



Audit and Governance Committee

A meeting of the Audit and Governance Committee will be held at the The Jeffrey Room, The Guildhall, Northampton on Wednesday 16 November 2022 at 6.00 pm

Agenda

1.	Apologies for Absence and Notification of Substitute Members
2.	Declarations of Interest Members are asked to declare any interest and the nature of that interest which they may have in any of the items under consideration at this meeting.
3.	Minutes (Pages 5 - 10) To confirm the Minutes of the meeting of the Committee held on 28 September 2022.
4.	Chair's Announcements To receive communications from the Chair.
5.	Urgent Business The Chair to advise whether they have agreed to any items of urgent business being admitted to the agenda.
6.	Internal Audit Update (Pages 11 - 18)
7.	External Audit Progress report - Grant Thornton Verbal Update
8.	External Audit Progress report - EY Verbal Update

9.	Internal Audit - Home to School Transport Limited Assurance Report (Pages 19 - 50)
10.	Update on Budget setting Verbal update from the Executive Director of Finance.
11.	Strategic Risk Register (Pages 51 - 58)
12.	Work Programme (Pages 59 - 62)

Catherine Whitehead
Proper Officer
8 November 2022

Audit and Governance Committee Members:

Councillor Cecile Irving-Swift (Chair)	Councillor Charles Manners (Vice-Chair)
Councillor Jamal Alwahabi	Councillor John Shephard
Councillor Rosie Humphreys	Councillor Stephen Clarke
Councillor Jake Roberts	Councillor Danielle Stone
Councillor Alan Chantler	

Information about this Agenda

Apologies for Absence

Apologies for absence and the appointment of substitute Members should be notified to democraticservices@westnorthants.gov.uk prior to the start of the meeting.

Declarations of Interest

Members are asked to declare interests at item 2 on the agenda or if arriving after the start of the meeting, at the start of the relevant agenda item

Supplementary Estimates

Members are reminded that any member who is two months in arrears with Council Tax must declare that fact and may speak but not vote on any decision which involves budget setting, extending or agreeing contracts or incurring expenditure not provided for in the agreed budget for a given year and could affect calculations on the level of Council Tax.

Evacuation Procedure

If a continuous fire alarm sounds you must evacuate the building via the nearest available fire exit. Members and visitors should proceed to the assembly area as directed by Democratic Services staff and await further instructions.

Access to Meetings

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named below, giving as much notice as possible before the meeting.

Mobile Phones

Please ensure that any device is switched to silent operation or switched off.

Queries Regarding this Agenda

If you have any queries about this agenda please contact Sofia Neal-Gonzalez, Democratic Services via the following:

Email: democraticservices@westnorthants.gov.uk

Or by writing to:

West Northamptonshire Council
One Angel Square
Angel Street
Northampton
NN1 1ED

This page is intentionally left blank



Audit and Governance Committee

Minutes of a meeting of the Audit and Governance Committee held at The Jeffrey Room, The Guildhall, Northampton on Wednesday 28 September 2022 at 6.00 pm.

Present	Councillor Cecile Irving-Swift (Chair) Councillor Charles Manners (Vice-Chair) Councillor Jamal Alwahabi Councillor John Shephard Councillor Rosie Humphreys Councillor Stephen Clarke Councillor Jake Roberts Councillor Alan Chantler
Substitute Members:	Councillor Keith Holland-Delamere
Also Present:	Janet Dawson, EY Ciaran McLaughlin, GT Paul Harvey, GT
Apologies for Absence:	Councillor Danielle Stone
Officers	Martin Henry, Executive Director of Finance (Chief Finance Officer) Audra Statham, Assistant Director Finance (Accountancy) Jen Morris, Head of Audit and Risk Scott Peasland, Audit Manager Ben Barlow, Funding and Investment Manager Fiona Coates, Pension Services Financial Manager Maisie McInnes, Democratic Services Officer

75. **Declarations of Interest**

There were no declarations of interest.

76. **Minutes**

The minutes of the previous meeting held on 22 June 2022 were agreed and signed by the chair as a true and an accurate record of the meeting.

77. **Chair's Announcements**

The Chair welcomed everyone to the meeting and welcomed Jen Morris the new Head of Audit and Risk. The committee met alone with the new internal auditor before the meeting to welcome her to the Audit and Governance committee and ask

questions about her role. The Chair planned two yearly pre-meetings with the External Auditors and Internal Chief Auditor, the first one is planned for January.

78. **Urgent Business**

There were no items of urgent business.

79. **Internal Audit Progress report**

At the Chair's invitation, the Head of Audit and Risk presented the internal audit progress report and summarised the position of the audits for the period to 31 August 2022. The Head of Audit and Risk highlighted the progress report contained in Annex B and explained that audit had made good progress supported by BDO, who are providing additional resource.

Members questioned if the risk of fraud was as expected. The Head of Audit and Risk responded that it was not unreasonable for the size of the WNC organisation. Members asked how much funding was remaining for members allowances and the Executive Director Finance responded that the remaining amount of unallocated member empower fund was £71.5k. Members queried the IT disaster recovery and home to school transport and the Head of Audit and Risk stated that WNC audit would be managing the IT actions going forward, and the home to school transport audit had highlighted safeguarding issues.

Members expressed concern at the section 106 monitoring and the Head of Audit and Risk explained there would be an assurance audit rather than compliance as this would help to identify issues and provide a baseline for the service area and encourage joint working. A statement and interim report would be brought to the next meeting of the Audit and Governance committee.

RESOLVED: That members noted the Internal Audit Progress report.

80. **External Audit Update - Ernst Young**

At the Chair's invitation, Janet from EY and the Assistant Director of Finance (Accountancy) presented the verbal External Audit Update and highlighted the salient points:

- There was an ongoing move from external auditors EY to GT with a scope audit in process and due diligence was currently underway.
- There had been a CIPFA update with the valuation of OAS, and this would be ready in November.
- In terms of the sovereign authority, NBC there were outstanding valuation queries and a positive meeting had taken place recently with only 4/5 outstanding points. The Assistant Director Finance (Accountancy) reminded the Audit and Governance Committee that delegation had been given to the Chair and Executive Director of Finance to approve the accounts.

- Some areas of external audit were still outstanding but great progress had been made and EY and the Council were working together to sign off and close down the accounts.

The Chair thanked EY and the Assistant Director Finance (Accountancy) for the update.

RESOLVED: That the Audit and Governance Committee noted the external audit verbal update.

81. **Grant Thornton Audit Plan for Northamptonshire Pension Fund 2021-22**

At the Chair's invitation, Paul from GT introduced the audit plan report for the Northamptonshire Pension Fund 2021-2022. He explained that there were delays starting the audit work, and the IT systems and legacy systems were currently being investigated which was challenging but the work was progressing. He explained that the Code of Practice VFM deadline had been missed but measurements had been put in place and it was agreed that they would report to the Chair of the Audit and Governance Committee and a report would be brought to the next meeting.

Ciaran from GT then delivered a presentation on the Northamptonshire Pension Fund Audit Plan. The Funding and Investment Manager added that the Pension Fund had a good audit process and confirmed that work would be completed within the next week. The Chair asked the external auditors if the audit fee had remained within budget. Grant Thornton responded that the fee remained the same.

Members questioned if the Pension Fund consisted of the predecessor authorities and the impact of the economic climate on the fund and its governance process. The Funding and Investment Manager confirmed that it did and responded that the fund was currently 118% funded and the fund invested in other currencies. He explained that the Local Pension Board was responsible for overseeing the Pension Fund and assists the Council in its role as scheme manager; the Pension Committee monitored the governance and administration of the Pension Fund, and the Investment Sub-Committee monitored the progress of the Fund's investment portfolios.

The Assistant Director of Finance Accountancy highlighted to members that the Statement of Accounts would show a deficit relating to the Pension Fund as the IAS19 valued the Fund using calculated averages and wasn't based on performance.

The Chair thanked Grant Thornton for their comprehensive presentation.

RESOLVED: That members noted the presentation and the audit plan for 2021-2022.

82. **Update on Medium Term Financial Strategy, annual budget and capital programme**

At the Chair's invitation, the Executive Director of Finance presented the report and explained that the report provided an update on the medium-term financial strategy, annual budget, and capital programme. The Revenue Monitoring report had been taken to cabinet on 23 September 2022 and there was an in-year forecast overspend of £7.6m which represented 2.2% of the total net budget. In terms of Capital Monitoring, with the rise in cost of raw materials it was expected that this would have an impact on the cost of capital projects. With the background of the current economic uncertainty and interest rates rising, the Executive Director of Finance stated that this was unforeseen and the HRA Capital programme had been reprofiled and a report had also been taken to cabinet on 23 September 2022. Finally, a report on Treasury Management had been taken to cabinet which highlighted the economic outlook with the background of the rise in inflation and interest changes. The Executive Director of Finance highlighted section 3.16 of the report which showed that the report forecasted what the future of interest rates would look like and could be 2.75% by March 2023. The report recognised the rise in rates and the Council would continue to closely monitor this.

In line with this, the detailed budget setting for 2023-24 had started much earlier this year, as nationally local government had been affected by the rising cost pressures. The Council had commenced a weekly budget task force, implemented a cap on spending and a spending restriction panel responsible for reviewing spend, and commenced a star chambers budget exercise to scrutinise directorates budget pressures and consider cost saving proposals submitted by the Council's respective service areas. The Executive Director of Finance concluded his report and invited members to ask any questions.

Members discussed the budget star chambers and use of Council contingencies. Members asked if the work relating to the North-West Relief Road had been affected and the Executive Director of Finance clarified that the budget for this was not currently under pressure. Members expressed concern at the overspend detailed in section 3.8 of the report and the Executive Director of Finance responded that the Council were tackling this problem head on, and spending restrictions were already in place and so far, over 150 business cases had come forward with ideas for cost-savings.

RESOLVED: That the Audit and Governance Committee considered and noted the contents of the report.

83. Risk Register Update Report

At the Chair's invitation, the Head of Audit and Risk presented the risk register and explained that the risk register would be designed for future meetings to highlight the important areas and bring emerging risks to the Audit and Governance Committee, and this would be trialled for the way forward. The Head of Audit and Risk highlighted page 54 of the report which summarised the strategic risks and explained that the residual score of risk E04 Workforce Capacity and skills had been increased from 9 to 12 following the deep dive exercise that had taken place as members felt this needed a higher risk rating. The Head of Audit and Risk informed members that the

register contained an update to 30 June 2022 as the previous meeting had been cancelled.

Members asked if any of the risks had materially changed since June. The Head of Audit and Risk explained that the risk on financial resilience was being monitored but there were no other material changes.

The Chair invited members to give suggestions on areas that officers could provide a deep dive into for the next committee meeting. The Head of Audit and Risk suggested that she provide a deep dive assessment of the risk process and how she envisioned risk being managed within WNC going forward. The Chair agreed that this would be the best way forward.

Members asked questions surrounding the workforce capacity risk and the Head of Audit and Risk confirmed that she would report back on this area. The Executive Director of Finance explained that the portfolio holder attended the previous meeting and as a result the risk had increased. Members asked what the next steps would be if this was still considered to be risk. The Executive Director of Finance explained that it would be referred to the director of the service area. Members asked how they would be able to sense check progress and the Executive Director of Finance explained that a briefing could be organised to give a progress update.

The Chair emphasised that scrutiny was responsible for investigating this area and that the committee would receive guidance from the Head of Audit and Risk at the next meeting.

RESOLVED: That the Audit and Governance committee noted the position of the risk register.

84. **Work Programme**

The Chair introduced the work programme. Members discussed the work programme and agreed that the deep dive into risk management would be added to the work programme.

RESOLVED: That members considered the work programme and agreed to the addition of risk management.

The meeting closed at 19:36

Chair: _____

Date: _____

This page is intentionally left blank



WEST NORTHAMPTONSHIRE COUNCIL

AUDIT & GOVERNANCE COMMITTEE

16 November 2022

Report Title	Internal Audit update report
---------------------	-------------------------------------

Appendices – Appendix 1

1. Purpose

1.1. The purpose of this report is to provide an update on the work delivered by the Internal Audit team, up to 31 October 2022.

2. Recommendations

2.1. The progress to date is noted

3. Issues and Choices

3.1. Report background

3.1.1. We provide the Audit and Governance Committee regular updates to provide assurance that the Council’s governance is robustly monitored and challenged.

3.2. 2022/23 Internal Audit Progress Report

3.2.1. A detailed progress report for audit activity and grant certification is attached at Appendix 1 and summarised below.

3.2.2. Audit activity

Audit stage	
Not started	4
Planning stage	1
Fieldwork in progress	7
Draft report being prepared	2
Draft report response received	4
Completed	14
Total	32

3.2.3. Our audit programme is designed to support the Council in assuring that its objectives are met, and it is operationally effective. As a relatively new Council it is to be expected that process and procedures continue to be developed and embedded and this is reflected in the assessment outcomes of the audits. In line with our engagement standards, audits with limited assurance for the control environment and / or control compliance are presented to the Executive Leadership Team and the Audit and Governance Committee to enable operational managers to respond to the reports and provide information about actions being taken to strengthen controls. The Home to School Transport audit will be presented to the meeting under separate report.

3.3. 2022/23 Grant Certifications

3.3.1. The Council receives significant funding through grants and these grants sometimes require certification to ensure that they have been spent correctly and deliver the outcomes required. Details of the grants certified to date are provided in Appendix 1.

3.4. Team update

3.4.1. Following the insourcing of the team in April 2022, we are now fully resourced, with a mix of staff who transferred in and who are new to the Council. Work is progressing to make these disparate staff into a cohesive team. To support this we have:

- Issued engagement standards to ensure consistency of approach
- Held team development and training sessions
- Involved the team in future planning

3.4.2. We have experienced delays in delivering some audits and grant certifications partly because of a lack of clarity of expectation between Internal Audit and operational

managers and this means we are behind in terms of delivering the annual programme. We are working hard to address these issues and I am confident that we will be able to deliver sufficient assurance coverage over the remainder of the year.

4. Implications

4.1. Policy

4.1.1. Audit and Governance Committee monitors progress against the Internal Audit annual plan.

4.2. Resources and risks

4.2.1. As set out in the report

4.3. Legal

4.3.1. Internal Audit supports the Council to meet its obligations under the Accounts and Audit Regulations 2015

4.4. Equality and Health

4.4.1. There are no specific equality and health issues to highlight within this report.

This page is intentionally left blank

Appendix 1

Progress as of 31st October 2022

Assignment	Audit Status *	Comple tion # %	Assurance +		
			Control Environment	Compliance	Org Impact
Completion of 2021/22 Audits - outstanding at Annual Audit Report stage					
Information Governance	Completed	100%	Satisfactory	Satisfactory	Moderate
IT Disaster Recovery	Completed	100%	Limited	Limited	Moderate
Schools: Governance & Finance Procedures	Completed	100%	Good	Satisfactory	Minor
Home to School Transport	Completed	100%	Satisfactory	Limited	Major
Northants Pension Fund	Completed	100%	Substantial	Satisfactory	Minor
Housing Benefit and Council Tax Reduction	Completed	100%	Satisfactory	Satisfactory	Moderate
Transformation from Safe and Legal to BAU	Completed	100%	Satisfactory	Satisfactory	Moderate
Financial Management - MTFP	Completed	100%	Substantial	Substantial	Minor
IT Cyber Security	Completed	100%	Limited	Limited	Major
Leisure Services - Establishment management	Completed	100%	Satisfactory	Satisfactory	Moderate
Payroll Transactional Testing	Completed	100%	Good	Good	Minor
Emergency Planning	Completed	100%	Good	Good	Moderate
Contract Management - Parking	Completed	100%	Satisfactory	Limited	Moderate
IT Systems Security - Carefirst System	Completed	100%	Limited	Satisfactory	Moderate
Taxi Licensing	Draft report response being considered	95%	Limited	Limited	Major
Council Tax	Draft report response being considered	95%	Satisfactory	Satisfactory	Minor
WNC / NNC Partnership Liaising Arrangement	Draft report response being considered	95%	Good	Satisfactory	Moderate
Corporate Procurement (Adherence to Contract Procedure Rules)	Draft report response being considered	95%	Good	Limited	Major
NNDR Business Rates	Draft report being prepared	85%			
Planning Applications Process	Fieldwork in Progress	60%			
Corporate Health and Safety	Fieldwork in progress	25%			

Assignment	Audit Status *	Completion # %	Assurance +		
			Control Environment	Compliance	Org Impact
Plan 2022/23 - planned or in progress					
Adults - Independent Care Payments	Draft report prepared / under review	85%			
Safeguarding Vulnerable Adults	Fieldwork in progress	70%			
Community Infrastructure Levy	Fieldwork in progress	50%			
Highways - Section 38 Road Adoptions	Fieldwork in progress	25%			
Section 106 Income Collection & Monitoring	Fieldwork in progress	15%			
Performance Management	Fieldwork in progress	10%			
Homelessness Prevention	Planning	5%			
Customer Services - Complaints System	Not started	0%			
ERP Gold IT User Access Controls	Not started	0%			
Recruitment & Retention	Not started	0%			
Treasury Management 21/22 Follow Up	Not started	0%			

Grant	Audit Status *	Completion # %	Assurance
Grant Verification Work			
Protect & Vaccinate Grant 2020/21	Completed	100%	Assurance given
LA Covid-19 Test & Trace Contain Outbreak Management Fund (COMF) 2021/22	Completed	100%	Assurance given
Former D&Bs + WNC - LA Test & Trace Support Payment Scheme Fund 2020/21 + 2021/22	Completed	100%	Assurance given
WNC - Local Transport Capital Block Funding 21-22	In progress	80%	
Disabled Facilities Grant 2021/22	In progress	75%	
Bus Recovery Grant 2021/22 + Extension 2022/23	In progress	20%	
LA Bus Subsidy (Revenue) Grant 2021/22	In progress	5%	
LA Covid-19 Test & Trace Contain Outbreak Management Fund (COMF) 2022/23	Planning	5%	
Social Housing Decarbonisation Fund Wave 1 2022/23	Planning	5%	

Assurance Level Definitions

Note: Assurance opinions are provisional until audit report has been finalised. There are three elements to each internal audit review. Firstly, the CONTROL ENVIRONMENT is documented and assessed to determine how the governance is designed to deliver the service's objectives. IA then needs to test whether COMPLIANCE is evident in practice.

Finally, IA undertakes further substantive testing and/or evaluation to determine the ORGANISATIONAL IMPACT of weaknesses found. The tables below outline the criteria for assessing the above definitions:

Control Environment Assurance	
Level	Definitions
Substantial	Substantial governance measures are in place that give confidence the control environment operates effectively.
Good	Governance measures are in place with only minor control weaknesses that present low risk to the control environment.
Satisfactory	Systems operate to a moderate level with some control weaknesses that present a medium risk to the control environment.
Limited	There are significant control weaknesses that present a high risk to the control environment.
No Assurance	There are fundamental control weaknesses that present an unacceptable level of risk to the control environment.

Compliance Assurance	
Level	Definitions
Substantial	Testing has proven that the control environment has operated as intended without exception.
Good	Testing has identified good compliance. Although some errors have been detected these were exceptional and acceptable.
Satisfactory	The control environment has mainly operated as intended although errors have been detected that should have been prevented / mitigated.
Limited	The control environment has not operated as intended. Significant errors have been detected and/or compliance levels unacceptable.
No Assurance	The control environment has fundamentally broken down and is open to significant error or abuse. The system of control is essentially absent.

Organisational Impact of Findings	
Level	Definitions
Major	The weaknesses identified during the review have left the Council open to significant risk. If the risk materialises it would have a major impact upon the organisation as a whole.
Moderate	The weaknesses identified during the review have left the Council open to medium risk. If the risk materialises it would have a moderate impact upon the organisation as a whole.
Minor	The weaknesses identified during the review have left the Council open to low risk. This could have a minor impact on the organisation as a whole.

Specifically for Grant certifications, definitions are used are as follows:

Opinion for Grant Certifications	
Level	Definitions
Assurance Given	The claim as certified was found to be in compliance with the grant conditions, subject to any observations reported.
No Assurance Given	The claim was not certified as it was found to be not in compliance with the grant conditions.

- * Audit progress is measured within several stages
 - Not started (0%)
 - Planning stage / issue of Terms of Reference (5 to 10%)
 - Fieldwork in progress (10% to 85%)
 - Fieldwork complete / draft report being prepared or reviewed (85%)
 - Draft Report issued / considering or awaiting management responses (90%)
 - Final Report issued (100%)
- # Progress is assessed as a percentage of the whole audit as indicated above.
- + Assurance opinions are provisional until audit report has been finalised.



WEST NORTHAMPTONSHIRE COUNCIL

AUDIT & GOVERNANCE COMMITTEE

16 November 2022

Report Title	Internal Audit – Home to School Transport Limited Assurance Report
--------------	--------------------------------------------------------------------

Appendices – A - Home to School Transport Final Report

1. Purpose

1.1. The purpose of this report is to provide the details of the operational response to the Home to School Transport limited assurance report.

2. Recommendations

2.1. The operational action plan is noted

3. Issues and Choices

3.1. Report background

3.1.1. In line with our engagement standards, limited assurance audits are provided to the Executive Leadership Team and the Audit and Governance Committee, with operational managers in attendance to present their action plan, respond to any queries, and assure the Committee that the plans to address control framework weaknesses are robust. The report has been considered at Executive Leadership Team. The full report is attached.

3.2. Home to School Transport Limited Assurance Report

3.2.1. The audit provides assurance that the Council has in place appropriate arrangements to commission Home to School Transport with the safeguarding needs of children being a priority.

3.2.2. The assurance given to the system design is **satisfactory**, compliance with design is **limited** and organisational impact is **major**. Detail about the main issues is given below.

3.2.3. Adequacy of system design:

- Clearly documented Home to School Transport policies, Codes of Conduct and related guidance in place, which set out arrangements for the transport services and outlined roles and responsibilities of various stakeholders.
- Policies did not outline the escalation/ complaints process, and this process was not clearly signposted on the 'School Travel Assistance' pages of the Council's website, which is not in line with the current legislative requirements.
- Limited cooperation between the Home to School Transport and Taxi Licensing Service Teams and the few processes in place where the team's shared information were not documented.

3.2.4 Compliance with design:

- The annual audits of transport providers to confirm their suitability to be delivering services for the Council were not completed in a timely manner.
- Safer recruitment training for key staff at each operator and safeguarding awareness training for all drivers and PAs has not been delivered, which is not in line with the requirements are set out within the DPS Service Specification and Supplier Agreement documents.
- Monthly management information has not been agreed or provided by the operators
- Regular meetings with operators have not been taking place.
- Inconsistencies were noted in the way the spot checks and complaints forms were completed.
- It was unclear whether actions were followed up appropriately due to inadequate record keeping.

3.2.5 Organisational impact:

- Weaknesses identified have left the Council open to significant risks. Annual audits were not completed consistently on operators, no management information was being provided in relation to the service provision, spot checks and complaints

records were not consistent, and actions were not always followed up in timely manner. If the risks materialise it would have a major impact upon the Council, with potential reputational and safeguarding issues as the key risks with possible financial implications.

4. Implications

4.1. Policy

4.1.1. Audit and Governance Committee is provided with operational assurance where control weaknesses are identified.

4.2. Resources and risks

4.2.1. As set out in the report

4.3. Legal

4.3.1. Internal Audit supports the Council to meet its obligations under the Accounts and Audit Regulations 2015

4.4. Equality and Health

4.4.1. There are no specific equality and health issues to highlight within this report.

This page is intentionally left blank

Internal Audit Final Report

Home to School Transport

Governance Opinion

Adequacy of System	Satisfactory
Compliance	Limited
Organisational Impact of Findings	Major

Report Issued	26 August 2022
----------------------	----------------

Executive Summary

1 Background

West Northamptonshire Council (WNC) has a statutory duty to make such travel arrangements as is considered necessary to facilitate attendance at school for eligible children. This includes:

- Providing free transport for all pupils of compulsory age (5-16) if the nearest suitable school is beyond a set distance.
- Make transport arrangements for all children who cannot reasonably be expected to walk to school because of their mobility problems or because of associated health and safety issues.

This is a hosted service and therefore covers both WNC and NNC. There are over 800 individual contracts in place at any one time and the annual cost of the service over the last 3 years is summarised below:

Financial year	Budget	Actual/Forecast	Variance
*20/21	18,077,366	17,993,058	(84,308)
19/20	18,022,366	17,862,523	(159,843)
18/19	17,149,366	17,498,925	349,559

*Note: Excludes £2,158,260 of expenditure which was funded by the Home to School covid19 grant

2 Scope of Audit and Approach

Scope

This audit relates to the following corporate risks that have been identified through the risk management process:

- **Corporate Plan 2021-25** – Key Priority No.3 (of 6) – Connected Communities – Transport and Connectivity.
- **Executive Risk Register** – E02 – Statutory Functions – Failure to deliver statutory duties to residents, including safeguarding duties to vulnerable residents and children. (Rated as Medium Risk).

The audit will seek to provide assurance that the Council has in place appropriate arrangements to commission Home to School Transport with the safeguarding needs of children being a priority. However, note we (BDO) are not safeguarding experts and any assessments in this area are around compliance with expected controls. Linked to the assignment objective, the review will consider the following key controls:

- Key policies are in place and clearly define roles and responsibilities for the various provisions provided in respect of Home to School Transport.
- Appropriate contract management arrangements are in place to oversee the provision of Home to School Transport.
- Children safeguarding issues (for drivers and assistants) are reviewed and documented in relation to the types of transport provided, including detailed review prior to the award of contracts (the service works closely with the Council's safeguarding designated officer and does not only rely solely on information provided by suppliers etc.).

- Sufficient checks are in place to verify the identity, right to work and suitability of drivers and assistants, to prevent contracts being awarded based on fraudulent information.
- The commission of services liaises with the relevant regulatory service (eg. For Taxi's used liaison with Taxi Licensing) to verify eligibility etc (eg. DBS checks, driving License checks etc).

Limitations

No limitations to the scope of this audit were highlighted.

Approach

Internal Audit will assess the controls in place, review documentation and conduct appropriate testing to determine whether there are adequate controls in operation to ensure that the objectives listed above are met.

Acknowledgements

We would like to thank all the members of staff consulted, for their assistance and co-operation during this review.

3 Internal Audit Opinion and Main Conclusions

3.1 The opinions presented for system design, compliance and organisational impact were founded on the six essential and important recommendations raised as part of our review of the Home to School Transport Service at the Council. Three recommendations are in relation to operational design and three in relation to operational effectiveness.

3.2 Based on the audit findings, the assurance given to the system design is **Satisfactory** as overall testing and discussions with key officers found that there are clearly documented Home to School Transport policies, Codes of Conduct and related guidance in place, which set out arrangements for the transport services and outlined roles and responsibilities of various stakeholders.

However, Home to School Transport policies did not outline the escalation/ complaints process, and this process was not clearly signposted on the 'School Travel Assistance' pages of the Council's website, which is not in line with the current legislative requirements. Further, at the time of the audit, there was limited cooperation between the Home to School Transport and Taxi Licensing Service Teams and the few processes in place where the team's shared information were not documented.

3.3 Based on the audit findings, the level of assurance given to compliance is **Limited**.

Our testing identified several weaknesses and non-compliance with the established policies and procedures, including:

- The annual audits of transport providers to confirm their suitability to be delivering services for the Council were not completed in a timely manner. Upon further enquiry, the team have acknowledged that this is mainly due to the team's capacity and lack of operator cooperation.
- Safer recruitment training for key staff at each operator and safeguarding awareness training for all drivers and PAs has not been delivered, which is not in line with the requirements are set out within the DPS Service Specification and Supplier Agreement documents.
- Monthly management information has not been agreed or provided by the operators
- Regular meetings with operators have not been taking place.
- Inconsistencies were noted in the way the spot checks and complaints forms were completed.
- It was unclear whether actions were followed up appropriately due to inadequate record keeping.

From discussions with key officers, we noted that one of the major challenges for the Home to School Transport team is capacity. At the time of the audits, the team consisted of two Compliance Officers after recently losing a part time member of staff. As mentioned later in this report, there are potential opportunities to be explored and evaluated around greater collaboration with the Taxi Licensing Service Team.

3.4 The organisational impact of the findings is assessed as **Major** as the weaknesses identified during the review have left the Council open to significant risks. Annual audits were not completed consistently on operators, no management information was being provided in relation to the service provision, spot checks and complaints records were not consistent and actions were not

always followed up in timely manner. If the risks materialise it would have a major impact upon the organisation as a whole.

3.5 Main recommendations

- The Council should ensure that all audit actions are followed up before operators are accepted onto the DPS and that annual audits are undertaken consistently. The Council should consider implementing an integrated audit processing and approval system that sends a notification when audits are due and requires all fields to be completed before the operator can be approved. **(Essential - Map 2.1 and 4.1)**
- Management should ensure that:
 - complaints and spot check monitoring forms are accurate, up to date and fully completed
 - a single central record is developed to ensure the key management information in relation to complaints and spot checks, actions and timeframes is captured.
 - complaints and spot checks data are reviewed and analysed to identify and address trends and any potential safeguarding concerns in a timely manner.**(Essential - Map 3.2)**
- Management should ensure that:
 - They are complying with the provision of training as outlined in the DPS Specification, which should include safeguarding training at a minimum.
 - Regular passenger surveys are undertaken, analysed and actioned accordingly.**(Essential - Map 4.2)**
- The Council should update the Home to School Transport policies to include the complaints/escalations procedure and clearly signpost this on the website. **(Important - Map 2.1)**
- Management should agree a set of KPIs to monitor performance and measure the achievement of key service delivery objectives for each provider and Management Information produced on a regular basis to monitor the results. For example, this could include:
 - Number of routes.
 - Cancelled routes/ unavailable drivers.
 - New drivers/ Passenger Assistants.
 - Number and type of complaints.
 - DBS due to expire in the next 2 months and confirmation that new DBS has been requested.
 These should be reviewed by the management on a regular basis and actioned appropriately. **(Important – Map 3.1)**
- The Council should set up a meeting between the licensing authority and education transport authority to discuss licensing policies and home to school transport arrangements, make sure they are aware of each other's responsibilities, exchange ideas and explore how best to work together. **(Important - Map 5.1)**

For all issues identified as part of this audit, actions have been agreed with management and are detailed in the Management Action Plan (MAP) at pages 11 to 16 of this report. When implemented these will positively improve the control environment.

DETAILED FINDINGS

4 Assurance Area - Policies and Procedures

Risk - Key policies are not in place and do not clearly define roles and responsibilities for the various provisions provided in respect of Home to School Transport.

- 4.1 The Department for Education's statutory 'Home to School Travel and Transport Guidance', issued in July 2014 states that local authorities must publish general arrangements and policies in respect of home to school travel and transport for children of compulsory school age in a clear, easy to understand format. It should explain both statutory transport provision, and that provided on a discretionary basis. Authorities should also have in place both complaints and appeals procedures for parents to follow should they have cause for complaint about the service or wish to appeal about the eligibility of their child for travel support. The procedure should be published alongside the local authority travel policy statement.
- 4.2 Northamptonshire County Council (NCC) had in place a Home to School Education Transport Policy and a NCC Post 16 Education Transport Policy which were last reviewed and updated in September 2021. The Council has also published two code of conduct documents; one for the mainstream transport passengers and one for pupils with special educational needs. All documents are available and clearly signposted on the 'School Travel Assistance' pages on the Council's website. Further, the Council maintains a comprehensive spreadsheet which clearly documents the procedures for processing applications of all categories of eligible children including mainstream, special educational needs, post 16, and social care and health, as well as the procedures for processing transport procurement contracts.
- 4.3 Our review of these policies and procedures noted that these documents:
- Outline key roles and responsibilities for each aspect of the application and procurement process, including duties of a passenger, parent/guardian/carer.
 - Clearly define the approach which the Council follows when providing transport services.
 - Set out the legal requirements of the service.
 - Processes surrounding lost property.

For each procedure there is clear documentation of the task category, system to be used, team it must be completed by, procedure guide and timings per step.

However, our testing found that the Home to School Transport Policies provided no clear guidance on the complaints procedure and whilst the Code of Conduct documents include telephone numbers to contact if anyone has concerns regarding the transport, the complaints process is not defined. There are pages on the Council's website which provide guidance on how to report a concern about a child and where safeguarding concerns can be raised in relation to an adult working with children and young people however, these are not specifically in relation to Home to School Transport. Furthermore, these pages are not clearly signposted, and the escalation/complaints process is not clearly outlined on the 'School Travel Assistance' pages of the website. The Council has a safeguarding escalation process evidenced in a Safeguarding Process Map which was provided to us. However, this is documentation of an internal process and is not publicly available.

We also found that the Home to School Education Transport Policy and NCC Post 16 Education Transport Policy did not have version control, ie. outlining the author, approver, or review information. Further, both policies were revised in September 2021 and branded as NCC. We have

been informed by the Home to School Transport Service Manager that the Council is planning to review and re-brand the policies once the disaggregation of the service is completed, which is expected to take place by December 2022. In the meantime, the existing policies continue to apply. We also found that the safeguarding escalation process refers to an NCC Local Authority Designated Officer (LADO) Referral Form. We are aware that this process will continue to be carried out until disaggregation is finalised however, following disaggregation the Council should also review this process and re-brand it.

- 4.4 Without current and up to date policies and procedures which are easily accessible by all members of staff, there is an increased risk of errors, resulting in inconsistencies, inefficient training, little accountability, and wasted time, leading to operational, financial, legal and reputational consequences for the Council. Furthermore, there is a risk that if that if the escalation/ complaints process is not clearly signposted in the Home to School Transport Policy or on the Council's website, it could lead to delays in addressing safeguarding concerns and non-compliance with the Department of Education's statutory guidance.
- 4.5 The Council should update the Home to School Transport policies to include version control and the complaints/escalation procedures and ensure that this is clearly signposted on the website. Furthermore, the Council should ensure there is a planned schedule in place to re-brand the policies and processes following disaggregation.

(See MAP 1)

5 Assurance Area - Contract Management (DPS)

Risk - Contract management is not undertaken to monitor provider compliance with and performance against agreed contracts.

- 5.1 The Council utilises the Dynamic Purchasing System (DPS) for the purchase of passenger transport services, including home to school provision. Suppliers must meet specified selection criteria and once approved and accepted in to the DPS, can bid for the contracts. Operational and safeguarding requirements are outlined within the DPS Service Specification document, which was last reviewed in April 2020. In addition, there is also a requirement to undertake an audit of each provider before they can tender for contracts on the DPS and subsequent audits at least every 12 months thereafter.
- 5.2 At the time of this audit, the Council had 186 operators listed on the DPS. We selected a sample of 15 operators to ascertain whether they were managed in line with the DPS conditions and reviewed the last audit undertaken for each. During our testing we were made aware that one of 15 of our chosen sample was a 'Test' Supplier and therefore this was removed from the testing, reducing the sample size to 14. The following was found:
- In 5/14 (36%) cases, various driver or vehicle licences were found to be out of date at the time of the audit. We were not provided with clarification for how this was addressed. We were unable to obtain any evidence to ascertain whether the operators were suspended until the required documents were received, or if the operator was able to remain on the DPS and operate with out-of-date information.
 - In 2/14 (14%) cases, there was no record of an audit being carried out within the 12 months from joining or last audit as required by policy. However, these audits have subsequently been completed after 13 and 17 months respectively. The team provided justification with regards to the latter as the operator remains suspended on the system.
- 5.3 If annual audits are not carried out, there is an increased risk that emerging problems or issues may

not be identified and addressed in a timely manner, resulting in non-compliance, poor standards of services and failure to identify opportunities for possible improvements, leading to operational, financial, legal and reputational consequences for the Council.

- 5.4 The Council should implement arrangements to ensure audits are undertaken in a timely manner. In addition, any instances of incomplete or failed audits should be followed up before operators are accepted onto the DPS, or if the operator is already on the DPS, that the operator is suspended until the audit is complete to a satisfactory standard. The Council should consider implementing an integrated audit processing and approval system that sends a notification when audits are due and requires all fields to be completed before the operator can be approved.
(See MAP 2)

6 Assurance Area - Contract Management (Service Agreement)

Risk - Contract management is not undertaken to monitor provider compliance with and performance against agreed contracts.

- 6.1 A standard Supplier Agreement is signed by all operators when they are accepted onto the DPS, and this specifies the terms and conditions relating to the 'DPS Framework Agreement for Passenger Transport Service'. The providers can then bid for service agreements for routes; contract information for which is held on the Council's procurement system Adam. A sample testing of 20 active service agreements noted that:
- In 19/20 (95%) cases the dates, service templates and service categories on the service agreement aligned the records on the procurement system. However, for one case the dates did not agree, and we were advised that this was due to a human inputting error when updating the system.
- 6.2 The Supplier Agreement requires operators to submit management information to the Council throughout the contract period (on the last day of every month) and the authorised representatives (and key personnel) to meet in accordance with the details set out in the Order Form with the operator presenting its previously circulated management information at each meeting. However, discussions with key officers noted that there were no regular meetings with the providers and no management information is provided to the Council.

In addition, the operator is required to comply with the monitoring arrangements set out in the Order Form including, but not limited to, providing such data and information as the operator may be required to produce under the contract. However, we were advised that these are only produced in exceptional cases. This section is included as a provision in the contract to allow for children with acute medical needs or extremely challenging behaviours and the Home to School Transport Service Manager is not aware of any recent contracts for which this is needed.

- 6.3 Management should agree a set of KPIs to monitor performance of and measure the achievement of key service delivery objectives for each provider and Management Information produced on a regular basis to monitor the results. For example, this could include:
- Number of routes.
 - Cancelled routes/ unavailable drivers.
 - New drivers/ Personal Assistants.
 - Number and type of complaints.
 - DBS due to expire in the next 2 months and confirmation that new DBS has been requested.
- These should be reviewed by the management on a regular basis and actioned appropriately.

6.4 We were informed that the only forms of contract monitoring undertaken was management of complaints and performing spot checks. The Council maintains a centralised complaints log with 181 complaints raised between 3 September 2021 and 26 April 2022. There is a standard complaints form used to report complaints and an issue investigation form used by the team to investigate the complaints.

We tested a sample of 10 complaints to ascertain whether they were followed up appropriately and in a timely manner and found:

- For 3/10 (30%) cases we were unable to determine whether the complaint had been resolved in line with the process as the complaints log had not been updated with the outcome. We have been advised by the Home to School Service Team that record keeping can be affected when multiple teams become involved in dealing with the complaint as the systems are independent of one another.

The Council carries out spot checks on active services, whereby the Council officers attend schools to observe pick-ups and drop-offs and request evidence from drivers that they are meeting the requirements of the service. Between 13 April 2021 and 29 March 2022 a total of 156 spot checks have been undertaken. These consisted of 103 Special Education Needs, 37 Mainstream, 12 Social Care and Health and 4 adhoc/other routes. At the time of this audit, there were no documented procedures outlining the rationale or frequency for spot checks, but it was brought to our attention that if a supplier raises concerns, they are targeted more frequently.

We tested a sample of 15 spot checks and the following was found:

- In 1/15 (7%) cases the monitoring form could not be found and the inspector who carried out the inspections has now retired.
- In 10/14 (71%) cases, the monitoring forms were not consistently completed, and missing details included date and location of inspection, the inspector completing the check, contract reference and service numbers, and service type.
- In 2/14 (14%) cases, the DBS of the driver and/or PA was found to be out of date at the time of the check. For one sample, the incident details were logged, a meeting was held with the operator, and it was advised that a request to terminate the contract would be sent to the contracts team. For the other sample, the check was undertaken on 29 March 2022 and we have been advised that an in-date DBS was received for the driver on 22 April 2022.
- In 2/14 (14%) cases, did not state the actual or scheduled times of drop-off meaning it is not possible to determine whether the service is being provided in line with the agreement.
- None of the 15 cases had fully and consistently completed inspection forms. The gaps included blank Yes/No/N/A boxes. Upon further enquiry, we were informed that a single form is used for the completion of all spot checks, but that not all sections are relevant to all services. Officers completing the spot checks have been leaving non-relevant sections blank, as opposed to marking them as not applicable, making it difficult to determine whether a check was required but not completed.
- In 3/14 (21%) cases, issues were identified in the spot check including lack of booster seat provision and drivers not wearing face masks during Covid-19, but we have seen no evidence to show these have been followed up with the operator providing the service to either obtain the missing evidence or suspend the service until such evidence is provided.

If the monitoring forms are not completed and followed up appropriately by inspectors, there is an increased risk that the inaccurate information will be used, resulting in incorrect decisions being

made by management, leading to operational, financial, legal and reputational consequences for the Council.

6.5 Management should ensure that:

- Complaints and spot check monitoring forms are accurate, up to date and fully completed.
- A single central record is developed to ensure the key management information in relation to complaints and spot checks, actions and timeframes is captured.
- Complaints and spot checks data are reviewed and analysed to identify and address trends and any potential safeguarding concerns in a timely manner.

(See MAP 3)

7 Assurance Area - Safeguarding Checks

Risk - Children safeguarding issues (for drivers and assistants) are not reviewed and documented in relation to the types of transport provided, including detailed review prior to the award of contracts.

7.1 The Department for Education's statutory 'Home to School Travel and Transport Guidance', issued in July 2014 states that it is the responsibility of the Council to ensure the suitability of the employees of any contractors by undertaking the required safeguarding checks, which is primarily demonstrated by a valid enhanced DBS (Disclosure & Barring Service) certificate for all drivers and passenger assistants (PA) (not be older than 3 years). Furthermore, all local authorities should ensure that appropriate training has been undertaken by all drivers and escorts and is kept up to date.

7.2 Our testing of a sample of 15 suppliers from the DPS system noted the following anomalies and non-compliance instances:

- One PA DBS certificate was due to expire six days following the audit.
- Four PA PATS training were found to be out of date by 5, 13, 41 and 52 months respectively. We were not provided with clarification for how this was addressed. It is unclear as to whether these instances were followed up and the operator remained in suspense status until the required documents were received or if it was left and the operator was able to remain on the DPS with out-of-date information.
- Safer Recruitment training is not provided by the Council to key staff at each operator and free-of-charge training for drivers and PAs on safeguarding awareness is not provided despite this being regarded as 'mandatory' in the DPS specification.
- In addition, we have not seen evidence that passenger surveys have been undertaken, which is not in accordance with the Service Specification which states that 'The Client's Inspectors may board the Providers' vehicles from time to time to carry out inspections and passenger surveys'.

7.4 If safeguarding training is not provided for drivers and PAs, there is an increased risk that that they may not provide a safe and suitable service to vulnerable passengers of all ages. They may also be unable to recognise what makes a person vulnerable, understand how to respond and report safeguarding concerns or know where to get advice.

7.5 Management should ensure that:

- All inadequate audit checks are followed up before operators are accepted onto the DPS.
- All drivers and PAs are trained in a timely fashion as per DPS Specification.
- Regular passenger surveys are undertaken, analysed and actioned accordingly.

(See MAP 4)

9 Assurance Area - Cooperation

Risk - The commission of services does not liaise with the relevant regulatory service (eg for Taxi's used liaison with Taxi Licensing) to verify eligibility etc (eg DBS checks, driving License checks etc).

- 9.1 Before an audit check is authorised on an individual driver working for a taxi licensing firm, the Home to School Transport team contact the Taxi Licensing team for confirmation. However, this process of information sharing has not been documented.
- 9.2 From discussions with the Home to School Transport Service Manager and the Licensing and Environmental Support Services Manager it was noted that despite this contact there is limited communication between the Taxi Licensing and Home to School Transport departments.
- 9.3 Whilst there are different DBS requirements applicable to the Taxi Licensing and Home to School Transport departments, there are potential opportunities for greater cooperation between the two departments which could include:
- Sharing of information with regards to proof of identity, right to work and information held on the NR3 database if a taxi driver has had a licence revoked or refused elsewhere.
 - There could be increased efficiency in audit checks if driver/ vehicle licenses were checked with the Taxi Licensing team.
- 9.4 Best practice has been observed at another local authority where a Joint Operating Framework (JOF) for the Transportation of Children and Adults with Care and Support Needs and Taxi Licensing was commissioned to provide a single set of minimum standards for agencies working in this industry. We have provided an extract from this framework outlining the policy sharing arrangements in Appendix II which the Council should consider utilising with regards to the Taxi Licensing Service Team.
- 9.5 There is a risk that without cooperation between the Service Teams that there will not be a unified approach to dealing with agencies who have responsibilities for transporting children. Each department could assume responsibility lay with the other authority and/or due to inefficiencies and lack of capacity, checks could go uncompleted leading to severe safeguarding risks.
- 9.6 The Council should set up a meeting between the licensing authority and education transport authority to discuss licensing policies and home to school transport arrangements, make sure they are aware of each other's responsibilities, exchange ideas and explore how best to work together. The Council should consider establishing a data sharing protocol between the licensing authority, education transport authority and operator. This should be included in a home to school transport contract and outline the type of concerns that would prompt a disclosure and when this information should be shared. If there is a safeguarding concern, this should be reported to the licensing authority as they may need to revoke a licence. If a licensing authority knows a driver has a school contract, then the safeguarding concerns should be reported to the education transport authority immediately.

(See MAP 5)

MANAGEMENT ACTION PLAN

The Agreed Actions are categorised on the following basis:

Likelihood	H	S	I	E	Essential -	Action is imperative to ensure that the objectives for the area under review are met.
	M	S	I	E	Important -	Requires action to avoid exposure to significant risks in achieving objectives for the area under review.
	L	S	I		Standard -	Action recommended to enhance control or improve operational efficiency.
		L	M	H		Impact

Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
1	WEAKNESS:					
	1.1 The Council's Home to School Transport policies do not include author, approver, and review information.	1.1 The Council should ensure that all policies have a version control and include author, approval and review information as a minimum	1.1 Policy is reviewed annually as a matter of course and dated. Version control table will be incorporated as part of the annual review in September.	Standard	Tom Callaghan	30/09/22
	1.2 The Council's Home to School Transport policies do not include the escalation/ complaints procedure and this is also not clearly signposted on the 'School Travel Assistance' pages of the website	1.2 The Council should update the Home to School Transport policies to include the complaints/escalations procedure and clearly signpost this on the website	1.2 Will be included as part of the annual review cycle in September.	Important	Tom Callaghan	30/09/22
	1.3 The policies and processes are currently branded as NCC policies and should be reviewed following disaggregation when services are no longer provided county wide.	1.3 The Council should ensure that there is a planned schedule in place to review and update all Transport related policies, processes and procedures to bring them in line with the new	1.3 Significant changes to policy require cabinet approval. Following disaggregation of the Highway and Transport service, the policy will	Standard	Tom Callaghan	30/09/23



Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
	RISK: Key policies are not maintained and kept up to date, resulting in roles and responsibilities for delivering the home to school service being unclear.	corporate template under the name of the new organisations.	be subject to a comprehensive review and public consultation.			

Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
2	<p>WEAKNESS:</p> <p>2.1 Audit checks are not consistently carried out on an annual basis, and it is not clear whether operators with unsatisfactory or incomplete audits are suspended in all instances, per the requirements of Council policy, until the audit is completed to the required standard.</p> <p>RISK:</p> <p>Contract management is not undertaken to monitor provider compliance with and performance against agreed contracts.</p>	<p>2.1 The Council should ensure that all audit actions are followed up before operators are accepted onto the DPS and that annual audits are undertaken consistently and on a timely basis prior to the previous audit expiring. The Council should consider implementing an integrated audit processing and approval system that sends a notification to operators when audits are due and requires all fields to be completed and documents returned to the Council before the operator can be approved to continue their services.</p>	<p>2.1 The DPS Framework (Adam) restricts any new operator from tendering for contracts until they have satisfied all entry requirements. The service will ensure this is evidenced.</p> <p>We will explore whether the DPS framework can provide an audit approval system that will 'auto suspend' operators where an audit is outstanding.</p> <p>Following disaggregation of the service additional resource will be needed to complete annual audits.</p>	Essential	<p>Geoff Beedell</p> <p>Geoff Beedell/Tom Callaghan</p>	<p>30/09/22</p> <p>31/12/22</p>



Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
3	<p>WEAKNESS:</p> <p>3.1 The Council is not complying with the practices outlines in the current supplier agreement signed by all providers joining the DPS framework</p>	<p>3.1 Management should agree a set of KPIs to monitor performance and measure the achievement of key service delivery objectives for each provider and Management Information produced on a regular basis to monitor the results. For example this could include:</p> <ul style="list-style-type: none"> • Number of routes. • Cancelled routes/ unavailable drivers. • New drivers/ Passenger Assistants. • Number and type of complaints. • DBS due to expire in the next 2 months and confirmation that new DBS has been requested. <p>These should be reviewed by the management on a regular basis and actioned appropriately</p>	<p>3.1 Due to the number of operators on the DPS Framework, reviewing performance data on a monthly basis data may be difficult to achieve with current resourcing.</p> <p>The new disaggregated structure will support the introduction of performance monitoring by merging contracts and compliance under one manager.</p> <p>The service will devise a KPI monitoring sheet for each operator to complete and submit monthly. This will be reviewed with particular focus on areas where service is falling below standard.</p>	Important	Geoff Beedell/Tom Callaghan	31/12/22

Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
	<p>3.2 The complaints logs and monitoring forms are not consistently completed and follow actions are not consistently recorded and/or undertaken</p>	<p>3.2 Management should ensure that:</p> <ul style="list-style-type: none"> Complaints and spot check monitoring forms are accurate, up to date and fully completed. A single central record is developed to ensure the key management information in relation to complaints and spot checks, actions and timeframes is captured. Complaints and spot checks data are reviewed and analysed to identify and address trends and any potential safeguarding concerns in a timely manner. 	<p>3.2 Agreed and appropriate training provided to staff.</p> <p>This functionality will be available with the new system (365) which is scheduled to be implemented by the end of October.</p> <p>As above and reviewed quarterly for any trends.</p>	<p>Essential</p>	<p>Geoff Beedell</p> <p>Tom Callaghan/Geoff Beedell</p> <p>Geoff Beedell</p>	<p>30/09/22</p> <p>31/12/22</p> <p>31/12/22</p>
	<p>3.3 The dates on one service agreement sampled were not in alignment with the dates recorded on the system.</p> <p>RISK:</p> <p>Contract management is not undertaken to monitor provider compliance with and performance against agreed contracts.</p>	<p>3.3 The Council should rectify the dates on the sample where we found the dates input on the system to be out of alignment with the service agreement.</p>	<p>3.3 The dates will be updated to correct the errors.</p>	<p>Standard</p>	<p>Geoff Beedell/Cindy Baysal</p>	<p>30/09/22</p>

Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
4	WEAKNESS:					
	4.1 It is not clear whether any failed DBS and PATS training checks are adequately followed up	4.1 The Council should ensure that all inadequate audit checks are followed up before operators are accepted onto the DPS.	4.1 The DPS Framework (Adam) restricts any new operator from tendering for contracts until they have satisfied all entry requirements. The service will ensure this is evidenced prior to operators being accepted.	Essential	Geoff Beedell	30/09/22
	4.2 Requirements of the current DPS Service Specification are not carried out in practice	4.2 Management should ensure that: <ul style="list-style-type: none"> All drivers and PAs are trained in a timely fashion as per DPS Specification. Regular passenger surveys are undertaken, analysed and actioned accordingly, 	4.2 There is limited capacity within the team to undertake safer recruitment and safeguarding training for all approved drivers and PA's (over 2000). Team will explore 'on line' virtual training tools for drivers, PA's and operators to undertake and include within the annual audit process.	Essential	Geoff Beedell/Paul Meadows	30/09/22
	RISK: Children safeguarding issues (for drivers and assistants) are not reviewed and documented in relation to the types of transport provided, including detailed review prior to the award of contracts.		The service already hosts a parent forum group with representation by parents who co-		Geoff Beedell/Paul Meadows	30/04/23



Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
			<p>ordinate any service issues or concerns.</p> <p>Annual 'service user' surveys will be undertaken in conjunction with schools.</p> <p>The academic starts in September and therefore surveys will be scheduled around Easter.</p> <p>Additional resources will be needed to facilitate this.</p>			



Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
5	<p>WEAKNESS:</p> <p>5.1 There is limited cooperation between the Home to School Transport and Taxi Licensing Services. The limited processes currently in place where the team share information are not documented</p> <p>5.2 The service areas could improve the amount of data sharing to improve the safeguarding controls.</p> <p>RISK: The commission of services does not liaise with the relevant regulatory service (eg for Taxi's used liaison with Taxi Licensing) to verify eligibility etc (eg DBS checks, driving License checks etc)</p>	<p>5.1 The Council should set up a meeting between the licensing authority and education transport authority to discuss licensing policies and home to school transport arrangements, make sure they are aware of each others responsibilities, exchange ideas and explore how best to work together.</p> <p>5.2 The Council should consider establishing a data sharing protocol between the licensing authority, education transport authority and operator. This should be included in a home to school transport contract and outline the type of concerns that would prompt a disclosure and when this information should be shared. If there is a safeguarding concern, this should be reported to the licensing authority as they may need to revoke a licence. If a licensing authority knows a driver has a school contract, then the safeguarding concerns should be reported to the</p>	<p>5.1 Regular meetings are already scheduled with colleagues in Licencing, which will be used to explore options to improve collaborative working.</p> <p>5.2 Internal data sharing between the service and licencing is already in place. Options are currently being explored to allow direct access to Licencing Team data however additional resource may be required to ensure compliance with GDPR.</p> <p>Data sharing is already embedded within the DPS Framework with operators.</p>	<p>Important</p> <p>Standard</p>	<p>Tom Callaghan/Louise Faulkner</p> <p>Tom Callaghan/Louise Faulkner</p>	<p>01/08/22</p> <p>Ongoing</p>



Ref	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Due Date
		education transport authority immediately.				

Appendix 1 – Glossary / Definitions

There are three elements to consider when determining an assurance opinion as set out below.

1 Control Environment / System Assurance

The adequacy of the control environment / system is perhaps the most important as this establishes the key controls and frequently systems ‘police/ enforce’ good control operated by individuals.

Assessed Level	Definitions
Substantial	There are minimal control weaknesses that present very low risk to the control environment.
Good	There are minor control weaknesses that present low risk to the control environment.
Satisfactory	There are some control weaknesses that present a medium risk to the control environment.
Limited	There are significant control weaknesses that present a high risk to the control environment.
No Assurance	There are fundamental control weaknesses that present an unacceptable level of risk to the control environment.

2 Compliance Assurance

Strong systems of control should enforce compliance whilst ensuring ‘ease of use’. Strong systems can be abused / bypassed and therefore testing ascertains the extent to which the controls are being complied with in practice. Operational reality within testing accepts a level of variation from agreed controls where circumstances require.

Assessed Level	Definitions
Substantial	The control environment has substantially operated as intended with no notable errors detected.
Good	The control environment has largely operated as intended although some errors have been detected.
Satisfactory	The control environment has mainly operated as intended although errors have been detected.
Limited	The control environment has not operated as intended. Significant errors have been detected.
No Assurance	The control environment has fundamentally broken down and is open to significant error or abuse.

3 Organisational Impact

The overall organisational impact of the findings of the audit will be reported as major, moderate or minor. All reports with major organisational impact will be reported to ELT along with the relevant directorate’s agreed action plan.

Organisational Impact of Findings	
Level	Definitions
Major	The weaknesses identified during the review have left the Council open to significant risk. If the risk materialises it would have a major impact upon the organisation as a whole.
Moderate	The weaknesses identified during the review have left the Council open to medium risk. If the risk materialises it would have a moderate impact upon the organisation as a whole.
Minor	The weaknesses identified during the review have left the Council open to low risk. This could have a minor impact on the organisation as a whole.

4 Findings prioritisation key

When assessing findings, reference is made to the Risk Management matrix which scores the impact and likelihood of identified risks arising from the control weakness found, as set out in the Management Action Plan.

For ease of reference, we have used a high/medium/low system to prioritise our recommendations, as follows:

Category	Definitions
Essential	Action is imperative to ensure that the objectives for the area under review are met.
Important	Requires actions to avoid exposure to significant risks in achieving objectives for the area.
Standard	Action recommended to enhance control or improve operational efficiency.

Appendix 2 – Information Sharing extract from a Joint Operating Framework for the Transportation of Children and Adults with care and Support Needs and taxi Licensing

- The Information Sharing Schedule for the exchange of transporting children/vulnerable adults and taxi licensing information sits under the Information Sharing Protocols of the Safeguarding Children Board, the Safeguarding Adults Board and the Safer Communities Partnership and can be found on the next page.
- The Schedule supports the exchange of information necessary to prevent and detect crime, and support and protect children and vulnerable adults.
- Information exchanged between licensing authorities and the County Council ensures that decisions on complaints, enforcement, suspension and revocation, convictions and public safety concerns are shared in a secure and timely manner on a formal basis, and prevents drivers at risk of losing a licence at one authority from simply obtaining a licence from a neighbouring authority.
- The information is used to risk assess drivers, investigate complaints fairly and proportionately and ensure that those denied licences or having a licence revoked in one area are not able to get a licence in another authority.
- Informal information sharing takes place between the district councils and the county council to ensure that there is a joined up approach to manage issues regarding vehicle quality, health and safety, driver behaviour and safeguarding, using the county council's risk categories 3 and 4 as a guideline.
- Each Local Police Area must have an arrangement to regularly identify and pass on information of concern, as governed by the common law duty. Data sets to be reviewed include Command and Control, Niche and Custody systems.
- The County Council has no powers to enforce or undertake investigations regarding the licensing of vehicles, operators or drivers. Such matters are passed to the Districts and Police who do have the powers to enforce and investigate.
- Failure to share information results in drivers / vehicles / operators continuing to carry children, vulnerable persons, and all of the public when action could have been taken to remove them from being able to.
- All allegations concerning those who work with children are passed to the Local Authority Designated Officer (LADO) and Adult Safeguarding without delay. Details are included in the Information Sharing Schedule on the next page.

INFORMATION SHARING AGREEMENT: SCHEDULE

This information sharing agreement should be **read and applied** in the context of the information sharing policies adopted by:

- The Safeguarding Children's Board
- The Safeguarding Adults Board
- The Safer Communities Partnership

The information exchange process is subject to the provisions of the Data Protection Act 1998 and the common law duty of Confidentiality. The information must not be used for any purpose other than that for which it is requested and must not be disclosed to an unauthorised person.

Information will only be shared as relevant and necessary.

The statutory powers to exchange information are set out in the information policies approved by the Safeguarding Boards and the Safer Communities Partnerships. That is:

- *Adult Safeguarding: Sharing Information (Social Care Institute for Excellence)*
- *Safeguarding Children's Board Information Sharing Protocol*
- *Community Safety Information Sharing Protocol*

In particular, information sharing under this agreement will conform to the *Seven Golden Rules of Information Sharing* which are outlined in each of the above policies.

The process for exchanging information for the purpose of Hackney Carriage & Private Hire Safeguarding and Public Protection will be those described in the associated Safer Communities Partnership Information Sharing Protocol.

No information is to be accessed or shown to individuals who have not agreed and signed the Confidentiality Agreement. Any breach in confidentiality may result in sanctions described with the Confidentiality Declaration outlined at the end of this document. No information provided by partners to those procedures will be released to any third party without the permission of the owning partner.

Before a decision is made about disclosure, a professional must consider the following factors, based on case law decisions:

- Belief in the truth of any allegation
- Legitimacy of the interests of the person needing this information
- Degree of risk if disclosure is not made
- Relevance and importance of the information
- Urgency of the disclosure
- Whether consent for the disclosure has been sought (if appropriate)
- Interests of the vulnerable person or persons
- Impact upon the person to whom the information relates

Should this agreement at any time be required to be terminated the instigating Designated Officer must notify all relevant parties.

Name of Designated Officer instigating this procedure

Post of Designated Officer

Date instigated

Review date

Schedule title

Information Sharing Agreement (Hackney Carriage & Private Hire)

Information sharing process

(Please show how personal information is necessary to enable the appropriate authority to carry out their respective duties in relation to the regulation of contracts to transport vulnerable children and adults, and to the regulation of taxi licensing across the area. Information sharing would be used directly to facilitate:

- **driver, vehicle and operator vetting processes**
- **reviewing the status of current licence holders and new applicants,**
- **to prevent crime and disorder, and**
- **to uphold our safeguarding obligations)**
- **to assist those authorised to make decisions as to the suitability of an applicant or the continuing suitability of a current licence or badge holder where information is required to promote public safety**

The purpose of the information sharing is informed by the following context:

- All drivers licensed by the District Councils and those seeking to carry out transport services on behalf of the County Council are required to undertake an Enhanced Disclosure & Barring Services Check.
- All drivers licensed by the District Councils are subject to enforcement actions taken following complaints made against them, or matters witnessed by Officers.
- Suspending or revoking a County Badge does not stop the driver from still doing all other work given to him/her by the Operator.
- A vehicle identified as being unfit for purpose will still be used if the correct authority is not informed.
- An operator who may be carrying on illegal activities will still pose a threat to safeguarding and public safety if the other authorities are not informed.
- Revoking a licence may result in the person seeking a licence from a neighbouring District.

Types of information exchanged under this Information Sharing Procedure

- Details of licences / badges suspended, refused or revoked (drivers, vehicles, operators)
- All substantiated outcomes that relate to the following categories:
 - Driver Behaviour
 - Road Traffic Accident
 - Overloaded Vehicle

- Un-badged Driver
- Undersized Vehicle
- Unlicensed Vehicle
- Vehicle Condition
- Details of criminal investigations undertaken by Police and shared with any of the Authorities and County Council
- Matters witnessed by Officers / complaints received that would lead to concerns in relation to public safety
- Matters witnessed by Officers / complaints received that would lead to concerns in relation to the safeguarding of children, young persons and vulnerable adults
- References by Licensing Authorities to County Council in relation to applicants for County badge

Transmission, storage and retention period of data exchanged under this information sharing process

- Any information printed off will be kept in the file in a locked drawer or cabinet, or electronically with access only provided to such persons authorised to see such information.
- All papers that are shared will be encrypted and security marked.
- Information shared in the categories identified will be on the secure 'operational' spreadsheet between District Councils and the Transport Hub and will be shared in a timely manner.
- Information shared verbally will be further supported in written form to ensure accuracy.
- Information shared by those signed up to this agreement will be the responsibility of the delegated officer giving it and receiving it.
- No information will be held for longer than is necessary in accordance with each authority's retention schedules and relevant statutory provisions.

Licensing managers, their officers, the police and the County Council Transport Hub and LADO are responsible for sharing the information

I have read and understand the Confidentiality Agreement

For Office use only

Organisational Signatories agreed Schedule meets ISP Requirements

Copy all Confidentiality Agreements received

Schedule Reference:	
Organisation holder:	
Initiating Designated Officer:	
Review date:	

Annex on Information Sharing: Information Sharing with the Local Authority Designated Officer (LADO) and Adult Referrals:

“Working together” (2015) requires that arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer (LADO) without delay. There are similar requirements for adults with care and support needs in the Care Act 2014.

The local authority has in place arrangements to provide advice and guidance on how to deal with allegations against people who work with children.

The role of the designated officer is to ensure that there are appropriate arrangements in place and to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. The Designated Officer also has a role to challenge organisations whose processes are not fair open and compliant.

A licensing authority should ensure that the designated officer is informed, within one working day, of all allegations that come to their attention. Appropriate referrals should be made directly to the Designated Officer or through the safeguarding lead for transport.

3.1.1 Information sharing

Information will be shared with district councils in line with legal requirements and locally agreed protocols. The basic principle is that the child’s welfare is paramount and information will be shared where there is any potential safeguarding risk to a child or children identified in relation to a driver or an escort. The normal process would mean that if this individual or individuals have their the County Council badge removed, the appropriate district or districts will be informed of the reasons for this and the actions taken. In certain circumstances where there is a sensitive criminal investigation and at the request of the Police, where they consider releasing information may interfere with an investigation, the County Council will not disclose until such time as agreement is reached with police.

The Designated Officer role is a statutory role and the process around this also statutory so it is important the Designated officer is informed about any allegation where the concern relates to a potential risk to children. This means that there should be a two way flow of information in line with the agreed protocol but requires referrals to and info to be shared with the designated officer where the referral criteria are met.

These criteria are; any adult employed or volunteering in a position where there is access to children where the adult is alleged to have:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

The requirements in the statutory guidance require organisations to make referrals under the above criteria within 24 hours so in the norm referrals should come straight to the Designated Officer rather than MASH. It is then for the Designated Officer to involve Police and or social care and other agencies as appropriate.

Full Report Issued for Action:

Fiona Unett – Assistant Director for Highways and Waste
Nick Henstock – Head of Highways and Transport
Tom Callaghan – Home to School Transport Service Manager

Full Report Issued for Information:

Martin Henry – Chief Financial Officer and S151 Officer
Stuart Timmiss – Executive Director of Place, Economy and Environment

Issue Date:

26 August 2022

This audit and report have been prepared in line with the Internal Audit Manual and has been subject to appropriate review.

Chief Internal Auditor Approval:

Greg Rubins – Partner (BDO) and Gurpreet Dulay – Director (BDO)

Quality Reviewed:

Jenia Islentsyeva – Manager (BDO)

Lead Auditor:

Lucy Burgum - Internal Auditor (BDO)



WEST NORTHAMPTONSHIRE COUNCIL

AUDIT AND GOVERNANCE COMMITTEE

16 November 2022

Report Title	Strategic Risk Register
--------------	-------------------------

Appendices

Strategic Risk Register

1. Purpose

1.1. The purpose of this report is to:

1.1.1. Highlight the changes in the strategic register since the last meeting.

1.1.2. Consider the effectiveness of the current risk management process.

2. Recommendations

2.1. It is recommended that the Committee:

2.1.1. Considers the Strategic Risk (update summary provided at attached at Appendix 1).

2.1.2. Discuss the effectiveness of the current risk management process and potential process changes.

3. Issues and Choices

Information

3.1 The Audit and Governance Committee’s terms of reference set out that the Committee should:

“Monitor the effective development and operation of risk management and corporate governance within the Council.”

Risk Register update

3.2 The residual score for each risk has been considered to determine if the score should be amended to reflect the revised actions and general update. The review of the risk register should update the current position on each risk, but the residual risk may remain the same. In this update the risk scores for all 12 risks have remained as previously scored. Update comments are provided in Appendix 1.

3.3 Two risk scores are provided in the appendix for each of the risks. An ‘inherent’ risk score which is assessed as if no controls or mitigating actions were in place. Mitigations are then highlighted, and each score is re-assessed considering those mitigating actions to provide a ‘residual’ score for each risk.

3.4 The residual score for each of the risks is summarised in the matrix below, there are no changes from the previous quarter:

CORPORATE RISK REGISTER
Q2 30 September 2022

Impact	Very High	5			E10			Risks E01 Financial Resilience & Sustainability E02 Statutory functions E03 Childrens Trust E04 Workforce Capacity and skills E05 West Strategic Plan E06 Economic Recovery E07 Strategic Community Partners E08 Critical Incidents E09 Health & Safety E10 Information Security E11 Local Government Reorganisation closure E12 Corporate Governance
	High	4			E01 E02 E03 E05 E06 E08			
	Medium	3			E07 E09 E11	E04		
	Low	2			E12			
	Negligible	1						
	Score		1	2	3	4	5	
		Very Rare	Unlikely	Possible	Likely	Very Likely		
		Likelihood						

- 3.5 The next full update from all service areas will be undertaken during December 2022 and January 2023 to reflect a quarterly reporting date of 31 December 2022.

Risk process effectiveness

- 3.6 The risk management process is under review and the Risk Management Strategy will be updated and shared with the Committee once completed along with guidelines for managers and officers.
- 3.7 The current risk management process is adequate in terms of monitoring known risks and evaluating the effectiveness of current mitigations. Improvements to the process will enable us to develop the following areas:
- 3.7.1 Engagement across all areas – risk should be monitored at operational, directorate and leadership level
- 3.7.2 Monitoring at regular intervals – consideration should be given to the correct monitoring interval for all risks which may be monthly, quarterly, or annually
- 3.7.3 Emerging risks – alongside monitoring known risks, the Council should scan for and evaluate future risks
- 3.7.4 Reporting – to be effective we need to ensure that the correct message gets to the correct people. Our risk reporting will be layered, with high level summaries drilling through to individual risks
- 3.8 Provide clarity around the process, linking risks more closely to service delivery. Our current risk register is only monitored at a corporate level, whereas effective risk management is embedded throughout all levels of the Council. The current process is not well understood outside of senior management and is seen as the remit of others to manage. An implementation plan has been drafted to include engagement with all service areas to develop risk registers and to set up a Corporate Risk Management Working Group that will meet regularly throughout 2023 to discuss current and emerging risks that may affect the Council.

4. Implications (including financial implications)

4.1. Policy

- 4.1.1. There are no significant policy implications arising from this report.

4.2. Resources and Risk

- 4.2.1. The Council's strategic risks are contained within attached Appendix.



**West
Northamptonshire
Council**

4.3. Legal

4.3.1. There are no significant legal issues associated with this report.

4.4. Equality and Health

4.4.1. There are no significant equality and health issues associated with this report.

**Report Author: Jen Morris
Head of Audit and Risk Management**

Executive Leadership Risk	Residual Score	Direction of travel	Risk	Comments
E01 Financial Resilience & Sustainability	12 medium risk	↔	B1: Children’s demand rises leading to overspend in the Trust not visible to the Council and causes cost pressure on the budget of WNC	The trust have highlighted that they expect to overspend their budget by £11m and West Northants share of this would be approximately £6.2m. This has been incorporated into the forecast out turn for 2022-23.
			C1: Inability to deliver financial efficiencies in line with budget assumptions	Any savings that are no longer deemed to be deliverable are highlighted in the revenue monitoring report as such as picked up as a pressure in the forecast outturn.
			C4: Inability to deliver financial efficiencies in line with budget assumptions	Budget process for 2023-24 started earlier this year given the financial challenges being faced. 'Star Chamber' sessions for all services have now been carried out to inform the process.
			H: Reduction in services to customers	2023-24 star chamber process complete and feeding into the revised position for 2023-24.
E02 Statutory functions	12 medium risk	↔		
E03 Children’s Trust	12 medium risk	↔		
E04 Workforce Capacity and skills	12 medium risk	↔	A1: High levels of vacancies or turnover and inability to deliver services maintain, meet service standards and meet duties of Council	New recruitment system in place and development of campaigns and strategies for different service areas.
			A3: High levels of vacancies or turnover and inability to deliver services maintain, meet service standards and meet duties of Council	Collective agreement being signed off with TU'S.
			B: Demoralised workforce or high absences due to workloads and stress	Change and Engagement managers working in directorates to support change. New wellbeing strategy in place.

			C1: Loss of staff to other organisations if seen as offering better prospects	New branding for staffing in development - brand management
			H: Financial impact due to use of agency staff	Spending review panels giving greater challenge.
E05 West Strategic Plan	12 medium risk	↔		
E06 Economic Recovery	12 medium risk	↔		
E07 Strategic Community Partners	9 Low risk	↔		
E08 Critical Incidents	12 medium risk	↔	A: Loss of Life	Testing of plans in place - range of exercise and multi-agency work completed
			B: Inability to deliver critical services to customers/residents	Gold training completed and support given through new Teams site.
			K1: Ineffective Cat 1 partnership relationships	Work is in hand to support the development of a better functioning LRF and better relationships with category 1 responders in place.
E09 Health & Safety	9 Low risk	↔	A: Fatality, serious injury & ill health to employees or members of the public	<p>Risk assessments for all infrastructure, plant and equipment remain up to date and statutory, planned preventive and reactive maintenance and inspection to be undertaken. Specific training on HSW rolled out to staff requiring specific knowledge as well as the mandatory requirements for all staff.</p> <p>More information available on the intranet with best practice guidance and reporting forms. Consolidation of some pages to provide signposting a single point and ease of access</p> <p>Standing item of HSW at team meetings, with records maintained (minuted) with any actions communicated.</p>

			B: Criminal prosecution for failings	<p>Sharing of best practice, shared learning by HSW team across the organisation and other parties where appropriate.</p> <p>Suite of policies, procedures and guidance documents developed and available on the intranet. Where no specific corporate information available reference to legacy procedures and subject matter experts included on intranet pages.</p>
			C: Financial loss due to compensation claims	Requirement to ensure all relevant staff receive HSW training and resources to allow for their continuing professional development.
			D: Enforcement action – cost of regulator (HSE) time	Policies and procedures clearly identify roles and responsibilities and accountability.
			E: Increased sickness absence	Occupational health monitoring and mapping exercise to at risk roles to ensure legal and organisational requirements are met.
			F1: Reduction in capacity impacts service delivery	<p>All staff to complete thorough HSW training on induction. To include local arrangements, familiarisation with and detail of emergency arrangements and reporting.</p> <p>Mandatory training and other requirements to be completed on appointment and refreshed at periodic intervals.</p> <p>Responsible managers, HSW to provide briefings, awareness training.</p>

				<p>All other staff will complete H&S eLearning organised by L&D.</p> <p>Use of internal communications team and other medium (physical or electronic) to communicate or relay information effectively.</p> <p>HSW team proactively meeting colleagues and engaging to provide support and guidance to teams to encourage engagement.</p> <p>Mechanisms in place for reporting of issues and contacting the HSW team</p>
E10 Information Security	15 medium risk	↔	A1: Loss of critical systems and Service failure	Plans are now on Teams and new cyber security roles in place.
E11 Local Government Reorganisation closure	9 Low risk	↔		
E12 Corporate Governance	6 Low risk	↔		



WEST NORTHAMPTONSHIRE COUNCIL

AUDIT & GOVERNANCE COMMITTEE

16 November 2022

Report Title	Work Programme
--------------	----------------

1. Purpose

- 1.1. The purpose of this report is to provide an updated work programme for consideration by the Committee

2. Recommendations

- 2.1. It is recommended that the Committee considers the work programme.

3. Issues and Choices

Information

- 3.1 Attached at Appendix A is an updated work programme for the Committee.
- 3.2 The work programme will evolve over time and the Committee is requested to consider the attached programme and highlight any other areas where they may wish to receive further reports.

4. Implications (including financial implications)

4.1. Policy

- 4.1.1. There are no significant policy implications associated with this report.

4.2. Resources and Risk

- 4.2.1. There are no financial and risk implications associated directly with this report.

4.3. Legal



**West
Northamptonshire
Council**

4.3.1. There are no specific legal risks associated with this report.

4.4. Equality and Health

4.4.1. There are no specific equality and health issues associated with this report.

**Report Author: Martin Henry
Executive Director – Finance
S151 Officer**

Work Programme

	16 November 2022	04 January 2023	01 March 2023
Minutes from the previous meeting	X	X	X
Risk Register deep dive - Workforce			
Risk Based Verification			
Internal Audit Annual Report 2021-22			
Internal Audit Progresss report	X	X	X
Audit and Governance Committee Annual Report 2021-22			
External Audit Progress report (Grant Thornton)	X	X	X
External Audit Progress report (EY)	X	X	X
Internal Audit - Home to School Transport report	X		
Budget setting update (verbal)	X	X	X
Strategic Risk Register	X		X
Work programme	X	X	X

This page is intentionally left blank