

Barnsley Metropolitan Borough Council

Annual Governance Statement 2019/20

ANNUAL GOVERNANCE STATEMENT 2019/20

Section		Page
1	Executive Summary	4
2	Actions from the Annual Governance Statement 2018/19 a) GDPR – to further improve compliance b) Peer Review Findings – governance and risk	5
3	Introduction and Scope of Responsibility	6
4	Principles of Good Governance	7
5	The Purpose of the Annual Governance Statement	7
6	Reviewing our Effectiveness and the Governance Framework a) Head of Paid Service b) Section151 Officer c) Monitoring Officer	8
7	Internal Audit and the Opinion on Internal Control 2019/20	10
8	Data Protection Officer (DPO)	11
9	External Audit	12
10	External Inspection Reports a) Annual Review Letter 2020 – Local Government and Social Care Ombudsman b) Children's Services – Ofsted Inspections	12

Section		Page
	c) CQC d) LGA Corporate Peer Challenge	
11	Governance Issues Identified from the Annual Governance Review 2019/20	16
12	Governance Issues and Action Plan for 2020/21	18
13	Impact of Coronavirus	21
14	Conclusion	23
Appendix 1	Action Plan – 2020/21	25

1. Executive Summary

Barnsley Metropolitan Borough Council is committed to improving the lives of all residents and creating opportunity and prosperity for local people and businesses. This commitment is set out in the council's Corporate Plan and describes how the council will meet the challenges ahead and make the most of opportunities.

To be successful the council must have a solid foundation of good governance and sound financial management. Barnsley's Local Code of Corporate Governance sets out how we aspire to and ensure that we are doing the right things, in the right way and in line with our values.

Each year the council is required to produce an Annual Governance Statement (AGS) which describes how its corporate governance arrangements set out in the Local Code have been working. This statement gives assurances on compliance for the year ending 31 March 2020 and up to the date of approval of the statement of accounts.

The AGS shows that in many areas the Council has very effective arrangements in place. We will continue to review, streamline and improve our processes to ensure these arrangements remain effective, now and into the future.

Although most of the financial year was largely unaffected by the coronavirus pandemic, from March 2020 there has been a significant impact upon the Council's services. Despite the significant challenges, the Council, together with its partners, has continued to deliver and co-ordinate services, alongside providing a robust and effective response to the pandemic.

The Leader and Chief Executive confirm they have been advised of the implications of the review of governance arrangements by Senior Management and the Audit and Governance Committee and are satisfied that the steps outlined in this document will address the areas for improvement.

Signed on behalf of Barnsley Metropolitan Borough Council

Signed:
Sir Stephen Houghton CBE
Leader of the Council

Signed:
Sarah Norman
Chief Executive

2. Actions from the Annual Governance Statement 2018/19

The 2018/19 Annual Governance Statement identified 2 areas for action:

- monitoring the implementation of management actions identified by the Data Protection Officer (DPO) to further improve compliance with the General Data Protection Regulations and embed good general data protection practice
- delivery of the improvement action noted within the 2019 Peer Review findings specifically to address recommendations relating to governance and risk

During 2019/20 the Audit and Governance Committee have received regular updates on progress against these areas; key aspects to note are as follows:

a) General Data Protection Regulations – to further improve compliance:

Action has been taken to improve compliance with the General Data Protection Regulations. Independent assurance reviews were completed providing the Information Governance Board with information and assurance regarding compliance with good data protection practice. Management actions arising from individual assurance reports have been followed up and all actions have been completed.

Further assurance reviews for 2020 are currently being finalised [updated for final AGS] but all areas reviewed have received a positive assurance opinion. The details of these reviews will be shared with the Information Governance Board and Audit and Governance Committee.

The Information Governance Board has been reviewed and new terms of reference and membership have been established to ensure the Board has a more strategic focus. The Data Protection Officer provides a regular update (a standing item) on data protection compliance to the Board.

b) Peer Review Findings – Governance and Risk:

The Senior Management Team (SMT) received a presentation in October 2019 on the review of the Strategic Risk Register and a proposed new approach to risk which was endorsed in principle. A workshop session with SMT to develop the Strategic Risk Register was planned for early 2020 which was unfortunately postponed due to the Coronavirus pandemic. SMT have renewed their commitment to the new approach and a workshop was held in August 2020 following which a new strategic risk register has been prepared.

Further work is required to develop the Strategic Risk Register further, to roll-out the new approach to operational and project areas and to integrate it with a new approach to governance assurance. This is an action within the AGS action plan.

3. Introduction and Scope of Responsibility

Barnsley Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

The Accounts and Audit Regulations 2015, as amended by the Accounts and Audit (Coronavirus) (Amendment) Regulations 2020, require the council to conduct a review, at least once a year, on the effectiveness of its system of internal control and include an Annual Governance Statement reporting on the review with the Statement of Accounts.

4. The Principles of Good Governance

The Council has reviewed its existing governance arrangements and has approved and adopted a Local Code of Corporate Governance, which is consistent with the seven principles of Corporate Governance as set out in the CIPFA/SOLACE (2016) Framework Delivering Good Governance in Local Government. [link to Local Code]

The seven principles are as follows:

- Principle A - Behaving with integrity
- Principle B - Ensuring openness and stakeholder engagement
- Principle C - Defining outcomes in terms of sustainable economic, social and environmental benefits
- Principle D - Ensuring planned outcomes are achieved
- Principle E - Developing capacity, capability and leadership within the Council
- Principle F - Managing risks and performance through strong internal control and financial management
- Principle G - Demonstrating transparency and accountability

5. The Purpose of the Annual Governance Statement

The Annual Governance Statement considers the effectiveness of our governance arrangements throughout 2019/20. It is an objective and honest appraisal of our governance framework and shows that, we have **adequate arrangements which continue to be regarded as fit for purpose that comply with the council's Local Code of Corporate Governance** and shows that we have met our legal and statutory obligations to our residents.

It identifies those areas where we recognise that further development and improvement is required to ensure that we have effective governance arrangements that enable the organisation to deliver on its commitment to improving the lives of all residents and creating opportunity and prosperity for local people and businesses.

There were no major weaknesses or concerns identified during the self-assessment process that had not already been recognised. See sections 9 and 10.

However, it must be recognised that whilst the Annual Governance Statement assesses governance in place during 2019/20, the Coronavirus pandemic has impacted on governance arrangements from March 2020. A further assessment of this is included in section 11.

6. Reviewing our Effectiveness and the Governance Framework

The governance framework comprises the systems and processes, culture and values by which the Council is enabled, directed and controlled and through which it accounts to, engages with and leads the community. Part of that framework involves the management of risk. No risk management process can eliminate all risks and can therefore only provide reasonable and not absolute assurance of effectiveness. As referred to above, the Council's approach to risk management has been fundamentally reviewed with a new strategic risk register being approved by the Senior Management Team in August 2020.

The review of effectiveness has been informed by:

- An annual facilitated self-assessment assurance process with all Business Units linked to Governance Domains to prompt consideration of the existence and adequacy of governance arrangements during 2019/20
- An Annual Report of the Head of Internal Audit, Anti-Fraud and Assurance which provides an opinion on the adequacy and effectiveness of the council's risk management, control and governance processes
- The work of the designated Senior Information Risk Owner (SIRO) and the Data Protection Officer (DPO) and the role of the Information Governance Board
- The work of the Audit and Governance Committee which includes responsibility for monitoring the development and operation of corporate governance in the council

- The Council's internal management processes, such as performance monitoring and reporting; the staff performance and development framework; employee awareness of corporate policies; monitoring of policies such as the corporate complaints and health and safety policies and budget management systems
- External Audit Reviews
- Recommendations from external review agencies and inspectorates

Specific governance assurances have been obtained from the following statutory officers;

a) Head of Paid Service

As Chief Executive and the Head of Paid Service, I am responsible for the overall corporate and operational management of the council. In my first year as Chief Executive and getting to know the Council and Borough, I am both impressed and proud of the way the organisation has responded during the covid crisis and has maintained good and effective governance whilst shifting to a virtual way of working. We have also made good progress in developing with partners a place-based vision for Barnsley in 2030 which will in turn help us to develop our next Corporate Plan. We have done a thorough review and redesign of our Strategic Risk register to make it more focused and strategic, which will be complemented by a revised governance assurance framework to be introduced soon which will further support our focus on maintaining efficient and effective corporate governance. We are also developing a new council transformation programme, building on the success of Future Council, but also the learning from our new ways of working under covid. I support the areas for improvement presented in this Annual Governance Statement and look forward to a successful but inevitably challenging year ahead.

b) Section 151 Officer

To be added

c) Monitoring Officer

To be added

The process of review and monitoring of governance arrangements across the Council is a continuous process with updates provided throughout the year to the Audit and Governance Committee.

7. Internal Audit and the Opinion on Internal Control 2019/20

In accordance with the Accounts and Audit Regulations 2015 and the Public Sector Internal Auditing Standards (PSIAS), the Head of Internal Audit, Anti-Fraud and Assurance is required to provide independent assurance and an annual opinion on the adequacy and effectiveness of the council's Internal control, governance and risk management arrangements. This is achieved through the delivery of an annual programme of risk-based audit activity, including counter fraud and investigation activity. Management actions arising from the audit work are agreed with the aim of improving the internal control, governance and risk management arrangements of the council.

Below is an extract from the Head of Internal Audit's annual report submitted to the Audit and Governance Committee at their meeting on 29th July 2020:

Taking the whole year into account and the audits completed, it is appropriate to give an overall reasonable (positive) assurance opinion for the year. The information supporting this opinion is provided below.

Whilst the overall opinion is positive, there are some key issues arising from Internal Audit work in the year that senior management should consider. In general terms these continue to relate to the significant pressures in most areas of the Council, the general impact of managing the implications of changed structures and new and changed systems. Such changes, whilst inevitable in the circumstances of limited resources, need to be recognised by management as having implications on the ability to maintain reasonable and effective controls in some areas of activity.

It is important that senior managers remain alert to, and focussed on, maintaining an appropriate, risk-based and effective framework of controls as the Council enters the recovery stage of the Covid 19 period and also continues to work towards Barnsley 2030. The audit work undertaken and planned for the current year has sought to take into account the change in

risk appetite necessary to embrace and implement such significant change. Although the overall assurance opinion is reasonable, it is essential that senior management retain a focus on embedding new and revised operational and governance arrangements (including the innovative service delivery methods that have arisen in response to Covid 19).

To highlight this issue, a number of senior managers asked for Internal Audit input during the year to provide support and assurances that the control framework in certain areas was effective. This Internal Audit support was requested to highlight key control, governance and risk issues and assist management in how best to deal with them. Of key importance of course is the consideration and management of the identified and accepted risks moving forward.

It should be noted that the audit work completed has in the main identified weaknesses in the framework and application of controls that increases the risk of the failure to meet operational objectives. The failure to then address control weaknesses through the timely implementation of agreed management actions clearly adds to this risk.

Full details of the assurance provided in this statement can be found within the Internal Audit Annual Report for 2019/20, submitted to the Audit and Governance Committee on the 29 July 2020. [HfIA Annual Report link]

Effective liaison arrangements are in place that ensure Internal Audit are kept up to date with developments and any changes in priority. Internal Audit has provided assurances regarding the council's response to and recovery from the Covid 19 pandemic.

8. Data Protection Officer (DPO)

The Council is required to appoint a DPO under the General Data Protection Regulations and Data Protection Act 2018. The key aspect of this role is to provide the Council with independent assurance regarding compliance with the data protection law.

The DPO has regular meetings with officers from the Information Governance Team and the Senior Information Risk Officer (SIRO) and reports to the Information Governance Board. The DPO also undertakes specific assurance reviews annually to support that independent assurance.

Recent assurance reviews present a generally positive picture with a survey highlighting high levels of staff awareness of data protection and a review showing that the Council has effective cyber and IT security arrangements in place. It was recognised as part of the annual governance review process that there is scope to reduce the number of data incidents and improve the timeliness of management actions to minimise the risk of incidents recurring. Actions to address these and other information governance improvements have been captured in the action plan to the AGS.

The DPO and Internal Audit will monitor management's response to the issues raised and conduct further independent reviews and audits on a continuous rolling basis. These will be reported to the Information Governance Board and the Audit and Governance Committee.

9. External Audit

The Council's external auditor is Grant Thornton LLP. They are required each year to carry out a statutory audit of the Council's financial statements and give an assessment of the Council's value for money arrangements. Grant Thornton attend each Audit and Governance Committee to provide updates on the progress of their work, to answer questions from the Committee and importantly witness the operation of the Committee.

The Auditor's ISA260 Report providing their opinion on the accounts and value for money arrangements is presented to the Audit and Governance Committee and to full Council. The report is available here [\[link\]](#).

10. External Inspection Reports

a) Local Government and Social Care Ombudsman – Referrals Made in 2019/20

During 2019/20 there were 37 referrals made to the LGSCO. Currently 6 of these are outstanding – 5 are waiting for the LGSCO to respond and 1 is with the Council but still within the timescale for response to the LGSCO. In relation to the other 31 referrals the known outcomes of these cases are as follows:

5 faults with injustice
3 no fault and no injustice
10 referrals not considered – not enough evidence of fault
3 discontinued investigations
9 referred back to the Council to pursue
1 referral outside the jurisdiction of the LGSCO

b) Local Government and Social Care Ombudsman - Annual Review Letter 2020

This letter provides details of annual performance statistics on the decisions made by the Local Government and Social Care Ombudsman for Barnsley Metropolitan Borough Council for the year ending 31 March 2020. [LGO Annual Letter to attach]

The letter notes that it is “*...disappointing that we have encountered delays in your Council’s responses to several investigation enquiries and in completing the recommendations agreed with us. In one case it took the Council an extra 26 days to apologise and make a payment to the parents of a child who had lost out on 18 months’ special educational needs support.*”

The Ombudsman’s letter states that “*... it is essential that recommendations are completed on time to help build the Council’s relationship with complainants and to show it is learning lessons from complaints.*”

The Ombudsman has asked that the Council reflect on the way it responds to enquiries and how it implements remedies – with a view to providing more timely responses in future.

c) Children’s Services – Ofsted Inspections

During the period March 2019 – April 2020 Ofsted have undertaken 9 inspections of maintained primary schools across the Council area. During the same period there were no inspections of maintained secondary schools (there were 2 inspections of secondary academy schools).

The inspections identified one school continuing to be outstanding, four schools continuing to be good, two schools identified as good and two schools requiring improvement.

Action plans have been identified for the two schools requiring improvement and support is provided from BMBC Schools Improvement Officers.

d) Care Quality Commission (CQC)

Barnsley Metropolitan Borough Council is registered with CQC to deliver 2 services:

- BMBC 0-19 Services
- Community Enablement Services

During 2019/20 there were no CQC inspections undertaken of these services. It is likely that the 0-19 Service will be inspected in the near future as since its registration in February 2017 it has not been inspected. Community Enablement Services were inspected in 2018 and received an overall rating of Good.

e) LGA Corporate Peer Challenge

An LGA Corporate Peer Challenge undertaken in early 2019 produced its final report in April 2019. One of the key areas of the Challenge was to review SEND provision. The report identified some areas of good practice and successes e.g. the take up of post 16 education for young people with SEND exceeds national levels, evidence of good relationships between the council and schools, supported by a Schools Alliance which has strengthened collaborative working with schools and the council having developed a peer review approach to drive improvement across the borough.

The Peer Challenge recommendations for SEND were:

- Responsibility for addressing the overall pressures in SEND needs to be shared collectively and collaboratively by the whole partnership. A good starting point would be the development of a single vision for SEND
- Clarify where lead responsibilities sit so that partners can hold each other to account
- Similarly, the partnership needs to work together to agree how children in Barnsley can be provided with more effective SEND support that is inclusive, avoids unnecessary escalation and sets the reduction in exclusion and EHE as key success measures. It should then be implemented without delay
- Children's health needs should be assessed and met in a timelier manner
- Develop an integrated approach to workforce development across the partnership.
- Develop co-production and engagement with parents in the SEND arrangements across the partnership

f) Planning Regulatory Board

During 2019/20 there were 928 planning applications made to the Planning Regulatory Board. Of the decisions made in the year, 771 applications were granted representing a rate of 90% of decisions granted. The Board received 33 appeals of which 26 (79%) were dismissed and 7 (21%) were allowed.

g) Information Commissioner's Office (ICO)

During 2019/20 there were 5 cases referred to the Information Commissioners Office (3 data breaches and 2 subject access requests). One of these 5 cases (SAR) is currently outstanding awaiting the ICO's decision as to whether formal regulatory action is required; all the other cases have been closed. Only one case (a data breach) resulted in ICO recommendations for further action – for the service in question to undertake regular audits to ensure all staff are adhering to policies and procedures, and that role specific data protection training should be carried out biennially to ensure all members of staff are

aware of their obligations to ensure the security of the personal data they process and store. This has been actioned by the Information Governance Board.

h) Health and Safety Executive

During 2019/20 there were no formal or informal enforcement actions (i.e. Notice of Contravention, Improvement Notice, Prohibition Notice or prosecution) against BMBC.

Occasional follow up enquiries are received from the Health and Safety Executive following accident/incident reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), however, none were formally investigated in 2019/20.

There was one investigation by the Health and Safety Executive following a complaint from an employee regarding safe methods of work when responding to flooding. A number of specific questions were asked by the Health and Safety Executive, all of which were responded to and supporting evidence of mitigations were provided. The case was closed, and no further action was taken.

11. Governance Issues Identified from the Annual Governance Review – 2019/20

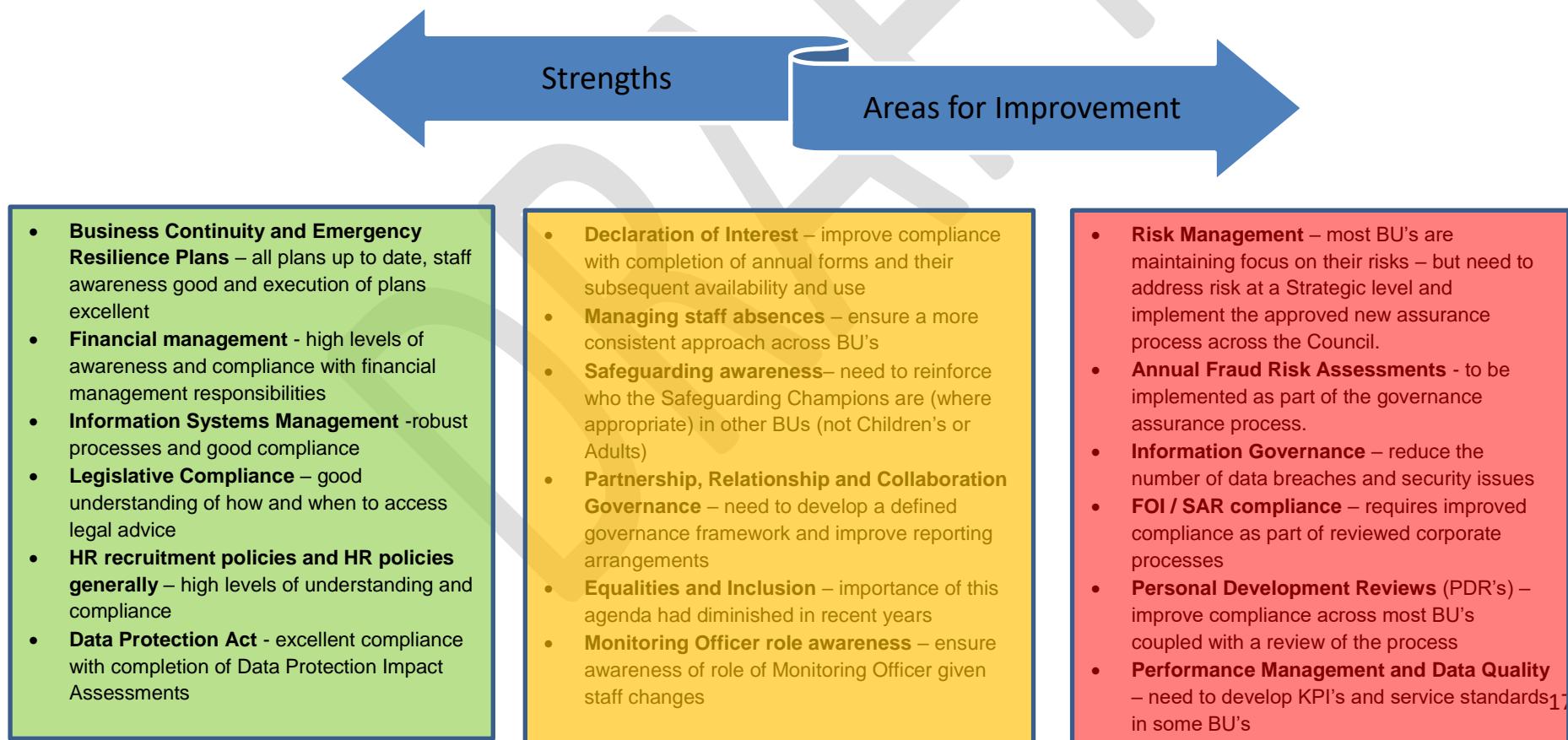
The annual governance review process comprised a facilitated self-assessment from each Business Unit. This self-assessment utilised the governance domains being developed as part of the new approach to governance assurance.

A meeting was held with each Business Unit, led by the Service Director and involved the Heads of Service. The meetings were thorough and robust producing an honest assessment of understanding and compliance across the various areas of governance. Each Service Director commented that the process had been very useful in raising the profile of good governance and committed to use their individual assessments as part of their management team meetings throughout the year.

The key outcomes from the assessment are shown below. The strengths (in green) highlight an important reflection of sound governance being in place. A number of areas were assessed as requiring enhancement (in yellow), reflecting the honest and robust self-assessment process and the desire to improve further.

Importantly, the process identified and confirmed areas where more significant work is required to improve (in red). These areas were already known and work in place / planned to address them.

The actions necessary to address the areas for enhancement (yellow) and improvement (red) have been captured in an action plan [attached] which will be monitored during the year by the Audit and Governance Committee.



NOTE

The strengths (in green) highlight an important reflection of sound governance being in place. A number of areas were assessed as requiring enhancement (in yellow), reflecting the honest and robust self-assessment process and the desire to improve further, and the process identified and confirmed areas where more significant work is required to improve (in red).

12. Governance Action Plan for 2020/21

Arising from the governance review the focus will be placed on the following improvement areas; an action plan is attached at Appendix 1:

- a. Risk Management – CIPFA/SOLACE - Principle F - Managing risks and performance through strong internal control and financial management**
 - Further development and full implementation of the revised Strategic Risk Register and operational and project risk management
 - Development of the wider governance assurance process across the Council to integrate with the new risk management approach
 - Introduce a specific Fraud Risk Assessment process across all Business Units

- b. Information Governance – CIPFA/SOLACE – Principle F – Managing risks and performance through strong internal control and financial management**
 - Continue work to minimise the number of data breaches and improve overall data security.
 - Review the corporate process for the management of complaints and requests under the Freedom of Information and Data Protection Acts

c. Personal Development Reviews (PDR's) - CIPFA/SOLACE – Principle E - Developing capacity, capability and leadership within the Council

- Review processes and guidance to ensure all staff to have received a PDR in the last 12 months

d. Performance Management and Data Quality – CIPFA/SOLACE – Principle F – Managing risks and performance through strong internal control and financial management

- Continue to develop service standards and KPI's with Business Units
- Ensure Business Units use Power BI tools/reports as a routine part of business management

e. Legislative Compliance – CIPFA/SOLACE – Principle A - Behaving with integrity

- Ensure awareness of the role of the Monitoring Officer

f. Partnership, Relationship and Collaboration Governance – CIPFA/SOLACE – Principle B - Ensuring openness and stakeholder engagement

- Review the governance arrangements and reporting requirements for partnerships and collaborations
- Develop a defined governance framework with a corporate lead for partnerships and collaborations

g. Equalities and Inclusion – CIPFA/SOLACE – Principle B - Ensuring openness and stakeholder engagement

- To ensure wide awareness of the equalities and inclusion agenda across the Council building on the peer review which judged our arrangements outstanding

h. Safeguarding – CIPFA/SOLACE – Principle F - Managing risks and performance through strong internal control and financial management

- Review of the need for Safeguarding Champions within Business Units and general refresher awareness.
- i. **Managing Staff Absences** - CIPFA/SOLACE – Principle E - Developing capacity, capability and leadership within the Council
- Improve the consistency of how Business Units manage employee attendance
- j. **Declaration of Interests** – CIPFA/SOLACE – Principle A - Behaving with integrity
- Review of the process to ensure the awareness of declarations made
- k. **LGSCO Annual Letter – Dealing with Complaints** – CIPFA/SOLACE – Principle D - Demonstrating transparency and accountability
- Address issues identified in the LGSCO Annual Letter in relation to complaints management

Whilst the AGS is ostensibly a retrospective look back over the last financial year, it is appropriate that the Council recognises that having robust and effective governance in place will play an important part in service delivery, service improvement and future success.

The areas below are not highlighted because they are of any immediate concern, but are included in recognition of their status as major initiatives, priorities or matters that have a significant reliance on good governance for them to be progressed, delivered and managed. Indeed, these matters also reflect the focus of the new strategic risk register.

1. **The Glassworks Regeneration Project** – ensuring robust governance of the project

2. **SEND** – new controls in place and Oversight Board established, but continue to monitor delivery, cost effectiveness and satisfaction rates.
3. **Children's and Adult's Safeguarding** – maintaining a focus to ensure all reasonable measures are in place and effective
4. **Covid 19 Recovery** – consider the impact on how services are delivered, the changes to working practices (home working and virtual meetings) and the demands on IT systems etc.
5. **General Organisational Resilience** – keeping under review the Council's arrangements for emergency and external situations, such as the implications of leaving the European Union and the need to respond accordingly, major business continuity incidents and of course the longer-term and wider implications from the coronavirus pandemic.
6. **Medium Term Financial Strategy** – continual reappraisal to reflect the impact of the pandemic and other influences

13. Impact of Coronavirus

From March 2020 there has been a significant impact on Council services as a result of the coronavirus pandemic. The Council has co-ordinated a response, as well as directly responding itself, to ensure that resources have been prioritised to those most in need with essential assistance being provided right across all parts of the Borough. Despite the challenges the Council has maintained essential services whilst adapting provision to also provide alternative virtual services. Our robust response to the pandemic has added assurance to the effectiveness of the Council's Business Continuity Plans, communications strategy and governance arrangements.

Robust governance arrangements were established through a Gold and Silver Group structure, linked to the Local Resilience Forum and the CCG. A strategic threat and risk assessment process was also established and has been maintained throughout. A recovery and renewal strategy has been developed and continuously reviewed and updated. Cabinet and Overview and Scrutiny have received regular updates and reports and great emphasis has also been placed on ensuring employee engagement and communication throughout initially with daily and now bi-weekly emails.

The Council was responding and adhering to government guidance in response to the pandemic. Priorities were changed, some services were stood down and resources redeployed to focus on the need to distribute emergency food, essential services and welfare support to vulnerable residents and to provide financial support and guidance to local businesses and protect jobs in the Borough. This was facilitated by the introduction of the Deployment of Resources in Emergency Situations Guidance which allowed more flexibility around a number of our employment policies and agility across the workforce. The guidance was fully supported by the Trade Unions and we were one of the first Councils in the Yorkshire and Humber to develop this. The Council continues to encourage everyone to work from home where their role and personal facilities allow them to but it has to be noted that some buildings never closed such as our Lift buildings and depot. Since August we have supported employees to get back into the workplace if they are suffering with their mental health from being isolated or they do not have the right equipment or space to work from home.

Monitoring of staff absence has taken place on a daily basis throughout the pandemic supported by a Covid absence dashboard and a simplified reporting system. This allowed us to make informed decisions about resource deployment based on self-isolations, Covid absences and other sickness absence. As being seen nationally absence due to mental health has continued to increase throughout the pandemic so we have put a number of new interventions in place supported through intelligence gathered through pulse surveys and a new programme is currently being commissioned for November implementation.

The Council has been conducting meetings and taking decisions in ways other than face to face so that lawful decisions can still be made to maintain good governance, principles of openness and accountability. The Council has adapted its approach by assessing which decisions need to be made quickly to deal with the pandemic and which can be delayed and re-scheduled. Virtual meetings now occur to ensure that transparency and good governance continues, and we are taking full advantage of the flexibilities that the Coronavirus Act 2020 gives us.

Members and the Senior Management Team have received regular updates regarding the financial impact of Coronavirus and work continues to plan for the impact on the Council's Medium-Term Financial Strategy. [link to lastest CV19 briefing to Cabinet?].

The Council and the CCG's individual and joint response has been led through a command, control and co-ordination structure which variously includes single and multi-agency groups. Over time these have transitioned to focus on both response and

recovery. The Council has a Recovery and Renewal Group consisting of Service Directors and Heads of Service from across the Council, with this reporting to the Council's strategic Gold group. Through multi-agency groups, the Council is also continuing to work with senior leaders within partner organisations including health and emergency services, the wider public sector and the voluntary sector.

An initial / interim review to identify lessons learnt from the initial response phase has been undertaken and this is currently being reviewed to produce a collated list of opportunities for improvement and recommendations. Going forward, the Council's recovery approach will include a full review of the impact of coronavirus, the lessons learnt, and the opportunities rebuild for the future.

14. Conclusion

This AGS demonstrates that the systems and processes the Council employs continue to provide a comprehensive level of assurance to the Council and the residents of the Borough in its governance arrangements during 2019/2020 and into 2020/21.

The governance arrangements outlined in the AGS have been applied throughout the year and up to the date of the approval of the Annual Accounts. The arrangements have provided an effective framework for identifying governance issues and taking mitigating action. The action plan demonstrates the culture of the Council to challenge itself and seek out opportunities to improve.

Along with every organisation in the country, the Council has been significantly impacted by the Coronavirus pandemic. Changes have been made to decision-making arrangements and the conduct of meetings, as well as changes to the Council's priorities and programmes. It is recognised that the pandemic continues to provide challenges to the Council and will have longer-term implications for how services are delivered and the financial resources available to support that service delivery.

Additionally, over the coming year the Council will continue the operation of its Governance Framework and take steps to carry out the actions for improvements identified in the review to further strengthen the Council's governance arrangements.

Appendix 1 – Annual Governance Statement Action Plan 2020/21

Domain Area and /or Issue	Lead Officer(s)	Action Planned	Timescales
Risk Management – SRR and new risk management process	SD Finance / HoIA, AF & Ass.	Implement new risk management / governance assurance processes: <ul style="list-style-type: none"> • Development of Strategic Risk Register • Roll-out of risk management approach for operational and project risk • Development and implementation of new governance assurance process 	31/10/20 31/03/21 31/03/21
Risk Management – fraud risk assessment	SD Finance / HoIA, AF & Ass.	Introduce a Fraud Risk Assessment process across BMBC:	31/12/20
Information Governance – Data Security		Continue work to minimise the number of data breaches and improve overall data security: <ul style="list-style-type: none"> • Phishing awareness exercises to be undertaken every 3 months • Develop phishing dashboard with BI – identify trends for follow up actions • Training plans - variety of courses, guides and articles plus targeted communications • Working with Workforce Development Team to reinforce IG security into PDR's, supervisions and team meetings • Monitoring of incidents data – SD's and HoS need to regularly monitor data so that they are aware of incidents in their BU's – IG to develop awareness sessions for all BU's using Power BI tools • Home working – data security training rolled out – SD's to reinforce that training is mandatory and ensure all their staff have completed it • Review processes and systems for account deletions, single access passwords and use of memory sticks 	30/11/20 31/12/21 31/01/21 31/10/20 To be determined
Information Governance - FOI/SAR processes		Review the corporate process for Freedom of Information requests: Address issues identified in the LGSCO Annual Letter in relation to complaints	

Domain Area and /or Issue	Lead Officer(s)	Action Planned	Timescales
- Local Government and Social Care Ombudsman – Annual Letter		<p>management:</p> <ul style="list-style-type: none"> • Deep dive into 6 case failings – identification of service delays • Comprehensive review of complaint processes and procedures • Implementation of a new performance management system and development of Power BI performance dashboards • Delivery of statutory and corporate timescales for complaints management – improved communications, performance addressed at SMT and DMT meetings 	Completed 31/10/20 31/10/20 Continuous
Workforce / HR Management – PDR's	SD – BI, HR & Comms	<p>Personal development reviews (PDR's) – most BU's identified corporate challenges with the process:</p> <ul style="list-style-type: none"> • Update Power BI reports to provide more up to date information for managers – to show stage each PDR is at if not completed • Develop guidance on 121's and supervisions to prompt ongoing performance conversations – not just annual PDR • Full review/rebrand of performance appraisal process which will be aligned to new Council Plan, MTFS and Smart Working – linking PDR's to business planning cycle • Address technical and reporting issues currently experienced – link to Success Factors 	Completed 30/11/20 30/04/21 30/09/21
Performance Management and Data Quality	SD – BI, HR & Comms	Continue to develop service standards and KPI's with Business Units and ensure increased use Power BI tools/reports as a routine part of business management:	31/03/21
Partnership, Relationship and Collaboration	SD – Gov & Bus. Support	Develop a defined governance framework and improve reporting arrangements	31/03/21

Domain Area and /or Issue	Lead Officer(s)	Action Planned	Timescales
Governance			
Legislative Compliance	SD – Gov & Bus. Support	Ensure awareness of role of Monitoring Officer given recent staff changes: <ul style="list-style-type: none"> • Communication to BMBC staff 	31/10/20
Equalities and Inclusion		Importance of the Equalities and Inclusion agenda had diminished in recent years: <ul style="list-style-type: none"> • Revised Equality/Inclusion statement put on Councils internet site • Develop Religious Observance Guide – raise awareness • Develop training offer – courses on BLM and Unconscious Bias • Use Power BI dashboard to show completion of Equality/Inclusion training in BU's • Research other LA's on Equality/Inclusion governance – benchmark • Communications campaign to promote above • Develop an Equality/Inclusion Action Plan 	Completed 31/10/20 30/11/20 30/11/20 31/12/20 31/12/20 31/03/21
Safeguarding	SD – CSC & Safeguarding / SD – ASC and Health	Need to reinforce who the Safeguarding Champions are in BU's: <ul style="list-style-type: none"> • Appointment of Principal Social Worker • Review of Safeguarding Champions across BMBC by Principal Social Worker 	31/01/21 30/06/21
Ethical Standards and Conduct Management	SD – BI, HR & Comms	Improve compliance with completion of Declaration of Interests forms and improve processes for their subsequent availability and use	31/03/21
Workforce/HR Management – Managing staff absences	SD – BI, HR & Comms	Ensure a more consistent approach across BU to managing staff absences	31/03/21