



Audit Committee

Date: 30 May 2019
Time: 7.00 pm
Venue: Committee Room 1
District Council Offices, Queen Victoria Road, High Wycombe Bucks

Membership

Chairman: Councillor M C Appleyard
Vice Chairman: Councillor R J Scott

Councillors: G C Hall, M Hanif, A Lee, Ms C J Oliver, N J B Teesdale and R Wilson

Standing Deputies

Councillors K Ahmed, Ms S Brown, R Gaffney and D Shakespeare

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Filming/Recording/Photographing at Meetings – please note that this may take place during the public part of the meeting in accordance with Standing Orders. Notices are displayed within meeting rooms.

Agenda

Item		Page
1	APOLOGIES FOR ABSENCE To receive any apologies for absence.	
2	MINUTES To confirm the minutes of the meeting held on 28 February 2019	
3	DECLARATIONS OF INTEREST To receive any disclosure of disclosable pecuniary interests by Members relating to items on the agenda. If any Member is uncertain as to whether an interest should be disclosed, he or she is asked if possible to contact the District Solicitor prior to the meeting. Members are reminded that if they are declaring an interest, they should state the nature of that interest whether or not they are required to withdraw from the meeting.	

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	Members are reminded to give 24 hours` notice if they wish to ask a question on an Information Sheet to ensure that an answer can be given at the meeting.	
	Regulation of Investigatory Powers Act (Ref.1/19)	
14	SUPPLEMENTARY ITEMS (IF ANY)	
	If circulated in accordance with the five clear days' notice provision.	
15	URGENT ITEMS (IF ANY)	
	Any urgent items of business as agreed by the Chairman.	

For further information, please contact Iram Malik on 01494 421204, committeeservices@wycombe.gov.uk



Report For:	Audit Committee
Meeting Date:	Audit 30 May 2019
Part:	Part 1 - Open
If Part 2, reason:	N/A

SUMMARY

Title of Report:	2018/19 Q4 and Full Year Performance Outturn
Officer Contact: Direct Dial: Email:	Harriet Baldwin, Performance and Improvement Officer 01494 421 888 Harriet.baldwin@wycombe.gov.uk
Ward(s) affected:	All
Reason for the Decision:	<p>That the Audit Committee should review performance to ensure that the Council is performing at the appropriate level</p> <p>Corporate business planning and monitoring contributes to the discharge of the Council's functions as authorised by Section 111 of the Local Government Act 1972.</p>

<p>Proposed Decision:</p>	<p>That:</p> <p>The Audit Committee note the 2018/19 Quarter 4 and full year outturn for the Council's 12 key performance measures, in particular that all of the performance measures where targets were set either exceeded the target or met the target (within +/- 5%).</p> <p>The Audit Committee note the summary report and full list of results from the 41 corporate performance indicators for the full year.</p>
<p>Sustainable Community Strategy/Council Priorities - Implications</p>	<p>Performance measures provide information with regard to the achievement of key objectives and support the Council's priorities as set out in the Corporate Plan</p> <p>Risk is assessed alongside performance management measures but reported separately</p> <p>Equalities issues are considered by each service area in the planning and delivery of their services</p> <p>Health & Safety: N/A</p>
<p>Monitoring Officer/ S.151 Officer Comments</p>	<p>Monitoring Officer: Legal issues are addressed within the report</p> <p>S.151 Officer: No direct financial implications of the report.</p>
<p>Consultees:</p>	<p>N/A</p>
<p>Options:</p>	<p>N/A</p>
<p>Next Steps:</p>	<p>A report on performance will be issued to Cabinet on 3 June of the 2018/19 Q4 and full year performance.</p>
<p>Background Papers:</p>	<p>N/A</p>
<p>Abbreviations:</p>	<p>MHCLG: Ministry of Housing, Communities & Local Government CSC: Customer Service Centre</p>

Appendices to this report are as follows:

Appendix 1: 12 key performance measures: full year outturn

Appendix 2: 41 performance measures: full year outturn

1. Detailed Report

Background

Regular monitoring of performance enables areas of underperformance to be identified and rectified in “real time”.

The quality of the data is monitored regularly to ensure that it is fit for purpose for decision making and complies with the characteristics of good data quality as set out by the Audit Commission and embedded within the Council’s performance management framework and data quality policy.

Corporate Key Performance Measures (KPMs)

The Council’s Corporate Plan sets out four priorities: Place, People, Prosperity and Progress. The performance management framework identifies key performance measures to report on progress in service delivery against these priorities. The Council corporately reports 12 key performance measures (KPMs) quarterly from Community, Environment and Housing, HR, ICT and Facilities Management Services and Planning and Sustainability, as part of 41 key performance indicators (KPIs) drawn from across all of the service areas.

The 2018/19 quarter 4 and full year outturn report set out in Appendix 1 reports on the 12 corporate KPMs. These are high level performance measures selected to give an overview of performance and so provide an indication of performance and direction of travel.

The performance measures are assessed as to whether they are exceeding the target, meeting the target (within +/- 5%); more than 5% away from the target, or data only.

For quarter 4 2018/19 and for the full year all of the corporate measures either exceed the target or meet the target (within +/- 5%). None of the 12 corporate measures are more than 5% away from target.

Corporate key performance indicators (KPIs)

Appendix 2 sets out the outturn of the 41 key performance indicators monitored regularly by service areas. Of the 41 KPIs, there was only one exception – where the measure is more than 5% away from the target - at the outturn position.




Exception - PS002: Achieve cost recovery of building control work that attracts a charge

Target: 100%; Outturn 93%

The expenditure figures include for the budgeted amount of internal recharges. The outturn is worse than expected because £27,000 of advanced receipts was not carried into this financial year. This would have resulted in a variance against target of less than 3%

Performance symbol key

The following symbols are used to indicate performance in appendices 1 and 2.

	Measure has exceeded target by more than 5%
	Measure is within +/- 5% of target
	Measures is more than 5% away from target
n/a	Measure has no target set as used for data collection only

2019/20 Performance reporting dates are proposed as follows:

Quarter	Date of Audit Committee meeting
Quarter 1 April – June 2019	Thursday 25 July 2019
Quarter 2 July – September 2019	Thursday 9 January 2020

Community Portfolio		2017/18 Actual	2018/19 Targets	Q1	Q2	Q3	Q4	Annual Year to date		Snapshot* *Q1 2016/17 to present
Code	Measure							Actual	Alert	
CS001a	Number of users of Wycombe Leisure Centre	690,459	Data Only	164,088	161,371	154,846	191,045	671,350	Data Only	
Comment:										

Environment Portfolio		2017/18 Actual	2018/19 Targets	Q1	Q2	Q3	Q4	Annual		Snapshot* *Q1 2016/17 to present
Code	Measure							Actual	Alert	
NI192 (JWS5)	% of household waste reused, recycled and composted	52.8%	52.8%	56.9%	52.1%	57.1%	49.7%	52.6%		
Comment:		Q3 and Q4 reflect seasonal variations (Autumn and winter months)								

Agenda Item 4




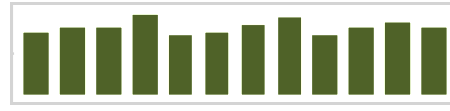


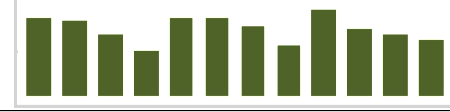

Measures have exceeded target by more than 5%



Measures have met or are within +/- 5% of target



Measures are more than 5% away from target

Environment Portfolio		2017/18 Actual	2018/19 Targets	Q1	Q2	Q3	Q4	Actual		Snapshot* *Q1 2016/17 to present
Code	Measure							Actual	Alert	
BV082ai (JWS1)	% of household waste recycled	24.3%	25.2%	21.4%	24.1%	25.9%	25.8%	24.3%		
BV082aii (JWS3)	Tonnage of household waste recycled	23,558	23,558	5,765.78	5,586.78	6,051.65	5975.77	23,380		
Comment:	There is an upward trend in household waste being recycled									
BV082bi (JWS2)	% of household waste composted	28.4%	28.4%	35.41%	27.95%	25.7%	23.77%	28.2%		
BV082bii (JWS4)	Tonnage of household waste composted	27,525	27,525	9,523.04	6,478.43	5,998.70	5506.8	27,507		
Comment:	Q3 and Q4 figures are reflective of the seasons									



Measures have exceeded target by more than 5%



Measures have met or are within +/- 5% of target



Measures are more than 5% away from target

Housing Portfolio		2017/18 Actual	2018/19 Targets	Q1	Q2	Q3	Q4	Annual		Snapshot* *Q1 2016/17 to present
Code	Measure							Actual	Alert	
ES006	Number of households in temporary accommodation (TA)	79	79	80*	74	80	82	82	N/A	
	Bed and Breakfast (family units)			9 (4)	5(1)	10 (2)	11 (7)			
	Saunderton Lodge			29	28	24	29			
	Registered Provider			39	35	39	36			
	WDC retained properties			2	6	7	6			
Comment:	The Q1 figure includes 1 household in a Women’s Refuge									
ES009	Percentage of people who approach WDC prevented from becoming homeless.	46%							N/A	New PI from 2017/18
	Number of people prevented from becoming homeless									
	Total number of approaches made to the housing team			288	299	313	347			
Comment:	Due to the introduction of the Homeless Reduction Act in 2018 there has been a major change in how we work. The Ministry for Communities and Local Government have introduced a new reporting mechanism and due to timescales IT has not been fully implemented to collect the data. MCHLG due to the problems with data reporting have advised that data is not accurate and this first year all data will be experimental. Only the number of approaches are therefore reported for this year.									



Measures have exceeded target by more than 5%



Measures have met or are within +/- 5% of target



Measures are more than 5% away from target

HR, ICT and Customer Services Portfolio		2017/18 Actual	2018/19 Targets	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Year to date Actual		Alert	Snapshot* *Q1 2016/17 to present
BV12	Sickness Absence	6.8	6.8	6.97	6.8	6.32	7.31	7.23			
Comment:	The sickness percentage for the year to date 31st March 2019 is 3.17%. The average number of days sick per officer is 7.23 days. The figure is slightly above our target due to the impact of 2 particularly long absences in one service area.										
Page 8 HR002	% of all calls to CSC abandoned	3.6%	< 5%	3.3%	2.6%	4.2%	3.9%	3.5%			
	Number of calls abandoned	5,985		1,349	1,001	1,461	1,439	5,173			
	Total number of calls	168,439		40,886	38,052	34,797	36,929	150,664			
Comment:	The slightly reduced performance in Q3 in relation to abandoned calls is as a result of a sporadic telephone system problem impacting call delivery in the first week of December. Performance improved following the resolution of this issue.										




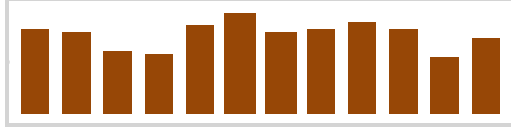
Measures have exceeded target by more than 5%



Measures have met or are within +/- 5% of target



Measures are more than 5% away from target

Planning Portfolio		2017/18 Actual	2018/19 Targets	Q1	Q2	Q3	Q4	Year to date		Snapshot* *Q1 2016/17 to present
Code	Measure			Actual	Actual	Actual	Actual	Actual	Alert	
NI157a	% of major applications determined in 13 weeks	85%	60%	92%	83%	57%	75%	80%		
	Determined in 13 weeks	45		12	10	4	6	26		
	Number determined	53		13	12	7	8	32		
Comment:	The Government minimum set target for this measure is 60%.									



Measures have exceeded target by more than 5%















Measures have met or are within +/- 5% of target



Measures are more than 5% away from target

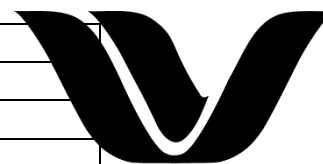
Agenda Item 4

Key Performance Measure 2018/19: full year outturn		Target 2018/19	Outturn 2018/19	Symbol
Democratic, Legal & Policy Services				
DL001	Number of compliments received	Data Only	205	N/A
DL002	Number of complaints received	Data Only	496	N/A
DL003	% of Land Charge searches carried out within 10 working days	95%	100%	★
Community Services				
CS001a	Number of users of Wycombe Leisure Centre	Data Only	671,350	N/A
CS001b	Number of users of Court Garden Leisure Complex	Data Only	118,182	N/A
CS001c	Number of users of Risborough Springs Swim and Fitness Centre	Data Only	151,031	N/A
CS002	Number of visits / usages to Wycombe Museum (Q1&2 only)	Data only	44,033	N/A
Housing & Environment				
NI192 (JWS5)	% of household waste reused, recycled and composted	52.80%	52.60%	●
BV082ai (JWS1)	% of household waste recycled	25.20%	24.31%	●
BV082aii (JWS3)	Tonnes of household waste recycled	23,558.00	23,380	●
BV082bi (JWS2)	% household waste composted	28.40%	28.21%	●
BV082bii (JWS4)	Tonnes of household waste composted	27,525.00	27,507	●
ES001 (JWS8)	Number of waste and recycling collections missed	New KPM	3,677	N/A
ES002i (JWS10)	Average number of days to remove fly-tips (from notification)	New KPM	2.39	N/A
ES003 (JWS11)	% of calls abandoned to joint waste service	New KPM	29.17%	N/A
ES004 (JWS12)	% of calls answered by joint waste service within 20 seconds	New KPM	70.17%	N/A
ES014 (JWS13)	Overall joint waste service customer satisfaction survey	Not undertaken		N/A
ES005	% of programmed food premises interventions carried out	90%	95.39%	★
ES006	Number of people in temporary accommodation	Data only	82	N/A
ES09a	Percentage of people prevented from becoming homeless through WDC advice/approaches to the homelessness service	KPM changed	347	N/A
Planning & Sustainability				
NI157a	% of MAJOR applications determined in 13 weeks	60%	80.0%	★
NI157b	% of MINOR applications determined in 8 weeks	65%	74.4%	★
NI157c	% of OTHER applications determined in 8 weeks	80%	86.2%	★
BV204	% of section 78 planning appeals allowed	< 40%	22.4%	★
PS001	% of all decisions delegated to officers	96%	98.4%	★

PS002	Achieve 100% cost recovery of work that attracts a charge	100%	94%	
PS003	% of fee earning BC work carried out in-house	80%	77%	
HR, IT, CSC & Facilities Management				
BV008	% of invoices paid within 30 days	98%	99.6%	
BV012	Average number of working days lost to sickness absence	6.8	7.23	
HR001	% of calls to CSC answered	90%	96.5%	
HR002	% of all calls to CSC answered within 20 seconds	70%	77.4%	
HR003	% of calls to CSC abandoned	<5%	3.5%	
HR004	Overall satisfaction levels	Data only	93.6%	N/A
Finance & Commercial				
CI001	% of fraud referral risk assessed within 5 working days	100%	100%	
CI004	Total value of SPD savings identified from an investigation.	Data Only	£21,318.24	N/A
CI005	Total value of CTR savings identified from an investigation	Data Only	£27,547.77	N/A
CI007	Number of fraud sanctions administered	Data Only	38	N/A
BV078a	Average time for processing new HB / CTB claims (days)	20	19.79	
BV078b	Average time for processing HB / CTR (Council tax reduction): change events (days)	7	4.35	
BV009	Council Tax Collected	98.4%	98.4%	
BV010	NNDR Collected	98.8%	98.4%	

Agenda Item 5

Report For:	Audit Committee
Meeting Date:	Audit 30 May 2019
Part:	Part 1 - Open
If Part 2, reason:	Choose a reason



WYCOMBE
DISTRICT COUNCIL

SUMMARY

Title of Report:	Annual Health and Safety Report for 2018-19
Officer Contact: Direct Dial: Email:	Marcus Allen, Facilities Management Manager 01494 421171 Marcus.Allen@wycombe.gov.uk Chris Greenaway, Health and Safety/Building Support Services Manager 01494 421066 Chris.Greenaway@wycombe.gov.uk Pat Beveridge, Corporate Health and Safety Adviser 01494 421973 Pat.Beveridge@wycombe.gov.uk
Ward(s) affected:	All
Reason for the Decision:	The Council has a duty to comply with the general requirements of the Health and Safety at Work Act 1974, including to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees at work and the health and safety of others affected by its undertakings; also the specific requirements of the Management of Health and Safety at Work Regulations 1999 and associated Regulations.

<p>Proposed Decision/Recommendation:</p>	<p>That:</p> <p>(i) the Health and Safety Annual Report for 2018/19 be noted.</p>
<p>Sustainable Community Strategy/Council Priorities - Implications</p>	<p>Risk: Potential fines, prosecutions and claims for compensation for non-compliance with statutory legislation.</p> <p>Equalities: Reasonable adjustments under the Equalities Act have been made for staff and visitors as required.</p> <p>Health & Safety: People – The Health and Safety at Work Act recommends that an effective management structure and arrangements are in place delivering the policy, ensuring that all staff are motivated and empowered to work safely and to protect their long term-term health including mental health. Stress remains one of the topmost reasons for staff absence</p>
<p>Monitoring Officer/ S.151 Officer Comments</p>	<p>Monitoring Officer: The relevant legal implications are set out within the report.</p> <p>S.151 Officer: No direct financial implications. Any activity is contained within approved Health & Safety Budget.</p>
<p>Consultees:</p>	<p>N/A</p>
<p>Options:</p>	<p>N/A</p>
<p>Next Steps:</p>	<p>N/A</p>
<p>Background Papers:</p>	<p>None</p>
<p>Abbreviations:</p>	
<p>AVDC</p>	<p>Aylesbury Vale District Council</p>
<p>BCC</p>	<p>Buckinghamshire County Council</p>

CCR	Cautionary Contact Register
CCTV	Close Circuit Television
DBK	Duncan Bailey Kennedy, Management Agents for Booker Depot
DSE	Display Screen Equipment
FM	Facilities Management
H&S	Health and Safety
HSE	Health and Safety Executive
HSWBEG	Health, Safety and Wellbeing Executive Group
HSWBOG	Health, Safety and Wellbeing Operation Group
IOSH	Institution of Occupational Safety and Health
MLG	Modernising Local Government
QVR	Queen Victoria Road site (Council Offices)
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
SECTU	South Eastern Counter-Terrorism Unit
SLA	Service Level Agreement
SSS	Shared Support Services
WDC	Wycombe District Council
WRZ	Wycombe Resource Zone

Appendices to this report are as follows:

Appendix 1: Corporate Health and Safety Work Programme for 2018-19 – with progress updated 31 March 2019

Appendix 2: Wycombe District Council – Health and Safety Management System

Appendix 3: Corporate Health and Safety Work Programme for 2019-20

ANNUAL HEALTH & SAFETY REPORT 2018/19

EXECUTIVE SUMMARY

1. Health & Safety Performance: Overall H&S performance for 2018/19 has followed previous years, with a low number of accidents and incidents. (**Refer to Table 2**)

Relevant issues:

- Audit check: Aylesbury Vale District Council (AVDC) undertook two external audits with positive results on our Estates/Facilities Management (FM) and Planning and Sustainability teams, as part of their Service Level Agreement (SLA) with WDC. Actions arising form part of the 2019/20 H&S action plans
 - It was agreed at the HSWBOG meeting in January 2019 that no further health and safety audits would be undertaken during 2019/20, due to the work required for MLG. Assurance monitoring will continue however.
 - The revised health and safety management assurance monitoring introduced in April 2018 have continued to work well. Monthly health and safety KPI statistics are reported to the Head of HR, ICT and FM. The frequency and type of accidents, near misses and any violent incidents are regularly collected and analysed.
2. Health & Safety Management Processes: Every financial year the Corporate Health and Safety team leads the development of an annual Health & Safety work & management programme, which sets out key priority activities to further improve the Council's safety and resilience. The activities are: -
 - Review of the previous year's Health & Safety (H&S) performance.
 - Identifying all risks in collaboration with WDC services to reflect their operational risks.
 - Preparation, approval & adoption of H&S work actions plans and management programme. (**See Appendix 1: 2018/19 Programme. Appendix 3: 2019/20 Programme**).
 - Quarterly monitoring of the action plans by the Council's Health, Safety and Wellbeing Operational Group (HSWBOG)
 - Audit or assurance inspections to confirm compliance

- Review and amendment of policies and procedures, including the provision of additional training, as required.
 - Corporate governance: Health and Safety Statement and Policy was reviewed and signed by Karen Satterford in October 2018. (**Refer to Appendix 2: H&S Management structure**).
3. Health & Safety service delivery: The WDC H&S function is delivered by the H&S Team which now forms part of the recently re-structured Facilities Management Team (FM). Key issues: -
- The SLA with AVDC ends 31st May 2019. Requests to extend the service with AVDC or find alternative support from a local Health and Safety Consultancy company and Buckinghamshire County Council (BCC) were declined due to lack of capacity and changes at BCC.
 - Contingency provisions to deal with the potential resource issue are assistance from the WDC Environmental Health Team or buying in additional resource from our current part time H&S staff member.
 - To further improve the management of property related health and safety issues, the Health and Safety Team are undertaking Assurance Visits to all properties managed by Services during 2019/20. As part of the visit, all properties will be supplied with a FM Handbook specific to the property.
4. Health & Safety achievements during 2018/19: These were:
- Continual review and improvement to our H&S policies and the introduction of the new Council's Bomb Threat and Terrorist Incident policy, published June 2018.
 - Bullhorns and emergency bags have been distributed to relevant areas of the QVR buildings. The fire alarm has been amended to provide strobe lighting and an intermittent sound to indicate a security incident. Post Room staff have recently received training in managing suspicious packages from BCC's Resilience Team.
 - On-going training to all levels of staff, including Directors and Heads of Service, with particular emphasis on statutory compliance of property for Property Managers.
 - Progress on all Service Plans for 2018/19 was virtually complete, and the very few outstanding issues have been rolled over to be included in the new plans for 2019/20.

- Work to improve security on the QVR site has been implemented; Bollards and access controls upgraded with additional CCTV work planned for 2019/20.
- We have continued to undertake regular health and safety and document inspections on a range of key WDC premises. During 2018/19 inspections were undertaken on
 - Saunderton Lodge
 - Booker Depot
 - Wycombe Resource Zone
- Introduction by FM of Property Handbooks to give additional support and advice to Property Managers by clarifying roles and responsibilities to promote good practise and the standardisation of approach to H&S management.

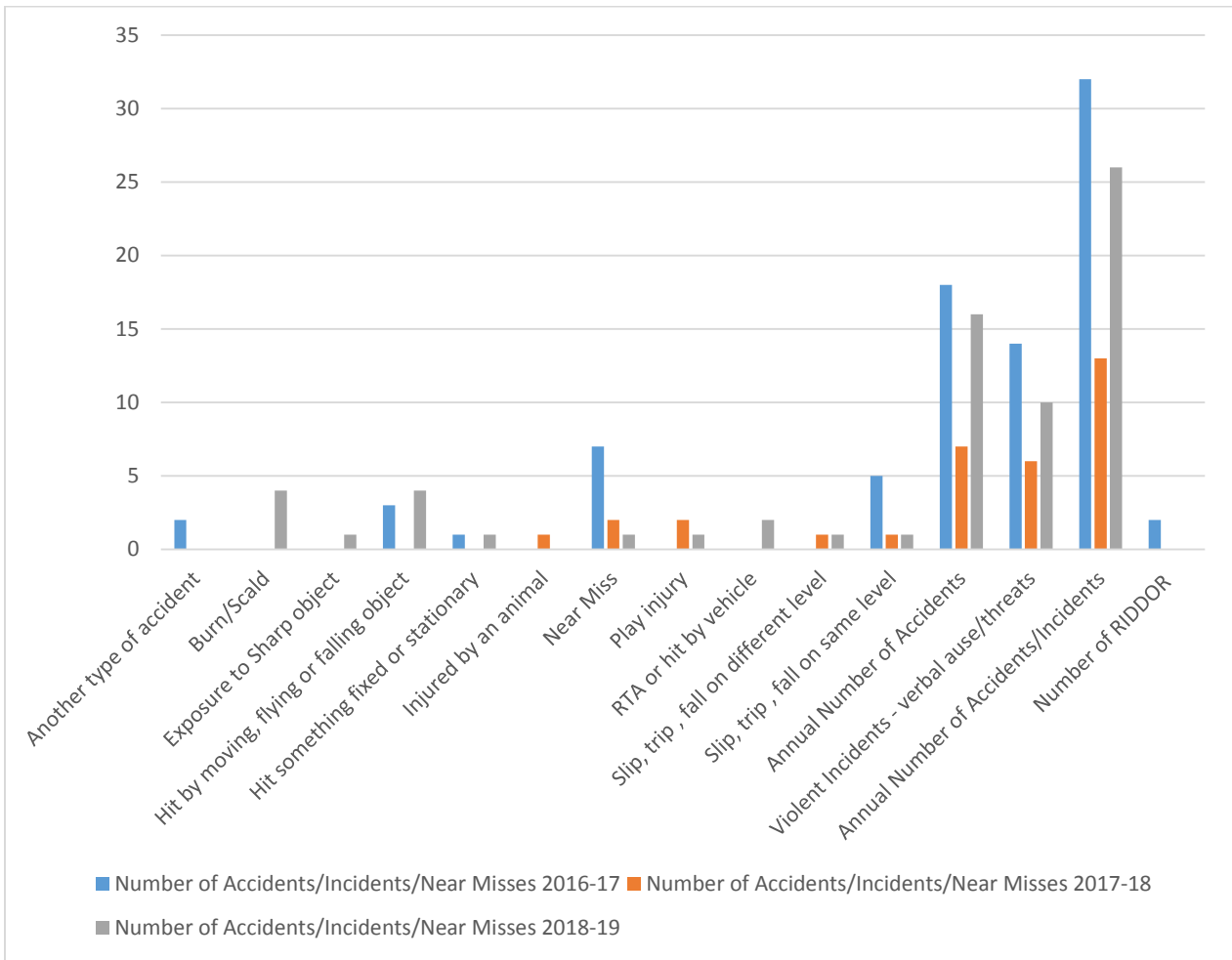
Note: Detailed progress against the 2018/19 corporate work programme is summarised at **Appendix 1**

5. Table 1: Health and Safety Performance; 1ST April 2018 – 31 March 2019

	2016/17		2017/18		2018/19	
	Number Reported	RIDDOR Reportable	Number Reported	RIDDOR Reportable	Number Reported	RIDDOR Reportable
Accidents – Employees	8	2	5	0	10	0
Accidents – Non-employees	2	0	0	0	2	0
Near Misses	6	N/A	2	N/A	1	N/A
Accidents – Employed by someone else					3	0
Total Number of Accidents and Near Misses	16	2	7	0	16	0

	2016/17		2017/18		2018/19	
	Number Reported	RIDDOR Reportable	Number Reported	RIDDOR Reportable	Number Reported	RIDDOR Reportable
Violence at Work Incidents (resulting in additions to Cautionary Contacts Register)	14	N/A	6	N/A	9	N/A

Table 2: Comparison of Annual Accidents/Incidents and Near Misses for last three years



- Following last year’s low numbers of accidents, incidents and near miss reports, Health and Safety added an article to Talking Point to remind staff to report all accidents and significant near misses (where there could have been a potential for harm or property damage) and incidents of verbal abuse threats or physical assault. This appears to have had some effect as

the number of accidents and incidents has risen again to the (low) level of previous years – see graph above that compares data from the last three years. Last year’s very low level appears to be an anomaly.

- A quarter of all accidents this year have resulted in burns and scalds (4); three involving the Zip (hot water) taps in the breakout areas; one caused by a fault in the tap. This doesn’t appear to be a trend but will be reviewed again if there are further incidents.
- A further quarter of accidents (4) involve the injured person being struck by a moving or fixed object; in one case a child on a small cycle ran into a tenant in the corridor, at Saunderton Lodge. No trends could be identified.
- There was no lost time this year due to accidents or incidents and no accidents required reporting to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- The number of verbal abuse and threatening behaviour incidents that have been reported this year has increased again to be consistent with previous years after the low number reported last year. Where requested by the Manager, the assailant’s name is added to the Cautionary Contact Register (CCR) and a letter sent to the assailant, where possible, informing them that they have been added to the Register. After any addition to the Register, an e-mail is sent to Managers advising them of the addition.

6. Fatality at Wycombe Leisure Centre - December 2018

There is no further information available, at this time, on the accident at Wycombe Leisure Centre, which resulted in a fatality. Environmental Health has investigated the accident; the inquest is due to be held in June 2019.

7. Anxiety and Depression Statistics

First analysis of the sickness absence data due to anxiety and depression has indicated that it has reduced from 36% to 25% during 2018/19.

Table 3: Health and Safety Training 1 April 2018 – 31 March 2019

Course Name	No of Courses	Total No of Participants
Asbestos Awareness	1	1

Course Name	No of Courses	Total No of Participants
Automatic Electronic Defibrillator Training	1	7
Evac Chair training	2	16
Fire Warden Training	6	10
Health and Safety Induction	4	34
Health and Safety Refresher training for managers	1	35
IOSH Managing Safely (4 day course)	1	2
IOSH Hot Topic Fire Safety	1	1
Manual Handling	1	1
Personal Safety Awareness	2	4
Pin Point Training for Interview Rooms	4	6
QVR Site Security - Bomb Threats and Terrorists Incidents	2	36
Total Number of Attendees	26	153

PROPOSED HEALTH AND SAFETY WORK PROGRAMME 2019/2020

8. Every year we develop a corporate health and safety work programme for the year – the plan for 2019/20 is attached as **Appendix 3**.
9. As noted above, there will be no independent audits undertaken this year due to MLG process. Health and Safety have been supporting Services with preparing their Health and Safety Action Plans for 2019/20, which are due to be completed by the end of May 2019. These plans will be more comprehensive than in previous years to ensure they cover all statutory requirements. Key Corporate issues to be addressed by Services this year, in addition to the Service specifics, include
 - ensuring staff attend relevant health and safety training and refresher training, as required for their job roles;

- undertaking risk assessments to include job based risk assessments and where necessary a risk assessment for new and expectant mothers and/or young people;
- undertaking stress risk assessments and where necessary return to work risk assessments to reduce the likelihood of further lost time.
Anxiety/stress is a major cause for workplace absence within the Council.
- ensuring all staff have completed a workstation assessment (DSE);
- encouraging staff to report accidents, incidents and near misses. Incidents to be included on the Cautionary Contact Register where appropriate;
- undertaking rigorous contract monitoring of third-party providers providing services on behalf of the Council are undertaken.

CONCLUSION

10. 2018/19 has again been a relatively quiet year in terms of accidents and incidents; there have been no lost time accidents or accidents required to be reported to the HSE. WDC has effective health and safety management processes in place with constant monitoring & review. The two independent health and safety audits carried out by AVDC this last year both produced positive results.
11. Although the Council's risk profile remains low, work continues to improve the basic framework for managing health and safety to ensure compliance with health and safety legislation and good practice.
12. However, as identified last year there continues to be some ongoing property related risks that need to be managed. These will continue to be monitored;
 - a. as part of the 2019/20 work programme;
 - b. by the relevant Service Health and Safety Action Plans; and
 - c. by the introduction of Assurance Visits by the Health and Safety Team to all properties managed by Services.
13. The partnership with AVDC will end at the end of May 2019. However, given that the AVDC emergency helpline has not been used this year, the historical low accident/incident rate and the move to Unitary Council it has been decided not to proceed with trying to source a partnership.
14. We have an extensive set of health and safety policies and procedures that continue to be updated, a robust commitment to training and good progress has been made to deliver the 2018/19 work programmes. This means that we have a strong and resilient base in place, and are well placed to deliver the work programme for 2019/20.

HEALTH & SAFETY

APPENDIX 1

CORPORATE WORK PROGRAMME 2018-19 – PROGRESS UPDATE (YEAR END MARCH 2019)

Costs – there are no additional costs attached to actions other than staff costs unless stated - funding will be from existing budgets.

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
A - Training Programme	A1 - Develop 2018 corporate training programme	BCC courses advertised on Talking Point and at all HSWBOG meetings. New training programme for 2019 has been published and available on Empower	By end Dec 2018	Corporate H&S team	Completed	HIGH
	A2 - Induction training (as required)	Courses are arranged by HR, as required for new starters. Three induction courses have been provided during 2018-19 with one 1:1 bespoke course	As required	Corporate H&S team	Completed	MEDIUM
B - WDC Health and Safety Policies and Procedures	B1 – Ongoing review and updating of WDC H&S policies	Ongoing review programme continues with updates available in the Health and Safety Policies and Procedures section on Wycopedia <ul style="list-style-type: none"> Health and Safety Checklist for Property Managers, section 2.6b issued in April 	Ongoing	Corporate H&S team	Completed	MEDIUM

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		<p>2018</p> <ul style="list-style-type: none"> • 2.6c Aide Memoir sent to all Senior Managers following refresher health and safety training for managers, November 2018. • The Driving for Work policy, section 9.12. was formally agreed by HSWBOG, July 2018 • Health and Safety Policy was reviewed and signed by the Chief Executive, October 2018 • Section 9.4a Contract Monitoring Checklist reviewed December 2018 • Health and Safety Management Responsibilities, section 1.5 has been reviewed and agreed March 2019. The Chief Executive, Senior Managers and Service Health and Safety Leads have signed the document to 				

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		<p>acknowledge their responsibilities for managing health and safety within their Service.</p> <ul style="list-style-type: none"> • New and Expectant Mothers, section 2.2 reviewed March 2019 • Stress Management Policy section 8.4 (HR Policy) reviewed March 2019 				
	<p>B2 – Complete new policy for bomb threats and terrorist incidents, and ensure full training and testing</p>	<ul style="list-style-type: none"> • Policy published in June 2018 • Bullhorns and emergency bags distributed to relevant areas of buildings • Relevant people trained in bomb and other emergencies • Fire alarm amended to provide strobe lighting and intermittent sound to indicate a security incident. • The Fire and security alarms are now both tested at 9.00 am every Monday morning or Tuesday after a Bank 	<p>By end October 2018</p>	<p>Corporate H&S team</p>	<p>Completed</p>	<p>HIGH</p>

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		Holiday <ul style="list-style-type: none"> Planning for major lockdown exercise is being considered 				
	B3 – Ensure stress risk assessments are being carried out by all WDC service areas	Checked status of stress risk assessments at HSWBOG 17/07/18 and 17/10/18. Next check on progress will be at HSWBOG 29/01/19 HSWBOG update 29/01/19. Most Services have a stress risk assessment or have started to gather the data from the stress questionnaire. This issue has been added again to the Health and Safety Action Plan for 2019/20 given the additional stressors for staff with MLG. Mental Health allies trained	By end of March 2019	Corporate H&S team & HR team	Completed	HIGH
C - Auditing, monitoring and inspection of services	C1 – Complete 2 service audits	AVDC carried out two health and safety audits and provided reports for <ul style="list-style-type: none"> Estates that also included some aspects of Facilities 	By end March 2019	AVDC/ Corporate H&S team	Completed	HIGH

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		<p>Management and</p> <ul style="list-style-type: none"> • Planning and Sustainability <p>Both reports have been amended, for accuracy. The audit action points will be included in the Service's Health and Safety Action Plan for 2019/20</p>				
	C2 – Refresh 7 service action plans, and ensure they are being delivered	7 Service Action Plans were in place by end June 2018. Progress has been monitored at all HSWBOG meetings.	By end May 2018 (plus quarterly monitoring)	H&S Service Leads & team	Completed	HIGH
D – Communications and reporting activity	D1 – Monthly H&S communication	<p>Articles on the following have been published in Talking Point</p> <ul style="list-style-type: none"> • reminders to staff to carry out an assessment of their workstation • office safety and safe storage following an accident where an employee was hit by items falling from the top of the tambour units 	Ongoing	Corporate H&S team	Completed	MEDIUM

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		<ul style="list-style-type: none"> • new security procedures for Bomb Threats and Terrorist Incidents • introduction and testing of security alarms • temporary evacuation arrangements during repairs to water supply near to Assembly Point • lone working and advice on personal safety • consultation re smoking on site and introduction of the new policy • reminders re reporting accidents incidents and near misses 				
	D2 – Review and improve health and safety presence on new Council Intranet (Wycopedia)	<ul style="list-style-type: none"> • New pages on office safety now live. • Comms Team to be contacted to ask if link to H&S can be on the Wycopedia Welcome page • Considering short summary of policies and shortened 	By end December 2018	Corporate H&S team Comms team	Completed	HIGH

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		version of 2.6 for managers of very low risk teams <ul style="list-style-type: none"> Laminated copy of aide memoir (shortened version of 2.6) provided for managers November 2018. Aide memoir identifies tasks that should be completed daily, weekly etc. 				
	D3 – Develop eforms for various H&S processes (e.g. accidents/DSE/violent incidents)	No longer being pursued - AVDC new HR system is no longer being implemented due to Unitary process. WDC will continue to use paper forms for recording accidents, violent incidents and workstation assessments.	By end March 2019	Corporate H&S team Comms team	Completed	HIGH

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
E – H&S governance	E1 – Ensure arrangements in place to replace Bucks/WDC SLA	<p>SLA with AVDC is in place. AVDC are providing a telephone and e-mail helpline service should Health and Safety Team be unavailable for urgent issues.</p> <p>The next action will be explore with AVDC the potential to extend our SLA beyond 31 March 2019. AVDC have informed Council that they are unable to provide support after May 2019, when Health and Safety Manager leaves. A local Health and Safety Consultant and the Health and Safety Team at BCC have been contacted to ask for support, after May 2019. Neither has the capacity. In the event of a major incident, e.g. HSE Intervention then the Corporate Health and Safety Adviser will work additional days. Environmental Health may also be able to provide some support with advice in an emergency where there is no</p>	<p>By end April 2018</p> <p>By end of December 2018</p>	<p>AVDC/PS/ PB</p> <p>AVDC/PS/ CG/PB</p>	Completed	HIGH

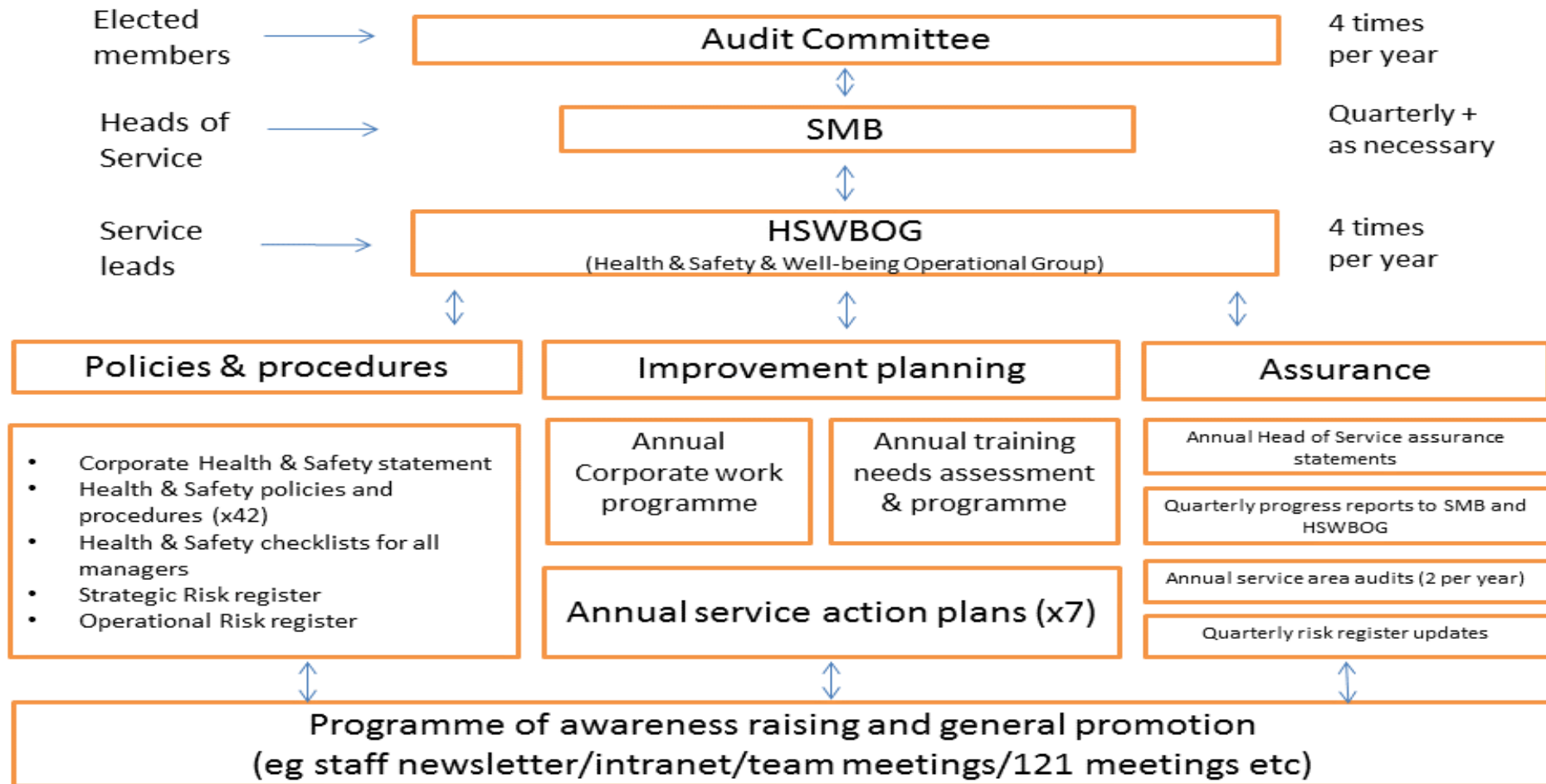
Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		conflict of interest.				
	E2 – Review internal H&S arrangements	Completed – the new internal arrangements for health and	By October 2018	PS/PB	Completed	HIGH

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
	at WDC	safety have been implemented. The Health and Safety Team have transferred to Facilities Management. Chris Greenaway has been appointed as Health and Safety Manager Pat Beveridge's fixed term contract as Corporate Health and Safety Adviser has been extended to March 2020.				



Wycombe District Council – Health & Safety Management System

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HEALTH & SAFETY CORPORATE WORK PROGRAMME for 2019-20

APPENDIX 3

Costs – there are no additional costs attached to actions other than staff costs unless stated - funding will be from existing budgets.

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
A - Training Programme	A1 - Develop 2020 corporate training programme	BCC courses for 2019 advertised on Talking Point and at all HSWBOG meetings. Courses for 2020 to be made available to Services	By end Dec 2019	Corporate H&S team	G	HIGH
	A2 – Ensure all new starters attend Induction training	Courses are arranged as required. Courses arranged for 18/06/19 and 09/07/19	As required	Corporate H&S team	G	MEDIUM
	A3 – Refresher Health and Safety Training for Managers	Contact AVDC re providing a second refresher course for managers. It was decided at HSWBOG meeting 30 April 2019 that this course would be postponed to avoid impinging on workload for staff actively involved in the Unitary process. Team Leaders to include health and safety on team	July 2019	Corporate H&S Team	G	MEDIUM

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		meeting agenda.				
B - WDC Health and Safety Policies and Procedures	B1 – Full policy update of WDC H&S policies including	Ongoing review programme continues to March 2020	March 2020	Corporate H&S team	G	MEDIUM
	B2 - Review of Bomb Threats and Terrorist Incidents following advice from BCC's Resilience Team for dealing with suspicious packages	Contacted Resilience Team to request copy of BCC policy. Advised that BCC Policy is older than WDC's policy so will add relevant advice on dealing with suspicious packages	May 2019	Corporate H&S team	G	HIGH
C – Wellbeing and looking after yourself	C1- Ensure stress questionnaires have been used within teams to identify stressors	Check progress at HSWBOG	By end of July 2019	Corporate H&S team, HR team and H&S Service Leads	G	HIGH
	C2 - Ensure stress risk assessments (based on results of questionnaires) are carried out by all WDC service areas	Check progress at HSWBOG	By end of July 2019			

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
	C3 – Identify support for teams as MLG progresses	Check progress at HSWBOG Managers have attended Managing Mental Health courses	Ongoing	Health and Wellbeing Group/ PAM OH		
D - Auditing, monitoring and inspection of services	D1 – Corporate H&S to assist Service H&S Leads with action plans for 2019/20 to include <ul style="list-style-type: none"> health and safety actions from audits nominated Duty Holders and arrangements for managing health and safety issues for Service managed properties 	Service H&S Action Plans in progress with <ul style="list-style-type: none"> Community Finance and Commercial HR, ICT and Facilities Management Planning and Sustainability DLP Regeneration and Investment – Parking and Estates Arrangements to be made with Major Projects 	By end of May 2019	Corporate H&S team and H&S Service Leads	G	HIGH
	Draft plans to be ready by HSWBOG 30 April 2019	Parking and Planning and Sustainability Action Plans completed by 30/04/19 Reminder to be sent to all other Services to return their		H&S Service Leads		

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
		action plans to Health and Safety Team by mid-day 17 May 2018	17/04/19	CG		
	Agreement with Service's DMT by end of May 2019. Final version forward to SMB		By end of May 2019	H&S Service Leads		
	D2 – Progress of H&S Action Plans monitored at HSWBOG meetings July, August and January	.	By end May 2019 (plus quarterly monitoring)	H&S service leads & team	G	HIGH
	D3 – Assurance visits of properties managed by Services	Visit to WRZ arranged for 14 May 2019	March 2020	Corporate H&S	G	HIGH
E – Key H&S Processes	E1 – Ensure employees are aware of procedures for <ul style="list-style-type: none"> • Accident reporting • Violent incident reporting • Checking CCR for potential aggressive 	.	Ongoing	Corporate H&S team/H&S Service Leads	G	HIGH

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
	members of the public <ul style="list-style-type: none"> • Carrying out assessments of workstations and procedure for support from Corporate Health and Safety • Driving for work • Use of mobile phones when driving for work 					
F - H&S Information, Management and Support	F1 -Encourage Services to contact FM for <ul style="list-style-type: none"> • health and safety advice • property information • procurement guidance • support with contract writing • procedures for vetting contractors 		March 2020	Corporate H&S team/FM team	G	HIGH

Activity area	Improvement action	Progress	Timescale	Owner	Current RAG Status	Priority
	F2 - FM to provide Property Handbook for each property	Property Handbooks completed for <ul style="list-style-type: none">• Saunderton Lodge• Guildhall• Rayners Lane• Booker Depot• QVR• WRZ	July 2019	FM team	G	HIGH

Report For:	Audit Committee
Meeting Date:	Audit 30 May 2019
Part:	Part 1 - Open
If Part 2, reason:	Choose a reason

Title of Report:	Treasury Management Annual Report 2018/19 and Prudential Indicators
Officer Contact: Direct Dial: Email:	David Skinner 01494 421322 David.Skinner@wycombe.gov.uk
Ward(s) affected:	All
Reason for the Decision:	The regulatory environment places responsibility on members for the review and scrutiny of treasury management policy and activities. This report is, therefore, important in that respect, as it provides details of the outturn position for treasury activities and highlights compliance with the Council's policies previously approved by members.
Proposed Decision/Recommendation:	The Committee is asked to: <ol style="list-style-type: none"> 1. Review and note the outturn position for treasury management activities for 2018/19; and 2. Refer this report to the Cabinet for noting.
Sustainable Community Strategy/Council Priorities - Implications	The Council meets the requirements of the CIPFA Code of Practice for Treasury Management and Prudential Code for Capital Finance in Local Authorities Risk: The key financial risks relating to the treasury activity are set out in the main body of the report. Equalities: n/a Health & Safety: n/a
Monitoring Officer/ S.151 Officer Comments	Monitoring Officer: The report addresses the statutory obligations placed upon the Council. S.151 Officer: This is a Section 151 Officer report and all the financial implications are included in the report.
Consultees:	N/A

Options:	N/A
Next Steps:	This paper will be presented to the June Cabinet.
Background Papers:	<ol style="list-style-type: none"> 1. Treasury Management strategy 2018/19 approved by the Council on 22nd February 2018. 2. CIPFA Code of Practice on Treasury Management. 3. CIPFA Prudential Code for Capital Finance in Local Authorities.
Abbreviations:	<p>CIPFA – Chartered Institute of Public Finance Accountancy CFR – Capital Financing Requirement CCLA – Churches, Charities & Local Authorities LIBID – London Inter Bank Bid LIBOR – London Inter-bank Offered Rate MPC – Monetary Policy Committee</p>

1. Background

- 1.1. As part of the Code the Council approved the Treasury Management Strategy for 2018/19 along with a series of prudential indicators and measure its performance against them. These indicators and performance are detailed within the main body of the report.
- 1.2. In accordance with Central Government Guidance on Local Government Investments, and the CIPFA Treasury Management Code of Practice, the order of the Council's investment priorities is 1. Security; 2. Liquidity; and, 3. Return. This may result in the Council achieving a lower rate of return than an organisation operating a more aggressive investment strategy in a less regulated sector.
- 1.3. The Council is required by regulations issued under the Local Government Act 2003 to produce an annual treasury management review of activities and the actual prudential and treasury indicators for 2018/19. This report meets the requirements of both the CIPFA Code of Practice on Treasury Management, (the Code), and the CIPFA Prudential Code for Capital Finance in Local Authorities, (the Prudential Code).
- 1.4. During 2018/19 the minimum reporting requirements were that the full Council should receive the following reports:
 - An annual treasury strategy in advance of the year Council 22nd February 2018.
 - A mid-year (minimum) treasury update report Audit Committee 1st November 2018.
 - An annual review following the end of the year describing the activity compared to the strategy (this report).
- 1.5. This Council confirms that it has complied with the requirement under the Code to give prior scrutiny to all of the above treasury management reports by the Audit Committee before they were reported to the full Council.
- 1.6. The Treasury Management Annual Report covers three main areas summarised below:

Capital activity (section 2)

- Capital expenditure and Financing;
- Capital Financing Requirements (CFR); and
- Affordability Indicators

Borrowing (section 3)

Treasury (section 4)

- Overall treasury position; and
- Summary of Interest Rates.

Economy and Interest Rates (section 5)

2. The Council's Capital Expenditure and Financing 2018/19

2.1. The Council undertakes capital expenditure on long-term assets. These can be financed immediately through the application of capital or revenue resources (capital receipts, capital grants, revenue contributions etc.) or if insufficient financing is available from those sources or a decision is taken not to use those resources, the expenditure will give rise to a borrowing need.

2.2. The capital expenditure statement forms one of the required prudential indicators. The table below shows how capital expenditure was financed:

2017/18 Actual £m	Capital Expenditure and Funding	2018/19	
		Revised Budget £m	Actual £m
11.785	Capital Expenditure	21.552	15.538
	Funding		
-6.739	Capital Receipt	0.000	0.000
-5.046	Capital Grants and Contributions	7.252	3.467
0.000	Development Fund Reserve	14.300	12.071
-11.785	Total Funding	21.552	15.538

Capital Financing Requirements

2.3 The Council's underlying need to borrow for Capital Expenditure is called the Capital Financing Requirement (CFR). It represents the cumulative 2018/19 and previous years' net capital expenditure which has not yet been funded by revenue or other resources, but has been paid for by borrowing either externally or by borrowing from internal existing cash balances.

2.4 The CFR is reduced each year by a statutory revenue charge called the Minimum Revenue Provision (MRP). This CFR can also be reduced by the application of additional capital resources such as capital receipts or charging more than the statutory revenue charge (MRP), through a Voluntary Revenue Provision (VRP).

2.5 The MRP policy is required to be approved by Council annually and this was approved for 2018/19 on 22nd February 2018 by Council.

2.6 The Council's CFR for the year is shown in the table overleaf, and represents a key prudential indicator. It includes the waste contract embedded lease for vehicles and bins on the balance sheet, which increase the Council's borrowing need. No borrowing is actually required against these schemes as a borrowing facility is included within the contract.

2017/18 Actual £m	Capital Financing Requirement (CFR)	2018/19	
		Budget £m	Actual £m
6.862	CFR as at 1 April	5.885	5.870
-0.992	Minimum Revenue Provision	-0.991	-0.991
5.870	CFR as at 31 March	4.894	4.879

2.7 **Affordability** - Actual financing costs as a proportion of net revenue stream - this indicator identifies the trend in the cost of capital (borrowing and other long term obligation costs net of investment income) against the net revenue stream. This financing costs excludes revenue reserves set aside to fund the Capital Expenditure.

2017/18	Table 3	2018/19
Actual		Actual
3.44%	Ratio of financing cost	1.23%
0.00	No additional Borrowing, therefore Incremental Impact on Council Tax is '0'	0.00

2.8 The reduction between years is mainly due to higher investment income resulting from better returns and the increase in net revenue stream (i.e. Budget requirement which is funded by RSG, NHB, Business Rates and Council Tax).

3. Borrowing

3.1. The Council did not undertake any borrowing nor did it borrow in advance of need. Council does not have any borrowing and therefore did not reschedule any debt during the year.

3.2. **Gross Borrowing and the CFR** - in order to ensure that borrowing levels are prudent over the medium term and only for a capital purpose, the Council should ensure that its gross external borrowing does not, except in the short term, exceed the total of the capital financing requirement in the preceding year (2017/18) plus the estimates of any additional capital financing requirement for the current (2018/19) and next two financial years. This essentially means that the Council is not borrowing to support revenue expenditure. The table below highlights the Council's gross borrowing position against the CFR. The Council has complied with this prudential indicator as detailed in the table below.

2017/18 £m	Borrowing V CFR	2018/19	
		Budget £m	Actual £m
2.390	Gross Projected Debt	1.606	1.627
5.870	CFR 31st March	4.894	4.879
3.480	Under borrowing	3.288	3.252

3.3 **The authorised limit** - the authorised limit is the “affordable borrowing limit” required by s3 of the Local Government Act 2003. Once this has been set, the Council does not have the power to borrow above this level.

3.4 **The operational boundary** – the operational boundary is the expected borrowing position of the Council during the year. Periods where the actual position is either below or over the boundary is acceptable subject to the authorised limit not being breached.

3.5 The table below provides the actual borrowing against the limits set.

2017/18 Actual	Authorised Limit & Operational Boundary for External Debt	2018/19 set Limits	2018/19 Actual
£m		£m	£m
2.390	Authorised Limit for external debt Borrowing and other long term liabilities	10.000	1.627
0.000	Operational Boundary for external debt Borrowing	3.000	0.000
2.390	Other long term liabilities (Finance Lease)	5.000	1.627
2.390	Total	8.000	1.627
6.000	Upper limit for principal sums invested over 364 days	40.000	5.000

4. Treasury Position

4.1. The Council's investment policy, approved by Council in February 2018, sets out the approach for choosing investment counterparties. It is based on a system of credit ratings provided by the three main credit rating agencies, and supplemented by additional market data (such as rating outlooks, credit default swaps and bank share prices) provided by Link Asset Services, the Council's treasury advisors.

4.2. The investment activity during the year conformed to the approved strategy, and the Council had no liquidity difficulties.

4.3. The Council on 9th October 2017 approved the use of property investments, direct and indirect, to achieve improvements in Treasury Yields, up to a maximum investment value of £15.000m. The Council invested £7.500m in the CCLA Property Fund on 1st December 2017. The net yield on the £7.5m investment for the CCLA Local Authorities Property Fund for the year to March 2019 is 4.14%.

4.4. The Council's investment position is organised by the treasury management service in order to ensure adequate liquidity for revenue and capital activities, security for investments and to manage risks within all treasury management activities. Procedures and controls to achieve these objectives are well established through member reporting. As at 31 March 2019, the Council did not have any external borrowing.

4.5. The investment income outturn is £861k against the budget of £539k, resulting in a favourable variance of £322k as summarised in the table below:-

	Budget		Actual		Variance	
	£m	%	£m	%	£m	%
Average Investment Balance	48.000	0.60%	68.740	0.86%	- 20.740	0.26%
Property Fund	7.500	4.00%	7.500	4.14%	-	0.14%
Average Investments & Return	55.500	0.97%	76.240	1.13%	- 20.740	0.16%
Investment Income Budget	0.539		0.861		- 0.322	

4.6. The favourable variance on investment income budget of £0.322m is due to higher average annual return of 1.13% compared to a budgeted average annual return of 0.97%. Additionally, there were delays in capital programme spend which resulted in the average cash of £20.740m higher than budgeted for.

4.7. The treasury investments average rate of return at 1.13% was higher compared to the 7 day London Interbank Bid Rate (LIBID) of 0.51% and 3 month LIBOR rate of 0.80%. The Treasury position is summarised in the table below.

As at March 2018			As at March 2019	
£m	%		£m	%
		Specified Investments (up to 1 year)		
39.55	50%	Banks & Building Societies	29.15	40%
0.000	0%	Local Authorities	26.00	36%
15.00	19%	Money Market Funds	4.80	7%
		Non-Specified Investments (longer than 1 year)		
13.00	16%	Local Authorities	5.00	7%
4.98	6%	Gilt	0.00	0%
7.50	9%	Property Fund	7.50	10%
80.03	100%	Total Investments as at March	72.45	100%

5. The Interest rates

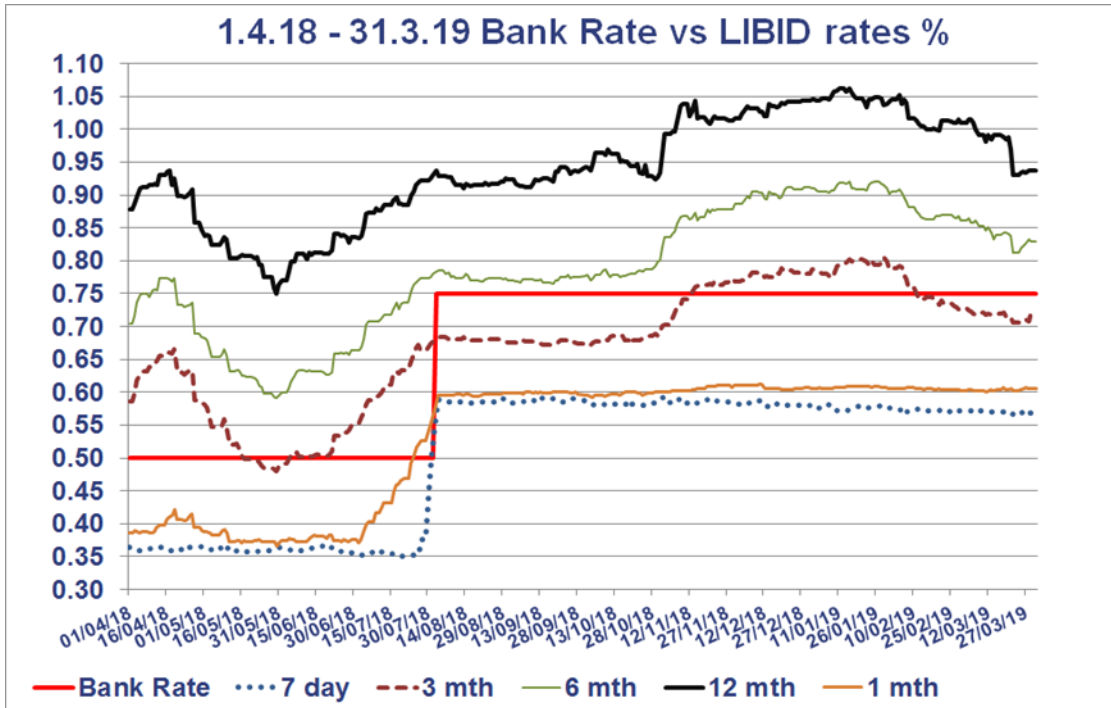
5.1. The Council receives independent external advice from Link Asset Services as professional financial advisers. The independent view of the external adviser on interest rates is detailed below.

5.2. Investment returns remained low during 2018/19. The expectation for interest rates within the treasury management strategy for 2018/19 was that Bank Rate would rise from 0.50% to 0.75%. At the start of 2018-19, and after UK GDP growth had proved disappointingly weak in the first few months of 2018, the expectation for the timing of this increase was pushed back from May to August 2018. Investment interest rates were therefore on a gently rising trend in the first half of the year after April, in anticipation that the MPC would raise Bank Rate in August. This duly happened at the MPC meeting on 2 August 2018. During this period, investments were, therefore, kept shorter term in anticipation that rates would be higher later in the year. The average annual investment return of 0.97% was set for the Council's Treasury portfolio.

5.3. It was not expected that the MPC would raise Bank Rate again during 2018-19 after August in view of the fact that the UK was entering into a time of major uncertainty with Brexit due in March 2019. Value was therefore sought by placing longer term investments after 2 August where cash balances were sufficient to allow this.

5.4. Investment rates were little changed during August to October but rose sharply after the MPC meeting of 1 November was unexpectedly hawkish about their perception of building inflationary pressures, particularly from rising wages. However, weak GDP growth data after December, plus increasing concerns generated by Brexit, resulted in investment rates falling back again.

5.5. Continued uncertainty in the aftermath of the 2008 financial crisis has promoted a cautious approach whereby investments would continue to be dominated by low counterparty risk considerations, resulting in relatively low returns compared to borrowing rates.



Agenda Item 8



Report For:	Audit Committee
Meeting Date:	Audit 30 May 2019
Part:	Part 1 - Open
If Part 2, reason:	Choose a reason

SUMMARY

Title of Report:	Draft Annual Governance Statement 2018-19 and the Local Code Of Governance 2019.
Officer Contact: Direct Dial: Email:	Michael Howard 01494 421 357 Mike.howard@wycombe.gov.uk
Ward(s) affected:	All
Reason for the Decision:	<p>The Council is required to review the effectiveness of its system of internal control and publish an Annual Governance Statement with their annual Statement of Accounts.</p> <p>The publishing of the Annual Governance Statement (AGS) is the formal reporting of the Council's governance arrangements: it is an opportunity to report on the quality of our governance arrangements and identify actions to improve those arrangements.</p> <p>The Council has adopted the guidance, issued by CIPFA/SOLACE "Delivering Good Governance in Local Government Framework 2016" to produce, both a Local Code of Governance and an Annual Governance Statement.</p> <p>The Audit Committee terms of reference require it to review the "Council's Framework for Corporate Governance"</p> <p>The Council's Annual Governance Statement (AGS)</p>

follows the guidance as issued in 2016 by CIPFA /SOLACE in its publication “Delivering Good Governance in Local Government Framework 2016”

The draft AGS for the year ending 31st March 2019 is attached at Appendix A, along with the Local Code, Appendix B. These detail how the Council has had due regard to the guidance contained in the framework and also meets the requirements of the Account and Audit Regulations 2015.

The Local Code and the draft AGS has been prepared by the Business Assurance Manager in consultation with the Strategic Management Board.

Following the Governments decision in November 2018, to abolish Wycombe District Council by 31st March 2020 and to create a new Unitary Council from 1st April 2020, has had a significant impact on the time, resources and benefits that are required and available to implement previously agreed improvement areas and this is reflected in the overall summary contained in the Local Code at Appendix B to this report.

In addition as the Council moves into 2019/20 this will be an exceptional year, however resources will be available to ensure that there is not a decline in the key assurance processes and we continue to be mindful of our overarching corporate governance responsibilities and we will ensure that Wycombe continues to operate within the regulatory framework up till the point of abolition.

Wycombe District Council needs to be able to ensure that not only are its governance arrangements sound but are capable of being evidenced as being sound.

The improvement areas highlighted are also included in the Council's Strategic Risk Register, where applicable, which is being used as the formal mechanism for recording the governance issues and the resultant improvement tasks, as it integrates the governance actions, thus avoiding duplication and provides consideration of issues together.

Proposed Decision/Recommendation:	That: The Committee is advised to review and endorse the 2019 Local Code of Governance and the draft Annual Governance Statement for 2018/19, prior to submission to the Leader and Chief Executive for formal sign off alongside the Annual Accounts.
Sustainable Community Strategy/Council Priorities - Implications	Risk: N/A Equalities N/A: Health & Safety N/A:
Monitoring Officer/ S.151 Officer Comments	Monitoring Officer: Relevant legal and governance issues are referred to within the report. S.151 Officer: There are no direct financial implications.
Consultees:	N/A
Options:	None
Next Steps:	The final version of the Annual Governance Statement will be submitted to the Leader and Chief Executive for formal sign-off as part of the Final Accounts process. The approved Annual Governance Statement will be published on the Council's website along with the Council's Statement of Accounts. Strategic Management Board continues to have clear oversight of the Strategic Risk Register through nominated Risk Owners whose role is to ensure that the risks for which they have operational responsibility are clearly identified, subject to a detailed evaluation process considering the control environment as mitigation and the identification of improvements tasks that are required to minimise the level of risk exposure faced by the Council.
Background Papers:	CIPFA/SOLACE: Delivering Good Governance in Local Government Framework 2016.

Abbreviations:

AGS - Annual Governance Statement
CIPFA – Chartered Institute of Public Finance &
Accountancy
SOLACE – Society of Local Authority Chief Executives.

Appendices to this report are as follows:

Appendix 1 - Draft AGS for the year ending 31st March 2019

Appendix 2 - Local Code of Governance

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ANNUAL GOVERNANCE STATEMENT 2018/19



**Version 1
May 2019**

Introduction

Both the Leader and the Chief Executive recognise the importance of having a system of rules, policies and procedures in place to ensure that information is available to help, shape and direct the way in which services are managed and delivered.

Each year, the Council is required to produce an Annual Governance Statement (AGS) which explains how its corporate governance arrangements have been working in practice.

The AGS and the Local Code of Governance in respect of 2018/19 was presented to the Audit Committee at its meeting in May 2019, for their review and comment prior to submission of the AGS to the Leader and Chief Executive for formal sign off alongside the Annual Accounts.

Scope of responsibility

This statement covers the period 1 April 2018 to 31 March 2019

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

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

This statement explains how Wycombe District Council meets the requirements of the Accounts and Audit Regulations, which are made under the Local Audit and Accountability Act 2016, in that it must have in place a sound system of internal control that:

- (a) facilitates the effective exercise of the Council's functions and the achievement of its aims and objectives;
- (b) ensures that the financial and operational management of the Authority is effective; and
- (c) includes effective arrangements for the management of risk.

In discharging this overall responsibility, Wycombe District Council is responsible for putting in place proper arrangements for the governance of its affairs.

Impact of modernising local government

Following the Government's decision in November 2018, to abolish Wycombe District Council by 31st March 2020 and to create a new Unitary Council from 1st April 2020, has had a significant impact on the time and resources that are both required and available to implement previously agreed improvement areas. This is reflected in the commentary contained in the heading: Local Code of Corporate Governance and Review of Effectiveness, on page 4 of this report.

In addition as the Council moves into 2019/20 this will be an exceptional year, however resources will be available to ensure that there is not a decline in the key assurance processes and we continue to be mindful of our overarching corporate governance responsibilities and we will ensure that Wycombe continues to operate within the regulatory framework up till the point of abolition.

Wycombe District Council needs to be able to ensure that not only are its governance arrangements sound but are capable of being evidenced as being sound.

The purpose of the governance framework

Our governance framework comprises the systems and processes, and cultural values, by which the Authority is directed, controlled and its activities through which it accounts to, engages with and leads the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

Our system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate risks of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of Wycombe District Council policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

This governance framework has been in place at Wycombe District Council for the year ended 31 March 2019 and up to the date of approval of the statement of accounts.

The governance framework

In 2016, guidance was issued by the Chartered Institute of Public Finance and Accountancy (CIPFA) and Society of Local Authority Chief Executives (Solace) "Delivering Good Governance in Local Government Framework 2016 Edition" (referred to as Delivering Good Governance) and this formed the basis of the Councils Local Code of Governance as well as this AGS. The guidance is split into seven core principles which are detailed below:

- A Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- B Ensuring openness and comprehensive stakeholder engagement.
- C Defining outcomes in terms of sustainable economic, social and environmental aspects.
- D Determining the interventions necessary to optimise the achievement of the intended outcomes
- E Developing the entity's capacity, including the capability of its leadership and

the individuals within it.

- F Managing risks and performance through robust internal control and strong public financial management.
- G Implementing good practice in transparency, reporting, and audit to deliver effective accountability

Commitments

It is important that Wycombe District Council's approach to effective governance is understood by all. The following 7 goals demonstrate Wycombe District Councils' approach to good governance.

- ❖ Clearly set out Wycombe's objectives and what it is trying to achieve.
- ❖ Measure and publicise how effective Wycombe's services are and take action to improve where performance is below target.
- ❖ Making best use of public money by taking prudent and risk based financial decisions and measuring the value for money it achieves.
- ❖ Clear Constitution that sets out who can take which decisions.
- ❖ Members and Officers behaving in ways that reflect Wycombe's values and high standards of conduct.
- ❖ Record and publish the decisions that Wycombe takes and the reasons for them and where possible makes the most important decisions in public.
- ❖ Have in place a scrutiny function that holds the Executive to account.

Local Code of Corporate Governance and Review of Effectiveness.

Wycombe District Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the executive managers within the authority who have responsibility for the development and maintenance of the governance environment, Internal Audit annual report, and also by comments made by the external auditors and other review agencies and inspectorates.

It is important to acknowledge that many of the key governance mechanisms referred to in the Local Code are relatively static in terms of currency and do not tend to alter over time.

However it is the review of their effectiveness in practice rather than a review of their existence that demonstrates the efficacy of the Council's AGS for 2018/9.

During 2018/19, Officers have fully implemented 3 of the 7 Areas for Improvement from the review of the Local Code in 2017/18, these being:

1. Annual report summarising service improvements is produced as a result of feedback the Council has received.
2. Progress is reported on an annual basis to assess the implementation, delivery and monitoring of the refreshed corporate plan.
3. Progress is now reported as part of the quarterly financial and performance process.

However, the remaining 4 areas of the agreed areas for improvement from previous action plans have not been delivered, in part due to the long lead times compared to the benefits that would be achieved for a Council that will be abolished by 31st March 2020 and secondly resources have been redirected during 2018/19 in order to prepare for the introduction of the new Unitary Council in April 2020.

Detailed below are the improvement areas that will not be delivered:

- Review covering both the Constitution and the wider decision making & governance arrangements.
- Review to assess the purpose and content of the current Communications policy.
- Review to refresh and update the current Engagement strategy.
- The commissioning of a Household Survey during 2018/19.

Assurance has been provided from the following officers:

- Chief Executive and Corporate Director as regards an assurance as regards organisational governance.
- Monitoring Officer as regards an assurance in relation to the Councils Legal governance arrangements.
- Section 151 Officer as regards an assurance in relation to the Councils financial governance arrangements.

The publication of our Annual Governance Statement and Local Code the meets the requirement of the Accounts and Audit (England) Regulations 2016, and the AGS accompanies the Annual Financial Accounts report which is available on the Council's website.

OVERALL ASSESSMENT

We have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Audit Committee.

Leader of the Council

**Chief Executive
On behalf of Wycombe District Council**

Date:

Date:

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LOCAL CODE OF GOVERNANCE (The Code)



Version 1
May 2019
(Covering the 2018/19 accounting year)

What is Governance?

Governance comprises of the arrangement put in place to ensure that the intended outcomes for stakeholders are defined and achieved.

International Framework definition of governance.

The challenge for Wycombe District Council is to be able to demonstrate that it is doing the right thing, in a timely, inclusive, open, honest, effective and accountable way and to ensure that public funds are not put at risk.

The Delivering Good Governance in Local Government Framework 2016 (DGG framework) provides a framework that enables Wycombe District Council to design an approach and set of arrangements that are up to date, proportionate and relevant.

Impact of modernising local government

Following the Governments decision in November 2018, to abolish Wycombe District Council by 31st March 2020 and to create a new Unitary Council from 1st April 2020, has had a significant impact on the time and resources that are both required and available to implement previously agreed improvement areas. This is reflected in the overall summary on page 10 of this report.

In addition as the Council moves into 2019/20 this will be an exceptional year, however resources will be available to ensure that there is not a decline in the key assurance processes and we continue to be mindful of our overarching corporate governance responsibilities and we will ensure that Wycombe continues to operate within the regulatory framework up till the point of abolition.

Wycombe District Council needs to be able to ensure that not only are its governance arrangements sound but are capable of being evidenced as being sound.

Developing a Local Code

Wycombe is committed to the 7 principles contained in the Delivering Good Governance Framework, see diagram below and recognises the importance of conducting its business in accordance with the law and good practice and in doing so is able to ensure that the use of public money is safeguarded, properly accounted for and demonstrates value for money.

In demonstrating its commitment, Wycombe District Council has developed a Local Code of Governance (to be referred to as the “The Code”)

The diagram below illustrates the inter-connectivity of the 7 main principles.

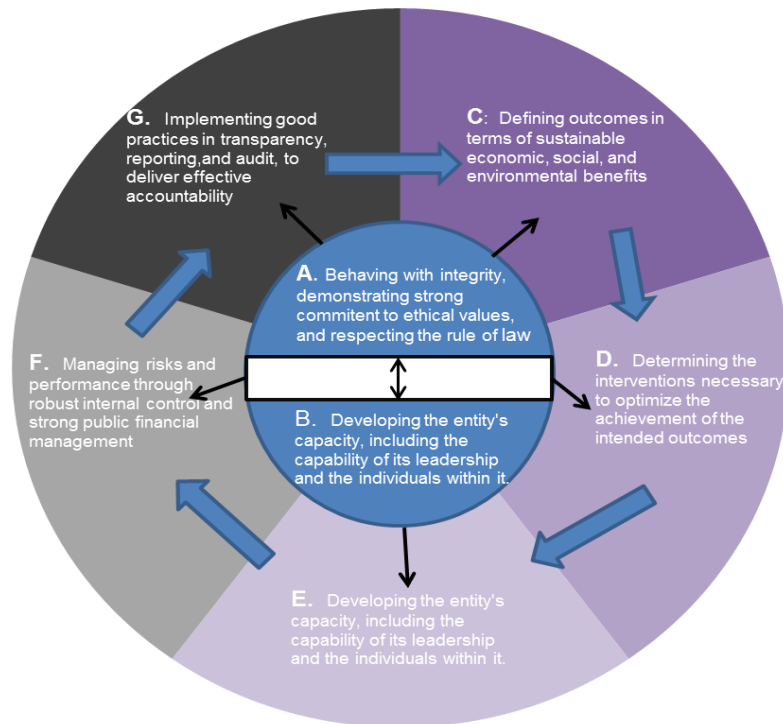


Diagram extract from the *Delivering Good Governance in Local Government Framework 2016*.

Wycombe District Council aims to demonstrate that its governance system, processes and procedures are integral to the “business as usual” mind set as opposed to a set of rules and regulations that are designed and imposed from the corporate centre and then merely included as a series of statements as part of the published Annual Governance Statement.

Appendix 2 details the arrangements that Wycombe has in place which demonstrates adherence to the 7 Principles for Delivering Good Governance.

By adopting this methodology, Wycombe District Council aims to ensure that processes are kept under review through a robust process of assurance (referred to as our Three Lines of Defence), which can be considered as fit for purpose in terms of currency and relevance.

The Three Lines of Defence model detailed below describes the functional segregation and reporting structures on which an opinion is sought in terms of the effectiveness of the internal controls in place and the management of risk.

Level 1 Operational Management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks through a controls framework.

Level 2 Consists of those activities covered by several components of internal governance (risk management, performance management, IT). This line of defence monitors and facilitates the implementation of effective risk management practices by operational management and assists risk owners in reporting adequate risk and control related information.

Level 3 Independent assurance, provided by an independent Internal Audit function, through a risk based approach to its work and provides an assurance to the Audit Committee and the Strategic Management Board.

The following table illustrates the key components on which our governance arrangements are to be based:

GOVERNANCE STRUCTURES – KEY COMPONENTS		
REQUIREMENTS	SOURCES	PROVIDERS – THREE LINES OF DEFENCE
Demonstrate delivery of corporate plan objectives	Cabinet, Council, Committees structure	1st line of defence (Management controls, internal control measures):- Council’s democratic arrangements Quarterly financial reporting Customer feedback Community consultation Staff surveys
Demonstrate value for money service delivery	Council’s Constitution	
Management of risk	Risk management framework	
Reliable and accurate sound financial planning and performance	Project management framework	
Demonstrating effective system of internal control	Complaints system	
Effective project management and delivery	HR policies and procedures	
Complaint procurement processes	Codes of Conduct	
Officer and Member training	Officer and Member training	
Standards of behaviour and conduct	Service plans & financial plan	
Community engagement	Independent external sources	
Demonstrate public accountability	Whistleblowing	2nd line of defence Risk Management Quality & Performance 3rd line of defence Internal Audit Examples of external 3rd party assurance: External Audit Annual Opinion Inspectorate reports
Ensuring compliance with law and regulations	Counter-fraud arrangements	
Compliance with internal policies, protocols and procedures	Statutory Officers	

It is important that Wycombe District Councils approach to effective governance is understood by all. The following goals demonstrate Wycombe District Councils approach to good governance.

- ❖ Clearly set out Wycombe's objectives and what it is trying to achieve.
- ❖ Measure and publicise how effective Wycombe's services are and take action to improve where performance is below target.
- ❖ Demonstrate how Wycombe's partnership arrangements are improving services for our residents.
- ❖ Making best use of public money by taking prudent and risk based financial decisions and measuring the value for money it achieves.
- ❖ Clear Constitution that sets out who can take which decisions.
- ❖ Members and Officers behaving in ways that reflect Wycombe's values and high standards of conduct.
- ❖ Record and publish the decisions that Wycombe takes and the reasons for them and where possible makes the most important decisions in public.
- ❖ Have in place a scrutiny function that holds the Executive to account.

To achieve this, the principles of good governance have been translated in to a framework that seeks to:

- Review our existing governance arrangements against the new Local Code
- Maintain the Local Code to ensure its ongoing application and effectiveness
- On an annual basis, prepare an Annual Governance Statement (AGS), a public document, that reports on how well Wycombe adheres to its own Local Code. This process will be used to demonstrate the effectiveness of the governance arrangements in the current year and considering any changes planned for next 12 months.

Appendix 2 provides an indication as to the range of current policies that underpin Wycombe's compliance with the 7 DGG principles.

The diagrams overleaf indicate what is in place and evidences how they support the two main principles contained in the Delivering Good Governance framework.

PRINCIPLE A - behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.



PRINCIPLE B - ensuring openness and comprehensive stakeholder engagement.



Roles and Responsibilities

All Officers and Members are expected to commit to the principles of good governance; and there are several specific responsibilities at a group and individual level that should be acknowledged:

- Cabinet,
- Standards Committee,
- Audit Committee,

Strategic Management Board (SMB) has a collective responsibility for good governance and this is underpinned by the role of the three statutory officers at Wycombe, two of which are members of SMB (*):

Head of Paid Service	- Chief Executive (*)
Monitoring Officer	- District Solicitor
Section 151 Officer	- Head of Finance and Commercial (*)

Individual Heads of Service are responsible for the policies, protocol and procedures which form part of this Code and that fall within their functional responsibilities. Each Head of Service and their management team are responsible for ensuring that all relevant documentation is maintained and promulgated throughout the Council.

Monitoring, Review and Oversight

Wycombe will aim to ensure that its governance arrangements are cornerstone to the functions and services delivered across the Council and through the involvement of SMB, to be able to provide a commentary as to the arrangements that have been applied during the year.

Strategic Management Board (SMB) is responsible for overseeing its application in practice and endorsing its content before submission to the Audit Committee, as part of the Annual Governance Statement process.

The Annual Governance Statement will continue to be signed by both the Leader of the Council and the Chief Executive and then made available on the Council's website as part of the published Annual Accounts.

This Code will be reviewed on an annual basis to ensure its continued relevance, currency and will consider the effectiveness of the processes contained in the Code. The review will also include an examination of the key processes and policies.

Key Process

- Review of the Constitution
- Annual report for the Audit Committee
- Annual report for the Standards Committee
- Annual report of Improvement and Review Commission
- Internal Audit Annual report
- Information Governance Annual report
- Complaints Annual report
- External Audit Annual Letter
- Annual report (Corporate Plan)
- Review of Financial Regulations and Contract Standing Orders
- Value for Money Annual reports

Oversight

Wycombe has the following Committees that are jointly responsible for overseeing its governance arrangements. These Committees are:

Audit Committee: - responsible for approving the Council's Annual Accounts and responding to the External Auditors Annual Audit letter. It also oversees the effectiveness of Wycombe governance and risk management arrangements, the internal control environment and associated Anti - Fraud and Corruption arrangements.

<https://councillors.wycombe.gov.uk/mgCommitteeDetails.aspx?ID=140>

Standards Committee: responsible for promoting and maintaining high standards of conduct amongst Members, advising the Council on the adoption and revision of the Code of Conduct for Members.

<https://councillors.wycombe.gov.uk/mgCommitteeDetails.aspx?ID=192>

Personnel and Development Committee: - responsible for promoting and monitoring high standards of conduct amongst officers, advising the Council on the adoption and revision of the Officers Code of Conduct and the approval of its Whistleblowing Policy and it oversees the effectiveness of its arrangements in relation to whistleblowing.

<https://councillors.wycombe.gov.uk/mgCommitteeDetails.aspx?ID=246>

Improvement and Review Commission The function is to monitor decisions made by the Cabinet and to help review and develop council policy.

Overall Summary

During 2018/19, many of the agreed areas for improvement from the 2017/18 action plan have not been delivered, in part due to the long lead times compared to the benefits that would be achieved for a Council that will be abolished by 31st March 2020 and secondly resources have been redirected during 2018/19 in order to prepare for the introduction of the new Unitary Council in April 2020.

Detailed below are the improvement areas that will not be delivered:

- Review covering both the Constitution and the wider decision making & governance arrangements.
- Review to assess the purpose and content of the current Communications policy.
- Review to refresh and update the current Engagement strategy.
- The commissioning of a Household Survey during 2018/19.

For each core principles there is a rationale that supports each principle and illustrates the arrangements that are currently in place:

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
A - BEHAVING WITH INTEGRITY, DEMONSTRATING STRONG COMMITMENT TO ETHICAL VALUES, AND RESPECTING THE RULE OF LAW	
<p>Rationale</p> <p>Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions across all activities and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.</p>	<p>INTEGRITY</p> <p>Established Code of Conduct for Members that seeks to ensure that high standards of conduct are maintained.</p> <p>Procedures are in place outlining the arrangements for dealing with breaches with Code of Conduct.</p> <p>Established Standards Committee is in place and responsible for overseeing the conduct of Members and identifying training needs of Members in relation to the Code of Conduct. The Committee receives a quarterly report from the Councils Monitoring Officer.</p> <p>The first annual report outlining the work of the Standards Committee was endorsed by Standards Committee on 20 March 2018, and reported to Council, and approved on 16 April 2018. A second annual report will be presented to the Standards Committee in June 2019</p> <p>Established Employee Code of Conduct that sets standards of behaviour and conduct that Wycombe expects of its employees The Employee Code of Conduct is in the Councils Constitution which is available on line. New employees are advised of the Code of Conduct as part of the induction process.</p> <p>The Employee Code of Conduct was reviewed in December 2018 by the Council's HR Service, against the principle that the Code continued to be safe and legal in relation in preparation for Unitary status. No amendments to the Code were recommended. The Code of Conduct is published on the intranet and the Council holds periodic awareness raising sessions for staff, the last being September 2018.</p> <p>Members Gifts & Hospitality policy is in place and endorsed by the Standards Committee 10th October 2017, approved by Council on 11th December 2017 for inclusion as an Appendix to the Code of Conduct for Members, and has now been added into the Code published within the Constitution.</p> <p>Established self-declaration process in place that allows for individual Members to declare</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
	<p>Interests and records of gift and hospitality, which is published on the Councils website. The date last changed is published online.</p> <p>Members were also sent two reminders via Member's update in September 2017 & March 2018 of the need to comply with the Code of Conduct for Members.</p> <p>Members declaration of interests are a standing item on all agendas, with minutes that show declarations of interest were sought and appropriate declarations were made and adhered too.</p> <p>Standard decision making report used for all full Council Committee decisions.</p> <p>Established protocol for recording Council Representation on Outside Bodies. A list is available on line online.</p> <p>Established corporate Compliments and Complaints policy in place which is available on the Councils website as both online and downloadable report. Quarterly reports to Strategic Management Board and included in quarterly Performance Report to the Audit Committee.</p> <p>Established Whistleblowing policy is in place under the control of the Personnel and Development Committee. With a revised WB Policy receiving agreement by the Personnel and Development Committee on the 4th October 2017. Policy circulated to staff via Update newsletter.</p> <p>ETHICAL VALUES</p> <p>Published Constitution which sets outs Delegation of the Executive, Committees and Senior Officers , the decision making process to be adhered too</p> <p>Terms of Reference exist for all Committees, included as part of the Constitution review reported in March 2016 to the Regulatory and Appeals Committee. No further reviews have taken places since that time and none are not planned due to the work required in introducing Modernising Local Government.</p> <p>Established Contact Standing Orders & Financial Regulations available via the intranet Contact Standing Orders were reviewed between August 2015 and February 2016. The</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
	<p>key changes were agreed at Council 11th April 2016, having previously been approved at Regulatory and Appeals Committee. No further reviews have taken places since that time and none are not planned due to the work required in introducing Modernising Local Government.</p> <p>Contract Management Handbook appended as part of Contract Standing Orders and was reviewed in June 2016 by an external consultant. Staff were last reminded of the existence of the handbook as part wider training on Contract Standing Orders.</p> <p>Partnership Governance Protocol- covering the seven principles public life and which sets out the governance structures and processes for partnership working arrangements</p> <p>Previously confirmed by the Head of DLP that the Council does not currently have sufficient partnerships that warrant a partnership protocol.</p> <p>RESPECTING THE RULE OF LAW</p> <p>Constitution identifies the roles for both the District Solicitor as the Councils Monitoring Officer and the Head of Finance as the Section 151 Officer.</p> <p>Established Anti-Fraud and Corruption Policy is in place, approved annually by the Audit Committee, held on Councils intranet site and circulated to staff on a periodic basis (Review Point)</p> <p>Established Anti- Money Laundering Protocol is in place.</p> <p>Established RIPA Policy in place. Annual report presented to the Audit Committee for their consideration and approval.</p>
B- ENSURING OPENNESS AND COMPREHENSIVE STAKEHOLDER ENGAGEMENT.	
<p>Rationale Local government is run for the public good; organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.</p>	<p>Agendas, reports and minutes are published on the Councils website. Meetings are open to the public, unless in the case of exempt items. Dates for submitting, publishing and distributing reports are set and adhered to. Established procedure - Checklist of Relevant Consideration for Decision Making</p> <p>Established Publication Scheme that describes the kind of information available and guidance about how to access information and submit a Freedom of Information request.</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
	<p>Able to demonstrate that the Council has adopted best practice as per the Department for Community's & Local Government (DCLG) as regards to the Transparency Code - 2014.</p> <p>Annual publication of the Councils Accounts</p> <p>Annual consultation of the Councils draft budget</p> <p>Corporate Plan and Annual Report which is available on the Councils website.</p> <p>Engaging with residents, service users and stakeholders</p> <p>Established Communications Strategy which sets out the plan for maintaining /improving communications across the Council with employees, partners, residents, businesses and other stakeholders.</p> <p>Established database of stakeholders with Wycombe should engage with. Confirmed by the Head of DLP (May 2017) that the Council does not currently maintain a database of engagement stakeholders.</p> <p>Community Engagement framework that sets out how Wycombe consults with the public, and how the outcomes/results of the consultations are communicated and recorded.</p> <p>Previously confirmed by the Head of Democratic Legal and Policy that the Council has an Engagement Toolkit to support officers when undertaking a consultation, however due to the introduction of MLG, no provision is to be made in 2019/20 to produce a report that records the effectiveness of the consultation processes and whether the outcomes were achieved.</p>
C- DEFINING OUTCOMES IN TERMS OF SUSTAINABLE ECONOMIC, SOCIAL AND ENVIRONMENTAL ASPECTS	
<p>Rationale</p> <p>The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users and institutional stakeholders is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.</p>	<p>Wycombe has a corporate plan which sets out the vision and priorities together with its aims and actions which was approved by Cabinet and Full Council in February 2018.</p> <p>Wycombe has an Economic Development Strategy 2017-2027, which sets out the vision and Priorities together with its aims and was approved by Cabinet in and Full Council in February 2018. .</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
	<p>Community Engagement Policy – Confirmed by the Head of DLP in May 2017 that the Council does have a Community Engagement Policy, however due to the introduction of MLG, no provision is to be made to updating the Policy</p> <p>Household Survey – when last conducted, results published, action plans and ownership- Confirmed by the Head of Democratic, Legal and Policy, that the last Household survey was undertaken in 2014 and due to the introduction of MLG, no provision is to be made to undertaking a household survey.</p> <p>Local Plan – The Council is in the process of preparing a new Local Plan that will set out how development should take place in the District to further social, economic and environmental objectives. The Plan will be adopted during 2018. It will replace the current plan which is made up of three documents: Local Plan (2003); Core Strategy (2007) and Delivery and Site Allocations Plan (2013). These are the current plans against which any development proposed in the District is assessed, to ensure it meets the right quality standards.</p>
<i>D- DETERMINING THE INTERVENTIONS NECESSARY TO OPTIMISE THE ACHIEVEMENT OF THE INTENDED OUTCOMES</i>	
<p>Rationale Local government achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types and resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimised.</p>	<p>The format of decision making reports ensure that all relevant information is considered such as the analysis of options, resource implications and defined outcomes with an established “Checklist of Relevant Considerations for Decision Making” process in place.</p> <p>Consultation Engagement Policy in place that sets out Wycombe’s commitment to involving local residents in its most important decisions through community engagement and sets out how this works in practice.</p>
<i>E- DEVELOPING THE ENTITY’S CAPACITY, INCLUDING THE CAPABILITY OF ITS LEADERSHIP AND THE INDIVIDUALS WITHIN IT.</i>	
<p>Rationale Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind-set, to operate efficiently and effectively and achieve intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an organisation operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of individual staff members. Leadership in local government is strengthened</p>	<p>Workforce Strategy which was reviewed in 2018 and includes leadership development as a priority. Staff development is also included in individual Service Plans. Individual development requirements are included in Performance Management Framework through use of personal development plans.</p> <p>The Council has an established training programme for “the Wycombe Manager” and a comprehensive approved qualification scheme.</p> <p>Council values (CARVAC behaviours) are embedded in organisational development</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
<p>by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.</p>	<p>Established protocol on Member /Officer relations that assists Members and Officers to achieve good working relationships in the conduct of Council business.</p> <p>A Scheme of Delegation is in place and reviewed in light of legal and organisational changes.</p> <p>Wycombe's Constitution sets out the financial management arrangements through its Financial Regulations and Contract Standing Orders.</p> <p>On line mandatory induction programme is in place for all new officers.</p> <p>Training opportunities is made available through the publication of a corporate training programme.</p> <p>Health and Safety policies designed to both protect and enhance the welfare of staff are actively promoted and monitored (service based H&S plans)</p> <p>Annual employee performance review system in place along with Personal Development Plans. A summary report of performance assessments is presented to SMB.</p> <p>Established Approved Qualification Scheme (AQS) scheme in place.</p> <p>A training needs analysis is undertaken to review training requirements and is included in the Workforce Strategy.</p> <p>A review of the outcomes of the training and development courses is undertaken and included as part of the annual Workforce Report.</p>
<p>F- MANAGING RISKS AND PERFORMANCE THROUGH ROBUST INTERNAL CONTROL AND STRONG PUBLIC FINANCIAL MANAGEMENT</p>	
<p>Rationale</p> <p>Local government needs to ensure that the organisations and governance structures that it oversees have implemented and can sustain an effective performance management system that facilitates effective and efficient delivery of planned services.</p> <p>Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes.</p> <p>Risk should be considered and addressed as part of all decision-making activities.</p>	<p>Managing Risk</p> <p>Established Risk Management Strategy in place, available on intranet, reviewed annually by the Audit Committee. Used to assist Services when compiling operational risk registers as well as individual Risk Owners as part of the Strategic Risk Register.</p> <p>Strategic Risk Register reviewed on a quarterly basis by Strategic Management Board who seeks assurance from individual Risk Owners that the risk register is kept up to date and actions to mitigate risks are implemented.</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
<p>A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery and accountability.</p> <p>It is also essential that a culture and structure for scrutiny be in place as a key part of accountable decision-making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful service delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.</p>	<p>Managing Performance</p> <p>Series of key indicators have been identified which supports the Councils Corporate Plan</p> <p>Assigned officers are responsible for the compilation of performance information and the process is overseen by the Councils Policy Team.</p> <p>Established process whereby quarterly performance reports are presented to the Strategic Management Board and the Audit Committee on a quarterly basis.</p> <p>Established as part of the Constitution that allows an Improvement and Review Commission (IRC) to challenge and debate policy decisions made by the Executive function of the Council.</p> <p>Agenda, minutes of IRC meetings and any associated reports with recommendations to the Executive are published on the Councils website.</p> <p>Annual report outlining the work of the Standards Committee, was endorsed by Standards Committee and reported up to Council. Report detailing: training provided number of referrals and outcomes, any outside assurance as regards operational processes in place.</p> <p>Training for IRC members is provided initially on induction and then on an annual basis or as specific subjects are called in.</p> <p>Established Contract Standing Orders and Financial Regulations sets out the Councils arrangements and aim to ensure that processes operate consistently.</p> <p>Internal control</p> <p>An annual report is produced by the Chief Audit Executive which provides an opinion on the Councils control environment as regards the operation of the Councils control environment.</p> <p>Requirement to introduce a self-assessment of Internal Audits arrangements against the public sector internal audit standards.</p> <p>Established Anti-Fraud and Corruption which is subject to regular review and is approved by the Audit Committee.</p> <p>Established process for producing half yearly reports to the Audit Committee as regards</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
	<p>the level of anti- fraud activity undertaken.</p> <p>Embedded Local Code of Governance based on the Principles as set out in CIPFA's Delivering Good Governance 2016 Framework.</p> <p>Established process in place whereby the Audit Committee review the Annual Governance Statement (AGS).</p> <p>Established process in that the Audit Committee Terms of Reference are reviewed annually and revised if appropriate to reflect professional bodies' expectations and best practice.</p> <p>Established process is in place that allows for the provision of training to members of the Audit Committee, relevant to their roles</p> <p>Established process is in place to produce an annual report for the workings of the Audit Committee and this is published on the Councils website.</p> <p>Managing Data Established procedures in place for the effective, fair and lawful processing of data as set out in a Data Protection Policy, Record Management Policy and Service based registers.</p> <p>Established Guidelines in place "Information Security and Acceptable Usage" for both new starters and existing officers. Guidelines were considered by Joint Staff and Personnel & Development Committee in March 2016. Last circulated via Review Point in March 2014 and is therefore due for refresh.</p> <p>Data Subjects are informed how and why their personal information is being collected and how it will be processed.</p> <p>Established role of Service based Information Asset Owners, with prescribed terms of reference.</p> <p>Established Information Governance Group in place.</p> <p>Financial Management Compliance with all statutory and regulatory requirements, supplemented by due regard to local government guidelines /practice as issued by advisory bodies such as CIPFA.</p>

CORE PRINCIPLE	WHAT'S BEST PRACTICE? WHATS IN PLACE? WHATS NEEDED?
	<p>Financial procedures are documented in Financial Regulations.</p> <p>Established process in place as regards quarterly a budgetary control report to SMB and Cabinet.</p> <p>Established process in place as regards the approval of Treasury Management Policy Statement by Cabinet with half yearly reports to Audit Committee as regards the delivery of the Treasury Management Strategy.</p>
<p>G- IMPLEMENTING GOOD PRACTICE IN TRANSPARENCY, REPORTING, AND AUDIT TO DELIVER EFFECTIVE ACCOUNTABILITY.</p>	
<p>Rationale Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.</p>	<p>Transparency – good practice Agendas, reports and minutes are published on the Councils website Adoption and publication of a Transparency Code (based on the National Transparency Code)</p> <p>Annual Financial Statement are compiled, published to timetable and included on the Councils website.</p> <p>Annual Governance Statement and Local Code of Governance compiled and published as line with the requirements of the Annual Financial Statements.</p> <p>Annual report compiled and published and included on the Councils website.</p> <p>An effective internal audit service is in place which suitably resourced. The Chief Audit Executive has direct access to Members, the Chair of the Audit Committee and provides assurance on the governance arrangements via an annual report containing an opinion on the Councils internal control arrangements.</p> <p>External Audit provides an annual opinion on the Councils financial statements and arrangements for securing value for money.</p>

Policy / Document	CORE PRINCIPLES					
	Ethical Values and respecting rule of law	Openness and stakeholder engagement	Outcomes in terms of sustainable, social and environmental benefits	Interventions necessary to optimise intended outcomes	Capacity and capability of leadership and individuals	Managing risk and performance
Contract Standing Orders	*					*
Financial Regulations	*			*		*
Corporate Plan		*	*			
Procurement Strategy	*		*			
Risk Management Strategy		*			*	*
Anti -Fraud and Corruption Policy	*				*	
Anti - Money Laundering Protocol	*					
Communications Strategy		*	*			
Whistleblowing Policy	*					*
Corporate Comments and Complaints Policy		*		*		
Employment Policies	*				*	
Scheme of Delegation	*	*				*
Officer Code of Conduct	*	*				
Members – Outside Involvement		*				
Members Code of Conduct	*					
Health and Safety Policies and procedures	*					*
Freedom of Information Policy		*				
Information Security & Acceptable Usage Guidelines.	*					
Council Constitution	*	*	*	*	*	*

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Background Paper: The Principles of Good Governance Core principles and sub-principles of good governance

Core principles (shown in bold)

Acting in the public interest requires a commitment to and effective arrangements for:

A. Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law

Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions across all activities and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

Sub-principles (shown in bold)

Behaviours and actions that demonstrate good governance in practice are illustrated in the bullet points.

Behaving with integrity

- Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated, thereby protecting the reputation of the organisation.
- Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)
- Leading by example and using the above standard operating principles or values as a framework for decision making and other actions
- Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes, which are viewed on a regular basis to ensure that they are operating effectively.

Demonstrating strong commitment to ethical values

- Seeking to establish, monitor and maintain the organisation's ethical standards and performance
- Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation
- Developing and maintaining robust policies and procedures, which place emphasis on agreed

Core principles (shown in bold)

Sub-principles (shown in bold)

ethical values

- Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation

Respecting the rule of law

- Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations
- Creating the conditions to ensure that the statutory officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements
- Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders
- Dealing with breaches of legal and regulatory provisions effectively
- Ensuring corruption and misuse of power are dealt with effectively

Openness

- Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness
- Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided
- Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear.

- Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/courses of action.

Ensuring openness and comprehensive stakeholder engagement

Local government is run for the public good; organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

Engaging comprehensively with institutional stakeholders

NB Institutional stakeholders are the other organisations that local government needs to work with to improve services and outcomes (such as commercial partners and suppliers, as well as other public or third sector organisations) or organisations to which they are accountable

- Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear, so that outcomes are achieved successfully and sustainably
- Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively
- Ensuring that partnerships are based on:
 - trust
 - a shared commitment to change
 - a culture that promotes and accepts challenge among partners
 and that the added value of partnership working is explicit

Engaging with individual citizens and service users effectively

- Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes
 - Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement
 - Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds, including reference to future needs
 - Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account
 - Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity
 - Taking account of the impact of decisions on future generations of taxpayers and service users.
- Behaviours and actions that demonstrate good governance in practice are illustrated in the bullet points.

In addition to the overarching requirements for acting in the public interest in principles A and B, achieving good governance also

Core principles (shown in bold)

requires a commitment to and effective arrangements for:

C. Defining outcomes in terms of sustainable economic, social and environmental benefits

The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users and institutional stakeholders is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

Sub-principles (shown in bold)

Defining outcomes

- Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions
- Specifying the intended impact on, or changes for, stakeholders, including citizens and service users. It could be immediately or over the course of a year or longer
- Delivering defined outcomes on a sustainable basis within the resources that will be available
- Identifying and managing risks to the achievement of outcomes
- Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available

Sustainable economic, social and environmental benefits

- Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision
- Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints
- Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs
- Ensuring fair access to services

Core principles (shown in bold)**D. Determining the interventions necessary to optimise the achievement of the intended outcomes**

Local government achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types and resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimised.

Sub-principles (shown in bold)**Determining interventions**

- Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided.
- Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available, including people, skills, land and assets and bearing in mind future impacts.

Planning interventions

- Establishing and implementing robust planning and control cycles that cover strategic and operational plan, priorities and targets
 - Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered
 - Considering and monitoring risks facing each partner when working collaboratively, including shared risks.
-
- Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances
 - Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured
 - Ensuring capacity exists to generate the information required to review service quality regularly
 - Preparing budgets in accordance with objectives, strategies and the medium term financial plan
 - Informing medium and long-term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy.

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind-set, to operate efficiently and effectively and achieve intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an organisation operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of individual staff

Optimising achievement of intended outcomes

- Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints
- Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term
- Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period, in order for outcomes to be achieved while optimising resource usage.
- Ensuring the achievement of 'social value' through service planning and commissioning

Developing the entity's capacity

- Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness
- Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently
- Recognising the benefits of partnership and collaborative working where added value can be achieved
- Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources

Developing the capability of the entity's leadership and other individuals

- Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained
- Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body
- Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority.

Core principles (shown in bold)

members. Leadership in local government is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

Sub-principles (shown in bold)

- Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:
 - Ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged
 - Ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis
 - Ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses, both internal and external
- Ensuring that there are structures in place to encourage public participation
- Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections
- Holding staff to account through regular performance reviews, which take account of training or development needs
- Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing

F. Managing risks and performance through robust internal control and strong public financial management

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an

Managing risk

- Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making
- Implementing robust and integrated risk management arrangements and ensuring that they are working effectively.
- Ensuring that responsibilities for managing individual risks are clearly allocated

Core principles (shown in bold)

effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision-making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery and accountability.

It is also essential that a culture and structure for scrutiny be in place as a key part of accountable decision-making, policymaking and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful service delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

Sub-principles (shown in bold)

Managing performance

- Monitoring service delivery effectively, including planning, specification, execution and independent post implementation review.
- Making decisions based on relevant, clear objective analysis and advice, pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook.
- Ensuring an effective scrutiny or oversight function is in place that provides constructive challenge and debate on policies and objectives before, during and after decisions are made, thereby enhancing the organisation's performance and that of any organisation for which it is responsible. (Or for a committee system)
- Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making
- Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement
- Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (e.g. financial statements)

Robust internal control

- Aligning the risk management strategy and policies on internal control with achieving objectives
- Evaluating and monitoring risk management and internal control on a regular basis
- Ensuring effective counter fraud and anti-corruption arrangements are in place
- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor
- Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body:
 - Provides further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment that its recommendations are listened to and acted upon

G. Implementing good practices in transparency, reporting and audit, to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned with not only reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Managing data

- Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data
- Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies
 - Reviewing and auditing regularly the quality and accuracy of data used in decision-making and performance monitoring.

Strong public financial management

- Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance
- Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls

Implementing good practice in transparency

- Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate
- Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand.

Implementing good practices in reporting

- Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way
- Ensuring members and senior management own the results reported
- Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance

Core principles (shown in bold)

Sub-principles (shown in bold)

statement)

- Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations

Assurance and effective accountability

- Ensuring that recommendations for corrective action made by external audit are acted upon
- Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon
- Welcome peer challenge, reviews and inspections from regulatory bodies and implementing recommendations
- Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement
- Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met

Agenda Item 9

Report For:	Audit Committee
Date of Meeting:	30 th May 2019
Part:	Part 1 – Open
If Part 2, reason:	N/A



SUMMARY	
Title of Report:	PROPOSED INTERNAL AUDIT PROGRAMME 2019/20
Officer Contact: Direct Dial: Email:	Michael Howard – Business Assurance Manager 01494 421357 Ext 3357 mike.howard@wycombe.gov.uk
Ward(s) affected:	All
Reason for the Decision:	The Council has a statutory responsibility under the Accounts and Audit Regulations 2015 which states that a local authority must undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with proper practices in relation to internal control. The work of Internal Audit is an essential component of providing an assurance to Management and to those charged with governance, that sound systems internal control are present and are working effectively.
Proposed Decision/Recommendation:	That: (i) The Internal Audit programme for 2019/20 as attached Appendix 1 is agreed; and that (ii) The audit programme be reviewed half yearly and reported as part of the Business Assurance Managers' half yearly report.

Sustainable Strategy/Council Implications - Community Priorities	Risk: Equalities: Health & Safety:
Monitoring Officer/ Officer Comments S.151	<p>Monitoring Officer: The Council's statutory responsibility to undertake this function is referred to in the reasons for the decision, above; the Regulations are made under the Local Audit and Accountability Act 2014.</p> <p>S.151 Officer: The proposed Internal Audit programme for 2019/20 can be met from within existing approved budgets.</p>
Consultees:	N/A
Options:	N/A
Next Steps:	None
Background Papers:	None
Abbreviations:	

Executive Summary

1. The annual internal audit programme is presented to the Audit Committee each year and is compiled after taking into consideration the following contributions:
 - a. Areas of interest from the Chief Executive, the Section 151 Officer and the Strategic Management Board.
 - b. Areas of interest or risk as determined by the Business Assurance Manager.
 - c. Areas of interest or risk from members of the Audit Committee.

The programme for 2019/20 makes provision to perform 8 Core financial reviews (63 days) and 7 Non-Core financial reviews (47 days) and further detail can be found in the attached appendix 1.

2. The Council's Internal Audit Service will continue to undertake the core financial audits necessary to provide Management with an assurance as regards the effectiveness of the internal control framework. The breadth of coverage compared to the previous year has reduced due to modernising local government and the introduction of a Shadow Unitary Council from April 2019. We have however retained a larger contingency budget to manage any requests for internal audit services during 2019/20.
3. We will continue to use an external resource to provide internal audit services and deliver the audit programme for 2019/20. The Business Assurance Manager oversees the delivery of the audit programme and works closely with the external provider ensuring a timely and effective service is provided.

Appendix 1 Internal Audit programme 2019/20			
SERVICE AREA /FUNCTION	OVERVIEW	TOTAL BUDGET	HEAD OF SERVICE
CORE SYSTEMS			
Corporate Debt Management & Income	To provide an assurance that income generating activities are identified and accurately invoiced; that all invoices are paid and the income is accounted for and reflected in the Councils account: the extent of debt is minimised and overdue accounts are promptly followed up.	10	Head of Finance and Commercial
Creditors	To provide an assurance that creditor payments are valid, authorised, accurate and timely and are in respect of goods and services ordered and received by the Council.	6	Head of Finance and Commercial
Payroll & HR	To provide an assurance that only bona fide, authorised and accurate payments are made in timely manner, also to ensure that all payroll transactions are accurately reflected in the accounting system (Efin).	6	Head of Finance and Commercial Head of HR, ICT and Facilities Management
Treasury Management	To provide an assurance that Treasury Management function operates in line with Council policy.	6	Head of Finance and Commercial
SERVICE AREA /FUNCTION	OVERVIEW	TOTAL BUDGET	HEAD OF SERVICE

Council Tax & NDR	To provide an assurance that all income due to the Council in respect of CTax and NNDR liabilities are identified and accurately billed, that all demands are paid and the income is accounted for and reflected in the Councils accounts, the extent of debt is minimised and overdue accounts are promptly followed up	12	Head of Finance and Commercial
Council Tax Support and Housing Benefits	To provide an assurance that all payments are made to bona fide claimants, in line with current legislation and that they are accurate and timely	10	Head of Finance and Commercial
Fixed Assets & Inventories	To provide an assurance as regards the ownership and control of the physical assets owned by the Council.	6	Head of Finance and Commercial Head of HR, ICT and Facilities Management Interim Head of Regeneration and Investment
TOTAL CORE SYSTEMS		63	
NON CORE REVIEWS			
SERVICE AREA /FUNCTION	OVERVIEW	TOTAL BUDGET	HEAD OF SERVICE
Commercial Leases	To provide an assurance that the Council is correctly and accurately accounting for all of its income in relation to its Commercial property portfolio.	6	Interim Head of Regeneration and Investment

IR35	To provide an assurance that the engagement of consultants, interims or contractors is undertaken so as to minimise the Councils exposure to employment liabilities.	6	Head of HR, ICT and Facilities Management
Licence scheme – House of Multiple Occupation	To provide an assurance that identified HMOs' are licenced in line with legislation and applicable Council policy.	6	Head of Housing and Environment
Waste Management Contract review	To provide an assurance that the Waste Management service operates in line with the contractual terms and conditions.	7	Head of Finance and Commercial Head of Housing and Environment
Follow-up Audit Recommendations	To provide an assurance as regards the level of implementation of agreed internal audit recommendations.	7	
SERVICE AREA /FUNCTION	OVERVIEW	TOTAL BUDGET	HEAD OF SERVICE
Assurance review - Fit for Competition	To provide an assurance as regards the application of a project framework that has defined: objectives, roles & responsibilities', resource plan, risk and a system of periodic progress reporting.	6	Head of Planning and Sustainability

Assurance review - WDC MLG project plan	To provide an assurance as regards the application of a project framework that has defined: objectives, roles & responsibilities', resource plan, risk and a system of periodic progress reporting.	6	Chief Executive
Total Non - Core Reviews		49	
Total days for provision of programmed Internal Audit coverage.		112	
SUPPORTING CORPORATE INITIATIVES:			
Corporate Governance Developing the link between the output from the Annual Assurance statement (AAS) and key assurances that are required to ensure we can demonstrate the operational effectiveness of the internal control framework in place within each Service.		15	
Risk Management (Strategic and Operational risk registers) To provide oversight and support for the Strategic Risk Register process and to input into the development of Operational Risk Registers.		20	
Audit Committee/SMB Providing the reporting function to the Audit Committee and the Strategic Management Board in terms of the work of Internal Audit, Risk and Corporate Investigations.		15	

<p>Contingency To be used to cover any requests from Management as regards internal control advice, internal investigations and complaints. For 2019/20 the amount of contingency represents the difference between the total available budget less the allocated budget for Core and Non- core audit reviews.</p>	<p>35</p>	
<p>Total Days</p>	<p>197</p>	

DRAFT

Agenda Item 10



Report For:	Audit Committee
Meeting Date:	Audit 30 May 2019
Part:	Part 1 - Open
If Part 2, reason:	Choose a reason

SUMMARY

Title of Report:	Strategic Risk Register – Quarter 4 Monitoring Report
Officer Contact: Direct Dial: Email:	Michael Howard – Business Assurance Manager 01494 421357 Mike.howard@wycombe.gov.uk
Ward(s) affected:	All
Reason for the Decision:	<p>Risk Management is the process of identifying and addressing the risks that either impact on the long term direction and sustainability of the Councils (strategic risks), or arise from the delivery of objectives as set out in the Councils Corporate plan (corporate /operational risks).</p> <p>Risk Management forms part of Wycombe District Council's approach to effective governance and is an essential element of good management.</p> <p>The Strategic Risk Register contains the most significant risks that could have an effect or impact on the delivery of the Councils' Corporate Plan and in doing so damage the Councils financial standing and its reputation.</p> <p>No new risks were identified during the reporting period</p> <p>Strategic Board via the respective designated Risk Owners have provided their commentary as regards the content of individually assigned risks. .</p>

<p>Proposed Decision/Recommendation:</p>	<p>That:</p> <p>The Committee is asked to NOTE the Quarter 4 Monitoring Report for the Councils Strategic Risk Register.</p>
<p>Sustainable Community Strategy/Council Priorities - Implications</p>	<p>Risk: Not applicable</p> <p>Equalities: Not applicable</p> <p>Health & Safety: Not applicable</p>
<p>Monitoring Officer/ S.151 Officer Comments</p>	<p>Monitoring Officer: The Strategic Register contributes to the Council's suite of processes to support good governance.</p> <p>S.151 Officer: No direct financial implications</p>
<p>Consultees:</p>	<p>None</p>
<p>Options:</p>	<p>None</p>
<p>Next Steps:</p>	<p>None</p>
<p>Background Papers:</p>	<p>None</p>
<p>Abbreviations:</p>	

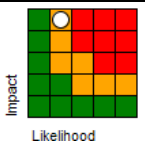
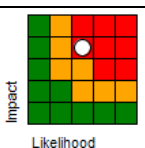
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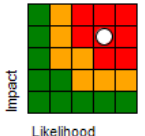
Appendices to this report are as follows:

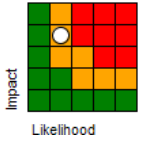
Appendix 1 – Strategic Risk Register – Quarter 4 Monitoring report

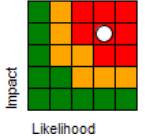
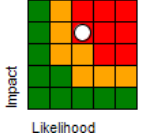
Strategic Risk Report

Generated on: 13 May 2019 16:08

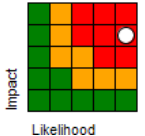
Risk	Current Risk	Key risk indicators	Consequences	Internal Controls	Supporting Description Internal Controls	Assurance Level	Evidence of Assurance	Actions	Latest Note	Assigned To
SR01 Workforce skills and knowledge		10 <ul style="list-style-type: none"> Recruitment levels Training needs analysis Competence framework Increased requests for partnership working 	<ul style="list-style-type: none"> Work is not completed to expected quality standards Loss of key staff Increase in complaints Poor or inconsistent services Projects not delivered on time / budget / quality Unrealistic workloads leading to absence/ increased sickness levels. Failure to attract, recruit and retain suitable staff Loss of knowledge and expertise 	Key specialist roles identified and service resilience plan in place	Key specialist roles to be considered and reported to SMB on an individual case by case basis, based on role (legal requirement) or single manning role and service resilience plan in place e.g. Identification and assessment of role(s) Detailed work instructions. Up to date work plan for specialist role Centralised record retention.	Level 1 - Operational Management (Policies & Procedures)	<ul style="list-style-type: none"> Quarterly performance reporting to Strategic Management Board, Personnel and Development Committee. 	Unitary Work Streams have been requested to complete individual Resource Plans that detail resource requirements to deliver individual work streams, including the issue of back filling requirements as necessary. Individual work stream reports are to be submitted to Chief Executive Implementation Group - May 2019. NB - link to SR08 - Unitary District Council Status (Pre-Structural Change Orders)	Mike Howard 10-May-2019 Amended Actions on behalf of the Head of HR, ICT and Facilities Management.	Head of HR, ICT and Facilities Management
				Up to date policies accessible to officers	All Officers are made aware of Councils Policies with specific emphasis given to those relevant to service provision.			The 5 Councils have introduced the Vacancy Management Protocol		
				Service based performance management information	Services have developed robust and reliable performance management system(s) that reflects the activities of the respective service including complaints, comments and FOI requests. Performance system to include meaningful comparison to external bench marking information (where available).			<ul style="list-style-type: none"> Following submission of individual Work stream Resource Plans to Chief Executive Implementation Group - May 2019, may need to consider retention payments to key post holders. Back filling posts, endorsed by Chief Executive Implementation Group (May 2019) as necessary to support the delivery of customer services. 		
				Periodic formal quality reviews undertaken by Management	System of periodic quality reviews are in place that allows for compliance with operational procedures, data integrity and accuracy.					
				Procedures reflect application of policy						
SR02 External and internal regulatory framework (Brexit)		12 <ul style="list-style-type: none"> Strategic Risk Register action plan slippage. Legal 	<ul style="list-style-type: none"> Wrong or illegal decisions taken (Ultra Vires) Complaints 	Published contract register used for contract renewal	Contract register is used to identify contracts that are due for renewal. This should allow the Contract Manager	Level 2 - Internal Governance (Risk / Performance)	Complaint monitoring and reporting to SMB quarterly		Mike Howard 10-May-2019 The Head of DLP has confirmed the content of the risk entry for the purpose	Head of Democratic Legal and Policy.

Risk	Current Risk	Key risk indicators	Consequences	Internal Controls	Supporting Description Internal Controls	Assurance Level	Evidence of Assurance	Actions	Latest Note	Assigned To
		challenges to decisions. • Issues from annual assurance review not being addressed or slippage. • Audit recommendations not being implemented,	(justifiable) • Reputational damage breach of legislation		sufficient time to prepare a project plan.	Management)			of Quarter 4 monitoring.	
				Legal Service support	<ul style="list-style-type: none"> All Cabinet reports are reviewed by the Monitoring Officer. Legal advice is provided /sought at Strategic Management Board meetings. Legal Services provide advice to Services as regards decision making. 					
SR03 Reduction in Government funding		16	<ul style="list-style-type: none"> Budget Monitoring External Networks and External Advisor Memberships highlighting emerging issues / policy changes Relationship Manager with Valuation Office Service Performance Information in relation to demand for services or lower usage 	<ul style="list-style-type: none"> Reduction in budgets Loss / reduction of discretionary services Reduction in service level for statutory services Reputational damage Inability to realise corporate plan/ priorities / transformation programme. 	<p>Monthly budgetary control reports</p> <p>Service based performance management information</p> <p>Medium Term Financial Plan</p> <p>Income Maximisation</p>	<p>Monthly budgetary control process are in place and complied with, enabling accurate financial reporting of expenditure against planned contractual delivery.</p> <p>Services have developed robust and reliable performance management system(s) that reflects the activities of the respective service including complaints, comments and FOI requests.</p> <p>Performance system to include meaningful comparison to external benchmarking information (where available).</p> <p>Compilation of Medium Term Financial Plan, which is based on the financial implications of the Corporate Plan, reviewed annually by Full Council, enabling Members to make informed amendments to the Corporate Plan based on the limitations of any funding constraints.</p> <p>Financial forecasting and scenario planning</p> <p>Application of the Price Is Right guidance, lead by the Finance Team to ensure that Services</p>	Level 3 - Independent Assurance (Internal Audits, HSE)	<p>External Audit through statutory assessment of value for money(VFM). Quarterly budget reports to Cabinet.</p> <p>Monthly budget reports to Strategic Management Board</p> <p>Budget report presented to Full Council</p> <p>Audit Committee report on Statement of Accounts and Value for Money Opinion.</p>	<p>Mike Howard 25-Apr-2019 The Head of Finance and Commercial has provided the following update.</p> <p>The risk profile is still valid and reflects the on going challenges of ensuring a balanced budget is delivered. Work is ongoing with other Councils in setting out the MTFS process to ensure a balanced budget is set for 2020/21.</p> <p>The 2018/19 Outturn position and Statement of Accounts will be presented to Cabinet and Audit Committee in line with agreed timescales.</p>	Head of Finance and Commercial

Risk	Current Risk	Key risk indicators	Consequences	Internal Controls	Supporting Description Internal Controls	Assurance Level	Evidence of Assurance	Actions	Latest Note	Assigned To
					review their income streams as part of budget setting process.					
				Assessed budget volatility	Head of Service submission of a business justification for seeking release of additional funding? In year budget volatility managed through the use of Contingency and Equalisation Funds reported to Cabinet if it occurs on quarterly basis. Reserves Policy in place subject to annual review by Section 151 Officer and reported as part of the Budget Setting process. Subject to review by External Audit.					
SR05 Partnership working Page 100		8	<ul style="list-style-type: none"> Issues arising from Member/officer involvement with partners/partners hips. Breakdown of working relationships. Wycombe District issues not being adequately addressed. 	<ul style="list-style-type: none"> Missed opportunities for funding streams (LEP) Restricted range of services offered Failure to realise economies of scale Duplication of work Impact on public perception of the wider public sector 	<p>Regular contract meetings/ dialogue</p> <p>Periodic formal quality reviews undertaken by Management</p> <p>Partnership oversight</p>	<p>Contract meetings are held in line with contractual agreement.</p> <p>Agenda and minutes taken to ensure contractual terms and conditions are being achieved.</p> <p>System of periodic quality reviews are in place that allows for compliance with operational procedures, data integrity and accuracy.</p> <p>Compliance with a Partnership protocol (or similar) with has clearly defined governance arrangements that provide clear oversight as to the number of partnerships and the relationship from inception / formation, through delivery and eventual closure of the partnership.</p> <p>Governance arrangements - will also have due regard to the contribution from the Council in terms of £ and officer time.</p>	Level 1 - Operational Management (Policies & Procedures)	Strategic Management Board receive periodic updates on partnership relations	Mike Howard 10-May-2019 The Head of DLP is reviewing the range of partnerships that the Councils participates in, as a Sub Group of the Legal & Governance Group, which is part of the Resource Workstream.	Head of Democratic Legal and Policy

Risk	Current Risk	Key risk indicators	Consequences	Internal Controls	Supporting Description Internal Controls	Assurance Level	Evidence of Assurance	Actions	Latest Note	Assigned To		
SR06 Investment in infrastructure		16	<ul style="list-style-type: none"> Corporate Plan objectives are not delivered due to lack of funding. Schemes are put on hold, pending determination, source and release of funding. Annual Report provides information as regards the success in delivering the Corporate Plan. 	<ul style="list-style-type: none"> Lack of investment in infrastructure could lead to issues as regards both the short and long term sustainability of the local community and economy. 	Periodic formal quality reviews undertaken by Management	Level 1 - Operational Management (Policies & Procedures)			Mike Howard 13-May-2019 Corporate Director has confirmed the content of this risk entry for the purpose of Quarter 4 monitoring.	Corporate Director		
				<ul style="list-style-type: none"> Deterioration of the Councils image and reputation as a place to live, work, visit and invest in. 	Established Programme Boards						Established programme boards are in place that enables the progress of individual projects to be reported upon	In addition, during the last quarter, the Council has engaged additional Project Managers (2) to support its project management processes.
				<ul style="list-style-type: none"> Restriction in economic growth could impact on service provision & funding through reduced business rate growth. Programmes /Project are funded by external borrowing rather than internal funds. 	Assessed budget volatility						<ul style="list-style-type: none"> Head of Service submission of a business justification for seeking release of additional funding? In year budget volatility managed through the use of Contingency and Equalisation Funds reported to Cabinet if it occurs on quarterly basis. Reserves Policy in place subject to annual review by Section 151 Officer and reported as part of the Budget Setting process. Subject to review by External Audit. 	
SR07 Data and Information security		12	<p>Internal Information Governance</p> <ul style="list-style-type: none"> Continuing data breaches of the same type. Trends and issues from complaints and Freedom of Information Act requests not being addressed. <p>External IT Governance</p> <ul style="list-style-type: none"> Performance against contractual performance targets for application and network availability. Performance reporting for resolving priority 	<p>Internal Information Governance</p> <ul style="list-style-type: none"> Information Commissioners Office (ICO)infringements/fines Criminal proceedings against the Council and individuals. Reputational damage Complaints leading to ICO findings against the Council. Complaints leading to Ombudsman findings against the Council. Loss of sensitive data Unlawful release of personal data 	Internal Information Governance (Suite of Internal Controls)	<ul style="list-style-type: none"> Document Management approach across the Council Regular training for staff Information asset owners in each Service area. Appointed Senior Information Risk Owner (SIRO)-Head of Democratic, Legal and Policy Services. Annual certification process (information asset register). Up to date IT and resilience tools Annual Governance Statement with improvement actions. (where relevant) Council's complaints system. Designation of 	Level 2 - Internal Governance (Risk / Performance Management)		<p>Mike Howard 10-May-2019 In relation to Internal Information Governance , the Head of DLP has stated that this work is a now a feature of the work of the Legal & Governance Group, which is part of Resource Work stream, under the Modernising Local Government delivery programme.</p> <p>In relation to External IT Governance the Head of HR, ICT and Facilities has confirmed the content of the risk entry for the purpose of Quarter 4 monitoring.</p>	Head of DLP; ICT and Facilities Management Head of HR		

Risk	Current Risk	Key risk indicators	Consequences	Internal Controls	Supporting Description Internal Controls	Assurance Level	Evidence of Assurance	Actions	Latest Note	Assigned To
		<p>incidents in Service Level Agreement (SLA)</p> <ul style="list-style-type: none"> • Performance of implementing service requests / projects within SLA and /or agreed timescales • Activity reports for Phishing and Malware incidents and threats. • Issues from IT security checks (by Contactor or Third Party commissioned projects) not being resolved in a timely, efficient and effective way. 	<p>External IT Governance Loss of IT services</p>	<p>External Information Governance (Suite of Internal Controls)</p>	<p>Statutory Officers.</p> <ul style="list-style-type: none"> • Information Governance Strategy. • Periodic review of Contract Standing Orders and Financial Regulations. 					
					<ul style="list-style-type: none"> • Encrypted laptops; complex passwords required to access network accounts. • New user accounts implemented following submission of assigned acceptable user form guidelines. • Suspension of leaver accounts; • Anti-virus software applied to devices and network; • Monthly schedule of software patching; • Independent annual network penetration tests and PSN accreditation; • Mobile device management software applied to mobile devices; • Cloud based internet filtering • Configuration Management database (CMDB) record of devices and software deployed • Change control managed through weekly technical and client change control boards; • Scheduled and regular data back-up routines ;data held off-site; • Majority of hardware located off-site in provider data centres and use of virtual technologies means services are less location dependent; • Formal monthly performance service review meetings; • Contractual penalties 					

Risk	Current Risk	Key risk indicators	Consequences	Internal Controls	Supporting Description Internal Controls	Assurance Level	Evidence of Assurance	Actions	Latest Note	Assigned To	
					in the event of below contractual standard of services; <ul style="list-style-type: none"> • Periodic inventory checks • Secure disposal of redundant equipment 						
SR08 Unitary District Council Status (Pre Structural Change Order)		20	<ul style="list-style-type: none"> • Increase in staff resignations. • Decline in recruitment success. • Key staff absence due to stress /anxiety • Increase in identified internal control weaknesses. • Increase in reported and upheld complaints. • Delay to governance and service improvements 	Organisational - Communications <ul style="list-style-type: none"> • Scheduled meetings/workshops/briefings/newsletter not attended/produced, resulting in lack of awareness as regards Councils position. 	Key specialist roles identified and service resilience plan in place	Level 1 - Operational Management (Policies & Procedures)	Organisational - Communication s <ul style="list-style-type: none"> • Communication protocol established for Members and Officers. 	Unitary Work Streams have been requested to complete individual Resource Plans that detail resource requirements to deliver individual work streams, including the issue of back filling requirements as necessary. Individual work stream reports are to be submitted to Chief Executive Implementation Group - May 2019. NB - link to SR08 - Unitary District Council Status (Pre-Structural Change Orders)	Mike Howard 10-May-2019 The Head of DLP has confirmed that subject to minor additions to the Key Risk Indicators, Consequences and Internal Controls that the content of this risk entry for the purpose of quarter 4 monitoring.	Head of DLP	
				Organisational - Staffing <ul style="list-style-type: none"> • Lack of staff capacity to deliver core business, resulting in services not being delivered • Key officer's commitment to supporting UDC preparation begins to conflict with business as usual requirements. 	Up to date policies accessible to officers						All Officers are made aware of Councils Policies with specific emphasis given to those relevant to service provision.
				<ul style="list-style-type: none"> • Key officers starting to move to the new Authority (through direct appointment or secondment opportunity) 	Procedures reflect application of policy						
				<ul style="list-style-type: none"> • During period of phased implementation there is a lack of ability to attract and recruit staff (replacing established and filling newly identified posts). 	Service continuity plan						Service continuity plans is in place, known to staff, periodically tested.
				<ul style="list-style-type: none"> • During period of phased implementation there is an increased expectation on the contribution that individual officers can make, with the potential of breaching contractual employment terms/ working time directive. 	Quarterly report to SMB						Quarterly report to SMB providing information as regards level of sickness absence and staff turnover compared to National /Sector benchmark(s). Used to monitor "health" of the Council.
				<ul style="list-style-type: none"> • Impact on staff health and wellbeing. 	Customer complaints						1. Detailed insight as the validity, content and volume of service based customer complaints.
			Organisational - Governance				Organisational - Governance: <ul style="list-style-type: none"> • Feedback on upheld complaints and lesson 				

Risk	Current Risk	Key risk indicators	Consequences	Internal Controls	Supporting Description Internal Controls	Assurance Level	Evidence of Assurance	Actions	Latest Note	Assigned To
Page 104			<ul style="list-style-type: none"> • Failure to deliver the Corporate Plan priorities and governance arrangements. • Failure to deliver the Local Plan <p>Organisational - Financial</p> <ul style="list-style-type: none"> • Wider public "default" on making payments to the Council for goods and services provided. • Increase in the risk that individuals and organisations may take the opportunity to try and defraud the Council during a period of un-president change. <p>Organisational - Information</p> <ul style="list-style-type: none"> • Increase in the provision of requests for information without reference to data sharing protocols, hierarchy of consent /agreement. 				<p>learned to be reported and information disseminated across the whole Council.</p> <ul style="list-style-type: none"> • Existing Committee reporting structure in place to record decisions taken in respect of UDC status. <p>Organisational - Finance</p> <p>Organisational - Information</p>			

Agenda Item 11



Report For:	Audit Committee
Meeting Date:	Audit 30 May 2019
Part:	Part 1 - Open
If Part 2, reason:	Choose a reason

SUMMARY

Title of Report:	Annual Audit and Certification Fees 2019/20
Officer Contact: Direct Dial: Email:	Michael Howard – Business Assurance Manager 01494 421357 Mike.Howard@wycombe.gov.uk
Ward(s) affected:	All
Reason for the Decision:	The purpose of this Annual Audit and Certification fee letter provides information on the audit and certification work proposed to be undertaken for the 2019/20 financial year at Wycombe District Council.

Proposed Decision/Recommendation:	Note the content of the Annual Audit and Certification Fees 2019/20 letter.
Sustainable Community Strategy/Council Priorities - Implications	Risk: N/A Equalities: N/A Health & Safety: N/A
Monitoring Officer/ S.151 Officer Comments	Monitoring Officer: There are no specific legal obligations which are apparent. S.151 Officer: No direct financial implications as activity is carried out within approved budgets.
Consultees:	N/A
Options:	None – Statutory function
Next Steps:	
Background Papers:	
Abbreviations:	

Appendices to this report are as follows:

- Annual Fee letter
- EY Working With You - Method Statement



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Agenda Item 11

Ms Karen Satterford
Chief Executive
Wycombe District Council
15 Queen Victoria Road
High Wycombe
HP11 1BB

30 April 2019

Ref: Fee Letter/19-20

Direct line: 01189 281167

Email: abrittain@uk.ey.com

Dear Karen

Annual Audit 2019/20

We are writing to confirm the audit that we propose to undertake for the 2019/20 financial year at Wycombe District Council.

From 2018/19, local government and police bodies have been responsible for making their own arrangements for the audit of the accounts and reporting on the housing benefit subsidy claim.

The Secretary of State for Housing, Communities and Local Government has specified Public Sector Audit Appointments (PSAA) as an appointing person under provisions of the Local Audit and Accountability Act 2014. PSAA has appointed auditors for bodies that opted into the national scheme. Appointments were made for the duration of the five-year appointing period, covering the audits of the accounts for 2018/19 to 2022/23.

The appointment of an auditor to report on the Council's housing benefit subsidy claim is no longer covered by the PSAA appointment.

Indicative audit fee

For the 2019/20 financial year, PSAA has set the scale fee for each opted in body. Following consultation on its Work Programme and Scale of Fees, PSAA has maintained scale audit fees at the same level as for 2018/19, unless there are specific circumstances which require otherwise.

The fee reflects the risk-based approach to audit planning set out in the National Audit Office's Code of Audit Practice for the audit of local public bodies.

The audit fee covers the:

- audit of the financial statements;
- value for money conclusion; and
- Whole of Government accounts.

Our final fee will include the impact of additional risks and/or circumstances that are out of the scope of the scale fee, for example:

- additional work performed on asset valuations, including the involvement of our valuation specialists;
- additional work performed on the valuation of the net pension liability, including the involvement of our pension specialists; and
- additional work arising from the implementation of IFRS 16 Leases.

At this stage, the indicative fee is set at the scale fee.

This indicative fee is based on certain assumptions, including:

- the overall level of risk in relation to the audit of the financial statements is not significantly different from that of the prior year;
- officers meet the agreed timetable of deliverables;
- our accounts opinion and value for money conclusion are unqualified;
- appropriate quality of documentation is provided by officers;
- there is an effective control environment; and
- prompt responses are provided to our draft reports.

Meeting these assumptions will help ensure the delivery of our audit at the indicative audit fee which is set out in the table below.

As we have not yet completed our audit for 2018/19, our audit planning process for 2019/20 will continue as the year progresses. Fees will be reviewed and updated as necessary, within the parameters of our contract.

Summary of fees

	Indicative fee 2019/20 £	Planned fee 2018/19 £	Actual fee 2017/18 £
Scale Fee	47,691	47,691	61,936
Total Code audit fee	47,691	47,691	61,936
Other fees charged by us e.g. reporting on Housing Benefit claim	TBC	10,543	16,833

NB the proposed 2018/19 Housing Benefit claim fee is the base fee for certifying the claim and does not include any extended testing that may be required.

Any additional work that we may agree to undertake (outside the Code of Audit Practice) will be separately negotiated and agreed with you in advance. All variations to the scale fee will be subject to PSAA approval.

Billing

The scale fee will be billed in 4 quarterly instalments of £11,922.75.

Audit plan

Our plan is expected to be issued in January 2020. This will communicate any significant financial statement and value for money risks identified, planned audit procedures to respond to those risks and the estimated fee implications of these additional procedures. Should we need to make any significant amendments to the audit fee during the course of the audit, we will discuss this in the first instance with the Interim Chief Financial Officer and communicate the revised fee and the matters giving rise to any adjustments to the scale fee in our Audit Results Report which we will present to the Audit Committee.

For a high level overview of our approach and further information on how we intend to work with you under the PSAA contract, please refer to our leaflet 'EY working with you' which is enclosed.

We remain committed to providing you with a high quality service. If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, please contact me, or Janet Dawson as our Government and Public Sector Assurance Leader at jdawson1@uk.ey.com. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, by writing to him at 1 More London Place, London, SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute.

Yours sincerely



Andrew Brittain
Associate Partner
For and on behalf of Ernst & Young LLP

cc. David Skinner, Head of Finance and Commercial
Councillor Mike Appleyard, Chairman of the Audit Committee

Agenda Item 12

Wycombe District Council

DRAFT AUDIT COMMITTEE WORK PROGRAMME

July 2019 – October 2019

Title & Subject Matter	Contact Officer	Training
July 2019		
<p>External Auditor’s ISA 260 Audit Result Report</p> <p>To consider Ernst & Young’s Audit Results Report and findings from the 2018/19 audit.</p>	Chief Accountant	
<p>Approval of the Statement of Accounts 2018/19</p> <p>Report to approve the 2018/19 Statement of Accounts</p>	Chief Accountant	
<p>Higginson Park Trust Annual Report and Accounts for 2018/19</p> <p>To consider the Higginson Park accounts for recommendation to Council</p>	Chief Accountant	
<p>Treasury Management Annual Report 2018/19 – Cabinet Report</p> <p>To note the Cabinet report annual report on the Treasury Management Strategy and the Prudential Indicators 2018/19.</p>	Chief Accountant	

Agenda Item 13

REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA) ANNUAL REPORT 2019

Contact: Catherine Herries-Smith Ext: 3257 DDI: HW: 421257
E-mail: Catherine_herries-smith@wycombe.gov.uk

Decision: To note the following annual update concerning RIPA policy and overall RIPA performance by the Council.

Background

The Regulation of Investigatory Powers Act 2000 (“RIPA”) was designed to regulate the use of investigatory powers and to satisfy the requirements of the European Convention on Human Rights on its incorporation into UK law by the Human Rights Act 1998. RIPA regulates the use of a number of covert investigatory techniques, not all of which are available to local authorities. The three types of technique available to local authorities are: the acquisition and disclosure of communications data (such as telephone billing information or subscriber details); directed surveillance (covert surveillance of individuals in public places); and covert human intelligence sources (“CHIS”)(such as the deployment of undercover officers). Local authorities sometimes need to use covert techniques in support of their statutory functions. They, not the police, are responsible for enforcing the law in areas such as: environmental crime, taxi cab regulation; underage sale of knives, alcohol, solvents and tobacco and the employment of minors. The communications data powers are primarily used by local authorities to target rogue traders (where a mobile phone number can be the only intelligence lead). Directed surveillance powers are used in benefit fraud cases, to tackle anti-social behaviour (in partnership with the police) and fly tipping, while CHIS and directed surveillance are used in test purchase operations to investigate the sale of tobacco, alcohol and other age-restricted products.

Wycombe District Council has the power under RIPA, the Regulation of Investigatory Powers Act 2000, to conduct authorised directed surveillance (DI) in connection with the conduct of criminal investigations. Although the Council is also permitted under RIPA to authorise the interception of communications data and the use of Covert Human Intelligence Sources it has not done so since RIPA came into force in 2000.

Use of covert surveillance requiring authorisation under the Regulation of Investigatory Powers Act 2000

There has been no covert surveillance carried out by Wycombe District Council since April 2014.

The Council’s Policy and Procedures

The Council's RIPA Policy and Procedures are available on the Council's website.

Dated 7 May 2019