccination programme for all staff and communications supporting public vaccinations</p>	4	3	12	12	12

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SR 12	Fragility and failure in the social care market Increased pressure within the social care market, rising costs, increasing complex needs and funding pressures, which have been exasperated by Covid 19 increases the likelihood of multiple provider failure and market collapse.	Executive Director - Adults, Health and Integration	4	4	16	<ul style="list-style-type: none"> • ASC/Commissioning comply with the Care Act 2014, in holding a provider risk register whereby we monitor and review risk pertaining to specific providers as part of our role working with Care Quality Commissioning pertaining to Market oversight. • ASC/Commissioning have in place a robust Care Act compliant – Contracts and Quality Monitoring Policy Framework – that makes clear – how quality is monitored in a person-centred way with a vast range of partners, when to activate a suspension protocol working with care quality commission and when/ how we are decommissioning services – keeping people at the centre of decision making regarding any service disruption or period of market failure. • ASC/Commissioning operate a monthly quality monitoring partnership forum that includes Police, Safeguarding, Care Quality Commission, ASC operations, Legal, CCG's and ASC lead commissioner – in the ongoing monitoring of quality and reporting and alerting of risk escalation that can be effectively managed – reports into relevant DMT's and Safeguarding Board. • ASC/Commissioning have a care sourcing/brokerage team support service and a local area co-ordination services- supporting vulnerable people to access wider community/ third sector services and wider more universal offers – diverting people away from care where appropriate utilising People Healing People services • ASC/Commissioning provider financial self-assessment accreditation tool – to assist with the monitoring and management of potential uplift and or additional funding. This will ensure that funding is robustly based on clear evidence, against demand / trends in market development and impact on provider/ council and people accessing the service. For providers at risk we are offering an open book accounting exercise to ascertain the level of risk within that service. • ASC/Quarterly staff engagement groups are developed through leadership forums so to keep people informed and abreast of change as we progress in order to respond to demand and growth in the sector. • ASC/Commissioning are influencing and working with Cheshire CCG pertaining to local ICS and ICP plans regarding the overall reduction in demand and systems redesign work supporting an improved community offer and redesigned front door. • ASC/Commissioning with communities are developing a robust and responsive policy framework (People Helping People) with a vast range of third sector providers – thus reducing demand on adult social care. • ASC/Commissioning working with partners across the North west via ADASS to address the future market capacity and workforce issues. • The Council is working with skills for care to see what support it can give to the market in terms of recruitment and retention and build knowledge. • As part of the contract management and quality assurance processes we check each provider's Business Continuity plan for robustness and make recommendations for improvement if required. • The Council has commissioned a new offer for informal and formal carers to ensure the right level of support is received for them to maintain their caring duties. 	4	4	16	16	16

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SR 13	Reputation That consideration is not given, and management action is not taken, to effectively manage the reputation of the Council, leading to a loss of public confidence, threatening the stability of the Council and our ability to meet the corporate priorities.	Chief Executive	4	4	16	<ul style="list-style-type: none"> • Effective monitoring and reporting of organisational reputation and sentiment. • Weekly reputation reporting to senior managers • Monitoring of social and traditional media • Communications and media function advised at an early stage of all future demand and emerging issues to enable effective planning • Providing a 24/7 emergency communications on call function • Communications strategies for key projects and issues developed agreed and reviewed with senior stakeholders and decision makers • Comms programme planned and reviewed over short-term (daily) and long-term (monthly / annually) • Review communications business continuity, priorities and emergency / crisis comms protocols and plans • Media protocol and approvals process • Media training programme for key spokespersons • Senior member overview of COVID-specific communications activity through Local Outbreak Engagement Board • Weekly COVID-specific comms activity reporting and planning as part of CEMART • Weekly meetings with comms leads from public sector partner organisations to collaborate, share plans and intelligence • Ensure that information about the Council, its services and how to access them is easily available in a range of formats for a wide range of audiences • Ensure that consultation is undertaken when any proposals are still at a formative stage • Consultation must give sufficient reasons for any proposal or change to permit stakeholders to undertake intelligent consideration and response to the options • Ensure consultation and engagement activity informs our evidence-based decision-making approach and that adequate time is given between the end of a consultation to allow for consideration of and where required, a response to, the output of a consultation or engagement • Ensure that Equality Impact Assessments (EIA) are signed off before any consultation can begin. • When communicating about decisions, make it clear HOW consultation and engagement activity, EIA and other intelligence has been conscientiously taken into account when finalising the decision 	3	3	9	9	9
SR 14	Climate Change (2025) Failure to achieve Carbon Neutral status for the Council by the 2025 milestone target as a result of ineffective planning and delivery of actions, will result in non-delivery of a key priority in the Council's Corporate Plan. It will also contribute to climate change temperature rise and severe weather events which could have an impact on public health and safety. It could also have financial implications with increased need for adaptation of key infrastructure for severe weather events across the borough.	Executive Director - Place	3	4	12	<ul style="list-style-type: none"> • Risk is reviewed as part of the brighter futures transformation projects board, operational board and member steering group. • Carbon Neutral programme established with Programme Board reviewing progress and risks monthly • Member Advisory group overseeing its delivery • Annual update on progress reported to relevant committee • Climate change is a key consideration as part of our statutory planning duties as an authority and within the development of local planning policy • Planned natural offset set at 10% more than required to reduce risk of non-delivery in any one project area. 	3	2	6	9	

Risk Ref	Risk Description	Risk owner (CLT member)	Gross (unmanaged) score			Existing risk mitigation activity	Net (current) scores Quarter 3 2021/22			Previous quarter net score Q1 21/22	Previous quarter net score Q2 21/23
			Likelihood	Impact	Total (LxI)		Likelihood	Impact	Total (LxI)		
SR 15	<p>Economy Risk</p> <p>The combined external national economic shocks of EU transition and COVID -19 will have a severe detrimental impact on Cheshire East economy resulting in a protracted reduction in economic growth. This recession is expected to increase the number of local business failures resulting in a loss of business, employment and consumer confidence in Cheshire East; and severe impacts on the Councils income and exert pressure on its revenue and capital programmes.</p>	Executive Director - Place	4	4	16	<ul style="list-style-type: none"> • Business Support and Grants • Economic Recovery • Meet the buyer event for HS2 • Employment support • Business forum to engage and plan future support • Investment plans to support regeneration and development • Place marketing and inward investment 	3	3	9	9	9

Risk Ref	Risk Description	Net (current) scores Quarter 3 2021/22			Further planned risk mitigation activity	Target risk score			Commentary – Q3 2021/22
		Likelihood	Impact	Total (LxI)		Likelihood	Impact	Total (LxI)	
SR 1A	<p>Increased demand for Adult Services That Cheshire East’s local social, economic and demographic factors lead to an increase in the level of need and increased demand for adult services, resulting in the capacity of the Council’s systems relevant to these areas being unable to continue to respond/ absorb the pressures presented, resulting in a possible lack of continuity of social workers/ increased market failure pertaining to a range of service providers, unmet need, potential safeguarding issues, and difficulty in achieving the Council’s desired outcomes - that people live well and for longer</p>	4	4	16	<ul style="list-style-type: none"> • ASC/ Commissioning and Communities, together with Public Health one Directorate continuing to work jointly to respond to challenges pertaining to prevention, health inequalities and our workforce. • ASC/Commissioning and Communities developed a Standard Set of Fit for the Future Contracts – that set out specific measurable outcomes pertaining to each service area in driving prevention and key performance indicators that test the providers ability to retain a viable and sustainable business in responding to a population of changing need – higher levels of resident satisfaction and improved control. • Continue to monitor and review preventative and support service activity. • Continue to develop improved monitoring of peoples outcomes. • Improved utilisation of public health JSNA and wider regional data sets informing future commissioning plans. • Develop engagement with community groups and 3rd sector. • strength liquid logic and controcc solutions to better map trend and demand. • To monitor and review thresholds and gatekeeping processes. • Review and strengthen partnership working with wider agencies. • Restructured teams to ensure better integration with key partners. • Better data intelligence to understand where and what kind of service demand needs are in order to commission appropriately and effectively. • Continue to engage with leaders across teams – informing and influencing change. • Continue with Connecting Leaders – through strong forward thinking visible leadership. • Continued engagement with people who access services and the involvement of Healthwatch and independent advocacy. • Proactive engagement with the new Integrated Care Partnership (includes health partners) • Ongoing response measures to COVID 19 pandemic (see SR11) • Maintaining Business Continuity across inhouse and external providers. 	3	3	9	Over the last quarter we have seen an unprecedented demand on adult social care services. Demand has increased from our local hospitals and individuals needing mental health support. In addition to this the Council has also seen a significant rise in safeguarding concerns. This is coupled with staff absences and huge difficulties in recruiting and retaining staff. Despite the mitigations in place, business continuity plans have been refreshed and support being given to staff to assist in managing the situation.
SR 1C	<p>Increased demand for Children's Services Cheshire East’s local social, economic and demographic factors lead to an increase in the level of need and increased demand for children’s social care services, resulting in the capacity of the Council’s systems relevant to these areas being unable to continue to respond/ absorb the pressures presented, resulting in a possible lack of continuity of social workers/ increased market failure pertaining to a range of service providers, unmet need, potential</p>	4	3	12	<p>The Council is considering a further children’s social care growth bid for 2022/23 The Council is considering a further growth bid for SEND and Educational Psychology for 2022/23 Continue to deliver our Sustainable Futures Strategy and improve the quality of social work practice. We are exploring expanding our in-house residential provision and fostering sufficiency, learning from North Yorkshire’s ‘No Wrong Door’ model. Continuing to support good quality early help and prevention services Continuing to support vulnerable children and young people</p>	3	3	9	Activity in children’s services has continued to increase, as is the case nationally. Business cases have been put forward as part of the consultation on the MTFS for 2022-2026 for Children’s Social Care and SEND Services to ensure services can continue to meet increased activity and demand. In order to mitigate this risk and prevent children and young people from experiencing greater intervention in their lives, we are continuing to deliver our partnership strategies to ensure that we support families early, providing the right support at the right time, and that we work together with families, so we achieve the best outcomes for children and young people. During 2021 we launched new strategies for neglect and SEND. We are also continuing to

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	safeguarding issues, and difficulty in achieving the Council’s desired outcomes - that children have the life skills and education they need to thrive.				through the Household Support Fund and the Holiday Activity Fund. Deliver the SEND Strategy and Access to SEND Services Strategy to ensure children and young people with SEND get the right support at the right time Continue to develop Bespoke Children’s Homes and Mockingbird fostering model				develop different options within Cheshire East to ensure we have the right homes available for our cared for children and young people, through our Bespoke project and the Mockingbird fostering programme. Our second Mockingbird constellation launched in January 2022.
SR 2	<u>NHS Funding and Integrated Care System</u> Risk that due to the increasing financial deficit in the NHS, the five-year plan to reshape the delivery of NHS services across the wider region, may cause a reduction in Cheshire East Council shared service delivery and NHS service delivery, shifting costs and demand which places additional strain on Council resources resulting in unmet need and potential difficulty in achieving the Council’s outcomes that people live well and for longer and local communities being strong and supportive.	4	4	16	The Cheshire East Partnership has published a detailed implementation Plan (The Five-Year Plan and Technical Appendix, October 2019) with the intention of accelerating the work to introduce a new model of care and to establish an Integrated Care Partnership To continue to be a key player in the development of the integrated care system at a regional and local level Deliver the SEND Strategy and Access to SEND Services Strategy to ensure children and young people with SEND get the right support at the right time. Continue to develop Bespoke Children’s Homes and Mockingbird fostering model	3	4	12	During Q3 we have been informed that the implementation of the integrated care system has been delayed until July 2022. Work is progressing at pace to design new Governance arrangements and proposals on the section 75 and future working arrangements will be put forward for approval in the next few months. NHS funding has been supported by many Government grants over the period of the pandemic, no financial framework has been published which still presents a risk moving forward.
SR 3	<u>Financial Management and Control</u> Ineffective financial management controls and failure to effectively manage change, limits the Council’s financial resilience and lead to the Council failing to deliver the MTFS, undermine the Council’s reserves strategy and results in pressure on ability to deliver services to residents.	3	3	9	Training and briefing to Councillors Education and training on Finance and Contract Procedure rules for Officers and Councillors Roll-out of Unit4 self serve requirements Action Plan on adherence to FM Code	2	3	6	MTFS has been subject to external / internal consultation following development via CLT. MTFS and in-year position also subject to oversight and scrutiny via Committees. MTFS balanced for further 4yrs including impact of government spending review. 2021/22 budget close to balanced, with deficit manageable via use of MTFS earmarked reserve in accordance with strategy. FM Code gap analysis completed, governance workstream working on action plan. Unit4 go-live 2 completed. Finance Team completed training and started roll-out of forecasting requirements. Unqualified opinion provided for Statement of Accounts

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SR 4	<p>Information Security and Cyber Threat: As the Council continues to move towards using new technology systems to reduce costs and fulfil communication, accessibility, and transaction requirements, it becomes increasingly vulnerable to a security breach, either maliciously or inadvertently from within the Council or from external attacks by cyber-criminals. This could result in many negative impacts, such as distress to individuals, legal, financial, and reputational damage to the Council, in addition to the possible penetration and crippling of the Council’s IT systems preventing it from delivering its Corporate Outcomes.</p>	4	3	12	<p>Review policies and guidance materials to strengthen advice to staff on how to manage various information types Continue with education and communication programme Update to CLT on cyber security and the recommendation of the insurance assessment Production of Business Case for Security and Compliance to enhance the security estate to meet new and emerging threats Production of Business Case for IADM, to increase the maturity of Information Assurance, and to increase the value of the corporate assets. Undertake regular compliance reviews. Simplify and consolidate the ICT infrastructure Reduction of the information storage, removal of duplicates information and validate that the asset register is being adhered to. Roll-out the revised/ updated e-learning Enhancement of the Data Classification and technical controls to further protect information. Enable Data Quality consistency across multiple service areas</p>	4	3	12	<p>New agile working conditions have increased vulnerabilities through increased reliance on remote technologies, the ability for Officers to move locations in the event of a localised outage will diminish as office accommodation is optimised.</p> <p>There is increased threat from malicious activity such as ransomware, these attacks are becoming more widespread and more sophisticated, and the skills and technologies to carry out these attacks are easily acquired by non-technical criminals. The ransomware threat has changed over time, it is no longer just a threat over denial of access of information but more of a threat of exposing information across the internet where it can never be recovered.</p> <p>In addition, threats from nation state actors is of considerable concern, with nearly half of nation state activity being targeted at governments across the world, with the UK being the third most targeted country behind the USA and Ukraine. The NCSC is currently investigating the recent reports of malicious cyber incidents in Ukraine. Incidents of this nature are like a pattern of Russian behaviour seen before in previous situations, including the destructive NotPetya attack in 2017 and cyber-attacks against Georgia. The UK Government has attributed responsibility for both these attacks to the Russian Government.</p> <p>The Cyber Security Strategy states that “while use of ransomware rises, the costs of remediating the impact of ransomware attacks remain significant. This only reinforces the need for strong cyber resilience and strengthens the case for appropriate cyber security prioritisation and investment, to mitigate the risks before they turn into serious incidents”.</p>
SR 5	<p>Business Continuity Risk that an internal or external incident occurs which renders the Council unable to utilise part or all of its infrastructure and resources (such as buildings, IT systems, and staff etc.) such that the Council is unable to deliver some, or in extreme cases all of its services and putting residents at risk for a period of time and resulting in a reduced achievement of Corporate Plan outcomes over the longer period.</p>	3	3	9	<p>Co-ordinate refresh of BC plans with specific focus on ICT systems Review and refresh of the Business Continuity Framework Development of training materials on Learning Lounge to support staff training and awareness Introduce moderation of BC plans across a working group for internal challenge and support Assessment of BC software with ongoing organisational needs Work with Emergency Planning to hold regular scenario testing</p>	2	3	6	<p>Recruiting temporary resource was unsuccessful; permanent recruitment process requires revised job description. Priority BC work is being progressed within Audit and Risk. Timescales for refresh of other BC tasks have been revised.</p> <p>Regular and focused reviews of business continuity occurred throughout Q3 in response to the continuing challenges of Covid; with the Omicron variant and Plan B restrictions. Achieving minimal impact to service delivery requires considerable assessment, planning and adaption within services. Oversight and monitoring was undertaken by CEmart, and this continues into Q4 2021/22.</p>

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SR 6	Organisational Capacity and Demand Local demographic and external factors (including COVID and EU Exit) lead to increasing and changing demands on services. This, combined with ongoing financial pressures, an ageing workforce, staff turnover and skills shortages in key areas of the workforce, result in insufficient capacity and an inability to retain or attract staff. This results in a detrimental impact upon physical, emotional and mental wellbeing of staff, and impact negatively on the Council's ability to deliver all of its intended objectives and outcomes.	3	4	12	Revised Council wide Workforce Strategy and Directorate /Service Workforce Plans. Equality, Diversity and Inclusion Strategy	3	4	12	Gross scores remain the same, existing controls have been updated. The labour market remains challenging. Staff continue to work flexibly, with those who are able to work from home. The planned mandatory Covid vaccination for Care staff is under review again and may not come into force as originally planned by the Government. Significant ongoing demand across all Directorates due to COVID-19 continues.
SR 7	Council Funding Significant detriment to the Council's funding streams as a result of changes to grant funding, reductions in the collection of council tax, business rates or fees and charges and changes in the local economic circumstances increase pressure on the Council's financial position and ability to deliver corporate priorities within the planned medium term financial strategy.	3	4	12	Engage with consultation on changes to local government financing	2	3	6	MTFS assumptions reviewed via Finance Sub-Committee. MTFS published following autumn statement, but prior to detailed Local Government Settlement. Assumptions gave limited benefit from settlement, to allow flexibility within the consultation period. Settlement provided only single year clarity, however risk from reduced levels of local taxes reduced as collection rates and levels of government funded reductions have stabilised the forecasts. Implementation of improved Council Tax Support scheme, EA scheme consultation and new business grants will help with impact on collection rates too.
SR 8A	Governance and Decision Making Failure to maintain effective corporate governance could result in poor decision-making, non-compliance and breach of legislation, leading to regulatory intervention and significant cost in financial terms and to the reputation of the Council, and failure to take decisions which deliver the objectives of the Corporate Plan.	3	3	9	Further work of the BFT Governance Workstream projects – Decision Making, Governance and Financial Codes and Policy and Performance Constitution update (April 2022, annual review thereafter) Decision making records. Reports and delegations - reviewed after each Committee cycle	2	2	4	Immediate new committee system transitional risks have been mitigated. Constitution update December 2021 and again April 22 then annual review from April. Ongoing risks relating to design flaws, untested events and effective management and follow up of decisions. Budget process nearly completed.
SR 8B	Political Uncertainty Uncertainty around future local and national political policy and administration could result in challenges to, or failure to take the decisions required to facilitate delivery of the Council's Corporate Plan, leading to unnecessary increases in resources used in the decision-making process and dissatisfaction from residents.	2	4	8	System for briefing and information exchange on white papers, levelling up, ICS and regional solutions - Preparation Elections 2023 and delivery of Corporate Plan Reprioritisation/new plan after elections Service Committee Support & Briefings	2	3	6	Improved service committee briefings, increases in the reservoir of knowledge through experience and training of members on the new committee and their wider engagement in decision making has appeared to clarify the areas of local political agreement and disagreement. Recent white papers have added uncertainty to regionalisation and wider shared arrangements. ICS and health integration and further care bill provide potential area of disagreement.
SR 9	Capital projects Risk that the Council's major capital projects are insufficiently managed to ensure that they are delivered on time, on budget and at the required quality level.	2	3	6	A new module within the Unit4 ERP system will improve financial monitoring to provide more regular information on actual and forecast spend	3	4	12	<ul style="list-style-type: none"> The existing controls for effective management of major capital projects remain in place. During Q3, Service Committees received Mid-Year Performance Review reports including high level updates on all major projects. Detailed updates were also provided to the appropriate Service Committee on the Town Centres Regeneration Programmes, Digital Connectivity Programme, HS2 Programme, Middlewich

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									Eastern Bypass Scheme, and preparations for the 2022-23 Highways and Transport capital programme. <ul style="list-style-type: none"> The Third Quarter Finance Review including an update on the relevant schemes within the Capital Programme is scheduled for January's Service Committee meetings.
SR 10	Infrastructure Investment (opportunity) Securing the required investment to support our major infrastructure and development priorities in Place, particularly in relation to HS2 and delivery of the Crewe Hub and noting the inflationary pressures across all aspects of project delivery.	3	4	12	No further planned mitigation activity			0	The Council continues to work collaboratively with stakeholders and partners to manage the above risks. The Council will explore Government funding opportunities to bring forward key interventions (such as the LUF) and utilizing work to date. Recent engagements with Government ministers have been positive and an opportunity to work with Infrastructure and Projects Authority to move the work forward has arisen.

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SR 11	<p>Pandemic Virus Ongoing risk of genetic shift resulting in rapidly spreading strain of influenza and other diseases previously unseen in humans for which no preventative treatment is available. In addition to the human health risks pandemic flu poses a risk to healthcare capacity and CEC business continuity.</p>	4	3	12	<p>Development of regional ‘business as usual’ approach for Cheshire and Merseyside Horizon scanning to understand long-term management of Covid-19</p>	4	3	12	<p>There is at present no means of removing the COVID-19 virus from the population or its associated risks and changes in national policy have reduced the control measures that had previously been in place. Managing the spread and mitigating against the impact is what we have to continue to work on in partnership with all those living and working in Cheshire East (in collaboration with partners across the sub-region and Cheshire and Merseyside). In order to achieve this we maintain a council Test and Trace programme and support partners across the health economy to deliver both the current vaccination programme and the booster programme to all eligible residents.</p> <p>Rates of Covid-19 are increasing, due to the Omicron Variant, particularly in the school aged population, this is coinciding with the flu season, increasing risks to individuals and placing additional pressures on health and social care providers. Additionally other winter illness such as RSV have been seen to be rising rapidly nationally, these rises are due to increased population susceptibility and are likely to put further pressure on primary and secondary care. The control measures for all respiratory and gastrointestinal infections that are more common during the winter remain the same as those for Covid-19. Local Authorities are being requested to take on more responsibilities in relation to local contact tracing. There will be additional financial pressures and workload pressures on organisations and staff across health and social care as a result.</p> <p>The mandatory vaccination programme for care homes presents a significant potential risk to continuity of service provision where staff who have not received both vaccinations will not be allowed onto care home sites. This includes individuals not employed by the care homes attending the sites for any reason. The council has provided support and guidance to our care homes to increase the vaccination rate and minimise the number of individuals who are not fully vaccinated by the cut off date.</p> <p>The implications for recovery include a significant impact on mental health for a range of reasons with concurrent needs for increased access to services (including substance misuse services). This will put pressure on teams that were in high demand pre-pandemic. This goes alongside a likely fall in physical health and wellbeing amongst particularly our most deprived populations arising from falls in physical activity and other changes to lifestyles.</p>

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SR 12	<p>Fragility and failure in the social care market Increased pressure within the Social care market, rising costs, increasing complex needs and funding pressures, which have been exasperated by Covid 19 increases the likelihood of multiple provider failure and market collapse.</p>	4	4	16	<p>Identify short term funding to support care providers to maintain sufficiently qualified workforce to meet need and reduce pressure on hospitals Establish a CEC crisis response team who can be called on at short notice to deliver care Expand the existing British Red Cross service to respond to crisis situations in the community by providing low level support over a 7 day period Undertake a review of care fees for all sectors of the market ASC/ Commissioning continues to respond to significant challenges pertaining to the acceleration of prevention. ASC/Commissioning and Communities have a Standard Set of Fit for the Future Contracts – that set out specific measurable outcomes pertaining to each service area in driving prevention and key performance indicators that will test the providers ability to retain a viable and sustainable business in responding to a population of changing need – higher levels of resident satisfaction and improved control. Continue to monitor and review preventative and support service activity. Improved utilisation of public health JSNA and wider regional data sets informing future commissioning plans. Develop engagement with community groups and 3rd sector. Liquid logic and controccc solutions to better map trend and demand. To monitor and review thresholds and gatekeeping processes Review and strengthen partnership working with wider agencies. Data intelligence is used to understand where and what kind of service demand needs are in order to commission appropriately and effectively. Continue to engage with leaders across teams – informing and influencing change. Continued engagement with people who access services and the involvement of Healthwatch and independent advocacy Joint working with ‘skills for care’ to encourage individuals to take up employment within the care sector. Ongoing support for care providers to assist in their response to the COVID-19 outbreak 'Hidden Carer's' initiative launched through Carer's Hub to help identify and support carers not known to the system</p>	3	3	9	<p>The last quarter has seen significant difficulties within the Social Care market- mainly driven by recruitment and retention issues. The social care market is competing with retail and the hospitality sectors that have more attractive hourly rates and less responsibility. To add to the pressures we have had self -isolating carers and increased demand. The Council has seen many care at home services handing back packages and Council staff having to step in and support service users at very short notice. We have also seen a significant number of care homes closing due to outbreaks of COVID which puts pressure on supporting people out of hospital. The teams are working hard to mitigate the issues being faced.</p>

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SR 13	<p>Reputation That consideration is not given, and management action is not taken, to effectively manage the reputation of the Council, leading to a loss of public confidence, threatening the stability of the Council and our ability to meet the corporate priorities.</p>	3	3	9	<p>Explore development of communication strategies to influence public awareness of and informedness about key universal services, inc: planning, highways, waste and recycling Further development of the communications approach to supporting decision making under the ctte system Align developing communications strategy to customer experience, digital and consultation and engagement strategies Include customer enquiries, MES and MP correspondence in reputation monitoring Undertake a survey of residents to understand how they want to get information about council services, policies etc. To inform communications strategy(ies) and plans</p>	3	3	9	<p>All Q2 comments still apply.</p> <p>In January 2022, Corporate Policy Committee gave approval to develop a communications strategy for the organisation and to survey residents about their communications preferences, to inform that strategy. Work has now begun on both those actions.</p> <p>Through Q3 and looking ahead to Q4, we are seeing significant developments in several priority areas for the Council, also evidenced through monitoring arrangements (above). This includes:</p> <ul style="list-style-type: none"> • Budget setting and council tax • Crewe regeneration, (HS2 Phase 2b, Great British Railways HQ bid) • Adult social care funding and recruitment • Integrated Care System • Highways funding and road maintenance • COVID-19 response and recovery as the pandemic progresses and national guidance continues to change. <p>These priority areas are also considered elsewhere in strategic risk register.</p>
SR 14	<p>Climate Change (2025) Failure to achieve Carbon Neutral status for the Council by the 2025 milestone target as a result of ineffective planning and delivery of actions, will result in non-delivery of a key priority in the Council’s Corporate Plan. It will also contribute to climate change temperature rise and severe weather events which could have an impact on public health and safety. It could also have financial implications with increased need for adaptation of key infrastructure for severe weather events across the borough.</p>	3	2	6	<p>Secure capital funding for key infrastructure projects, e.g. fleet EV charging infrastructure, solar farm, included in MTFs Feb 2022 Secure land for tree planting and solar farm development; Land use assessment undertaken with recommendation for allocation of land to Economy & Growth Committee; review progress end of Q4 2021/22 Monitoring of emerging technologies; annual report to committee</p>	2	2	4	<p>Climate change risk reshaped into focus on” failure to achieve Carbon Neutral Status”. Carbon Neutral Status is a key priority in the Council’s Corporate Plan, therefore failure to achieve this milestone is a risk to the delivery of Corporate Plan objectives. Impact of this risk being realised is seen as primarily reputational, rather than there being risk of legal challenge, financial challenge, increase in costs or lack of resilience. However, the risk being realised will also have climate change implications.</p> <p>The 2022-26 MTFs includes proposals for capital investment in energy efficiency measures in our buildings, for renewable energy through a large-scale solar farm, for electric vehicle charging points for our fleet, the delivery of a heat network at North Cheshire Garden Village, and for carbon storage through tree planting on Council land.</p>

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SR 15	<p>Economy Risk The combined external national economic shocks of EU transition and COVID -19 will have a severe detrimental impact on Cheshire East economy resulting in a protracted reduction in economic growth. This recession is expected to increase the number of local business failures resulting in a loss of business, employment and consumer confidence in Cheshire East; and severe impacts on the Councils income and exert pressure on its revenue and capital programmes.</p>	3	3	9			0	<p>Due to continued pressure in the wider economy both nationally and internationally, there is no variance to the scoring of risk.</p> <p>There is added risk with significant cost increases in utilities, gas and electric prices, and continued impact of construction inflation, supply chain shortages, and increased interest rates. Covid transmission remains high but self-isolating guidelines have relaxed but residual pressure remains in the market, which is still vulnerable to new variants and market confidence.</p> <p>Economic outlook remains fragile.</p>	

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Working for a brighter future together

Audit and Governance Committee

Date of Meeting:	10 th March 2022
Report Title:	Appointments Update: Co-Opted Independent Member and Independent Persons (Standards)
Report of:	David Brown
Report Reference No:	To be provided by Democratic Services
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. This report provides an update to the Committee on the appointment of co-opted independent members to the Audit and Governance Committee, and a recommendation from the appointments panel.
- 1.2. The report also provides the Committee with a briefing on the appointments process for the Council's Independent Persons.

2. Executive Summary

- 2.1. The Audit and Governance Committee carries out an important oversight and assurance role that requires its members to be apolitical and objective. To bolster and support this role, the Committee's membership includes two independent non-elected individuals co-opted to the Committee.
- 2.2. The Committee's remit also extends to assuring the Council that its standards and councillor conduct arrangements are effective. This particular aspect is supported by the appointment of at least one further Independent Person to work alongside the Monitoring Officer and Hearing Sub-Committees.
- 2.3. This report seeks the endorsement of the Committee to the appointment of the first co-opted member to the Committee, and the further appointment of two Independent Persons.

3. Recommendations

- 3.1. That the Committee –
- a) Note the content of the report; and
 - b) Recommend to full Council –
 - the co-option of the first Independent Member to the Committee (identified within the report) for a period of 4 years;
 - the appointment of two Independent Persons (identified within the report) under the Localism Act 2011, for a period of 4 years.
 - c) Agree to the re-advertising of the remaining co-opted independent member vacancy for the Audit and Governance Committee, using the same process and member panel to shortlist and interview, before making a recommendation to the Committee to endorse to Council.

4. Reasons for Recommendations

- 4.1. These recommendations support the completion of the Committee's membership which includes co-opted independent members and ensure the Committee's remit in relation to standards and councillor conduct arrangements are effective.

5. Other Options Considered

- 5.1. Failure to appoint co-opted independent member(s) to the Committee means that the Committee's membership, as set out in the Committee's Terms of Reference is not achieved.
- 5.2. Failure to have sufficient Independent Persons appointed to support the work of the Monitoring Officer and Hearing Sub-Committee will further challenge the effectiveness of standards and councillor conduct arrangements.

6. Background

Independent co-opted members:

- 6.1. The terms of reference for the Audit and Governance Committee include provision for the appointment of two co-opted independent members to the Committee. These independent members are drawn from external applicants who demonstrably have no link with either council officers or councillors and have a range of skills that would support the work of the Committee.
- 6.2. In May 2021 the Committee agreed an approach to the recruitment of co-opted independent members using a panel of Committee members to support the process and recommend successful candidates for these roles to Council for a term of 4 years. Once appointed, the co-opted members will

attend Committee and may vote on advisory matters (pursuant to a Council resolution on 22 October 2016).

- 6.3.** The recruitment/advertising period needed to be extended further than had originally been anticipated for. After shortlisting, one candidate was interviewed by the member panel. This report seeks the Committee's endorsement of the full Council appointment of the recommended candidate, Mr Ron Jones to the role of co-opted member.
- 6.4.** The remaining vacancy can be advertised again. It is suggested that the same approach to recruitment and selection is used.

Independent Persons:

- 6.5.** The Localism Act 2011 requires the Council to have in place arrangements for investigating and deciding on allegations of councillor misconduct. These arrangements must include provision for the appointment of at least one Independent Person.
- 6.6.** An Independent Person will work closely with the Monitoring Officer and Hearings Sub-Committees as necessary, providing independent advice and guidance to ensure the correct and fair operation of the Council's adopted councillor conduct processes.
- 6.7.** It is considered prudent, and is usual practice, for a council to appoint more than one Independent Person. This is a reflection of the amount of work the role entails, particularly in larger councils and those with responsibility for parish and town councils. It also helps to address any conflicts that may arise in relation to a particular case requiring input.
- 6.8.** As with co-opted members, Independent Persons are drawn from external applicants who demonstrably have no link with either council officers or councillors and have a range of skills that would support the work of the Committee. In order to maintain a clear distance between elected members, who may at some point be involved with the work of the Independent Person, a technical assessment of applicants is undertaken by the Monitoring Officer. The Monitoring Officer will then recommend candidates for Committee endorsement, and subsequent appointment by full Council.
- 6.9.** This report seeks the Committee's endorsement of the full Council appointment of Ms Margaret Rathbone and Ms Margaret Smith, to the role of Independent Person.

7. Implications

7.1. Legal

7.1.1. Full Council must approve all non-elected appointments to Committee.

7.1.2. The Localism Act 2011 requires full Council appointment of at least one Independent Person.

7.2. Finance

7.2.1. The roles outlined in this report do not receive remuneration, only reimbursement of out-of-pocket expenses.

7.3. Policy

7.3.1. There are no direct policy implications arising from this report.

7.4. Equality

7.4.1. There are no direct equality implications arising from this report.

7.5. Human Resources

7.5.1. There are no direct human resources implications arising from this report.

7.6. Risk Management

7.6.1. There are no direct risk management implications arising from this report.

7.7. Rural Communities

7.7.1. There are no direct implications for rural communities.

7.8. Children and Young People/Cared for Children

7.8.1. There are no direct implications for children and young people

7.9. Public Health

7.9.1. There are no direct implications for public health.

7.10. Climate Change

7.10.1. There are no direct implications for Climate Change

Access to Information	
Contact Officer:	David Brown David.c.brown@cheshireeast.gov.uk
Appendices:	n/a
Background Papers:	Recruitment of Co-opted Members for the Audit and Governance Committee - report to Audit and Governance Committee 27 th May 2021



Working for a brighter future together

BRIEFING REPORT

Audit and Governance Committee

Date of Meeting:	10 March 2022
Report Title:	Maladministration Decision Notices from Local Government and Social Care Ombudsman – December 2021 to January 2022
Report of:	David Brown, Director of Governance & Compliance

1. Purpose of Report

- 1.1. This report provides an update on the Decision Notices issued by the Local Government and Social Care Ombudsman “the Ombudsman” when his investigations have found maladministration causing injustice to complainants. The report details the decisions made between 1st December 2021 and 31st January 2022. There were two decisions in which the Ombudsman found that there was maladministration causing injustice; the relevant departments are complying with the recommendations and have learned lessons from the investigation outcomes. It is not possible to report on any Decision Notices issued from the end of January 2022 onwards, as the Ombudsman imposes a 6-week reporting embargo. Any decisions received after 27th January 2022 will be reported at a subsequent Audit & Governance meeting.

2. Executive Summary

- 2.1. During the period between 1st December 2021 to 31st January 2022 the Council received two Decision Notices in which the Ombudsman has concluded that there has been maladministration causing injustice. The details of these cases can be found in Appendix 1.

3. Background

- 3.1. The Local Government Act 1974 established the Local Government and Social Care Ombudsman. It empowers the Ombudsman to investigate complaints against

councils and adult social care providers and to provide advice and guidance on good administrative practice. Once a complainant has exhausted the Council's Complaints procedure, their next recourse, should they remain dissatisfied with the Council's response, is to contact the Ombudsman.

3.2. The Ombudsman will assess the merits of each case escalated to them and seek clarification from the Council as necessary before making the decision to investigate a complaint. Once the Ombudsman decides to investigate, they will try to ascertain if maladministration has occurred and whether there has been any resulting injustice to the complainant because of the maladministration.

3.3 In instances where maladministration with injustice is found, the Ombudsman will usually make non-legally binding recommendations which they consider to be appropriate and reasonable. Although not legally binding, refusal to accept the Ombudsman's recommendation(s) will trigger a Public Report.

3.4 A Public Report is a detailed account of the complaint, outlining the failures by the Council in the investigation; this can have a significant damaging effect on the Council's reputation.

4. Briefing Information

4.1. Highways complaint

The complainant originally complained in March 2020 which concerned the discharge of highways water onto his property and that this may affect his septic tank. A Stage 1 complaint response was issued in April 2020 which detailed among other things the affect that recent storms had had on the highways system across the borough and that his particular flooding was not a priority at that time.

4.1.2 The complainant was not happy with this response and his complaint was escalated to Stage 2. He had suffered further flooding due to a blocked Drain. It was stated that the council intended to undertake more regular gully maintenance going forward in rural areas.

4.1.3 The complainant took his complaint to the Ombudsman who found fault with the council's communication with the complainant and recommended some service improvements.

4.2. Special Educational Needs Complaint

The complainant originally submitted her complaint in October 2020 which concerned the lack of an Annual Review and lack of provision specified in her daughter's Education, Health and Care Plan (EHCP) which included

Speech and Language Therapy (SALT), Access to counselling sessions and development of independent life skills. A Stage 1 complaint response was issued in December 2020 which upheld the complaint and stated “the Local Authority has failed to follow the statutory processes and meet the statutory timescales for X’s annual review, in line with expectations set out in the SEND Code of Practice” and “there are elements of X’s provision, around SALT, support services and independent life skills, that she is not currently receiving.

- 4.2.2 The complainant remained unhappy following the Stage 1 response including because an action had not been completed and requested a review at Stage 2 of the complaints procedure. This was issued in January 2021. It noted that the provision of SALT was on ongoing process with a review scheduled in January 2021.
- 4.2.3 The complainant subsequently took her complaint to the Ombudsman who upheld her complaints about lack of provision and recommended an apology, a compensation payment for the missed provision and service improvements.

5. Implications

5.1. Legal

- 5.1.1. There are no legal implications flowing directly from the content of this report.

5.2. Finance

- 5.2.1. If fault causing injustice is found, the Council can be asked to pay compensation to a complainant, the level of which is determined on a case-by-case basis. The cost of such compensation is paid for by the service at fault. In the cases outlined in this report the Council was required to make compensation payments totalling **£2500** (SEN complaint).

5.3. Human Resources

- 5.3.1 There are no HR implications flowing directly from the content of this report.

Access to Information	
Contact Officer:	Alan Ward, Complaints Officer Alan.ward@cheshireeast.gov.uk 01270 686200
Appendices:	Appendix 1 – see below
Background Papers:	

Appendix 1 - Ombudsman Decisions where Maladministration with Injustice has Taken Place

December 2021 to January 2022

	Summary and Ombudsman's Final Decision	Agreed Action	Action Taken	Measures Implemented
Highways	<p>Decision Date: 9 Dec 2021</p> <p>Mr D complained the Council failed to take preventive action when he reported a blocked drain. We find the Council was at fault for its communication with Mr D. The Council apologised for this when it responded to Mr D's complaint. It has also agreed to carry out service improvements to prevent a reoccurrence of the fault.</p> <p>Mr D complained the Council failed to take preventive action when he reported a blocked drain. He says the Council's failure to act in a timely manner led to the flooding of his grounds and septic tank.</p> <p>Link to LGSCO Report 21 001 585 - Local Government and Social Care Ombudsman</p>	<p>By 8 February 2022, the Council agreed to provide evidence that it has:</p> <p>Created a dedicated adverse weather webpage that acts as a central hub where customers can get advice, information and support before, during and after periods of adverse weather.</p> <p>Produce written guidance for staff working on the adverse weather desk to support them with signposting customers to appropriate resources. This will enable them to provide consistent and accurate response to enquiries.</p>		<p>We have created a Teams group where spreadsheets for each weather event are stored. The contents of the spreadsheets have been standardised, which means all data for each incident is now collected and maintained in the same way. The spreadsheet is shared with key Highways staff to allow them to update the contents, and viewing access has been given to senior managers and our colleagues in the Customer Centre and the out of hours team so that they can monitor the events 24 hours a day.</p> <p>Instructions have been given to the Customer Centre and out of hours about how to use the information provided in the spreadsheet, which explains when they should call through different enquiries and how to update customers at first point about any known issues. Guidance has also been provided for the commonest enquiries received during</p>

				<p>adverse weather, including where to signpost customers to third parties.</p> <p>We have explored developing a dedicated web page for Highways incidents with our Web team, who have suggested that we may wish to consider liaising with other services to consider creating a hub for all council services impacted by poor weather and other major events.</p> <p>In the meantime, we have ensured our winter maintenance and flooding pages are up to date with the latest general information - as these are the most useful pages during periods of poor weather - and we will continue to issue specific updates about storms via our social media channels until a web page format can be agreed.</p>
Special Educational Needs Complaint	<p>Decision Date: 17 Dec 2021</p> <p>Mrs X complains the Council failed to ensure her daughter, B, received certain special educational provision set out in her Education, Health and Care Plan. She complains the Council failed to complete the annual review of the Plan within the statutory</p>	<p>The Council has offered £300 to Mrs X and B for the stress and anxiety caused by the delay in issuing the final amended EHC Plan. I consider this a suitable financial remedy for the injustice caused by this.</p> <p>However, I do not find this fully remedies the injustice Mrs X and B have experienced because of the fault identified above. Within four weeks of my decision, the Council has, therefore, agreed to:</p> <p>a) apologise in writing to Mrs X and B for the fault causing injustice;</p>	<p>Payment of £2500 made and an apology letter from the acting Director of Education and 14-19 Skills dated 17 January 2022 issued.</p>	<p>Service Improvements are due to be implemented by 17 March 2022.</p>

	<p>timescales. The Ombudsman has decided to uphold Mrs X's complaint. Because of this fault, Mrs X was caused distress and uncertainty, and B missed out on certain provision. To remedy the injustice, the Council has agreed to apologise, make Mrs X and B a payment, and take action to prevent similar failings in the future.</p> <p>Link to LGSCO Report: 20 014 516 - Local Government and Social Care Ombudsman</p>	<p>b) make a payment to Mrs X, on behalf of B, of £150 for the uncertainty caused between 23 March to 31 July 2020 (see paragraph 59 above). This payment is in line with the Ombudsman's published guidance on remedies; and,</p> <p>c) make a payment to Mrs Y, on behalf of B, of £2,050 for the loss of SALT, independent life skills provision and support from a specialist ASD college one day per week (made up of £800 for autumn term 2020, £650 for spring term 2021 given SALT provision began in February 2021, and £600 for summer term 2021). This is in line with the Ombudsman's guidance on remedies, which states: where fault has resulted in a loss of educational provision, we will usually recommend a remedy payment of between £600 to £1,800 per term to acknowledge the impact of that loss.</p> <p>The Council has confirmed that it has already made the following service improvements because of Mrs X's complaint: reminded relevant staff about adhering to statutory guidance on the EHC Plan process, and shared learning about the case with relevant staff members involved in the complaint and at managers meetings.</p> <p>However, within three months of my decision, the Council has also agreed to make the following service improvements:</p> <p>a) remind relevant staff members about the specific statutory timeframes for completing the annual review process. This should include information on the timeframes for completing the process when the Council</p>		
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		<p>intends to amend an EHC Plan (see paragraphs 16 to 19 above);</p> <p>b) develop a procedure to ensure that, where it appears a child or young person is not receiving the provision set out in their EHC Plan, robust action is taken without delay;</p> <p>c) review its complaints handling process to ensure clear information is given to staff on assessing injustice when fault is found and awarding appropriate remedies for this. The Council should consider including a reference to the Ombudsman's published guidance on remedies in the guidance; and,</p> <p>d) share this decision with relevant staff.</p>		
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Audit and Governance Committee

Date of Meeting:	10 March 2022
Report Title:	Committee Work Programme
Report of:	David Brown, Director of Governance and Compliance
Report Reference No:	AG/24/21-22
Ward(s) Affected:	All

1. Executive Summary

- 1.1. This report presents the Work Programme for 2021/22 and 2022/23 to the Committee for comment and approval.

2. Recommendations

- 2.1. That the Committee
- 2.1.1. Consider the Work Programme and determine any required amendments;
- 2.1.2. Note that the Work Programme will be brought back to the Committee throughout the year for further development and approval.

3. Reasons for Recommendations

- 3.1. The Audit and Governance Committee has a key role in overseeing and assessing the Council's risk management, control, and corporate governance arrangements. It advises the Council on the adequacy and effectiveness of these arrangements. A forward-looking programme of meetings and agenda items is necessary to enable the Committee to fulfil its responsibilities.

4. Other Options Considered

- 4.1. No applicable.

5. Background

- 5.1.** In March 2021 the Audit and Governance Committee approved the draft Work Programme for 2021/22.
- 5.2.** Changes to the Work Programme since the last considered at the September 2021 meeting include the inclusion of agenda items for the Committee's meeting on 17 January 2022.
- 5.3.** Aspects of the Audit and Governance Committee's agenda are determined by statutory requirements such as the Statement of Accounts and Annual Governance Statement.
- 5.4.** Outside of these agenda items, the Committee should aim to manage its agenda according to its assurance needs to fulfil its terms of reference. The Committee is asked to consider the contents of the Work Plan (Appendix A) and establish any amendments that will enable it to meet its responsibilities.
- 5.5.** By identifying the key topics to be considered at the Audit and Governance Committee meetings, and receiving appropriate reports, Committee Members are able to undertake their duties effectively and deliver them to a high standard. In turn, this adds to the robustness of the risk management framework, the adequacy of the internal control environment and the integrity of the financial reporting and corporate governance of the Council.
- 5.6.** Members will recognise that some items are brought to Committee on a more regular basis than others to ensure that statutory requirements are complied with. There are also individual requirements of the Committee's Terms of Reference which are only used on an ad-hoc basis. The Work Plan will be re-submitted to the Committee for further development and approval at each subsequent meeting.
- 5.7.** In order to help with their deliberations, Members are asked to consider the following:
 - 5.7.1.** care should be taken to avoid duplication and maintain the focus of an audit committee on its core functions as defined by its terms of reference rather than wider issues that are subject to the work of other committees or assurance functions.
 - 5.7.2.** that the Audit and Governance Committee should operate at a strategic level with matters of operational detail resolved by service managers.
 - 5.7.3.** the number and frequency of reports should be proportional to the risk in order to give the core business of an audit committee sufficient focus and attention and to avoid lengthy and thus unproductive meetings.

6. Consultation and Engagement

- 6.1. The Work Plan is prepared following discussion with key officers who regularly provide updates to the Audit and Governance Committee. The Work Plan for 2021/22 is also discussed with the Committee Chair and Vice Chair and considered by the Corporate Leadership Team.

7. Implications

7.1. Legal

- 7.1.1. The Work Plan for 2021/22 complies with the requirements of the Accounts and Audit Regulations 2015. The Committee is advised that for the publication of the 2020/21 accounts, an approach has been agreed with the Council's external auditors to manage risks recognised around capacity and resource.

7.2. Finance Implications

- 7.2.1. When reviewing the Work Plan, Members will need to consider the resource implications of any reviews they wish to carry out both in terms of direct costs and in terms of the required officer support.

7.3. Policy Implications

- 7.3.1. There are no policy implications in this report.

7.4. Equality Implications

- 7.4.1. There are no direct implications for equality in this report. The Audit and Governance Committee receives assurances from across the organisation.

7.5. Human Resources Implications

- 7.5.1. Members should be satisfied that the inclusion of each item on its agenda results in added value, as the assurance process has a resource implication to the organisation and should therefore be proportional to the risk.

7.6. Risk Management Implications

- 7.6.1. Effective internal control and the establishment of an audit committee can never eliminate the risks of serious fraud, misconduct, or misrepresentation of the financial position.

However, an effective audit committee can:

- 7.6.1.1. raise awareness of the need for robust risk management, control and corporate governance arrangements and the implementation of audit recommendations,

- 7.6.1.2. increase public confidence in the objectivity and fairness of financial and other reporting
- 7.6.1.3. reinforce the importance and independence of internal and external audit and any other similar review process
- 7.6.1.4. provide additional assurance through a process of independent and objective review

7.7. Rural Communities Implications

7.7.1. There are no direct implications for rural communities.

7.8. Implications for Children & Young People/Cared for Children

7.8.1. There are no direct implications for children and young people.

7.9. Public Health Implications

7.9.1. There are no direct implications for public health.

7.10. Climate Change Implications

7.10.1. There are no climate change implications in this report.

Access to Information	
Contact Officer:	David Brown Director of Governance and Compliance Services david.brown@cheshireeast.gov.uk
Appendices:	Appendix A - Work Programme 2021-22
Background Papers:	None

Work Programme – Audit and Governance Committee – 2021/22

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/17/21-22	10 Mar 2022	External Audit Progress and Update Report	To receive an update from the Council's External Auditors in relation to the 2020/21- external audit report and other issues.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/31/21-22	10 Mar 2022	Certification of Grants and Claims	To receive an update from the Council's External Auditors in relation to the 2021/22 external audit report to minimise risk and time slippage.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/30/21-22	10 Mar 2022	Internal Audit Plan 2022/23	To approve the proposed Internal Audit Plan for 2022/23.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/9a/21-22	10 Mar 2022	Member Code of Conduct Sub-Committee Report (HPC)	To agree a revised Councillor Code of Conduct to be recommended for adoption by Council.	Director of Governance and Compliance (Monitoring Officer)		N/A	N/A	An open and enabling organisation	N/A
AG/22/21-22	10 Mar 2022	Risk Management Update	To update the Committee on Risk Management and Business Continuity activity in the Council.	Executive Director Corporate Services				An open and enabling organisation	
AG/33/21-22	10 Mar 2022	Appointments	To consider the appointments of the Independent Persons (Standards) and the Co-opted Independent Member for the Audit & Governance Committee.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/21/21-22	10 Mar 2022	Standing Item: Upheld Complaints to the Local Government Ombudsman	To consider the decision notices issued by the Local Government Ombudsman.	Director of Governance and Compliance (Monitoring Officer)		No	yes	An open and enabling organisation	No
AG/24/21-22	10 Mar 2022	Standing Item: Work Programme 2021/22 and 2022/23	Forward looking programme of meetings and agenda items to ensure comprehensive coverage of the Committee's responsibilities.	Executive Director Corporate Services				An open and enabling organisation	
AG/16/21-22	7 Apr 2022	VFM report from External Auditors	To receive the Value for Money report from the External Auditors in relation to the 2020/21 Statement of Accounts.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/32/21-22	7 Apr 2022	Final Annual Audit Letter 2020/21 and Certification Report	Summary of the External Audit findings from the 2020/21 audit. The letter will also confirm the final audit fee	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/20/21-22	7 Apr 2022	Covid-19 Report	To consider the most recent report on the Council's response to Covid-19 as prepared and presented to the Council's Corporate Policy Committee.	Executive Director Corporate Services				An open and enabling organisation	
AG/23/21-22	7 Apr 2022	Internal Audit Plan 2021/22	To consider a summary of Internal Audit Work undertaken between September 2021 and December 2021.	Executive Director Corporate Services				An open and enabling organisation	
AG/14/21-22	7 Apr 2022	Member Code of Conduct	To approve and adopt a new Member Code of Conduct.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/18/21-22	7 Apr 2022	Members Code of Conduct Process	To approve and adopt a new Code of Conduct Process.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/9b/21-22	7 Apr 2022	Member Code of Conduct Sub-Committee Report (STC)	To receive a report on the outcome of the Hearing Sub Committees.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/15/21-22	7 Apr 2022	Whistleblowing Policy	To consider the Whistleblowing Policy and recommend to Council for approval.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/24/21-22	7 Apr 2022	Standing Item: Work Programme 2022/23	To consider the Committees Work Programme.	Executive Director Corporate Services				An open and enabling organisation	
AG/17/21-22	26 May 2022	External Audit 2021/22 Progress Report	To receive an update from the Council's External Auditors in relation to the 2021/22 external audit report to minimise risk and time slippage	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/23/21-22	26 May 2022	Internal Audit Annual Report 2021/22	To receive the Annual Internal Audit Report for 2021/22.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/34/21-22	26 May 2023	Draft Annual Governance Statement	Update on actions to improve governance arrangements and respond to emerging issues identified in the 2020/21 Annual Governance Statement. Proposed process for the production of the 2021/22 Annual Governance Statement.	Executive Director Corporate Services				An open and enabling organisation	
AG/38/21-22	26 May 2022	Draft Statement of Accounts	To consider the Draft Statement of Accounts.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/28/21-22	26 May 2022	Conflict of Interest Policy	To consider the Conflict of Interest Policy.	Director of Governance and Compliance (Monitoring Officer)		TBC	TBC	An open and enabling organisation	No
AG/40/21-22	26 May 2022	Annual Risk Management Report 2021/22	To consider the Annual Risk Management Report 2021/22.	Executive Director Corporate Services				An open and enabling organisation	
AG/21/21-22	26 May 2022	Standing Item: Upheld Complaints to the Local Government Ombudsman	To consider the Decision Notices issued by the Local Government Ombudsmen.	Director of Governance and Compliance (Monitoring Officer)		No	Yes	An open and enabling organisation	No

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/25/21-22	26 May 2022	Standing Item: Compliance with Contract Procedure Rules	To receive an update on Waivers and Non-Adherences (WARNs).	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/26/21-22	26 May 2022	Standing Item: Compliance with Contract Procedure Rules (PART TWO)	To update the Committee on Waivers and Non-Adherences (WARNs): PART TWO	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	1, 2, 3
AG/24/21-22	26 May 2022	Standing Item: Work Programme 2021/22 and 2022/23	To consider the Committees Work Programme.	Executive Director Corporate Services				An open and enabling organisation	
AG/17/21-22	28 Jul 2022	External Audit 2021/22 Progress Report	To receive an update from the Council's External Auditors in relation to the 2021/22 external audit report to minimise risk and time slippage.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/41/21-22	28 Jul 2022	Monitoring Officer Report	To consider a report by the Monitoring Officer.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/42/21-22	28 Jul 2022	Information Governance Report	To consider an Information Governance Report.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/43/21-22	28 Jun 2022	Audit & Governance Committee Self-Assessment	To approve the adoption of the new CIPFA Code and the annual self-assessment.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/22/21-22	28 Jul 2022	Risk Management Update	To update the Committee on Risk Management and Business Continuity activity in the Council.	Executive Director Corporate Services				An open and enabling organisation	
AG/21/21-22	28 Jul 2022	Standing Item: Upheld Complaints to the Local Government Ombudsman	To consider the decision notices issued by the Local Government Ombudsman.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/25/21-22	28 Jul 2022	Standing Item: Compliance with Contract Procedure Rules	To update the Committee on Waivers and Non-Adherences (WARNs)	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/26/21-22	28 Jun 2022	Standing Item: Compliance with Contract Procedure Rules: PART TWO	To update the Committee on Waivers and Non-Adherences (WARNs): PART TWO	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/24/21-22	28 Jul 2022	Standing Item: Work Programme 2022/23	To consider the Committees Work Programme.	Executive Director Corporate Services				An open and enabling organisation	
AG/17/21-22	29 Sep 2022	External Audit 2021/22 Progress Report	To receive an update from the Council's External Auditors in relation to the 2021/22 external audit report to minimise risk and time slippage	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/37/21-22	29 Sep 2022	Internal Audit Plan 2022/23	To receive a progress update on the Internal Audit Plan 2022/23	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/44/21-22	29 Sep 2022	Audit & Governance Committee Annual Report	To consider the Committees Annual Report.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/24/21-22	29 Sep 2022	Standing Item: Work Programme 2022/23	To consider the Committees Work Programme.	Executive Director Corporate Services				An open and enabling organisation	
AG/21/21-22	22 Sep 2022	Standing Item: Upheld Complaints to the Local Government Ombudsman	To consider the decision notices issued by the Local Government Ombudsman	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/25/21-22	29 Sep 2022	Standing Item: Compliance with Contract Procedure Rules	To update the Committee on Waivers and Non-Adherences (WARNs)	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/26/21-22	29 Sep 2022	Standing Item: Compliance with Contract Procedure Rules: PART TWO	To update the Committee on Waivers and Non Adherences (WARNs) PART TWO.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/17/21-22	24 Nov 2022	External Audit 2021/22 Progress Report	To receive an update from the Council's External Auditors in relation to the 2021/22 external audit report to minimise risk and time slippage	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/39/21-22	24 Nov 2022	Final Statement of Accounts	To consider the Final Statement of Accounts.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/35/21-22	24 Nov 2022	Final Annual Governance Statement	To review the final version of the Audit and Governance Annual Governance Statement 2021/22 for approval.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/37/21-22	24 Nov 2022	Internal Audit Plan 2022/23	To receive a progress update on the Internal Audit Plan 2022/23.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/22/21-22	24 Nov 2022	Risk Management Update	To update the Committee on Risk Management and Business Continuity activity in the Council.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/24/21-22	24 Nov 2022	Standing Item: Work Programme 2022/23	To consider the Committees Work Programme.	Executive Director Corporate Services				An open and enabling organisation	
AG/21/21-22	24 Nov 2022	Standing Item: Upheld Complaints to the Local Government Ombudsman	To consider the decision notices issued by the Local Government Ombudsman	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/25/21-22	24 Nov 2022	Standing Item: Compliance with Contract Procedure Rules	To update the Committee on Waivers and Non-Adherences (WARNs)	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/26/21-22	24 Nov 2022	Standing Item: Compliance with Contract Procedure Rules: PART TWO	To update the Committee on Waivers and Non-Adherences (WARNs): PART TWO	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/16/21-22	9 Mar 2023	Value For Money Report from External Auditors	To receive the Value for Money report from the External Auditors in relation to the Statement of Accounts.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/1/21-22	9 Mar 2023	Annual Audit Letter 2021/22 & Certification Report	Summary of the External Audit findings from the 2021/22 audit. The letter will also confirm the final audit fee.	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/36/21-22	9 Mar 2023	Annual Governance Statement Progress Update	Update on actions to improve governance arrangements and respond to emerging issues identified in the 2021/22 Annual Governance Statement. Proposed process for the production of the 2022/23 Annual Governance Statement.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	
AG/22/21-22	9 Mar 2023	Risk Management Update	To update the Committee on Risk Management and Business Continuity activity in the Council.	Executive Director Corporate Services				An open and enabling organisation	
AG/24/21-22	9 Mar 2023	Standing Item: Work Plan 2022/23 & 2023/24	To consider the Committees Work Programme.	Executive Director Corporate Services				An open and enabling organisation	
AG/25/21-22	9 Mar 2023	Standing Item: Compliance with Contract Procedure Rules	To update the Committee on Waivers and Non-Adherences (WARNs).	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	
AG/26/21-22	9 Mar 2023	Standing Item: Compliance with Contract Procedure Rules: PART TWO	To update the Committee on Waivers and Non-Adherences (WARNs): PART TWO	Director of Finance and Customer Services (s151 Officer)				An open and enabling organisation	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AG/21/21-22	9 Mar 2023	Standing Item: Upheld Complaints to the Local Government Ombudsman	To consider the decision notices issued by the Local Government Ombudsman.	Director of Governance and Compliance (Monitoring Officer)				An open and enabling organisation	