

Public Document Pack

Blackpool Council

12 October 2022

To: Councillors Burdess, Critchley, Galley, Hunter, Roberts and R Scott
Dr Stuart Green and Mr David Swift, Independent Co-opted Members

The above members are requested to attend the:

AUDIT COMMITTEE

Thursday, 20 October 2022 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 15 SEPTEMBER 2022 (Pages 1 - 8)

To agree the minutes of the last meeting of the Audit Committee held on 15 September 2022 as a true and correct record.

3 ANNUAL STATEMENT OF ACCOUNTS 2021/2022

To receive a verbal update from the External Auditor, on progress to sign-off the

Present:

Councillor Galley (in the Chair)

Councillors

Burdess	Hunter	Wilshaw
Critchley	R Scott	

Mr David Swift, Independent Co-opted Member

In Attendance:

Mr John Blackledge, Director of Community and Environmental Services

Ms Victoria Gent, Director of Children's Services

Dr Arif Rajpura, Director of Public Health

Mr Steve Thompson, Director of Resources

Ms Tracy Greenhalgh, Head of Audit and Risk

Mr Paul Turner, Assistant Director of Children's Services

Mr Nick Henshaw, Head of Adult Care and Support

Mr John Greenbank, Democratic Governance Senior Adviser (Scrutiny)

Ms Nicola Wright, External Auditor, Deloitte

1 MINUTE'S SILENCE - HER LATE MAJESTY QUEEN ELIZABETH II

Following the passing of Her Late Majesty Queen Elizabeth II a minute's silence was observed at the start of the meeting as a mark of respect.

2 DECLARATIONS OF INTEREST

There were no declarations of interest made on this occasion.

3 MINUTES OF THE LAST MEETING HELD ON 21 JULY 2022

Resolved: To agree that the minutes of the meeting held on 21 July 2022 be signed by the Chair as a true and correct record.

4 STATEMENT OF ACCOUNTS 2021/2022

Mr Steve Thompson, Director of Resources, provided a verbal update on progress to sign-off the Annual Statement of Accounts. He informed the Board that the two-year delay in signing-off the accounts had been due to national issues relating to infrastructure accounting. In response to this, the Chartered Institute for Public Finance and Accountancy (CIPFA) had provided a solution that would allow accounts to be signed off up until 2024. This would act as a stop gap during which time a system for infrastructure accountancy

MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 15 SEPTEMBER 2022

would be developed.

However before this could be implemented Mr Thompson informed the Committee that a statutory instrument would be required which was expected to be passed in October 2022. Once this had occurred Deloitte, External Auditors, would undertake an audit of the 2021 and 2022 accounts. Following this, Mr Thompson confirmed that the 2022 Audited Accounts would then be brought to the Committee in early 2023.

Ms Nicola Wright, External Auditor, added that audit work on the 2021 accounts had begun and that this work would be completed once the statutory instrument was in place.

The Committee asked if the public would be able to query the accounts during this time and what information would be publically available. Mr Thompson responded that all the information in the accounts was publically available and included in reports to the Executive and Council such as the Provisional Financial Outturn reporting. Members of the public could also utilise freedom of information requests to access information.

With respect of a possible solution for infrastructure accounting in future accounts from 2024, Members queried if this would require substantial additional resources to undertake. Mr Thompson replied that it would have to be seen what the CIPFA solution was before the necessary determination could be made but that there was currently sufficient resources to undertake accounting work.

Resolved: That the update be noted.

5 STRATEGIC RISK REGISTER DEEP DIVE - STRATEGY

The Committee considered a deep dive into the Strategic Risk 'Strategy' which included the sub-risks (a) 'Poor health and wellbeing outcomes', (b) 'Poor educational attainment' and (c) 'Provision for children with Special Educational Needs and Disabilities (SEND) is inadequate'.

Dr Arif Rajpura, Director of Public Health, and Mr John Blackledge, Director of Community and Environmental Services, provided an update in respect of sub-risk (a). In terms of public health work, Dr Rajpura informed the Committee that when considering trends Blackpool was behind national averages. He explained that the Council had measures to address health and wellbeing issues in Blackpool, in the long term these featured projects to improve issues such as poor housing. In the medium term programmes included drug rehabilitation, while programmes to encourage healthier living would improve health and wellbeing outcomes in the short term.

Dr Rajpura added that the Covid pandemic had delayed a lot of the intended work but that it had been reinstated since the lifting of restrictions and significant work had been taking place. He also noted that the intervention into housing being undertaken would have a substantial positive long term impact on health and wellbeing in Blackpool.

Mr Blackledge informed the Committee that within their directorate the main streams of work related to health and wellbeing were within the Green and Blue Infrastructure Strategy

MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 15 SEPTEMBER 2022

and Leisure Services. Closer working between Leisure Services and Public Health had meant that leisure providers were able to link with health services and programmes to secure better outcomes. Leisure Services also worked with Sport England to encourage more people into physical activity and was looking at how this work could engage with people known to Public Health, Children's Services and Adult Services. Mr Blackledge also reported that encouraging greater use of communal spaces such as parks for leisure activity was a further important stream of work for Leisure Services. He added that parks needed to be used better across Blackpool, including each receiving a development plan, and but noted that Stanley Park had won English park of the year for the third consecutive year.

Significant work related to the Green and Blue Infrastructure Strategy was underway with Mr Blackledge informing the Committee that it would be connected with the aims of the Town Centre Strategy and work with planning policy. This work was intended to embed the strategy, and its intended health and wellbeing outcomes, into growth and prosperity work.

The Committee discussed the recent appointment of Karen Smith, Director of Adult Services, as the Interim Director of the Integrated Care Board. Concern was raised regarding what risks this pooling of work could present to services in Blackpool. Dr Rajpura explained that the Lancashire Plan Place Based Partnership would look at how Blackpool services could be integrated and that Ms Smith's role would be to supervise this work. He added that resources had been put in place for her to undertake this new role without it negatively impacting her role in Adult Services. There was however a risk that budgets could be removed from Blackpool as part of the integration of services but no announcement had been made in this regard at the time of the meeting. Mr Neil Jack, Chief Executive, added that capacity had been considered as part of Ms Smith accepting the role and that new roles to support her work were being developed and noted that if necessary she could withdraw from the new role. The Committee thanked officers for the update and asked if Ms Smith could be invited to a future meeting so that the risks associated with her new role could be better understood.

Members received an update on work by Public Health to improve the models in place in Blackpool to promote and protect health and wellbeing with Dr Rajpura informing the Committee that services regularly looked at models in place at other authorities. For example he reported that work to intervene early in the community and prevent hospital admissions reduced overall hospital occupancy and pressure on services.

The relocation of services was also discussed with Mr Blackledge explaining that in the case of mental health this could be relocated out of a hospital based setting into a leisure facility. This would have the benefit of reducing pressure on hospitals and allow engagement and encouraging physical activity, which had been shown to be beneficial to mental health. Consultations regarding the relocation of services were reported to be ongoing with health and leisure partners.

Dr Rajpura added that relocation work with leisure services was important in public health efforts to encourage people who had remained at home during Covid to return to activity and improve health outcomes.

MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 15 SEPTEMBER 2022

Ms Victoria Gent, Director of Children's Services, and Mr Paul Turner, Assistant Director of Children's Services, School Improvement and Special Education Needs, provided an update in respect of risk (b). They reported that educational attainment was tracked through the Blackpool Schools Improvement Board which combined local, regional and national data to judge Blackpool's performance. This was linked to the Council's Inclusion and Literacy Strategies which sought to ensure the best educational attainment for children. Ms Gent added that the Board had shown continual improvement and that GCSE results were broadly considered to have been positive. In addition to this it was reported that the Pupil Referral Unit had experienced its lowest rate of admissions in ten years.

The Committee highlighted that the audit report stated that predicting rates of pupil referrals was difficult as it depended on the level of need of families arriving in Blackpool. Mr Turner explained that the high level of transience experienced in Blackpool made any prediction of need difficult as the numbers of young people fluctuated.

Academy finances was also discussed with the Committee querying if an increase in the number created a financial risk as they were not backed by the Council. Mr Turner noted that the Council still contributed to Academies through the joint-funding of specialist roles. He stated that a risk existed as this was in deficit but the Council's participation in the Department of Education's (DfE) "Safety Valve" programme would allow this to be addressed in the long term. It was further recognised that Academies were not legally permitted to operate budget deficits and financial details had to be published annually. Mr Turner also stated that the Council sought ongoing engagement with academies to allow oversight of their work and they and the Council were all involved in the Improvement Board. Ms Tracy Greenhalgh, Head of Audit and Risk added that with respect of maintained schools, they were required to submit annual financial information to the Council's audit to ensure ongoing monitoring.

The Committee discussed the use of schools to promote community engagement. Activities such as inviting people who might otherwise be isolated within their community to read with young people were highlighted as programmes that helped both the children involved and the mental health and wellbeing of the adult they read with. Although Officers noted that this was an important part of the Literacy Strategy Members expressed a view that more could be undertaken to promote this work and requested that this issue be referred to the Children and Young People's Scrutiny Committee for further consideration.

Educational attainment among non-transient children was raised in comparison with those who were transient with Mr Turner informing Members that national data supported the view that better attainment was associated with more stable school admissions. This in turn meant that children in this group were at lower risk of poor educational attainment. In Blackpool it was also noted that lower attainment was connected to poor housing quality, with areas of such housing showing higher levels of special educational need and disabilities (SEND) and transience.

Mr Neil Jack, Chief Executive also explained that the Council sought in cases of children at high risk to wrap services and support around them and their families. This would also link them to other available support in their communities.

MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 15 SEPTEMBER 2022

Ms Gent and Mr Turner further provided an update in respect of sub-risk (c). It was explained that following an Ofsted inspection of SEND provision in early 2022 the Council had submitted a 'Written Statement of Action' setting out the work to be undertaken to address the recommendations made. Once this had been accepted the Council would be held accountable to the DfE for performance against it. Ms Gent added that improvement in this area had also involved the development of the SEND Strategy, which had involved scrutiny input.

Mr Turner outlined the use of a Place Plan Model which looked at the turnover of SEND places and sought to increase the places available for less cost. This would be done by utilising Blackpool's existing resources to expand places in schools. He reported that there were 1,300 young people with educational care health plans and 3,000 with SEND plans. In order to manage the risk associated with SEND the Committee heard that greater investment in provision was needed and that the DfE had been contacted to discuss this.

Members raised the timescales for the building of the High Furlong School and it was reported that a free school application would be submitted in October 2022 and it was expected that building work would be completed by 2024/2025.

The difficulty in predicting the demand for SEND places was discussed with Mr Turner noting that in addition to transience, legislation prevented Blackpool from restricting access to places in the town to residents. Instead all places were open to residents in Lancashire, under free parental choice. Mr Jack highlighted the need for an awareness when planning new SEND placements of where new housing was being built in Lancashire and how this would impact Blackpool.

Resolved:

1. That the updates be noted;
2. That Ms Karen Smith, Director of Adult Services, be invited to a future meeting of the Committee to discuss her new role with the Integrated Care Board and the associated risk; and
3. That the issue of the promotion of Community Engagement work in schools be referred to the Children and Young People's Scrutiny Committee.

6 INTERNAL AUDIT FOLLOW UP - CARE AT HOME

Mr Nick Henson, Head of Adult Care and Support, presented a report on progress made against the recommendations identified as part of the Internal Audit of Care at Home. He informed the Committee that the audit had taken place in October 2021 when Care at Home had been subject to Covid-19 restrictions which had affected how the service was delivered. Training during this time for example could only be delivered online, however since the lifting of restrictions this had where possible returned to face-to-face delivery.

With respect of Recommendation 2, which recommended a systematic method for carrying out quality reviews on service user packs and medication records to ensure consistency in

MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 15 SEPTEMBER 2022

quality and recorded information, Mr Henshaw reported that a review was in place but more quality assurance was needed. However work to meet this recommendation was underway.

In regards to, recommendation 3 'that the Medication Action Plan outstanding actions were followed up and required changes incorporated into service delivery', the Committee was informed that new operational procedures had been developed and were awaiting sign-off. This was expected by the end of September 2022.

The use of iPool in relation to Recommendation 8 which recommended the updating of training logs urgently was discussed. Mr Henshaw informed the Committee that a manual fix was in place to allow staff to screen shot and print off manual evidence of the completion of training modules as these could not be provided electronically. No technological fix for this issue had yet been identified however consideration of using the iTrent human resources system for iPool to feed into was being undertaken. It was expected that this would be resolved by the end of 2023.

The Committee queried if service providers had been impacted by the recruitment issues being experienced by the social care sector. In response to this, Mr Henshaw explained that this was an issue being experienced nationally and that the Council was working with the Department for Work and Pensions to attract more candidates. This included the offer of a guaranteed interview for applicants.

Members were also informed that there had been no Care Quality Commission (CQC) inspections but that all services had previously been rated "Good". The CQC had suspended inspections due to Covid-19 but had undertaken some checks online. It was also known that the CQC would be changing its inspection framework once face-to-face inspections resumed to make this more focussed on certain themes.

Resolved: That the update be noted.

7 AUDIT COMMITTEE ACTION TRACKER

The Committee gave consideration to the updated Action Tracker.

Resolved: To note the Action Tracker.

8 DATE OF NEXT MEETING

The date and time of the next meeting was confirmed as Wednesday, 20 October 2022 at 6pm.

Chairman

MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 15 SEPTEMBER 2022

(The meeting ended at 7.40 pm)

Any queries regarding these minutes, please contact
John Greenbank, Democratic Governance Senior Adviser
Tel: 01253 477229
E-mail: john.greenbank@blackpool.gov.uk

This page is intentionally left blank

Report to:	AUDIT COMMITTEE
Relevant Officer:	Tracy Greenhalgh – Head of Audit and Risk
Meeting	20 October 2022

AUDIT AND RISK SERVICES QUARTER TWO REPORT

1.0 Purpose of the report:

1.1 To provide the Audit Committee with a summary of the work completed by Risk Services in quarter two of the 2022/23 financial year.

2.0 Recommendation(s):

2.1 To note the content of the report.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Council has effective risk management processes in place.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

4.1 N/a

5.0 Council priority:

5.1 The work of the internal audit team contributes to the achievement of all of the Council's priorities.

6.0 Background information

6.1 Each quarter the Head of Audit and Risk produces a report summarising the work of Risk Services and this includes the overall assurance statements for all audit reviews completed in the quarter. The Risk Services Quarterly Report is reported to the Corporate Leadership Team prior to being presented at Audit Committee.

On the completion of each audit an overall assurance statement is provided which summarises the strength of controls in the area being audited. The opinions can provide positive assurance, such as when controls are identified to be good or adequate, or negative assurance when the controls are

considered to be inadequate or uncontrolled.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 4(a) – Risk Services Quarter Two Report

8.0 Financial considerations:

8.1 All work has been delivered within the agreed budget for Risk Services.

9.0 Legal considerations:

9.1 All work undertaken by Risk Services is in line with relevant legislation. This is particularly important when undertaking fraud investigations where a number of regulations need to be adhered to.

10.0 Risk management considerations:

10.1 The primary role of Risk Services is to provide assurance that the Council is effectively managing its risks and provide support to all services in relation to risk and control. Risks that have been identified in the quarter are reported in the summary report.

11.0 Equalities considerations:

11.1 Where appropriate matters pertaining to equalities will be considered as part of the advice and assurance work of Audit and Risk.

12.0 Sustainability, climate change and environmental considerations:

12.1 Where appropriate matters pertaining to sustainability, climate change and the environment will be considered as part of the advice and assurance work of Audit and Risk.

13.0 Internal/external consultation undertaken:

13.1 The report was considered by the Corporate Leadership Team on the 11 October 2022.

14.0 Background papers:

14.1 None.

Audit and Risk Services Quarter Two Report 1st July to 30th September 2022

Contents	Page
1. Quarter Two Summary.....	2
Service Developments.....	2
Performance.....	4
2. Appendix A: Performance & Summary Tables for Quarter Two.....	7
Internal Audit reports issued in period	7
The Regulation of Investigatory Powers Act 2000	17
Fraud and Error Data.....	17
Insurance claims data.....	17
3. Appendix B - Fraud and Error Statistics 2022/23	18
4. Appendix C – Insurance Claim Payments by Financial Year.....	19

1. Quarter Two Summary

Service Developments

Internal Audit

Internal audits that have been scoped in the quarter and/or fieldwork underway include:

Directorate	Internal Audits
Adult Services	<ul style="list-style-type: none"> Phoenix Centre Respite Care (Coopers Way)
Children's Services	<ul style="list-style-type: none"> Special Educational Needs Hornby Road Children's Home Children's Centres Elective Home Education
Chief Executives	<ul style="list-style-type: none"> Social Housing White Paper
Communication and Regeneration	<ul style="list-style-type: none"> Illuminations Planning
Community and Environmental	<ul style="list-style-type: none"> Driving at Work
Corporate	<ul style="list-style-type: none"> Wholly Owned Companies – Leases, Asset Registers, Contracts and Operating Agreements Event Management Pandemic Response Compliance with Corporate Arrangements Use of Consultants
Governance and Partnerships	<ul style="list-style-type: none"> Adult Social Care Legal Services Support
Public Health	<ul style="list-style-type: none"> Health Protection Arrangements
Resources	<ul style="list-style-type: none"> Creditor Payments FCAT Council Tax FCAT Energy Management
Schools	<ul style="list-style-type: none"> Stanley Primary School Bispham Endowed Primary School

Details of the scope and final outcome for each of the above audits will be reported to Audit Committee in the Audit and Risk quarterly report once the fieldwork has been completed and the draft report agreed.

Three members of the team have indicated that they are leaving in the quarter, one due to retirement, one to take up another role in the Risk and Resilience Team and one to move closer to home. Therefore, a recruitment campaign is underway to fill these roles. There is likely to be an impact on delivery of the Internal Audit Plan for this financial year, however this is being regularly monitored and contingencies identified should these be necessary.

Corporate Fraud

The Senior Counter Fraud Advisor is leading on the post assurance work which is a requirement of Central Government in relation to the various grants paid to local businesses who were impacted by the pandemic and who apparently qualified for the various grant schemes in place. This continues to have a significant impact on resource in order to collate the data required for checking.

Proactive fraud prevention work is underway with a focus on the National Fraud Initiative this includes the relaunch of the checks undertaken on residents claiming single person discount. Preparations are underway for the data submission for the 2023 Exercise.

The communication activity in the quarter was an article relating to how to report a fraud, where it should be reported to, and what information needs to be provided. This campaign was run on social media, the electronic Your Blackpool newsletter and the employee newsletter.

The Government launched the Public Sector Fraud Authority (PSFA) in the quarter. The PSFA aims to provide increased scrutiny of activity to reduce the impact of fraud and economic crime, building broader and deeper expert services to support departments and public bodies. The impact this new authority has will be monitored by the Corporate Fraud Team to see whether there is any learning or opportunities which may be beneficial for Blackpool going forward to help to drive the zero tolerance approach.

One of the Counter Fraud Officers achieved their Accredited Counter Fraud Investigator qualification in the quarter. All Counter Fraud Officers are now fully qualified to carry out their roles.

Risk and Resilience

Overall 67% of the scheduled risk management groups were held in the quarter. Some were rearranged due to the summer period and are rescheduled for in quarter three. Work is also underway with the wholly owned companies to review their strategic risk registers to enable effective reporting to the Shareholder Committee.

The service has started a procurement exercise for leaseholder insurance and are currently seeking the appointment of a broker. Continued liaison with the Growth and Prosperity Team is also taking place to understand any potential insurance risks arising due to the ongoing regeneration programme across the town, with property insurance being the greatest risk at present.

In conjunction with the health and safety team, property services and IT, steps are being taken to improve building resilience at Bickerstaffe House. As part of this an iPool training course is being developed to help ensure that all staff are aware of what arrangements they need to follow should an incident occur.

The Senior Risk and Resilience Officer has resigned to take up a new role in the private sector. After 19 years at the Council, they will be missed. A recruitment exercise is planned to appoint a replacement to this role.

Health and Safety

The modernisation of the health and safety management system on the Hub is ongoing, as is the transfer of accident reporting onto the new HR system which is due to go live in October 2022. Work has also recommenced on the development of a more user friendly corporate warning register for use by all Council services to help protect staff working in customer facing services. Work has also been undertaken with HR to support the closing down and removal of the Covid-19 area on the Hub.

Core health and safety training has been delivered, and there is continued growth for more bespoke training for individual teams and the delivery of toolbox talks by the health and safety team.

A member of the team left to join one of the wholly owned companies in the quarter. A recruitment exercise is underway to fill this vacancy. An additional post has also been created to provide a dedicated health and safety resource for highways and tram track, and a recruitment campaign is underway for this position.

Performance**Risk Services performance indicators**

Performance Indicator (Description of measure)	2022/23 Target	2022/23 Actual
Professional and technical qualification as a percentage of the total.	85%	65%

Internal Audit Team performance indicators

Performance Indicator (Description of measure)	2022/23 Target	2022/23 Actual
Percentage audit plan completed (annual target).	90%	39%
Percentage draft reports issued within deadline.	96%	91%
Percentage audit work within resource budget.	92%	100%
Percentage of positive satisfaction surveys.	85%	94%
Percentage compliance with quality standards for audit reviews.	85%	93%

Risk and Resilience Team performance indicators

Performance Indicator (Description of measure)	2022/23 Target	2022/23 Actual
Percentage of Council service business continuity plans up to date.	100%	85%
Percentage of risk registers revised and up to date at the end of the quarter.	100%	59%
Number of risk and resilience training and exercise sessions held (annual target).	6	3
Percentage of property risk audit programme completed (annual target).	100%	100%

A full review of the completeness of business continuity plans is due in quarter three however a summary of the current position is:

- Completion - 100%
- Transferred to new template – 89%
- Updated in last 12 months – 85%

All risk registers were due to be updated by the end of quarter two, in line with the requirements of the Corporate Compliance Calendar and Risk Management Framework, however progress has been disappointing as shown in the following table:

Risk Management Group	Percentage Updated April 2022 – September 2022	Risk Registers Not Updated
Adult Services	66%	Adult Social Care
Central Support Services	64%	Executive’s Management Support Headstart Housing Strategy ICT Property Services
Children’s Services	66%	Children’s Social Care & Early Help
Communications & Regeneration	38%	Arts Development Beach Patrol Car Parking Communications Corporate Print Economic Development Grundy Art Gallery Heritage Libraries Visit Blackpool
Community & Environmental Services	78%	Coastal & Environmental Partnership Investments Highways (Engineering)
Public Health	100%	

Health and Safety performance indicators

Performance Indicator (Description of measure)	2022/23 Target	2022/23 Actual
RIDDOR Reportable Accidents for Employees	0	2

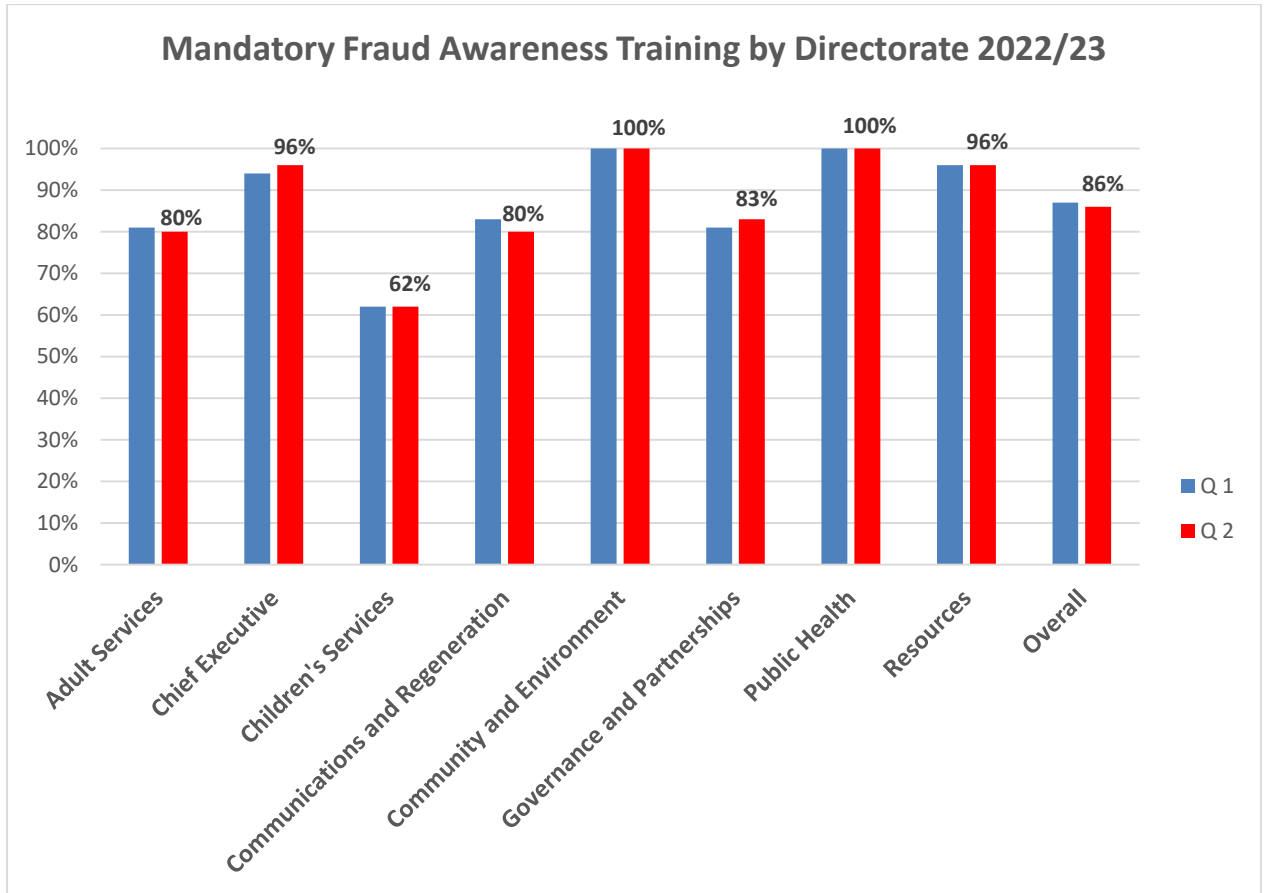
There was one new RIDDOR case relating to employees reported in the quarter, a summary of the details is as follows:

- Highways - employee went to hospital after a break/fracture due to an accident when his digger collapsed into an excavation.

Corporate Fraud Team performance indicators

Performance Indicator (Description of measure)	2022/23 Target	2022/23 Actual
% of agreed Council employees completed i-Pool fraud awareness course.	100%	86%

As at the end of Quarter 2, the overall completion rate has decreased from 87% (as at 31st July 2022), to 86% (as at 30th September 2022). Whilst there have been some changes to the levels of completion within individual Directorates, further analysis has revealed that such fluctuations can be attributed to Directorate staffing changes which have occurred during the quarter.



2. **Appendix A: Performance & Summary Tables for Quarter Two**

Internal Audit reports issued in period

Directorate	Review Title	Assurance Statement							
Adult Services	Extra Support Service	<p>Scope</p> <p>Compliance testing on the following areas:</p> <ul style="list-style-type: none"> • Care plans are up to date; • Accurate staff rotas are in place; • Training logs are in place; • DBS checks have been carried out; • Policies and procedures are in place; • Procedures for medication; • Health & Safety Risk Assessments are in place; • Purchase Card usage is compliant; • Procedures around Infection Control; • Robust quality assurance arrangements; • Suitable security arrangements are in place; • Service user assets are managed; • Procedures are in place for external activities and are being followed; and • Risk Reduction Plans are in place to support young people in their transition to adulthood. <p>Overall Opinion and Assurance Statement</p> <table border="1" data-bbox="778 1099 1465 1137"> <tr> <td style="text-align: center;">Adequate</td> </tr> </table> <p>We consider that the controls in place are adequate with minor control improvements required. Our testing revealed minor lapses in compliance with the controls.</p> <p>Number of Recommendations Made</p> <table border="1" data-bbox="778 1317 1465 1429"> <tr> <td>Priority 1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">3</td> </tr> </table> <p>Management Response</p> <p>The service will obtain the most recent pathway plan from the MOSAIC system for all service users. A plan to ensure this is a perpetual action has been developed.</p> <p>A new column has been placed onto the service user matrix spreadsheet to inform and record the 6 monthly review requirement.</p> <p>The training allocation manager checks the booking system for available dates for training on a monthly basis. A process is to be implemented to record the dates a check on available training is made.</p> <p>Deputy Managers will ensure that staff complete finance book reconciliations on a monthly basis. A process has been implemented onto the duty tracker spreadsheet.</p>	Adequate	Priority 1	0	Priority 2	4	Priority 3	3
Adequate									
Priority 1	0								
Priority 2	4								
Priority 3	3								

Directorate	Review Title	Assurance Statement								
Children's Services	Financial Systems Development	<p>Scope</p> <p>The scope of our audit was to review the financial systems and processes in place, efficiencies that can be made within the processes, and further development plans.</p> <p>Overall Opinion and Assurance Statement</p> <table border="1" data-bbox="778 521 1465 560"> <tr> <td colspan="2" style="text-align: center;">Inadequate</td> </tr> </table> <p>We consider that the controls in place are inadequate with significant work required to establish a robust audit trail, ensuring appropriate authorisations are obtained and evidenced though the use of manual processing of invoices, and a review of the system development opportunities available to strengthen the overall finance process.</p> <p>Number of Recommendations Made</p> <table border="1" data-bbox="778 878 1465 987"> <tr> <td>Priority 1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">1</td> </tr> </table> <p>Management Response</p> <p>The Assistant Director of Children's Services (Social Care) will lead a Task and Finish Group in order to establish robust financial processes and produce a financial framework.</p> <p>The processes in place to process invoices received via the Home Finding Team will be reviewed to ensure adequate approvals are sought in line with the Scheme of Delegation.</p> <p>The ability to utilise available systems (E-procurement or Mosaic) to process invoices received via the Home Finding Team (in the interim period between system developments) to ensure suitable authorisations are transparent will be reviewed.</p> <p>A review of practices within Children's Social Care will be undertaken to ensure transparency around who has checked and who has authorised invoices prior to payment, ensuring segregation of duties operates, the Scheme of Delegation is adhered to, and suitable records of expenditure are maintained.</p> <p>A more robust solution to obtain authorisation and segregation of duties will be put in place for Supporting Our Children invoices (For example FPM or E-procurement).</p>	Inadequate		Priority 1	5	Priority 2	6	Priority 3	1
Inadequate										
Priority 1	5									
Priority 2	6									
Priority 3	1									

Directorate	Review Title	Assurance Statement								
Chief Executives	Social Housing Rents Financial Control Assurance Testing	<p>Scope</p> <p>The scope of our audit was to ensure that effective controls are in place to minimise financial risk related to social housing rents.</p> <p>Overall Opinion and Assurance Statement</p> <table border="1" data-bbox="778 488 1465 521"> <tr> <td colspan="2" style="text-align: center;">Adequate</td> </tr> </table> <p>Overall, we have assessed that there is an adequate system of controls over the social housing rents system. However, some of our findings were previously identified in our 2019 review. The process for checking identification of new tenancies needs to be consistently applied by all staff, and policies and procedures should be reviewed at least bi-annually to ensure staff are working to the required standards.</p> <p>Furthermore, where we sought evidence of compliance with the key financial controls, it was found that the evidence demonstrated that there was an unsatisfactory level of compliance in some of the areas tested.</p> <p>Number of Recommendations Made</p> <table border="1" data-bbox="778 1055 1465 1167"> <tr> <td>Priority 1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">4</td> </tr> </table> <p>Management Response</p> <p>Steps will be taken to ensure that policies and procedures are reviewed on a regular basis via flags on SharePoint.</p> <p>Reconciliations will be signed as reviewed/authorised by the Head of Finance using a laptop pen or by an email, confirming the review/authorisation.</p> <p>The service will ensure that physical checks of tenancy ID will be obtained wherever possible.</p> <p>The process for confirming a tenant’s identity will be consistently applied by all staff.</p> <p>A process is in place to ensure that rent increases are not overlooked, however additional checks will be introduced to ensure that it is adhered to.</p> <p>The write off process will be finalised and regular meetings with the Head of Housing will be reinstated, the frequency of which is to be determined by the Head of Housing.</p>	Adequate		Priority 1	0	Priority 2	2	Priority 3	4
Adequate										
Priority 1	0									
Priority 2	2									
Priority 3	4									

Directorate	Review Title	Assurance Statement							
<p>Communications and Regeneration</p>	<p>Growth and Prosperity</p>	<p>Scope</p> <p>The scope of the review was to ensure that recommendations made in previous audit reports had been fully addressed including:</p> <ul style="list-style-type: none"> • Growth and Prosperity (2018/19); • Enterprise Zone (2020/21); • Management of Investment Properties (2020/21); and • Town Deal (2021/22) <p>Overall Opinion and Assurance Statement</p> <table border="1" data-bbox="778 685 1465 723"> <tr> <td style="text-align: center;">Adequate</td> </tr> </table> <p>We consider that overall, the recommendations and actions highlighted in the previous audit reports have been adequately addressed.</p> <p>We consider that there are some further improvements that could be made to address some of the recommendations from the previous audits, particularly in relation to the Management of Investment Properties report.</p> <p>Number of Recommendations Made</p> <table border="1" data-bbox="778 1111 1465 1220"> <tr> <td>Priority 1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">7</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">2</td> </tr> </table> <p>Management Response</p> <p>The risks associated with the investment programme have now been incorporated into the overall Growth and Prosperity risk register.</p> <p>A marketing document which outlines the Growth and Prosperity programme has been produced. A draft strategic plan is in place, and this will be refreshed and finalised by the end of the financial year.</p> <p>An Enterprise Zone and a Town Deal Communication Plan has now been developed and finalised.</p> <p>The Corporate Asset Management Plan will be finalised and implemented this calendar year.</p> <p>An updated process diagram, and roles and responsibilities documents to reflect Growth and Prosperity current practices are now in place.</p> <p>A copy of the relevant legal advice, supporting the decision not to establish a company where appropriate, has now been located and put on file.</p>	Adequate	Priority 1	0	Priority 2	7	Priority 3	2
Adequate									
Priority 1	0								
Priority 2	7								
Priority 3	2								

<p>Community and Environmental</p>	<p>Waste Management</p>	<p><u>Scope</u></p> <p>The scope of our audit was to review the Council’s statutory duties for waste collection, processing and disposal, and whether these duties are being effectively and efficiently carried out by outsourced companies (i.e. Blackpool Waste Services Limited (BWS) and Lancashire Renewables Limited).</p> <p><u>Overall Opinion and Assurance Statement</u></p> <table border="1" data-bbox="778 539 1465 577"> <tr> <td colspan="2" style="text-align: center;">Adequate</td> </tr> </table> <p>We consider that controls relating to Waste Management are adequate, with most risks identified and assessed, and some changes necessary. The Council’s statutory duties for collecting and disposing of waste and reporting waste management data to the Government are appropriately carried out by BWS and Lancashire County Council.</p> <p><u>Number of Recommendations Made</u></p> <table border="1" data-bbox="778 898 1465 1010"> <tr> <td>Priority 1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">2</td> </tr> </table> <p><u>Management Response</u></p> <p>To help prioritise significant projects on a local level to improve the delivery of waste management services, an overarching programme brief will be produced. Service improvement projects are simpler to prioritise, however, significant changes to service delivery will require approval at a higher level.</p> <p>The procedure for involving BWS in the planning process for Council and private events will be reviewed and addressed through relationship meetings. Periodic discussions will also be arranged with the Director of Communications & Regeneration and the Head of Tourism & Communications to review how events impact the company.</p> <p>The Director of Governance & Partnerships and the Finance Manager (Subsidiary & Partnership) are leading on updating the Management Service Agreements and reviewing the associated central support charges for BWS.</p> <p>The Head of Waste Policy & Partnerships will discuss with the Customer Relations Manager how complaints should be handled and recorded by BWS. The Performance & Quality Manager at BWS will also be consulted to determine whether BWS’s complaints handling procedures are appropriately documented.</p>	Adequate		Priority 1	0	Priority 2	4	Priority 3	2
Adequate										
Priority 1	0									
Priority 2	4									
Priority 3	2									

Directorate	Review Title	Assurance Statement								
Community and Environmental	Green and Blue Infrastructure Strategy	<p><u>Scope</u></p> <p>The scope of the audit was to review the progress made to achieve the Green and Blue Infrastructure Strategy and assess progress against the annual plan.</p> <p><u>Overall Opinion and Assurance Statement</u></p> <table border="1" data-bbox="778 488 1465 521"> <tr> <td colspan="2" style="text-align: center;">Adequate</td> </tr> </table> <p>We consider that the controls in place are adequate, however we have made recommendations on how improvements could be made to enhance the progress made towards the action plan and ensuring the reporting mechanisms provide transparency.</p> <p><u>Number of Recommendations Made</u></p> <table border="1" data-bbox="778 768 1465 880"> <tr> <td>Priority 1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">3</td> </tr> </table> <p><u>Management Response</u></p> <p>The GBI Strategy steering group has been re-established with relevant department representatives relating to the action plan, in order to refocus the GBI agenda. The next meeting will take place in October.</p> <p>The GBI Development Manager will identify key contacts within the Action Plan and schedule to meet with them accordingly to discuss progress.</p> <p>The GBI Action Plan will be reviewed and interim targets set where required. In addition, the 12 month priorities are to be identified within the action plan.</p> <p>KPIs developed as part of the Local Plan will be fully reported as part of the GBI strategy updates to the Scrutiny Leadership Board.</p> <p>Additional statistics on progress will be presented to the Scrutiny Leadership Board, to enable clear monitoring of targets being met throughout, and by the end of, the 10 year strategy.</p> <p>The action plan will be updated with progress made for reporting to the next Scrutiny Leadership Board.</p>	Adequate		Priority 1	0	Priority 2	3	Priority 3	3
Adequate										
Priority 1	0									
Priority 2	3									
Priority 3	3									

<p>Community and Environmental</p>	<p>CCTV</p>	<p><u>Scope</u></p> <p>The scope of the audit was to ascertain the progress made on the project to deliver the new CCTV system including:</p> <ul style="list-style-type: none"> • Project funding (capital and on-going maintenance); • Relocation to Starr Gate tram depot; • Project Management arrangements, including milestones and key deliverables; • Project liaison with key partners, including IT, Data Governance and external partners; and • Implementation of previous recommendations. <p><u>Overall Opinion and Assurance Statement</u></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Adequate</td> </tr> </table> <p>We consider that the controls in place are adequate, with some risks identified and assessed, and some changes necessary. Work is progressing on the delivery of the CCTV project, however there has been some slippage due to the change of location for the control and viewing rooms and also supply chain issues.</p> <p><u>Number of Recommendations Made</u></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Priority 1</td> <td>0</td> </tr> <tr> <td>Priority 2</td> <td>5</td> </tr> <tr> <td>Priority 3</td> <td>0</td> </tr> </table> <p><u>Management Response</u></p> <p>A log will be maintained of key action points/decisions arising from the CCTV Core Investment Group meetings to maintain a clear audit trail.</p> <p>The CCTV Manager and CCTV Supervising Manager will continue to liaise with TNP so that a work programme for the installation/upgrade of the cameras can be produced as soon as is reasonably practicable.</p> <p>The service is liaising with the Risk and Resilience team to ensure that adequate insurance cover for CCTV equipment is put in place as soon as possible.</p> <p>The outstanding recommendations made in the 2020 CCTV audit will be implemented as soon as is reasonably practicable.</p> <p>The SSC self-assessment tool will be completed once the CCTV upgrade has been finalized. Installation of the cameras is due to be completed by the end of October 2022, however there may be some slippage in the timeframe.</p>	Adequate	Priority 1	0	Priority 2	5	Priority 3	0
Adequate									
Priority 1	0								
Priority 2	5								
Priority 3	0								

Directorate	Review Title	Assurance Statement												
Governance and Partnerships	Civil Claims Financial Data	<p>Scope</p> <p>The scope of the audit was to ensure effective controls in respect of the recording of financial data and reserves relating to civil insurance claims are in place.</p> <p>Overall Opinion and Assurance Statement</p> <table border="1" data-bbox="778 488 1465 521"> <thead> <tr> <th colspan="2" data-bbox="778 488 1465 521">Split Assurance</th> </tr> </thead> <tbody> <tr> <td data-bbox="778 521 1125 667">We consider that the controls in place are adequate relating to recording financial information, however work is required to establish best practice processes and to ensure these are embedded into the team procedures. We note that the controls introduced to maintain the financial data have improved the ongoing accuracy of data reporting, and note the system limitations often hindering the efficiency of this task.</td> <td data-bbox="1125 521 1465 667"></td> </tr> <tr> <td data-bbox="778 667 1125 981">We do, however, feel that the management of potential claims is inadequate with changes being made to practices without prior discussion with Risk and Resilience and the Self Insurance Panel.</td> <td data-bbox="1125 667 1465 981"></td> </tr> </tbody> </table> <p>Number of Recommendations Made</p> <table border="1" data-bbox="778 1037 1465 1149"> <tbody> <tr> <td data-bbox="778 1037 1125 1070">Priority 1</td> <td data-bbox="1125 1037 1465 1070">1</td> </tr> <tr> <td data-bbox="778 1070 1125 1104">Priority 2</td> <td data-bbox="1125 1070 1465 1104">4</td> </tr> <tr> <td data-bbox="778 1104 1125 1149">Priority 3</td> <td data-bbox="1125 1104 1465 1149">1</td> </tr> </tbody> </table> <p>Management Response</p> <p>A discussion will take place with the Self Insurance Panel, to determine the suitable approach that should be taken relating to notification of potential claims, and the responsibility of associated costs.</p> <p>Liaison with the external claims handlers will take place to determine the reasons for the payments not being recorded on their databases.</p> <p>Discussions will take place with claims handlers to determine a more suitable method of reporting changes to reserves, in order to directly identify where changes are required.</p> <p>Changes to practices have already taken place, whereby changes to reserves are added as 'new' as opposed to 'edited'. These will be captured in the Office Procedure Manual.</p> <p>Changes to practices have taken place, whereby the closure of a claim will match the reserve to the total cost of the claim.</p>	Split Assurance		We consider that the controls in place are adequate relating to recording financial information, however work is required to establish best practice processes and to ensure these are embedded into the team procedures. We note that the controls introduced to maintain the financial data have improved the ongoing accuracy of data reporting, and note the system limitations often hindering the efficiency of this task.		We do, however, feel that the management of potential claims is inadequate with changes being made to practices without prior discussion with Risk and Resilience and the Self Insurance Panel.		Priority 1	1	Priority 2	4	Priority 3	1
Split Assurance														
We consider that the controls in place are adequate relating to recording financial information, however work is required to establish best practice processes and to ensure these are embedded into the team procedures. We note that the controls introduced to maintain the financial data have improved the ongoing accuracy of data reporting, and note the system limitations often hindering the efficiency of this task.														
We do, however, feel that the management of potential claims is inadequate with changes being made to practices without prior discussion with Risk and Resilience and the Self Insurance Panel.														
Priority 1	1													
Priority 2	4													
Priority 3	1													

Directorate	Review Title	Assurance Statement							
Resources	Direct Debits	<p>Scope</p> <p>The scope of the audit included:</p> <ul style="list-style-type: none"> • The robustness of systems for Direct Debits established for Council Tax and Business Rates, including the set up processes; • The control and reconciliation of Direct Debit payments, including procedures to investigate discrepancies; and • That roles and responsibilities are clearly defined, and a consistent approach is adopted across the Council. <p>Overall Opinion and Assurance Statement</p> <table border="1" data-bbox="778 757 1465 792"> <tr> <td style="text-align: center;">Adequate</td> </tr> </table> <p>We consider that overall, the controls in place for setting up the Direct Debits and the reconciliation process are adequate, and our testing identified only minor areas of improvement.</p> <p>Number of Recommendations Made</p> <table border="1" data-bbox="778 1003 1465 1115"> <tr> <td>Priority 1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">4</td> </tr> </table> <p>Management Response</p> <p>Documented procedures will be prepared for Business Rates and Council Tax processes, to reduce the risk of errors and inconsistencies.</p> <p>The Head of Revenues, Benefits and Customer Services confirmed with the Exchequer Services Manager that adherence to KYC is not a requirement for PayUK. In mitigation, BACS undertake their own audit of Council services and have not raised any concerns.</p> <p>A meeting between BWS and the Council’s finance team will be convened to rectify the discrepancies between Direct Debits records maintained by the Council and BWS.</p> <p>Testing of the alert system of the bank notifying the Council of any suspicious Direct Debits placed on the Collection Fund will be carried out.</p>	Adequate	Priority 1	0	Priority 2	0	Priority 3	4
Adequate									
Priority 1	0								
Priority 2	0								
Priority 3	4								

Directorate	Review Title	Assurance Statement							
Schools	St John Vianney Primary School	<p>Scope</p> <p>The audit testing which was carried out included:</p> <ul style="list-style-type: none"> • Governance • Risk Management • Financial Planning & Budgetary Control • Payroll / HR Management • Expenditure • Income • Unofficial Funds • Security Of Assets • Core Assurance Testing <p>Overall Opinion and Assurance Statement</p> <table border="1" data-bbox="778 748 1465 786"> <tr> <td style="text-align: center;">Adequate</td> </tr> </table> <p>We consider that the controls in place are adequate, with some risks identified and assessed, and several changes necessary. Our testing revealed minor lapses in compliance with the controls.</p> <p>Number of Recommendations Made</p> <table border="1" data-bbox="778 999 1465 1111"> <tr> <td>Priority 1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Priority 3</td> <td style="text-align: center;">6</td> </tr> </table> <p>Management Response</p> <p>Meetings have now been moved to 'face to face', to allow physical signatures to be obtained.</p> <p>The Accounts Team have been instructed to ensure that VAT is reclaimed properly for purchase card transactions.</p> <p>A documented process for the disposing and writing off of assets will be produced.</p> <p>The Governor Skills Matrix will be reviewed.</p> <p>A further benchmarking report will be produced for governors, identifying any actions for improvement.</p> <p>The transferring of funds between school accounts will be avoided where possible, but due to the nature of being a school and an English Hub, this will not always be possible.</p>	Adequate	Priority 1	0	Priority 2	0	Priority 3	6
Adequate									
Priority 1	0								
Priority 2	0								
Priority 3	6								

Progress with Priority 1 audit recommendations

Two priority one recommendations were implemented in the quarter including:

- Animal Health Outbreak Management x 1
- Cyber Security (Data Infrastructure) x 1

A number of priority one recommendations which were due in the quarter have had their deadline extended following discussion between the relevant Head of Service and the Head of Audit and Risk, and include:

- Community Engagement x 1
- Water Self-Supply x 1
- Managing the Leavers Process x 1
- CCTV x 1
- Animal Health Outbreak Management x 1
- Track Maintenance Programme x 1
- Wholly Owned Companies Governance Arrangements x 1
- Energy Management x 2
- Cyber Security (Data Infrastructure) x 1
- Highways Enforcement x 2

The Regulation of Investigatory Powers Act 2000

In line with best practice, it has been agreed that the Council will report to the Audit Committee the number of RIPA authorisations undertaken each quarter, which enables the Council to undertake directed and covert surveillance. Between July 2022 and September 2022, the Council authorised no RIPAs.

Fraud and Error Data

The fraud and error statistics are now in the new format agreed as part of this year's Fraud and Error Prevention Charter and can be found in Appendix B.

Insurance claims data

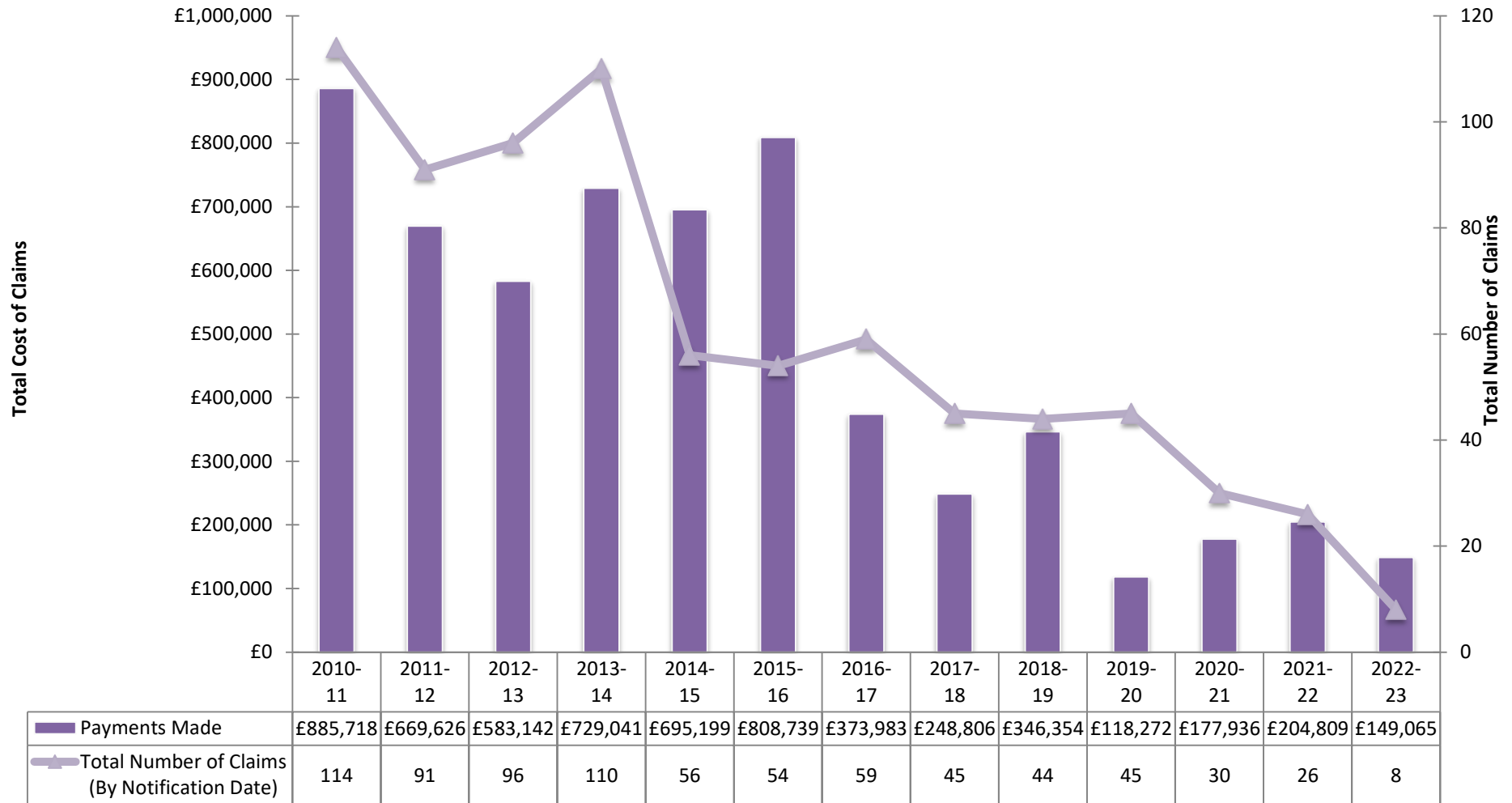
The graphs at Appendix C show the cost of liability insurance claims paid to date during each financial year by the Council.

3. Appendix B - Fraud and Error Statistics 2022/23

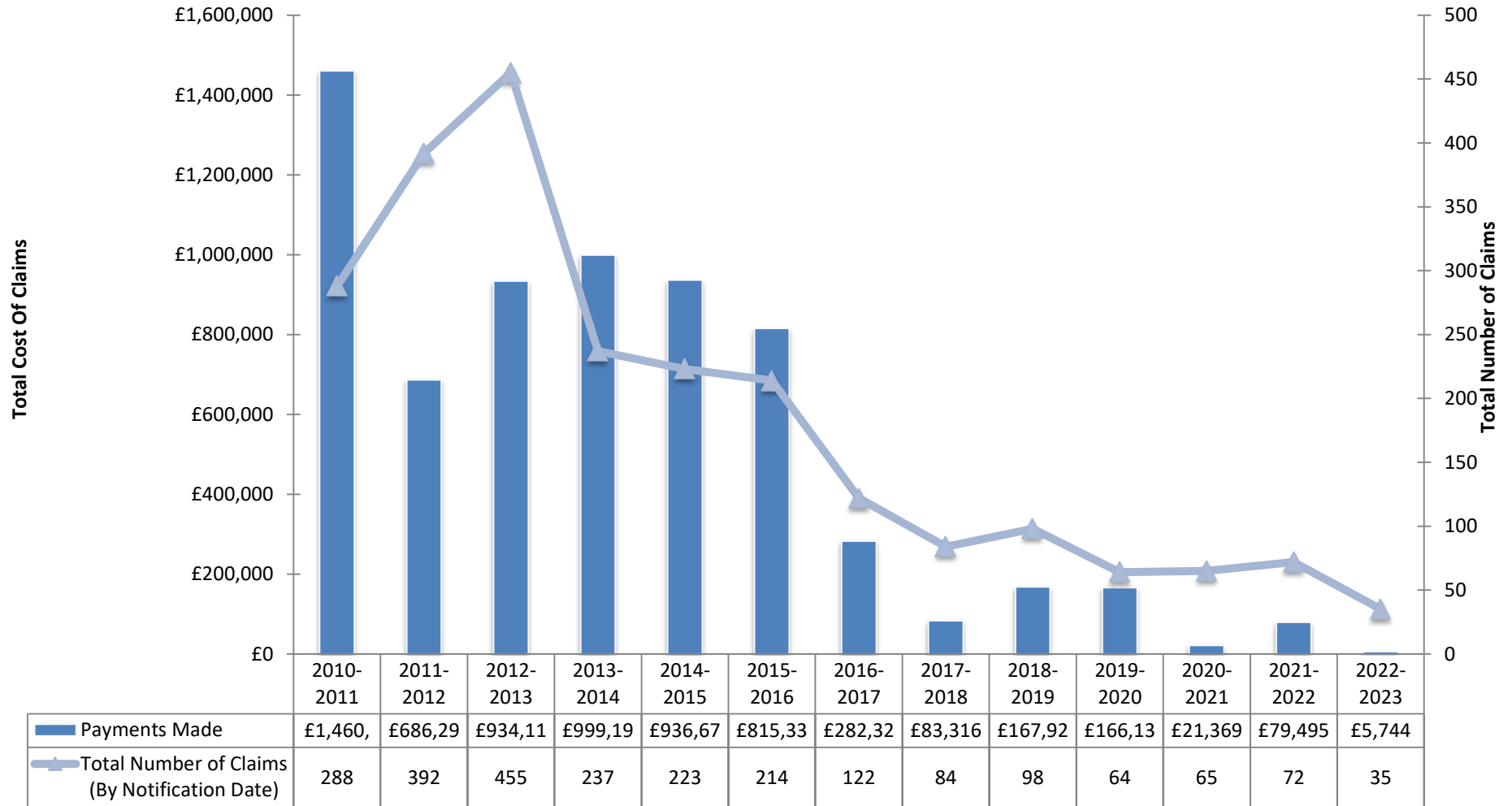
CORPORATE FRAUD AND ERROR STATISTICS - 2022/2023	Number of Cases Brought Forward from 2021/22	Referrals Received				Case Closures									Total Value of Fraud Proven / Error Identified	Action Taken on Closed Cases					Number of Cases Currently Under Investigation
		Internal	External	NFI	Total Number of Referrals Received	Fraud Proven			Error Proven			No Fraud/Error Identified				No Further Action	Recommendation	Disciplinary	Administrative Penalty	Prosecution	
						Internal	External	NFI	Internal	External	NFI	Internal	External	NFI							
ANNUAL SUMMARY 2022/23																					
Type of Fraud																					
Council Tax - Single Person Discount	2,121	43	6	35	84	0	0	0	27	1	82	17	4	1,346	£ 63,577.24	1,477	0	0	0	0	728
Council Tax Reduction (CTR)	762	22	9	271	302	0	0	0	3	0	1	7	11	275	£ 10,407.56	297	0	0	0	0	767
Housing Benefit Claims	7	0	0	0	0	0	0	0	0	0	0	0	0	2	£ -	2	0	0	0	0	5
Housing Tenants	129	0	0	0	0	0	0	0	0	0	0	0	0	110	£ -	110	0	0	0	0	19
Payroll	11	4	0	0	4	1	0	0	0	0	0	0	0	5	£ -	5	0	1	0	0	9
Business Rates	4	0	0	0	0	0	0	0	0	0	0	0	0	-	£ -	-	0	0	0	0	4
Procurement	2,538	0	0	0	0	0	0	0	0	0	0	0	0	2,524	£ -	2,524	0	0	0	0	14
Fraudulent Insurance Claims	2	0	0	0	0	0	0	0	0	0	0	0	0	-	£ -	-	0	0	0	0	2
Social Care	3	0	0	0	0	0	0	0	0	0	0	2	0	-	£ -	2	0	0	0	0	1
Abuse of Position - Financial Gain	-	0	0	0	0	0	0	0	0	0	0	0	0	-	£ -	-	0	0	0	0	-
Abuse of Position - Data	-	2	1	0	3	0	0	0	0	0	0	0	0	-	£ -	-	0	0	0	0	3
General Financial Fraud	17	1	2	0	3	1	0	0	0	0	0	3	5	-	£ -	8	0	1	0	0	11
Blue Badge Parking/Travel Concessions/Resident Parking	23	3	1	0	4	0	0	0	1	0	0	1	1	-	£ 515.91	3	0	0	0	0	24
Housing/Right to Buy	-	0	0	0	0	0	0	0	0	0	0	0	0	-	£ -	-	0	0	0	0	-
Totals:	5,617	75	19	306	400	2	0	0	31	1	83	30	21	4,262	£ 74,500.71	4,428	0	2	0	0	1,587

4. Appendix C – Insurance Claim Payments by Financial Year

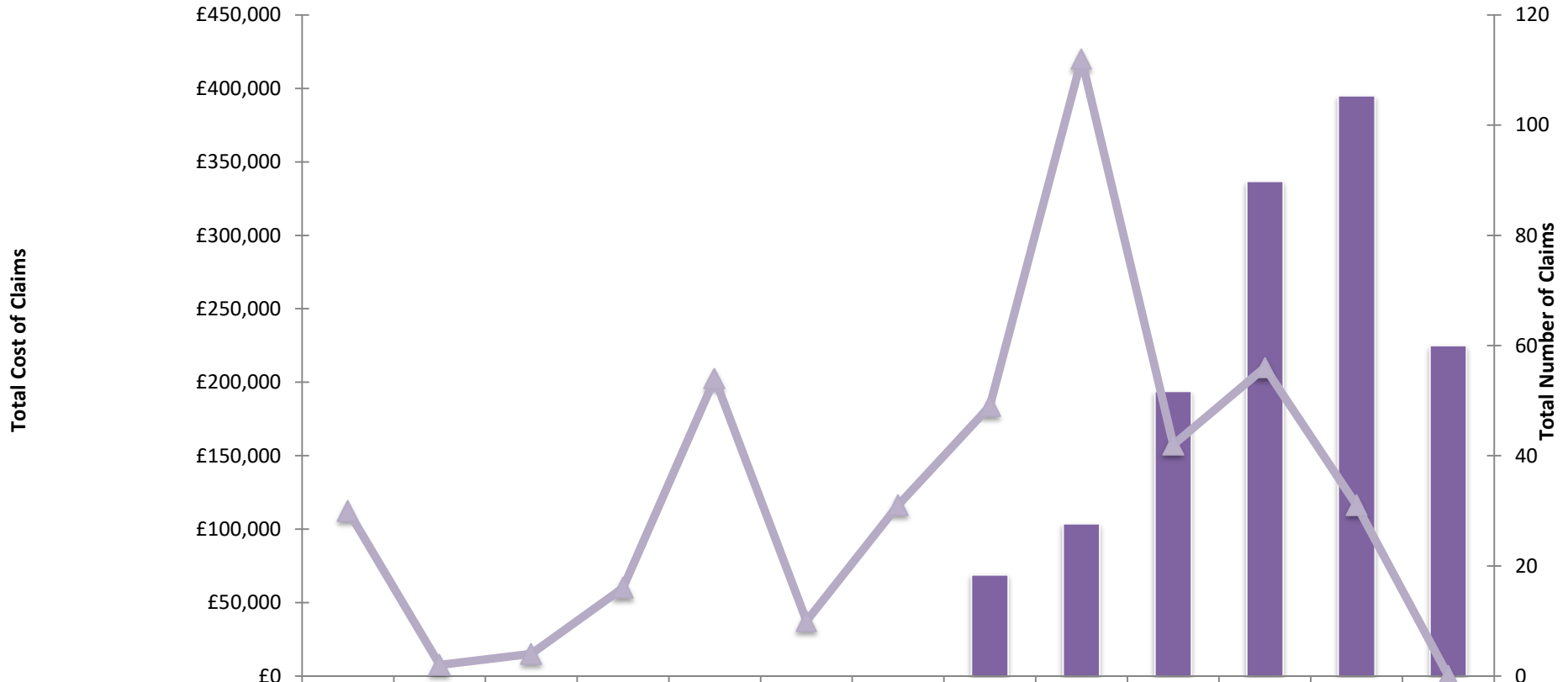
Total Number and Cost of Public Liability Claims (Paid) as at 30.09.2022



Total Number and Cost of Public Liability Highways Claims (Paid) as at 30.09.2022

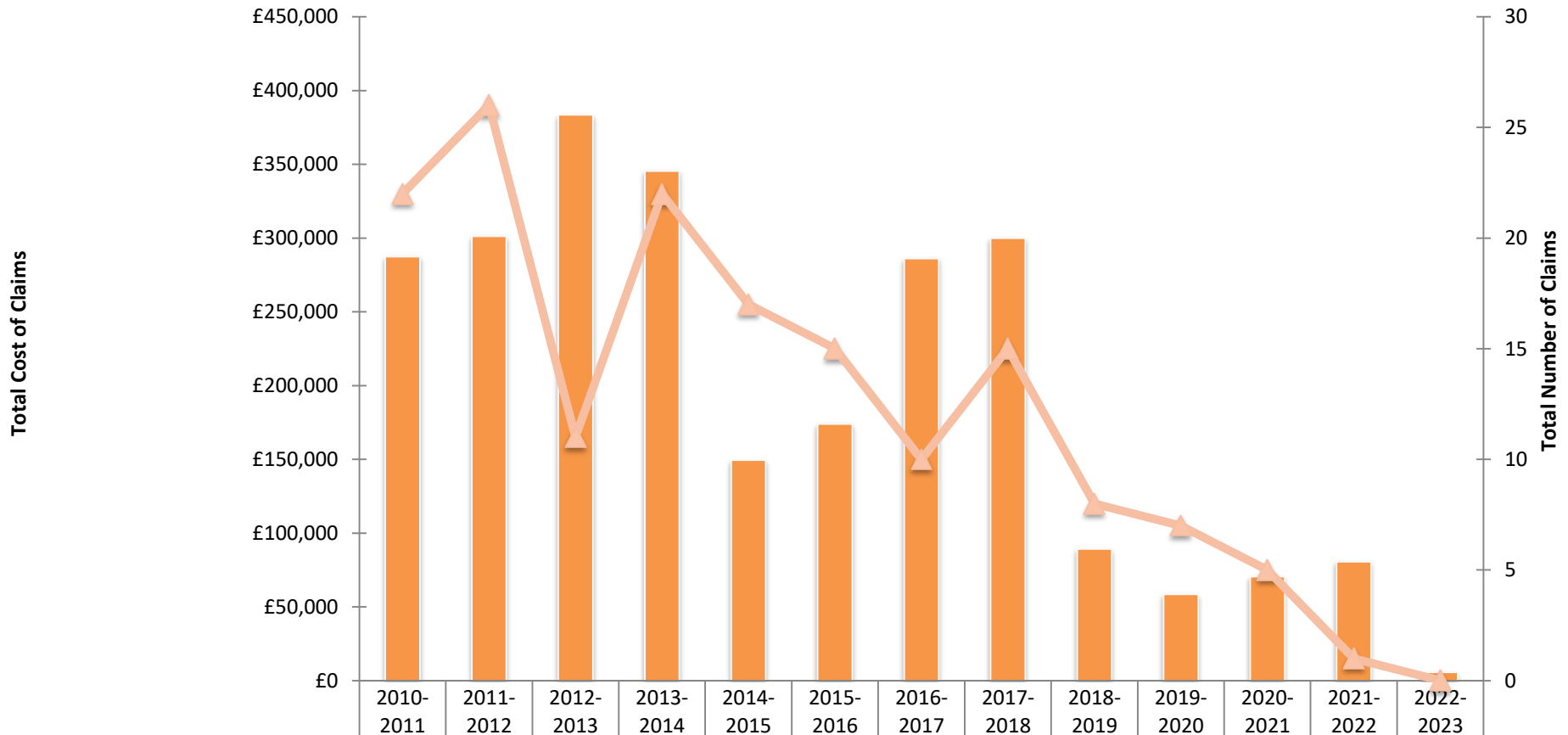


Total Number and Cost of Sensitive Claims/Notifications (Paid) as at 30.09.2022

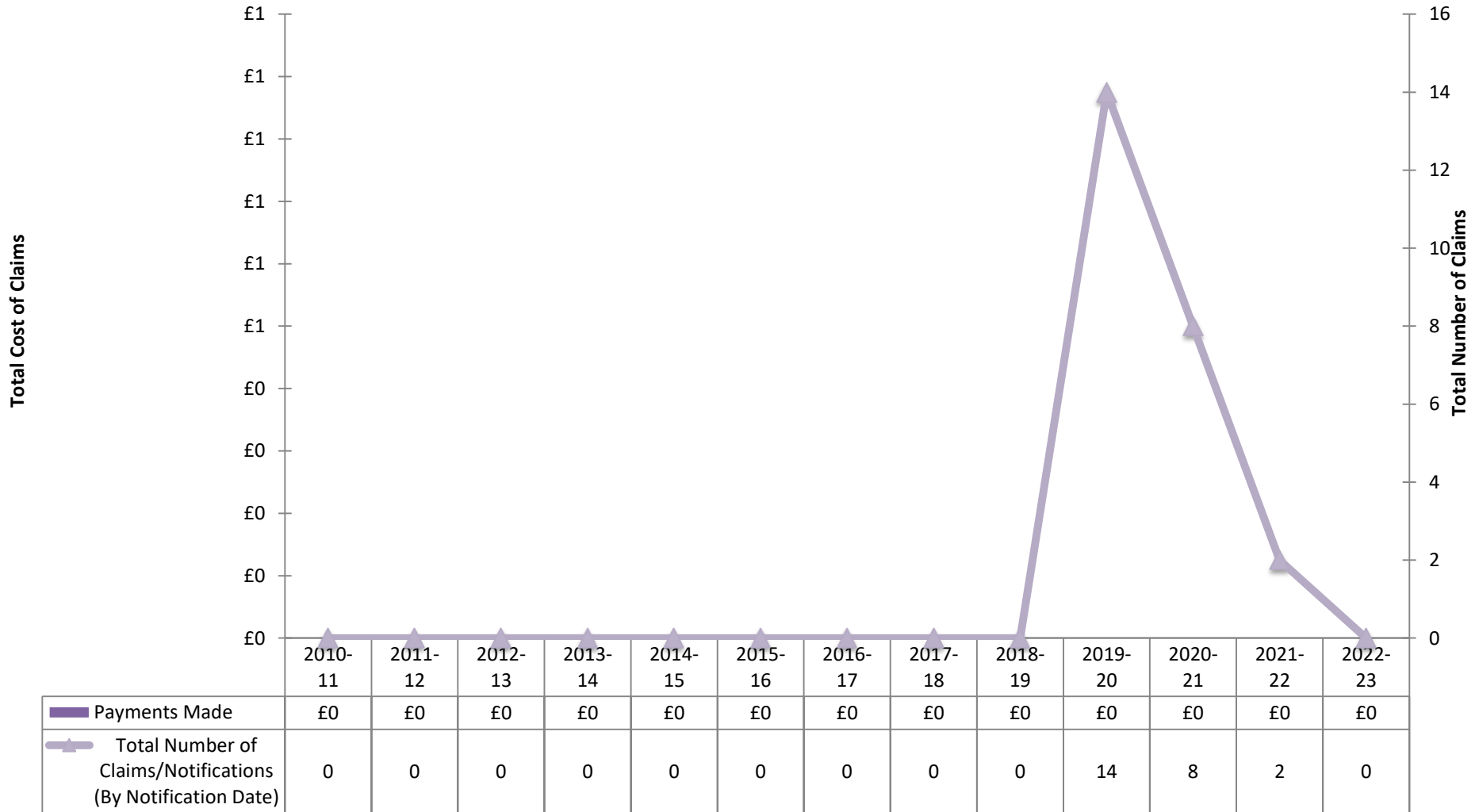


Payments Made	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
	£0	£0	£0	£0	£0	£0	£0	£68,803	£103,722	£193,832	£336,667	£395,078	£225,026
Total Number of Claims/Notifications (By Notification Date)	30	2	4	16	54	10	31	49	112	42	56	31	0

Total Number and Cost of Employer Liability Claims (Paid Amounts) as at 30.09.2022



Total Number and Cost of Data Breach Claim (Paid) as at 30.09.2022



This page is intentionally left blank

Report to:	AUDIT COMMITTEE
Relevant Officer:	Steve Thompson, Director of Resources John Blackledge, Director of Community and Environmental Services
Meeting	20 October 2022

STRATEGIC RISK REGISTER DEEP DIVE – LEGAL

1.0 Purpose of the report:

1.1 To consider a progress report on individual risks identified in the Council’s Strategic Risk Register.

2.0 Recommendation(s):

2.1 To consider the controls being implemented to manage the strategic risk relating to Legal.

3.0 Reasons for recommendation(s):

3.1 To enable the CLT and Audit Committee to consider an update and progress report in relation to an individual risk identified on the Strategic Risk Register.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council’s approved budget? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The risk impacts on all the Council’s priorities.

6.0 Background information

6.1 At its meeting in March 2022, the Audit Committee agreed to continue to invite Strategic Risk Owners to attend future meetings to provide updates and progress reports in relation to the individual risks identified on the Strategic Risk Register.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 5(a) - Strategic Risk Register Deep Dive – Legal

8.0 Financial considerations:

8.1 The controls being implemented will be done so within current budget constraints.

9.0 Legal considerations:

9.1 Risks need to be effectively managed in order to comply with relevant legislation.

10.0 Risk management considerations:

10.1 To enable CLT and Audit Committee to gain assurance that strategic risks are being effectively managed.

11.0 Equalities considerations:

11.1 Equality analysis should have been undertaken, where necessary, when decisions were made in relation to the identification of the actions identified in this document. As this report presents monitoring against pre-agreed actions no further equality analysis has been undertaken as part of this report.

12.0 Sustainability, climate change and environmental considerations:

12.1 Sustainability, climate change and environmental matters should have been considered, where necessary, when decisions were made in relation to the identification of the actions identified in this document. As this report presents monitoring against pre-agreed actions no further analysis has been undertaken as part of this report.

13.0 Internal/external consultation undertaken:

13.1 The progress report has been prepared in conjunction with risk owners.

14.0 Background papers:

14.1 None.

Risk Category: Legal

Risk: a) Hardening insurance market.

Risk Owner: Director of Resources
--

Gross Risk Score	20	Impact - 4	Likelihood – 5
-------------------------	-----------	------------	----------------

What impact does this have?

- Increased costs due to not being able to transfer some risks to an insurer resulting in self-funding claims.
- Increased premium costs due to ineffective risk management.

What opportunities does this create?

- Embedded risk management culture.

What controls do we already have in place?

- Risk management framework in place which is delivered and embedded through the directorate and thematic risk management groups.
- Service, strategic and project risk registers in place.
- SharePoint sites for risk management to assist with the sharing of information.
- Risk management considered as part of decision making process.
- Insurance programme in place consisting of policies and self-insurance with regular reviews of claims levels and also lessons learned through the risk management groups and self-insurance panel.

Net Risk Score	16	Impact - 4	Likelihood – 4
-----------------------	-----------	------------	----------------

What are we doing to further manage the risk?
--

Implement a new claims handling system to increase efficiency and improve management information in relation to claims to assist with lessons learned.

The Risk and Resilience Team have had a number of demonstrations on potential claims handling systems from market leaders. The next stage is to undertake a procurement exercise and discussions are taking place with colleagues in legal, procurement and IT to develop the specification. It is intended that a new claims handling system will be place ready for the new financial year.

Prepare and undertake a procurement exercise for the Council's insurance portfolio to ensure value for money and continued coverage.

Due to the complexity of the Council's insurance portfolio coupled with the volatile insurance market a business case was approved to create an additional Risk and Resilience Officer in the team. This additional capacity will help the team focus on more proactive risk management work to seek to reduce risk across the Council and also to seek innovative insurance solutions for risks which are proving difficult to insure.

An exercise will be undertaken in April 2023 to appoint an insurance broker to take the Council to market and then there will be a 10-11 month lead in period to prepare for market, run the procurement exercise, and appoint appropriate insurers from April 2024.

What will these additional actions achieve?

The implementation of the identified actions will help ensure that the Council is in the best position possible to continue to procure a fit for purpose insurance programme. Where insurance is not a cost effective option, having a good understanding of claims experience helps inform decisions around potential self-insurance.

What barriers do we face?

A hard insurance market makes it difficult for the Council to accurately predict premium costs or identify risks which are no longer deemed insurable.

Do these actions contribute to the sustainability of the Council?

The Council uses insurance to transfer some of the significant financial risks it faces should a catastrophic incident occur.

Do these actions impact on the Council's finances?

Insurance comes at a cost through both premiums paid and self-insurance funds set aside in the self-insurance reserves. The financial impact of claims is considered on a quarterly basis by the Self-Insurance Panel, and the financial impact of premiums is discussed with the Head of Accountancy to ensure that adequate provisions are included in budgets.

How does this contribute to the Council Plan?

Insurance is a means by which the Council can transfer financial risk, and therefore supports each of the Council's priorities.

Any additional changes to this strategic risk?

There are continued challenges with property insurance, and where it is not possible to place cover with the Council's main property insurer, bespoke solutions are being identified as required.

The Senior Risk and Resilience Officer, who has worked at the Council for 19 years, is leaving in November. With this there will be a loss of knowledge in terms of the insurance programme which will need to be bridged through a recruitment process.

Risk: b) Inadequate safety management of the public realm/communities.

Risk Owner: Director of Community and Environmental Services

Gross Risk Score	20	Impact - 5	Likelihood – 4
-------------------------	-----------	------------	----------------

What impact does this have?

- Death / injury to a member of the public resulting in civil or criminal proceedings.

What opportunities does this create?

- Safe environment and residents and visitors to enjoy.

What controls do we already have in place?

- A Tree Management Strategy is in place, which is supported by an incident log, to record unexpected tree failure so lessons can be learned.
- Documented site inspection regimes for playgrounds and sporting areas facilitated by an online system for maintenance and detailed specifications set by the Council for Envenco to deliver against.
- Robust highways inspection programme in place to reduce the risks associated with highways liability claims. Lessons learned are discussed at the Highways Risk Management Group.
- Daily checks of life saving equipment on the promenade undertaken by the Beach Patrol Service.
- Council fleet drivers assessed for driving competency to ensure safety when on the public highway. Accidents are reviewed by the Driving at Work Risk Management Group to spot trends and look at remedial actions which may need to be taken.
- Secure external funding bids for community safety projects.
- Multi agency response to close/restrict, enforce and curtail problematic HMO's.
- Community involvement providing ownership of parks and green spaces.
- Joint working arrangements in place between the Council and the Police.

Net Risk Score

15

Impact - 5

Likelihood – 3

What are we doing to further manage the risk?

Complete the Tree Management Plan with associated risk ratings in order to provide Envenco with an informed work programme to target their resources to ensure that trees remain safe.

The Tree Management Plan is now complete and has been shared with Envenco. A programme of work is now in place to ensure delivery of the plan.

Continued roll out of Project Amber, which will provide significant investment in the highways, which will reduce potential highways liability claims.

Steps continue to be taken to improve the highways with a focus being on those roads which have been rated as an amber risk.

Deliver the town centre CCTV project including implementing a new CCTV system and control room, and considering other areas which would benefit from increased / effective CCTV.

The CCTV project is being delivered with the upgrade of equipment taking place and the provision of a control centre commissioned. The second phase of the project, which is yet to commence, is to review potential areas across the wider town which would benefit from CCTV, and seek to find ways to implement this.

Implement the new Area Intervention Team to target hot spot areas for anti-social behaviour.

The Area Intervention Team is now operational and has four officers in post. Currently these officers are deployed to the Claremont ward into the areas with most risk. This has increased the number of statutory notices being issued, prosecutions, and the use of anti-social behaviour tools being used. In addition, work is ongoing with the community to revitalise some of the back alleys in the ward to make these more user friendly for community use and reduce the risk of them being hotspots for anti-social behaviour.

It is intended that the team will be next deployed to the Bloomfield ward, into hot spot areas for anti-social behaviour, where they will carry out a similar exercise to that carried out in the Claremont ward.

Build an effective relationship with the new Police and Crime Commissioner to continue to secure support for community safety initiatives in the town.

Meetings have been held with the new Police and Crime Commissioner, and funding has been secured for the current financial year. Going forward there will be a rolling 12 month review of funding.

The new Police and Crime Commissioner and Chief Constable have attended a Talbot PACT meeting with the Head of Public Protection to gain awareness of some of the challenges faced in the inner wards of Blackpool.

What will these additional actions achieve?

To reduce crime and disorder and increase public safety.

What barriers do we face?

Finance presents the biggest challenge in terms of continuing to secure funding for community safety initiatives and also any additional funds which may be needed to extend the CCTV scheme.

Do these actions contribute to the sustainability of the Council?

Helping ensure the safety of the public helps reduce the impact on other public bodies, such as the Police, and protects the Council against civil claims being made. Also, effective interventions help minimise demand on Council resources by controlling issues before they escalate.

Do these actions impact on the Council's finances?

Core budget is in place, however there is also reliance on external funding for the provision of community safety schemes. Additional interventions, such as increasing CCTV across the town, may need additional funding which will need to be identified.

How does this contribute to the Council Plan?

These actions contribute to the community priority.

Any additional changes to this strategic risk?

It is recognised that Blackpool does have challenges, particularly in some of the most deprived wards, and therefore there needs to be an ongoing focus on improving public safety in these higher risk areas.

Risk: c) Unsafe workplace.**Risk Owner: Director of Resources**

Gross Risk Score	20	Impact - 5	Likelihood – 4
-------------------------	-----------	------------	----------------

What impact does this have?

- Death / injury to a member of staff resulting in civil or criminal proceedings.

What opportunities does this create?

- Safe environment for employees to work.

What controls do we already have in place?

- Full suite of corporate health and safety arrangements and guidance notes available. This is supported by a full suite of health and safety training which staff can access.
- Production of an Annual Health and Safety Report with recommendations outlining actions which CLT need to undertake to further embed health and safety. This includes details of the health and safety compliance audits completed in the year.
- Significant work undertaken to ensure that the Council is a Covid Secure workplace to enable staff to undertake their roles safely during the pandemic.
- Team of qualified health and safety advisors in post to provide advice to managers.
- Risk management and health and safety meetings in place for all directorates, plus thematic groups for high risk areas.

Net Risk Score	15	Impact - 5	Likelihood – 3
-----------------------	-----------	------------	----------------

What are we doing to further manage the risk?

Transfer the accident reporting process onto the new HR system and ensure all users and managers are able to effectively use the electronic reporting system.

The new accident reporting module has been built as part of the new HR system and is currently being tested. Once it goes live it will enable managers to input accident reports direct to the system and automatically notify the health and safety team. This will be more efficient than the current system where manual forms are used.

Review and update the corporate warning register to ensure that this is user friendly and meets the needs of front line employees.

A cross-service working group has been reviewing the Corporate Warning Register and an outline design on how the new system will work is in place. This is currently with IT to cost the development of the system and provide a prototype of how the system will work. Once ready the system will be piloted across key services before being rolled out Council wide. In the interim the current Corporate Warning Register is still in use.

Modernise the way in which the corporate health and safety arrangements are communicated and stored on the new intranet site.

The review of health and safety arrangements is around 90% complete now with the remaining arrangements due to be reviewed by the end of the financial year. Steps are being taken to transfer all health and safety information onto a new SharePoint site which will be accessible via the new intranet site. The transfer of the information to SharePoint will create opportunities to further modernise the way in which health and safety data is communicated to all staff.

What will these additional actions achieve?

These actions will help modernise the way in which health and safety information is recorded, communicated and accessed to ensure that this is as user friendly as possible.

What barriers do we face?

Vacancies in the Corporate Health and Safety team are slowing progress in taking forward these actions due to workload. However, recruitment exercises are underway, and once appropriate candidates are appointed this will help reduce the pressure in the team (who are currently focused on reactive work) to take forward the proactive work.

Do these actions contribute to the sustainability of the Council?

Employees are the Council's most important resource and therefore creating an environment which is safe for them to carry out their roles is essential.

Considerable work is also been undertaken on Building Resilience, focused initially at Bickerstaffe House, to ensure that robust and tested systems and procedures are in place for a range of incidents. A Task and Finish Group is in place with representation from health and safety, property services, IT and emergency planning.

Do these actions impact on the Council's finances?

Inadequate health and safety for our employees could result in a liability claim being received or enforcement action taken, both of which could result in a financial impact on the Council and / or prosecution.

Data shows that the number of reported accidents / incidents is reducing year on year since a peak in 2016/17 which helps demonstrate that arrangements are embedding across the Council. Accident data is monitored to identify trends and help ensure that an adequate focus is placed in these areas to reduce risk. In the previous financial year verbal and physical assault were the most common types of incidents reported.

How does this contribute to the Council Plan?

The health and safety of our employees is key to organisational resilience.

Any additional changes to this strategic risk?

The Corporate Health and Safety Team keep abreast of any changes to legislation from the Health and Safety Executive.

In high risk areas, such as highways and track maintenance, additional resource is being put into the Corporate Health and Safety Team to ensure that such services can access an advisor dedicated to their service.

This page is intentionally left blank

Report to:	AUDIT COMMITTEE
Relevant Officer:	Lisa Arnold – Strategic Head of Service Community and Wellbeing, CES Management and Admin Support
Meeting	20 October 2022

INTERNAL AUDIT FOLLOW UP - MANAGEMENT OF LEISURE CENTRES

1.0 Purpose of the report:

1.1 To consider a progress report on the recommendations made in the internal audit report of the Management of Leisure Centers issued on the 24 February 2022.

2.0 Recommendation(s):

2.1 To consider the actions being implemented to address the audit recommendations relating to the Management of Leisure Centre’s audit.

3.0 Reasons for recommendation(s):

3.1 To enable Audit Committee to consider an update and progress report on the audit recommendations.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council’s approved budget? Yes

4.0 Other alternative options to be considered:

4.1 N/a

5.0 Council priority:

5.1 The relevant Council priority is community.

6.0 Background information

6.1 Leisure Services operate the three main leisure facilities strategically located in the north, central and south areas of Blackpool;

- Blackpool Sports Centre
- Moor Park Health & Leisure Centre

- Palatine Leisure Centre

Leisure Services operate the three main leisure facilities strategically located in the north, central and south areas of Blackpool;

- Blackpool Sports Centre
- Moor Park Health & Leisure Centre
- Palatine Leisure Centre

Leisure Services operates health and fitness facilities at all three of its leisure centres. The facilities include dedicated fitness studios including an Express Fitness EGYM suite at Blackpool Sports Centre, indoor cycling studios and exercise class studios at each site. The Express Fitness EGYM suite has equipment initially installed in September 2019 and expanded over the lockdown period to include a flexibility, strength and cardiovascular circuit. In addition Blackpool Sports Centre hosts a double sports hall, athletics arena and field, 3G pitches and outside netball courts.

Moor Park Health and Leisure Centre and Palatine Leisure Centre also operate sports halls, swimming pools, offering public swimming, learn to swim programmes and a school swimming service with the latter currently engaging with Blackpool primary schools.

6.2 The scope and assurance statement of the audit was as follows:

Scope

The scope of the audit was to review:

- The financial losses to the leisure centres as a result of Covid-19;
- The recovery plans in place for the leisure centres and how realistic they are;
- The impact on leisure centre staffing levels, ability to recruit and whether this is likely to be challenging going forward.

Assurance Statement

The onset of the Covid-19 pandemic has undoubtedly had a significant impact on the performance of the three Council run leisure centres. The service have identified a number of areas of improvement which will assist in the required recovery. We therefore consider that the current approach is adequate with some risks identified and assessed and several changes necessary. We have made a number of recommendations to further enhance the approach, particularly around detailed and meaningful performance reporting, and the adoption of a more detailed business development plan.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 6(a): Internal Audit Recommendations and Agreed Actions.

8.0 Financial considerations:

8.1 The controls being implemented will be done so within current budget constraints.

9.0 Legal considerations:

9.1 Risks need to be effectively managed in order to comply with relevant legislation.

10.0 Risk management considerations:

10.1 To enable the Audit Committee to gain assurance that risks are being effectively managed.

11.0 Equalities considerations:

11.1 Where equality analysis is appropriate these will have been undertaken whilst making decisions relating to the subject.

12.0 Sustainability, climate change and environmental considerations:

12.1 Any matters relating to sustainability, climate change and environmental considerations will be considered when making decisions relating to the subject.

13.0 Internal/external consultation undertaken:

13.1 The progress report has been prepared in conjunction with the relevant Head of Service and Chief Officer.

14.0 Background papers:

14.1 N/a

This page is intentionally left blank

Appendix 6(a) Recommendation	Priority	Agreed Action	Responsible officer	Target Date	Progress	
R1	It should be ensured that budget monitoring continues to be robust and is informed by realistic forecasts to help address the anticipated future deficit. Contingency plans should also be developed which outline how the deficit will be managed in the longer term, depending on whether the service recovers to pre-Covid levels.	2	Agreed. The Leisure Facilities Manager will develop the required contingency plans (with input from the Facility Managers), and will monitor the service recovery on a monthly basis. The Head of Service and the Director of Community and Environmental Services will address areas of concern as appropriate.	Leisure Facilities Manager / Facility Managers	30/4/22	<p>Recommendation complete</p> <p>Detailed forecasts were developed in March 2022 which sit behind the overall budget monitoring sheets, with clear but stretching income targets for key areas which are monitored monthly.</p> <p>Monthly meetings have continued with the Leisure Managers (LM's) of each facility (LFM post currently vacant) to proactively monitor financial performance against targets and monitor expenditure against budget.</p> <p>The budget performance of leisure is reviewed monthly by the Head of Service, with monthly meetings currently taking place with LM's to agree key actions on specific focus areas.</p> <p>The recovery has been especially positive over the previous 6 months, with investment in key facilities anticipated in October 2022, which are expected to further boost recovery across sites. Therefore it is anticipated that the service will recover sufficiently to enable the service to manage any small deficit that may remain through underspend on expenditure and through securing external funding grants for specific projects utilising the facilities.</p> <p>Therefore contingency plans are not currently being developed as it is not believed they will be needed and instead resource has been focused on maximising the impact of the investment in facilities planned for October 2022.</p>

Appendix 6(a) Recommendation	Priority	Agreed Action	Responsible officer	Target Date	Progress	
R2	2	The business development plan should be enhanced and expanded include a longer term view of developing projects. Each project should include more actions with meaningful and realistic milestones, and responsible officers.	Agreed. This has now been started by the Leisure Facilities Manager with guidance from the Head of Service.	Leisure Facilities Manager	30/4/22	<p>Existing business plan updated to include clear timescale and responsible officers. Leisure Managers continue to work through objectives assigned to them as the responsible officer.</p> <p>The business plan will be fully reviewed and expanded to include longer term objectives once a new Leisure Facility Manager is appointed and by April 2023.</p>
R3	2	The anticipated financial benefits relating to each project should be identified and documented. They should then be used to provide a basis on which to develop longer term scenario based forecasted income levels.	Agreed. This will come through business proposals, costs and return on investments work relating to true projects.	Leisure Facilities Manager / Facility Managers	30/4/22	<p>When a project that is expected to realise significant financial benefits or attracts significant financial risk is developed, financial projections are required as part of the proposal and scrutinised by the leisure service accountant.</p> <p>There have been no projects since the audit that have required this; however the leisure managers are aware of this process.</p>

Appendix 6(a) Recommendation	Priority	Agreed Action	Responsible officer	Target Date	Progress
<p><i>R4</i> A review of the risk register should be undertaken to ensure that all potential scenarios which would affect the service are captured and detailed, with the impact and likelihood scored and the controls and mitigation in place to help reduce the risks to an acceptable level. Once refreshed, the risk register should be reviewed and updated regularly.</p>	2	<p>Agreed. This will be undertaken as part of the new business plan work.</p>	<p>Leisure Facilities Manager</p>	31/5/22	<p>Risk register updated and will be refreshed in line with corporate compliance dates, or sooner if required.</p>

Appendix 6(a) Recommendation	Priority	Agreed Action	Responsible officer	Target Date	Progress	
R5	A consistent format for the reporting of performance data should be agreed and adopted, and an appropriate level of detail provided to quantify the data being presented.	2	Agreed. New format to be agreed with Facility Managers.	Leisure Facilities Manager / Facility Managers	30/4/22	<p>New format for performance and financial management dashboards agreed.</p> <p>Leisure Managers meet on a monthly basis to present their performance for their facilities to the Leisure Facilities Manager. The performance data is presented at monthly performance meetings using a consistent format across sites.</p> <p>The data is taken from detailed performance dashboards showing patronage, income, bookings, expenditure which are populated by the administration team each month following information sent from each facility. The dashboards compare data with last month and year.</p> <p>LMs report on comparisons vs previous month, year and pre covid which highlights the recovery after covid.</p> <p>LMs also provided a 6mth performance report, showing performance to date this calendar year (Jan-June 22) and compared to pre covid, again to show how each facility and service area has recovered after covid.</p> <p>There is a dashboard monitoring wider performance areas for each site including staff sickness, customer comments, accidents/ incidents and staff training.</p>

Appendix 6(a) Recommendation	Priority	Agreed Action	Responsible officer	Target Date	Progress	
R6	To enhance accountability, we recommend that the Leisure Facilities Manager presents the Facility Managers with a greater level of challenge over the performance data provided.	2	Agreed. Additional challenge will be incorporated in to the performance management process.	Leisure Facilities Manager	30/4/22	The Leisure Managers has positively adopted the new performance management process resulting in an increase in scrutiny of the data. When a new Leisure Facilities Manager is recruited they will be made aware of the importance of challenging the data presented to ensure a robust performance management approach.
R7	<p>Consideration should be given to periodically rotating the Facility Managers between the leisure centres and how the implementation of this could:</p> <p>a) enhance the Facility Managers' strategic capacity; and b) what further benefits might also be achieved.</p>	2	Agreed, in theory. This will be considered later in the year to give time for current planned improvements to embed, and for the recovery from Covid to progress.	Head of Service / Leisure Facilities Manager	31/10/22	This has been considered, however with the covid recovery journey being positive at all sites and the managers fully embracing their responsibilities, it is felt that a move currently would be a backward step, however it remains on option open to the service if required.

This page is intentionally left blank

AUDIT COMMITTEE ACTION TRACKER

	DATE OF REQUEST	ACTION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
2	21.01.21	To receive, in due course, Deloitte's detailed log of all additional work and the associated costs, with any materially significant queries identified.	September 2021	Ms Nicola Wright, Deloitte	The 2020/21 accounts have not yet been signed off due to some technical accounting issues affecting a number of local authorities. Therefore time spent on the audit is not yet known pending an outcome from CIPFA and the sign-off of the accounts.	In progress
3	29.04.21	That the Chair of the Audit Committee give further consideration as to the role of the Committee in relation to contract management and procurement arrangements, in conjunction with Mrs Tracy Greenhalgh, Head of Audit and Risk.	March 2023	Mrs Tracy Greenhalgh, Head of Audit and Risk	The Chair and Head of Audit and Risk have started to give some thought to how this can be delivered. There is some planned training on how the Audit Committee can add value and after this consideration will be given as to how this can be adapted to procurement.	Not yet due
5	11.11.21	That more specific details around the Council's Strategic Leisure Assets be brought back to the Committee at a future meeting.	November 2022	Mr Lee Frudd, Head of Strategic Leisure Assets	This will be picked up at the November meeting when the strategic risk register deep dive covers the commercial risk category and therefore relevant officers will be in attendance at the meeting.	Not yet due
6	20.01.22	That an updated ISA 260, along with the final accounts be presented to the next meeting of the Audit Committee.	April 2022	Deloitte	The 2020/21 accounts have not yet been signed off due to some technical issues affecting a number of local authorities.	In Progress
7	16.06.22	That an update on the progress of the data infrastructure centre be provided to the July meeting.	March 2023	Tony Doyle, Head of IT Services	To be provided in the Audit and Risk Quarterly report once the priority one recommendation is due.	Not yet due

This page is intentionally left blank