



Annual Governance Statement

2021/22

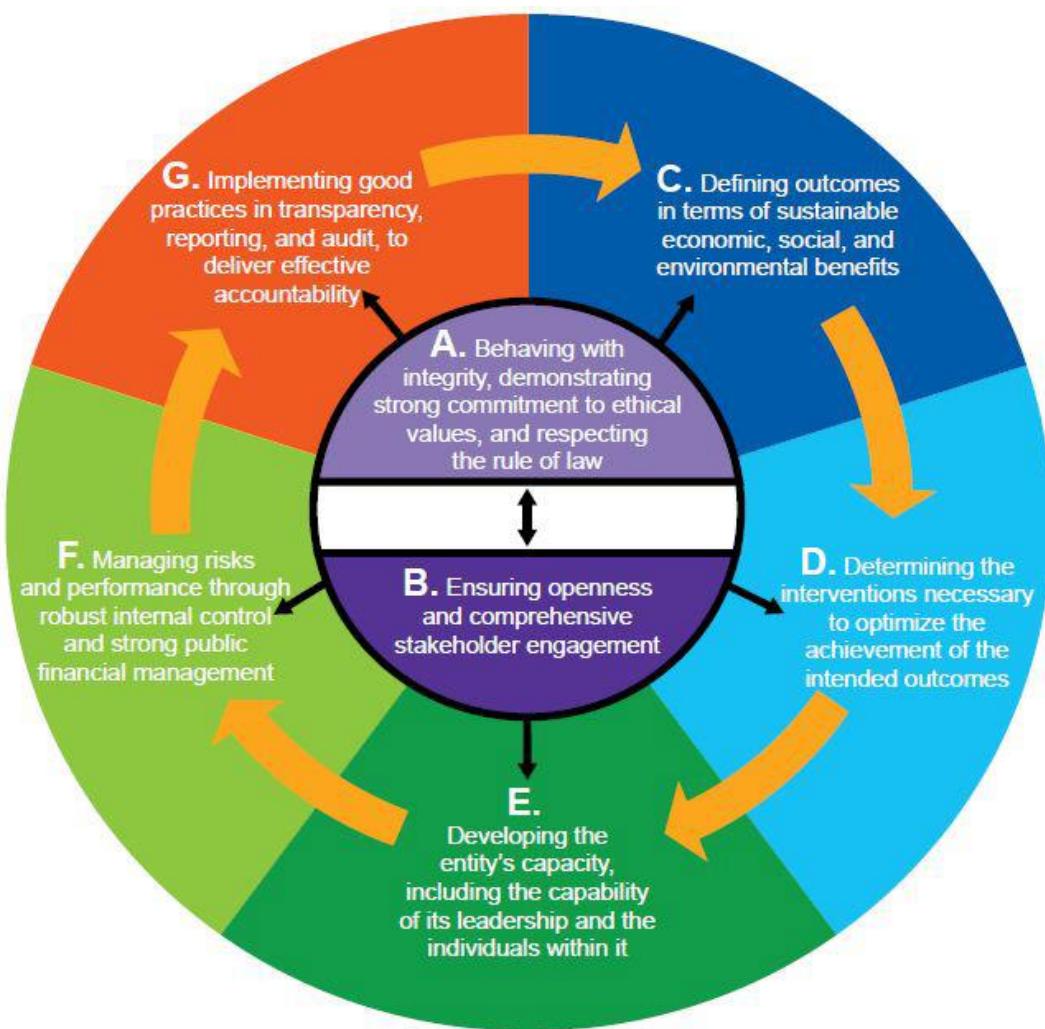


1. Introduction

1.1 Under the Accounts and Audit Regulations 2015 the Council is required to produce an Annual Governance Statement to accompany the Statement of Accounts which is approved by the Audit Committee.

The Annual Governance Statement outlines that the Council has been adhering to the Local Code of Corporate Governance, continually reviewing policies and procedures to maintain and demonstrate good corporate governance and that it has in place robust systems of internal control.

The Council has adopted the Code of Corporate Governance which is consistent with the principles of the CIPFA/SOLACE Framework – Delivering Good Governance in Local Government.



CIPFA's Principles of Good Governance

2. Standards of Governance

2.1 The Council expects all of its members, officers, partners and contractors to adhere to the highest standards of public service with particular reference to the employee and Members' Code of Conduct, Constitution, Corporate Vision, Priorities and Vision as well as applicable statutory requirements.

3. Scope of Responsibility

- 3.1 Telford & Wrekin Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards. The Council needs to demonstrate that public money is safeguarded and properly accounted for and used economically, efficiently and effectively to secure continuous improvement.
- 3.2 To meet this responsibility, the Council puts in place proper governance arrangements for overseeing what it does including putting in place proper arrangements for the governance of its affairs including risk management, the requirements of regulations and ensuring the effective exercise of its functions. These arrangements are intended to make sure that the Council does the right things, in the right way, for the right people, in a timely, open and accountable manner. The Council takes into consideration all systems, processes, policies, cultures and values that direct and control the way in which we work and through which we account, engage and lead our communities.

4. The Governance Framework

- 4.1 The governance framework allows the Council to monitor how they are achieving their strategic aims and ambitions and how this contributes to the delivery of its vision, priorities and values:



- 4.2 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve priorities 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 appropriately identify, quantify and manage the risks to the achievement of the Council's priorities, objectives and policies.

5. Review of Effectiveness

- 5.1 Telford & Wrekin Council has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements including the system of internal control. The review of the effectiveness is informed by:-



5.2 The Council has faced continued challenges during 2021/22 particularly in respect to the ongoing effects of the COVID-19 pandemic.

The pandemic has meant changes to working practices which have required a greater degree of flexibility and risk based decision making at lower levels in the authority. However changes have been made within the boundaries of good governance.

The Council continues to deliver services to its community using new and developing practices. Underpinning this is support/instruction from central government and continued risk management from the corporate Gold Group.

5.3 The Council recognises the ongoing importance of information governance and formalised its Information Governance Framework. The main focus of the Information Governance Team in 2021/22 has been to:

- Ensure the Council's continued compliance with the requirements of the General Data Protection Regulations (GDPR) / Data Protection Act 2018
- Updating relevant policies and procedures
- Support on the prevention and investigation of data breaches
- Provide advice and guidance in relation to new/revised way of working adopted by Council services

The Information Governance Team has continued to report to the Audit Committee and Senior Management Team during the year including information on responses to information rights requests and data security breaches. During 2021/22 no enforcement action has been taken by the Information Commissioner's Office (ICO) against the Council in respect to data breaches.

- 5.4 The Chief Executive, Executive Directors, Directors and Service Delivery Managers have signed annual assurance certificates confirming that the governance framework has been operating within their areas of responsibility, subject to the actions outlined in Annex 1. Additional assurance has been requested for 2021/22 from the Senior Management Team and Service Delivery Managers in respect to controls/risk management measures that have been in place during the year. Internal Audit plan to undertake sample testing of completed certificates to provide additional assurance that adequate controls/risk management measures have been operating in 2021/22.
- 5.5 The Accounts and Audit Regulations 2015 require a review of the effectiveness of the system of internal control. This review is informed by the work of Internal Audit, management, other internal assurance services and the External Auditors' review. The Internal Audit Annual Report 2021/2022 will set out the Internal Audit opinion.
- 5.6 The Council has been advised on the implications of the review of the effectiveness of the governance framework by Cabinet, Standards Committee, Audit Committee, Scrutiny, Senior Managers, Internal Audit and external review. The Chief Internal Auditor concludes that the review of the governance arrangements provides a reasonable level of assurance that these arrangements continue to be regarded as fit for purpose in accordance with the governance framework.

Internal Audit Work

One of Internal Audits key objectives, as detailed in the Internal Audit Charter is '*To review the effectiveness of the governance, risk management and control processes of the Council to aid improvement, provide a level of assurance and an opinion on them to the Council.*'

The work of Internal Audit is based on risk and the scope of each audit assignment, as a minimum, includes assessment of the governance, risk management and control arrangements put in place by management.

Despite some resource challenges, Internal Audit work have completed 51% of the revised risk based Annual Internal Audit Plan.

Internal Audit have ensured the Chair/Audit Committee and Senior Management Team have been kept informed of audit resource/work throughout the year.

Other Sources of Assurance

As stated above, reliance has been placed on other sources of assurance in 2021/22 with respect to the Chief Internal Auditors opinion. Other sources of assurance have been obtained from in year activity but also by reflecting on past opinions and the basis of these.

2021/22 has seen the Council consistently recognised as a well performing Council by a number of external bodies. Below is a summary of the recognition received.

The Local Government Association (LGA) peer review panel were very impressed with the Council and how it is run. They reported:

"The council can be very proud of what it is achieving, with it clearly being very ambitious, top-performing in key areas and striving constantly to deliver for local people."

"Telford & Wrekin fights for Telford and Wrekin' is a strong theme that came across during the course of our work, particularly from partner organisations."

The Council was named Cooperative Council of the Year in July 2021 by the LGA.

In September 2021, the Council were named Council of the Year by the Association for Public Service Excellence (APSE).

The Council's Executive Director for Children's Services was named Corporate Director of the Year at the MJ awards. This followed the Council's children services outstanding inspection by Ofsted in 2020.

The Council's Adult Social Care team were rated 'excellent' during a peer review by the Association of Directors of Adult Social Services (ADASS). ADASS stated "*Telford has exceptional adult social care operational delivery and partnerships relationships and is in a strong position to position itself as the leader of the population health, economic restoration and maximising the digital inclusion offer at the local place*".

In addition, assurance has been provided by the following:

- Telford & Wrekin Council has a sound track record in respect to how it is run. This is important to note and is reflected in the 2021/22 audit opinion given. General risk management identifies 'likelihood' as a key determinant of the level of risk associated with an action/entity. Given that the Council's track record demonstrates strong governance arrangements and sound financial management, the likelihood of this changing considerably in the space of 12 months is relatively low.
- The Council's External Auditors have met with the Section 151 officer and Chief Internal Auditor throughout 2021/22 and have also attended Audit Committee meetings. During this time the External Auditor has not expressed any specific concern on the governance and/or financial arrangements operating within the Council.
- Other examples of assurance obtained in year include:
 - Shortlisted for Council and Senior Leadership Team of the Year by the Municipal Journal
 - Regular internal quality monitoring activity across many services
 - Family safeguarding peer review
 - Regular benchmarking undertaken in Adult Social Care
 - ADASS Peer review of Adult Social Care commissioning
 - Legal Services Lexcel accreditation
 - Completion of statutory returns, VAT returns, and grant claims, etc.
 - Regular IT penetration testing and security auditing
 - External scrutiny, reviews and inspections from the Home Office
 - Highways contract audit
 - Environmental Scrutiny Committee work on flood risk management
 - Completion of performance development discussions with staff
 - Regular performance, contract and financial monitoring
 - CQC inspection in My Options

Assurance obtained by reflecting on the past 3 years includes:

- The Chief Internal Auditors opinion has been that there is a reasonable level of assurance that the governance arrangements continue to be regarded as fit for purpose in accordance with the governance framework.

- The External Auditor has stated that:

- Final accounts have been produced on time and in line with best practice
- An unqualified opinion has been given in the financial statements
- Financial statements comply with statutory requirements
- Financial statements give a true and fair view of the Council's financial position
- Proper arrangements are in place for securing economy, efficiency and effectiveness in its use of resources

In the Chief Internal Auditor's opinion the above assurance activity reflects that sound governance arrangements are in place as a number of the points above would not have been possible without adequate governance foundations being in place and embedded.

There has been no significant instances of fraud, poor risk management, poor financial management, etc. that would lead the Chief Internal Auditor to believe poor governance practices have been in place.

However, as part of the AGS certification process, there have been areas identified that do require development. Attached as Annex 1 is an agreed action plan to address these areas for development and ensure continuous improvement.

- 5.7 Issues from the previous action plan (2020/21) that have been addressed or mainstreamed have been deleted and those that continue to be addressed are included in 2021/22 action plan.
- 5.8 The Senior Management Team has monitored implementation of the 2020/21 actions and reported back to the Audit Committee in January 2022.
- 5.9 Detailed below is a statement explaining how the Council has complied with the Code of Corporate Governance and meets the requirements of the Accounts and Audit Regulations 2015 and CIPFA Code on the Principles of Good Governance.

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

- 5.10.1 Members and officers, in the main, recognise the importance of compliance with the Constitution, specifically Financial and Contract Rules; Procurement Regulations, Scheme of Delegation, Codes of Conduct and Gifts & Hospitality Policy. However, some improvements are needed in this area and recommendations have been included in the 2021/22 AGS action plan.
- 5.10.2 There is ongoing training, both classroom based and via the on-line learning platform (OLLIE) for Codes of Conduct, Equality Awareness, Leadership & Governance and Contract Procedure Rules/Procurement.
- 5.10.3 The Council has an Anti-Fraud & Corruption Policy, supported by the Whistleblowing (Speak Up) Policy, encouraging internal referrals. The Council has a zero tolerance policy in relation to fraud and corruption and it is service management's responsibility to ensure there are adequate controls in their areas to ensure the opportunities for fraud are minimised. It is everyone's responsibility to report suspicions and the Whistleblowing (Speak Up) Policy supports this internally. Internal Audit along with the Investigations Team undertakes proactive fraud work based on a fraud risk register and/or other intelligence. Other specific anti-fraud and corruption activities are undertaken by Trading Standards. An annual report on anti-fraud and corruption activities and an update to the Anti-Fraud & Corruption Policy and Whistleblowing (Speak Up) Policy is presented to the Audit Committee.

- 5.10.4 Officers comply with their professional organisations' codes of conduct when delivering services.
- 5.10.5 All Internal Audit reviews consist of an ethics questionnaire that is sent to a sample of staff in specific teams to demonstrate their understanding of key corporate policies.

Ethic questionnaire findings have been shared when discussing individual audits with relevant Service Delivery Managers and Directors and taken to SMT as part of reporting corporate recommendations. Summary findings from the ethics work have been included in the 2021/22 AGS action plan.

- 5.10.6 There are both internal and external reviews in social care to monitor compliance with the law, e.g. the Care Act, Deprivation of Liberties, Safeguarding and the Mental Health Act.
- 5.10.7 Human Resource and recruitment polices and processes ensure the Council is fully compliant with employment law. Annual audits are undertaken in these areas and ongoing checks take place to ensure compliance with IR35 legislation.
- 5.10.8 Senior officers meet regularly and work closely with Members to ensure that they understand and can undertake their respective roles effectively and legally.
- 5.10.9 The Cabinet monitors the effectiveness of the governance framework through the consideration of regular service and financial management information reports from senior management. Individual Cabinet Members receive regular feedback from senior officers in respect to their areas of responsibility on the progress of priorities and objectives. Issues of strategic and corporate importance are referred to Cabinet.
- 5.10.10 Statutory responsibilities across the Council are discharged openly and proactively, examples include having key statutory officers in place, i.e. Head of Paid Service, Data Protection Officer, Section 151 Officer, Monitoring Officer, Director of Children Services, Director of Adult Social Services, Director of Public Health and Scrutiny Officer.

5.11 Ensuring openness and comprehensive stakeholder engagement

- 5.11.1 The Executive Director for Housing, Communities & Customer Services is leading on the development of a new 10 year vision for the Borough that is being developed with key strategic partners. Development work is progressing including resident and partner engagement. The vision will be presented to Cabinet in the summer of 2022 for approval.
- 5.11.2 The Council actively contributes to, and collaborates with, partners to promote good governance and achieve the delivery of outcomes through increased joint working. The Council is a member of a number of sub regional partnerships and groups. Many of our services are delivered in partnership with other organisations such as West Mercia Energy, Town and Parish Councils, voluntary groups, etc. Internal Audit reviewed the arrangements for 'Together 4 Children' which is a partnership arrangement with three other local authorities.
- 5.11.3 Regular meetings take place between Children Safeguarding and key partner agencies such as the police, Telford & Wrekin CCG, Education and Health.
- 5.11.4 All Council services feed into transparent reporting processes through council committee meetings and this is further supported by the transparency agenda.
- 5.11.5 Annually the public is consulted on the budget for the forthcoming year.

5.11.6 There is regular engagement between Public Health, Telford & Wrekin Clinical Commissioning Group (CCG) and Social Care for the future provision of services.

5.11.7 The Scrutiny provision has looked at the development of policy, the decision-making process and areas of concern. The subject areas for review will be informed by community engagement, direct feedback to members from within the community, the results of review and inspection (both external and internal) and areas of policy being developed by the Council.

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

- 5.12.1 The Council Plan was refreshed in the autumn 2020. The plan identifies 5 priorities to deliver the Council's organisational vision to 'Protect, Care and Invest to Create a Better Borough'. The Council continues to develop commercial projects to generate income to invest in front line services to mitigate the impact of Government cuts and uncertainty over Government funding.
- 5.12.2 Digital transformation and changes in the way we work are intrinsic to the Council's service delivery model.
- 5.12.3 The Telford & Wrekin Local Plan sets out the Council's vision and strategy for the physical planning of the borough up to 2031. A planned review of the Local Plan has been paused as the Government announced changes to planning legislation. It is envisaged that the Council will publish an updated Local Development Scheme in the spring/summer of 2022.
- 5.12.4 All service areas have their own service plans which details how they intend to deliver their service for the coming year and the risks they face. These plans encompass identifying barriers to service objectives being met.
- 5.12.5 The Council has a commercial strategy / investment strategy that demonstrates clear visions, objectives and outcomes. This includes financial, economic, social and environmental issues.
- 5.12.6 The Council's economic growth strategy supports and drives increased economic productivity.
- 5.12.7 The financial strategy sets out the short and long-term implications for service delivery across the Council. The Service & Financial Planning reports include various papers to Cabinet regarding the budget and sets out short/ medium and long-term implications, including the capital strategy and saving strategy.
- 5.12.8 Adult Social Services, in respect of financial management and the implementation of the cost improvement plan, have continued to provide updates during the year to SMT and Members.
- 5.12.9 All Council reports to Members show relevant financial implications and risk.
- 5.12.10 Implementation of the ICT Strategy has continued, including infrastructure upgrades, the ongoing roll-out of Office 365/applications and further security improvements particularly in response to spam, phishing/ whaling and ransomware threats.

5.13 Determining the interventions necessary to optimise the achievement of the intended outcome.

- 5.13.1 The 2021/22 Service & Financial Strategy including the Treasury Management Plan are aligned to the refreshed Council Plan – setting out how our financial resources will deliver the Council vision and priorities.

5.13.2 Budget plans are produced for all service areas for planning purposes. Budget consultation is undertaken annually with Council Members and members of the public.

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

5.14.1 The Workforce Strategy was approved in 2021 and is available to all employees on our intranet. The strategy has 5 priorities which were informed by the results of the employee survey and consists of the following priorities:

- Our workforce will have the skills and abilities to deliver our priorities and will have the opportunity to further develop
- Our managers will be leaders and will empower staff to deliver our priorities
- Our organisation will be more diverse and inclusive offering a voice and fair treatment for all
- Our workplace will be healthy and we will support our employees wellbeing
- Our employment package will be attractive that offers (and will offer) fair terms and conditions

5.14.2 Officers understand their respective roles and these are set out in job descriptions. The Constitution, Scheme of Delegation and Contract Procedure Rules clearly shows roles and responsibilities, specifically with regard to delegation and authorisation.

5.14.3 There are various training methods available to staff such as mentoring, Ollie (On-line learning platform) and virtual face to face. A new leadership and management programme launched in January 2022 for the SMT cohort. The SDM cohort will launch in May 2022 and in the autumn for Team Leaders. Work is also underway to work with Directors to look at opportunities for apprenticeships in their areas to meet service needs, this includes upskill as well as new recruits. Work to review and refresh induction is underway and will be completed in spring 2022.

5.14.4 Other support includes CPD sessions, team meetings and ongoing 1:2:1s, however results of the ethics questionnaires have demonstrated that a small number of staff still do not have regular 1:2:1 supervision meetings.

5.14.5 Members receive an induction session and annual training with regard to the Treasury Management Strategy and other training relevant to their position. All Members and staff have had the opportunity to undertake training on General Data Protection Regulations (GDPR) / Data Protection Act (DPA) 2018 legislation. There is also online training available to all staff on GDPR/DPA 18 Requirements.

5.14.6 The action plan at Appendix A of this statement detail issues highlighted from the results of the annual governance certification process

5.15 The Council continues to manage risks and performance through robust internal control and strong public financial management.

5.15.1 Risk management is an integral part of good management and corporate governance and is therefore at the heart of what we do. Our approach to managing risk is explained in our Risk Management Strategy. The Strategic Risk Register is reviewed by SMT and considered by Audit Committee annually.

- 5.15.2 The Internal Audit plan is informed by the Council's service and financial planning processes, strategic risk register, external inspection reports, external networking intelligence, comments from Senior Management and their opinion of the current state of the governance risk and internal control arrangements.
- 5.15.3 During 2021/22 the Internal Audit team achieved 51% of their revised planned work and this has been used, in part, with the relevant output from unplanned work to help form their opinion on the adequacy and effectiveness of the Council's governance, risk management and internal control framework.
- All recommendations made in audit reports show a risk category which is used to inform the overall grading of the report.
- 5.15.4 The Chief Internal Auditor has undertaken checks on the work of Internal Audit as part of the Quality Assurance Improvement Program. A small number of minor issues have been identified through these checks and have been fed back to the Internal Audit Team to assist in their continuous improvement.
- 5.15.5 Internal Audit report to the Audit Committee 4 times a year. The Audit Committee has asked for additional information during the year to provide assurance on the management of risks and implementation of recommendations. The Audit Committee have also approved the Internal Audit Charter for 2021/22.
- 5.15.6 Large projects include the maintenance of a project risk register; this is an ongoing working document that is amended throughout the project. Where personal data is processed, projects also include the completion of Data Protection Impact Assessments.
- 5.15.7 The Council has adopted the CIPFA code of practice for managing the risk of fraud and corruption and this has been reflected in our updated Anti-Fraud & Corruption Policy and Whistleblowing (Speak Up) Policy.
- 5.15.8 Services report regularly to Council committees such as Audit Committee, Planning, Licensing, Cabinet etc. These reports detail any impact assessment, including risk and opportunity. Financial decisions are reported to Cabinet, full Council and Audit Committee, who often challenge to ensure appropriate financial management and to demonstrate transparency.
- 5.15.9 Financial Regulations set out our financial management framework for ensuring we make the best use of the money we have available. Financial roles and responsibilities are clearly shown in the Financial Regulations and it provides a framework for financial decision-making. The regulations have been checked against the post-Brexit legislative framework and a further full review is expected in 2022/23.
- 5.15.10 The Treasury Management Strategy and regular updates on treasury matters are provided to Audit Committee. This information clearly show investments, loans, and the financial position of the Council. The Council appointed new Treasury Management advisors in 2021/22. The new advisors are Link Treasury Services.
- 5.15.11 The Council's financial strategy identifies the short term budget plan and long term aspirational plan linked to the corporate plan to be a self-sustaining council.
- 5.15.12 A review against the new CIPFA FM Code has been undertaken which was considered by the Council's senior management team. Following this, a small number of changes are being implemented to further strengthen the Council's financial management arrangements including making more use of scenario planning.

- 5.15.13 The Council's External Auditors have not completed their report for 2021/22. However the S151 Officer and Audit & Governance Lead Manager (Chief Internal Auditor) have met with External Auditors periodically throughout 2021/22 and the External Auditors have commented that they do not expect to report any problems with the final accounts. Therefore the expectation is that the External Auditors opinion will mirror the opinion for 2020/21 which stated:

"Value for Money conclusion - Based on the work we performed to address the significant risk we identified, we are satisfied that the Council has proper arrangements for securing economy, efficiency, and effectiveness in its use of resources"

An unqualified audit opinion was, once again, received by the Council in respect of 2020/21.

- 5.15.14 The Council has continued to make savings in the light of ongoing financial pressures. £133.7m of ongoing savings had been delivered by the end of 2021/22 with a further £9.9m to be delivered by the end of 2023/24. Forecasts of the level of savings that will be required from April 2023 onwards are very difficult to make in the absence of any Government funding settlement information beyond the March 2023 being available and potential significant changes that may be made to the local government finance system. However, it is likely that the Council will continue to face a very challenging financial outlook for the foreseeable future.

5.16 Implement good practices in transparency, reporting and audit to deliver effective accountability

- 5.16.1 As a public body we endeavour to be open and transparent in our activities and reporting. Council and committee agendas, reports and minutes are published on our corporate website to demonstrate decisions made. The Council undertake public consultation on areas such as the budget. We publish expenditure over £100 on our website, as part of the transparency agenda.
- 5.16.2 The Audit Committee has responsibility for internal and external audit matters, the Council's arrangements for corporate governance and risk management.
- 5.16.3 The Audit Committee terms of reference also incorporate the review and monitoring of the Council's Treasury Management arrangements. Members of the Committee are kept up to date through awareness training on factors that influence/affect delivery of the strategy and during the year were provided with an update on these matters by Link Treasury Services, the Council's Treasury Management advisors.
- 5.16.4 There are various committees, all with their own terms of reference and areas of responsibility, i.e. Licensing Committee, Planning Committee, and there are elected members who are responsible for service areas within the Council.
- 5.16.5 Arrangements are in place to ensure Internal Audit fully complies with the Public Sector Internal Audit Standards (PSIAS). A self-assessment of the Internal Audit function against the requirements of the PSIAS was undertaken in 2021/22. The results demonstrated that Internal Audit were compliant with the PSIAS and this was reported to the Audit Committee. An external assessment of PSIAS compliance has been arranged (as required by law) and will take place in 2022/23.
- 5.16.6 The Internal Audit plan is developed using a risk-based approach taking into consideration the Strategic Risk Register, Service Plans and other audit intelligence. Audit recommendations made are communicated to relevant Service Delivery Managers and relevant Senior Management representatives for consideration and implementation of

recommendations. Internal Audit will share best practice in the duty of their work. The Audit plan is reviewed regularly to ensure it is still relevant and any changes made are reported to the Audit Committee.

- 5.16.7 The Council's Communication Team works with Officers and Members to ensure key messages are easy to understand and in accessible formats to meet the diverse needs of our borough.
- 5.16.8 The Council's performance management framework is monitored by the Senior Management Team and has procedures in place that drive continuous improvement in performance. More robust reporting has taken place during 2021/22.
- 5.16.9 The Council has identified lessons learnt from corporate complaints and complaints made to the Local Government Ombudsman and implemented measures accordingly.

	Signed	Dated
David Sidaway Chief Executive		
Cllr Shaun Davies Leader of the Council		
Cllr Nathan England Chair of Audit Committee		

AGS ACTION PLAN FOR 2021/22 FOR IMPLEMENTATION DURING 2022/23

No	Findings	Actions	Lead Officers	Additional comments
1.	<p>Ongoing savings proposals and continued strategic management of organisational changes to continue particularly in light of COVID19.</p> <p><i>Ongoing from 20/21 AGS</i></p>	<p>Continued management/reduced budgets, revised structures and commercial/ business approach which links to the continued development and implementation of revised governance framework.</p> <p>Financial impact of COVID19 under ongoing review.</p> <p>Further consultations on future savings where necessary.</p>	<ul style="list-style-type: none"> • Chief Executive • SMT 	
2.	<p>All internal audits consist of an ethics questionnaire that is sent to a sample of staff in the team/areas being audited to demonstrate their understanding of corporate policies and whether staff feel supported.</p> <p>In a small number of responses returned it was noted that:</p> <ul style="list-style-type: none"> • <u>Some</u> staff felt that training and awareness could be developed further 	<p>The induction process has already been updated and improved and further development is being carried out as part of an ongoing review of our employee offer.</p> <p>Further guidance for managers in respect to completion of regular 121's, supervision and team briefs.</p> <p>Development of service strategies underpinned by team plans which link to the Councils priorities. This link to the APPD process creating the organisational golden thread</p>	<ul style="list-style-type: none"> • SMT/SDM • Policy & Development Manager 	

No	Findings	Actions	Lead Officers	Additional comments
	<ul style="list-style-type: none"> Some staff do not have regular 1:2:1 supervision or team briefs <p>These findings have been shared when discussing individual audit reports with relevant SDM's and Directors and taken to SMT as part of reporting corporate recommendations.</p> <p><i>Ongoing from 20/21 AGS</i></p>	Roll out of a new, bespoke management and leadership programme commenced in January 2022 and forms part of an 18 month programme to contribute to the development of our employees.		
3.	<p>A small number of responses from Internal Audit ethics questionnaires sent out indicated that those staff questioned could have a greater awareness of some corporate policies.</p> <p><i>Ongoing from 20/21 AGS</i></p>	<p>Governance reminders sent to staff. Training and further publicity given on fraud/whistleblowing with new methods of reporting made available.</p> <p>Reminders on relevant policies applicable to the work undertaken by those being audited, and applicable to the wider workforce will be recirculated; for example, the Employee Code of Conduct, the Whistleblowing Policy, the Business Activity & Private Work Policy and the Corporate Information Security Policy.</p>	<ul style="list-style-type: none"> SMT/SDM Policy & Development Manager Audit & Governance Lead Manager 	
4.	The results of the annual governance certification process highlighted that in some service areas there were reductions in appropriate skilled staff	Number of initiatives in place including service and workforce planning, apprenticeship scheme, Kickstart programme, etc.	<ul style="list-style-type: none"> Chief Executive Director of Finance & Human Resources 	

No	Findings	Actions	Lead Officers	Additional comments
	<p>numbers. Difficulties in recruiting have resulted in single points of failure or the use of agency staff.</p> <p>Service Delivery Managers are aware of these issues and where possible are putting measures in place to try and mitigate this.</p> <p><i>Ongoing from 20/21 AGS</i></p>	<p>New bespoke management and leadership programme commenced in January 2022.</p> <p>Additional recruiting measures being used via social media platforms.</p>	<ul style="list-style-type: none"> Policy & Development Manager 	
5.	<p>The results of the annual governance certification process has highlighted that service areas have experienced data breaches and potential near misses in respect to personal data.</p> <p>Where data breaches have been experienced, these have been reported to the Information Governance Team and managers have changed processes and procedures, where possible, based on lessons learned to prevent similar breaches occurring.</p>	<p>Information Governance to:</p> <ul style="list-style-type: none"> To ensure lessons are learnt after each breach and suggested improvements communicated corporately where applicable. Audit & Governance to review current training materials. The Information Security Breach Procedure has been updated and is available on the Council's intranet. This has been publicised to all staff. Breaches are reported to the individual Director as and when they occur Corporate Information Security Policy recirculated to relevant staff members 	<ul style="list-style-type: none"> SIRO/SMT SDM's Audit & Governance Lead Manager 	

No	Findings	Actions	Lead Officers	Additional comments
	<p>It should be noted that the Information Commissioners Office has not taken any action against the Council during this time.</p> <p><i>Ongoing from 20/21 AGS</i></p>	<ul style="list-style-type: none"> Breaches are reported to Senior Management Team meetings on a regular basis 		
6	<p>A small number of managers reported delays in destruction of documents in line with retention policies throughout the year due to limited access to the secure storage areas as a result of COVID.</p> <p>These access issues have subsequently eased.</p>	<ul style="list-style-type: none"> Reminder to be sent to staff in relation to access to all Council buildings including. Reminder to be sent on the use of the Council's document storage unit. Reminder to be sent to staff on the importance of complying with the Corporate Information Retention Schedule. 	<ul style="list-style-type: none"> SDM's Audit & Governance Lead Manager biT Service Delivery Manager 	
7	A small number of managers confirmed that their service's internal intranet content required updating.	Reminder to be sent to SDM's on keeping intranet content up to date.	SDM's	

