

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Thursday 19 September 2024

Notice of Meeting

Dear Member

Corporate Governance and Audit Committee

The **Corporate Governance and Audit Committee** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.30 am** on **Friday 27 September 2024**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "S Lawton".

Samantha Lawton

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Corporate Governance and Audit Committee members are:-

Member

Councillor John Taylor (Chair)
Councillor James Homewood
Councillor Angela Sewell
Councillor Caroline Holt
Councillor Kath Pinnock
Councillor Imran Safdar
Vacancy - Community_Alliance
Chris Jones (Co-Optee)

When a Member of the Corporate Governance and Audit Committee cannot attend the meeting, a member of the Substitutes Panel (below) may attend in their place in accordance with the provision of Council Procedure Rule 35(7).

Substitutes Panel

Conservative	Green	Labour	Liberal Democrat	Community Alliance	Kirklees Community Independents
D Bellamy	K Allison	M Sokhal	PA Davies	A Zaman	A Anwar
D Hall	A Cooper	M Ahmed	J Lawson	C Scott	A Arshad
M Thompson	S Lee- Richards	S Ullah	A Munro		JD Lawson
		B Addy	A Marchington		
		M Crook	A Smith		
		J Rylah E Firth	A Pinnock		
		H McCarthy	A Robinson		
			D Longstaff		

Ex Officio Members

Councillor Cahal Burke
Councillor Bill Armer

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Committee

To receive apologies for absence from those Members who are unable to attend the meeting and details of substitutions and for whom they are attending to the Committee membership.

2: Minutes of Previous Meeting

To approve the Minutes of the meeting of the Committee held on 26th July 2024.

3: Declaration of Interests

1 - 2

Members will be asked to say if there are any items on the Agenda in which they have any disclosable pecuniary interests or any other interests, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

4: Admission of the Public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Committee.

5: Deputations/Petitions

The Committee will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

7: Annual Corporate Health and Safety Report 2023/24 3 - 58

To receive the Annual Corporate Health and Safety Report 2023/24.

Contact: Sean Westerby, Corporate Safety and Resilience Manager.

8: Information Governance Annual Report 2023/24 59 - 72

To receive the Information Governance Annual Report 2023/24.

Contact: Erin Wood, Information Governance Manager.

9: Report of the Members Allowances Independent Review Panel 73 - 80

To consider the Report of the Members Allowances Independent Review Panel.

Contact: Leigh Webb, Acting Head of Governance.

10: Internal Audit Plan for 2024/25 (Quarters 3 & 4) 81 - 86

To consider the Internal Audit Plan for 2024/25 (Quarters 3 & 4).

Contact: Martin Dearnley, Head of Audit & Risk.

11: District Heating - Request for Officer attendance 87 - 96

To receive the District Heating- Request for Officer attendance report.

Contact: Martin Dearnley, Head of Audit & Risk.
Naz Parkar, Service Director.

12: Agenda Plan 97 - 98

To review the 2024/25 agenda plan.

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Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

CORPORATE GOVERNANCE AND AUDIT COMMITTEE

Friday 26th July 2024

Present: Councillor John Taylor (Chair)
Councillor James Homewood
Councillor Angela Sewell
Councillor Caroline Holt
Councillor Kath Pinnock
Councillor Imran Safdar

Co-optees Chris Jones

In attendance: Kevin Mulvaney, Service Director, Finance
Michelle Cross, Service Director, Learning Disabilities & Mental Health
Martin Dearnley, Head of Risk & Audit
David Stickley, Principal Lawyer
Laura Drew, Public Health Senior Emergency Planner
Rachel Qureshi, Audit Manager
Gareth Mills, Grant Thornton

Apologies: Councillor Bill Armer (ex-Officio)

- 1 Membership of the Committee**
Apologies were received on behalf of Councillor Bill Armer.
- 2 Minutes of Previous Meeting**
The minutes of the meeting held on 28th June 2024 be approved as a correct record.
- 3 Declaration of Interests**
No Interests were declared.
- 4 Admission of the Public**
It was noted that Agenda Item 14 and 15 would be considered in private session.
- 5 Deputations/Petitions**
No Deputations or Petitions were received.
- 6 Public Question Time**
No questions were asked.

7 Annual Corporate Emergency Planning and Business Continuity Report

The Committee received a report setting out an overview of the work of the Emergency Planning Team. The report provided an overview of the work of the Team and was submitted to provide assurance to the Committee that the Council were compliant with the core duties of the Civil Contingencies Act (2004) and core competencies relating to Emergency Preparedness, Resilience and Response under the Health and Social Care Act (2013).

Within the period April 2023 to March 2024, it was reported that 44 incidents had been responded to which included severe weather events, evacuations, utility failures, demonstrations and police incidents. The report outlined that 187 hazard warnings had been entered onto the Council database and provided a breakdown of training exercises, advisory responses and educational visits undertaken by the Team. The Public Health Senior Emergency Planner provided updates in respect of the Core Duties of the Civil Contingencies Act and reported on the work of the Team going forward.

In response to questions relating to support on educational outdoor visits for children and the risks associated, and preparing for the unknown risks or events, the Public Health Senior Emergency Planner advised that there were private consultants that schools could interact with if they did not interact with Kirklees. There was a dynamic risk assessment process in place that monitored national best practice and made changes through dynamic risk assessment in preparation for the unknown. After each incident, a de-brief would take place with learnings taken from each incident which were added to the plans.

RESOLVED – That the Annual Corporate Emergency Planning and Business Continuity Report be noted.

8 Annual Report of Corporate Governance and Audit Committee

The Committee receive the Corporate Governance and Audit Committee Annual Report which summarised the contributions the committee made during 2023/24, demonstrating how the Committee supported the Council's governance and audit arrangements, and in doing so supported the Council to deliver the vision and priorities set out in the Council Plan.

The annual report demonstrated the work of the Council's Corporate Governance and Audit Committee on:

- How the Corporate Governance and Audit Committee fulfilled its terms of reference.
- The extent to which arrangements complied with national guidance relating to the audit Committees.

The benefits to the Council of operating an effective Audit Committee were:

- Maintaining public confidence in the objectivity and fairness of financial and other reporting.

Corporate Governance and Audit Committee - 26 July 2024

- Reinforcing the importance and independence of internal and external audit and any other similar review process; for example, reviewing and approving the Annual Statement of Accounts and the Annual Governance Statement, and the Quarterly Reports from Internal Audit and the Annual Report from the Head of Audit.
- Providing sharp focus on financial reporting both during the year and at year end, leading to increased confidence in the objectivity and fairness of the financial reporting process, including specific review on behalf of the Council of specialist parts of budgeting and accounting policy and practice – such as Treasury Management.
- Assisting the co-ordination of sources of assurance and, in so doing, making management more accountable.
- Providing additional assurance through a process of independent and objective review.
- Raising awareness within the Council of the need for governance, internal control and the implementation of audit recommendations.
- Monitoring of related areas such as the Council's approach to threats from fraud, bribery and corruption.
- How the Corporate Governance and Audit Committee has contributed to strengthening risk management, internal control, and governance arrangements.

The report provided additional assurance and underpinned the Annual Governance Statement, which was approved by the Committee. It was noted that the 2022/23 accounts and Value for Money work was concluded by January 2024 which was a real achievement compared to the backlog of accounts in place across the country.

It was noted that all Members brought an independent and open mind to the business of the committee and were thanked for the contributions they had made.

RESOLVED-

- 1) That the Committee noted the assurances set out in the report that the Committee complied with CIPFA's Position Statement: Audit Committees in Local Authorities and Police
- 2) That the draft annual report at Appendix A be approved and considered at Council.

9 Independent Member of the Committee

The Committee received a report to seek approval from Council to appoint a second independent member to the Corporate Governance and Audit Committee along with the term of engagement.

An independent member provided an opportunity for the Committee to benefit from additional financial skills and relevant audit and governance experience from outside the Council, and continuity of membership. A second independent member would bring greater resilience to this arrangement and enable the committee to benefit from a wider skill and experience base.

The Committee noted that a second independent member should be appointed on a period of four years, with the business sector/non-governmental organisations be

Corporate Governance and Audit Committee - 26 July 2024

engaged with in recruitment, and that the current independent members term of engagement should be extended to four years.

RESOLVED- That the Independent Member of the Committee Report be approved and considered at Council.

10 External Auditors Recommendations Report

The Committee received the External Auditors recommendations report which advised on progress against the recommendations made by the External Auditors, Grant Thornton following their work in 2021/2022 and 2022/2023. It was noted that many recommendations had made progress, with some completed.

In response to questions relating to recommendation following the value for money report, and savings that were to be made, it was noted that the Council was facing huge financial pressures, with a financial strategy currently being worked on and would be taken to Cabinet in September 24.

The committee felt that they needed to be assured that the process was working, and requested further details on how the process was working in practice for Items one, two and three in the report.

RESOLVED- That the External Audit Recommendations Report be noted.

11 Quarterly report of Internal Audit Q1 April - June 2024

The committee received the quarterly report of Internal Audit Q1 – June 2024.

Progress against action plans and in implementing recommendations was important in demonstrating a sound set of control arrangements and good governance.

In response to questions relating to the cost to services, especially district heating issues identified in 2020, it was noted that district heating came out of the Housing Revenue Account. The Committee suggested that an officer from the district heating service attend the next meeting to discuss service charges, along with a senior officer of the council to discuss the culture across the council in response to the financial challenges that the council faces and maximising income.

RESOLVED- That the Quarterly report of Internal Audit Q1 April – June 2024 be noted.

12 Emergency Duty Services (Adults)-Follow up

The Committee received a report on the Emergency Duty Service (Adults)-Follow up which provided an update on the recommendations made by internal audit in relation to the Councils Adults Services Emergency Duty Service.

At the Corporate Governance and Audit Committee on 10th May 2024, the Committee considered the final Quarterly Report of Internal Audit 2023/24 (January to March) and decided they were not content with the progress made in relation to one area of operation – the Emergency Duty Team of Adult Services. The Committee requested the management from the service attended a future meeting to discuss progress.

Corporate Governance and Audit Committee - 26 July 2024

The Committee noted exempt information presented by Michelle Cross, Service Director, Learning Disabilities & Mental Health under item 15.

RESOLVED- That the Emergency Duty Service (ADULTS)- Follow up report be noted.

13 Exclusion of the Public

RESOLVED- That acting under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Act, as specifically state in the undermentioned minute.

14 Quarterly report of Internal Audit Q1 April - June 2024

RESOLVED- That the Committee noted the exempt information, which was an appendix to Agenda item 11.

15 Emergency Duty Services (Adults)-Follow up

RESOLVED-That the Committee noted the exempt information, which was an appendix to Agenda item 12.

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KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Corporate Governance and Audit Committee				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Agenda Item 7

Report title: Annual Health and Safety Report 2023/24

Meeting	Corporate Governance and Audit Committee
Date	27 September 2024
Cabinet Member (if applicable)	Councillor Tyler Hawkins
Key Decision Eligible for Call In	No
<p>Purpose of Report To provide health and safety performance data and provide assurance regarding the maintenance and monitoring activities of the Corporate Safety Team.</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> It is recommended that the Corporate Governance and Audit Committee receive, note and discuss any areas of interest or concern. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> The report provides an overview of review and performance monitoring activity, of the Council's health and safety risk management systems and policies, undertaken by the Corporate Safety Team over the past 12 months to ensure that the organisation has clearly set out its commitments to manage health and safety matters effectively. 	
<p>Resource Implication: Outline the resource implications associated with implementing the recommendations set out in the report.</p> <ul style="list-style-type: none"> None 	
<p>Date signed off by <u>Strategic Director</u> & name</p> <p>xxxx 2024 Rachel Spencer-Henshall</p> <p>Is it also signed off by the Service Director for Finance? N/A</p> <p>Is it also signed off by the Service Director for Legal Governance and Commissioning? N/A</p>	<p>Give name and date for Cabinet / Scrutiny reports N/A</p> <p>Give name and date for Cabinet reports N/A</p> <p>Give name and date for Cabinet reports N/A</p>

Electoral wards affected: All (with regards to Corporate Safety Team outputs)

Ward councillors consulted: - The work the Corporate Safety Team is mainly focussed on seeking assurance that the organisation is effectively structured to manage health and safety risks, including having competent workforce, adequate communication procedures and suitable documentation. Whilst there is no formal consultation with councillors, the portfolio holder is sighted on performance and other health and safety information via the Corporate Joint Consultative Group.

Public or private: Public.

Has GDPR been considered? No personal data is presented within the report.

1. Executive Summary

The report presented for the attention of the Corporate Governance and Audit Committee provides an overview, of the review and performance monitoring activity, of the Council's health and safety risk management systems and policies, undertaken by the Corporate Safety Team.

2. Information required to take a decision

For the Corporate Governance and Audit Committee to note and discuss any areas of interest or concern.

3. Implications for the Council

3.1 Council Plan

The report attached demonstrates that the work of the Corporate Safety Team supports the Council Plan, and the Council's subsequent delivery of cross-council priorities as follows:

- Address our financial position in a fair and balanced way:
 - Deliver budget savings agreed in the 24/25 Annual Budget as fairly and inclusively as possible. The Corporate Safety Team provide advice to senior management and operational teams on a pragmatic and affordable basis.
 - Delivery of health and safety training via E-learning platforms to reduce costs rather than face to face.
- Strive to transform council services to become more efficient, effective, and modern:
 - The development and use of data, to constantly benchmark against national standards.
- Continue to deliver a greener, healthier Kirklees and address the challenges of climate change:
 - The Corporate Safety Team consider, within guidance, the health and wellbeing of Kirklees staff and visitors.
 - Utilisation of technological options to avoid any unnecessary journeys.
- Continue to invest and regenerate our towns and villages to support our diverse places and communities to flourish:
 - Provide advice to project management teams so that health and safety is considered at all stages of the construction project.

3.2 Financial Implications

By ensuring compliance with health and safety legislation this reduces the risk of fines by enforcement agencies and civil claims by employees and/or members of the public in civil claims.

3.3 Legal Implications

The competence level of health and safety staff and monitoring activities undertaken by the Corporate Safety Team assists the organisation to proactively manage health and safety, by reducing the risk of prosecution by enforcement agencies.

- 3.4 **Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**
- **Risk**
The Corporate Safety Team maintain a Corporate Health and Safety Risk Register which is updated on a six-monthly basis. This also feeds into the Corporate Risk Register.
 - **Integrated Impact Assessment (IIA)**
IIAs have been completed for the Corporate Health and Safety Policy and associated Guidance. This has been approved and published on the Council's IIA system.
- 4 **Consultation**
N/A
- 5 **Engagement**
N/A
- 6 **Options**
- 6.1 **Options Considered**
For the Corporate Governance and Audit Committee to note and discuss any areas of interest or concern.
- 6.2 **Reasons for recommended Option**
The option and recommendation are relating to an annual report only. Therefore, there are no decisions required.
- 7 **Next steps and timelines**
An updated annual report will be presented in 12 months.
- 8 **Contact officer**
Sean Westerby, Corporate Safety and Resilience Manager (07850 559698, sean.westerby@kirklees.gov.uk)
- 9 **Background Papers and History of Decisions**
Previous annual reports presented to the Corporate Governance and Audit Committee have been received, noted and discussed.
- 10 **Appendices**
Annual Corporate Health and Safety Report.
- 11 **Service Director responsible**
Rachel Spencer-Henshall, Deputy Chief Executive and Executive Director for Public Health and Corporate Resources.

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BACKGROUND

Kirklees Council has a well-established and embedded health and safety management system. Legal compliance is the accepted minimum standard. Periodic monitoring of health and safety compliance is undertaken and reports provided to the senior leadership team. Managers and employees have access to competent health and safety advice via the Corporate Safety Team. Employees are actively consulted and involved with health and safety initiatives.

Points to note:

- Health and Safety Policy in place detailing; policy, organisation (roles and responsibilities) and arrangements for implementation supported by corporate guidance.
- Corporate Health and Safety Strategy that has two strategic aims:
 - Continuous improvement in H&S performance
 - Developing a proactive safety culture
- Consultation at Corporate/Directorate/Service level via health and safety forums (Joint Consultation Groups and Committees)
- Monitoring of health and safety via an audit and inspection programme delivered by the Corporate Safety Team
- Performance reports produced and circulated to managers
- Competent health and safety advice provided by the Corporate Safety Team (Chartered Occupational Safety and Health Practitioners)
- Health and Safety Oversight Board meets quarterly to review systems of control and governance specifically in relation to the management of health and safety as assurance for the Executive Leadership Team
- A six monthly corporate health and safety performance report is prepared by the Corporate Safety Team for the Health and Safety Oversight Board and the Executive Leadership Team
- The Council has formulated a health and safety risk matrix, which identifies corporate responsibilities, risks, how the risks are discharged and mitigated. Risk Leads update the risk matrix six monthly by indicating risk direction and highlighting any issues for escalation. (Appendix 2: Risk Matrix refers)
- Health and Safety training for senior leaders, managers and employees
- Highways & Streetscene and Homes & Neighbourhoods, additionally, have health and safety professionals embedded within their respective Services. They are responsible for:
 - Ensuring that corporate and local policies are implemented and adhered to in the Services
 - Ensuring the Services have adequate and appropriate health and safety management arrangements in place
 - Ensuring all accidents, incidents and near misses are reported and investigated and that all completed reports are forwarded to the Corporate Safety Team in a timely manner
 - Developing of a health and safety plan, monitoring performance and achievement of objectives.



Annual Corporate Health and Safety Report

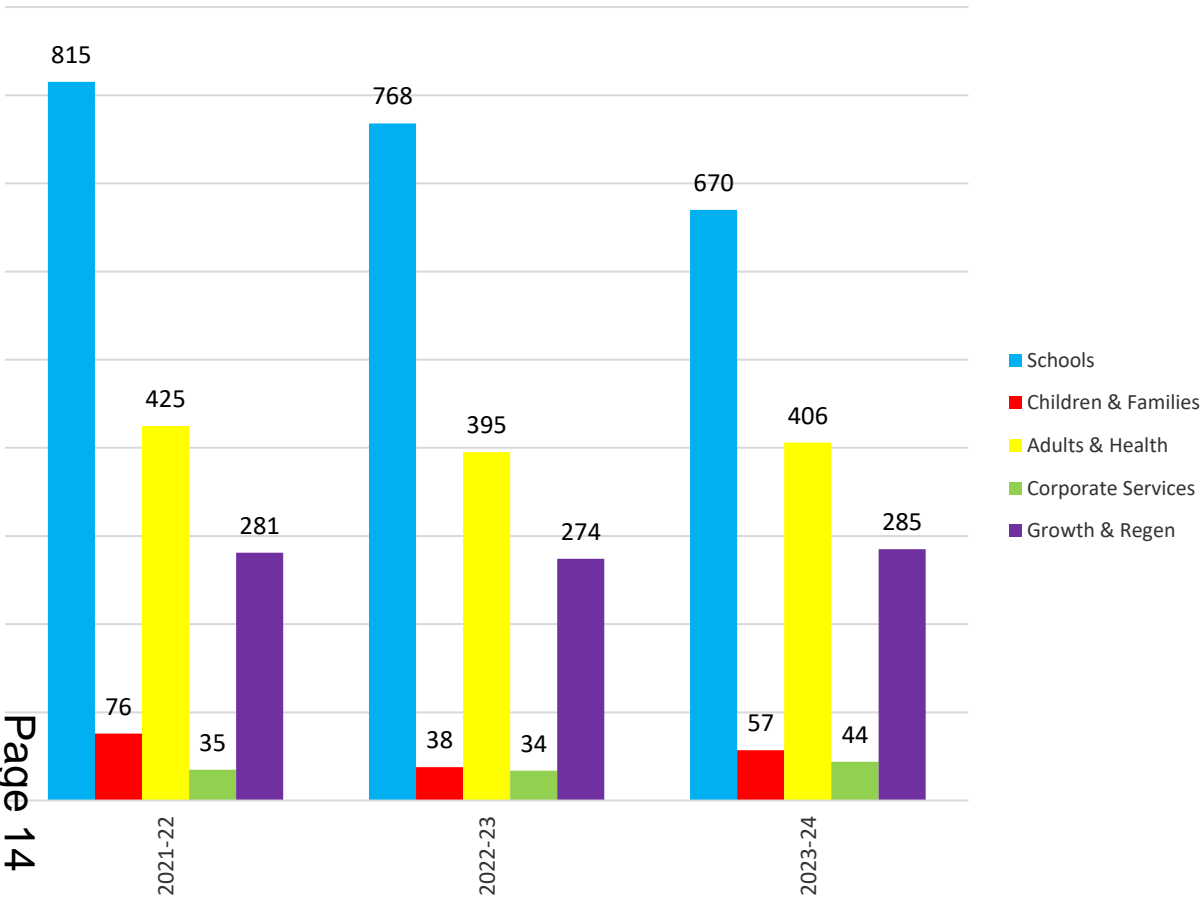


PURPOSE OF REPORT

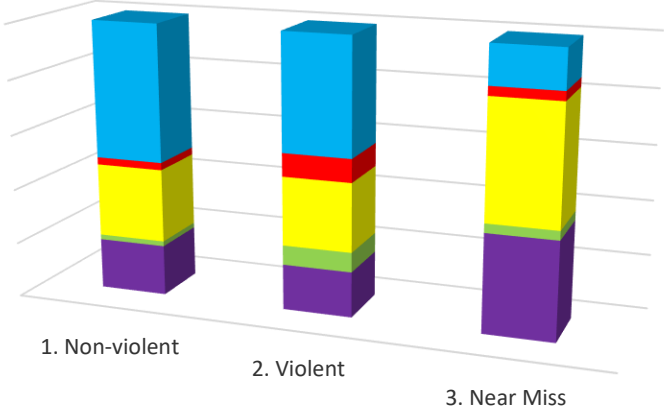
This report provides a summary of health and safety performance pertinent to the Council.
The report covers the period from 01 April 2023 – 31 March 2024.

ACCIDENT STATISTICS

All Accidents, Incidents and Near Misses reported within each Directorate



Total number of Accidents, Incidents and Near Misses reported within each Directorate



	1. Non-violent	2. Violent	3. Near Miss
Schools	527	126	17
Children & Families	28	25	4
Adults & Health	280	74	52
Corporate Services	19	21	4
Growth & Regen	193	49	43

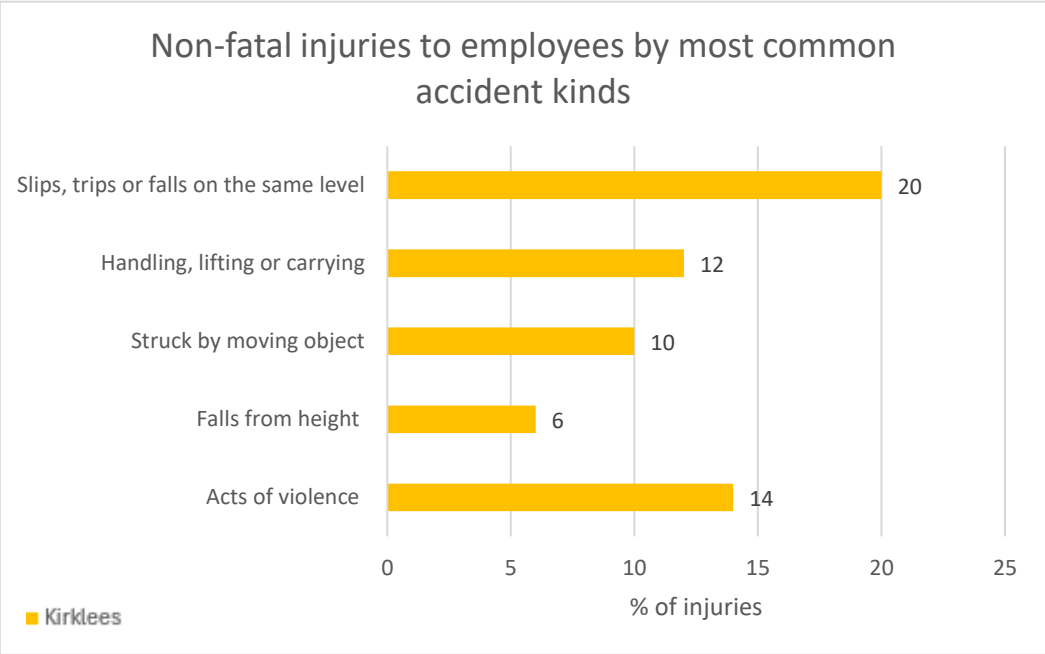
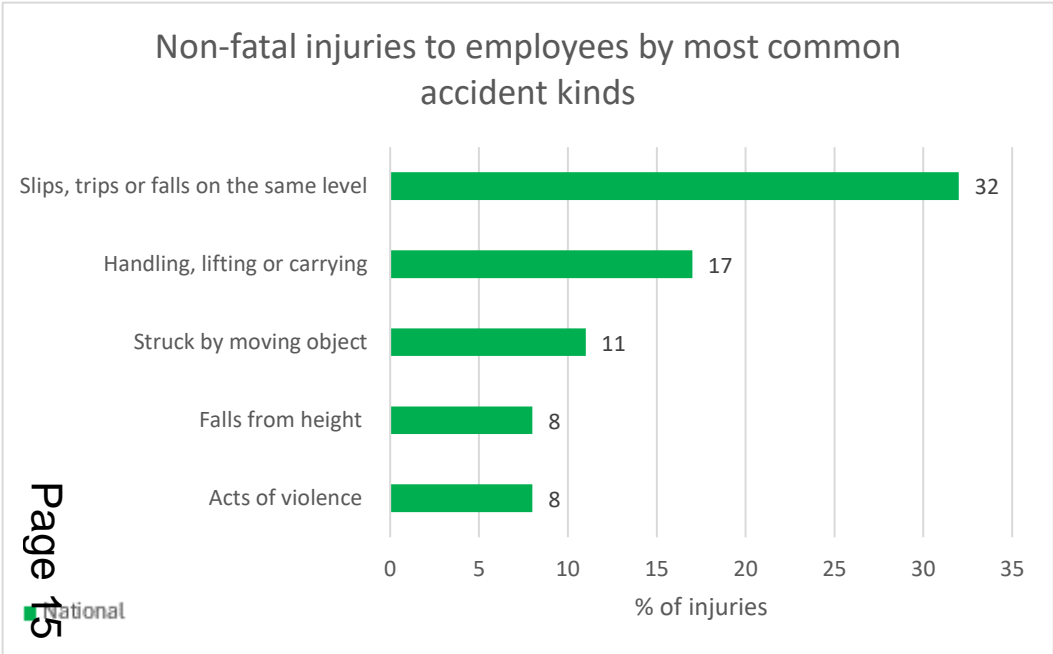
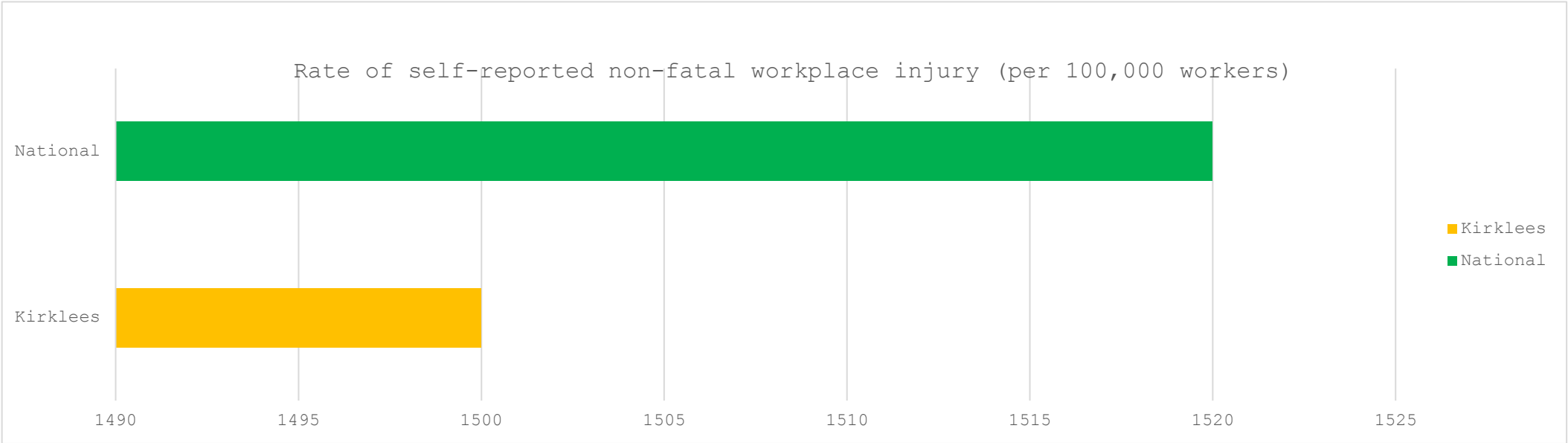
A summary of Incidents reportable to the HSE under RIDDOR

Specified Injuries	7
Injuries Causing Over 7 Day Absences	19
Occupational Diseases	16
Dangerous Occurrences	2
Non-employees	4



Annual Corporate Health and Safety Report

BENCHMARKING





Annual Corporate Health and Safety Report

EMPLOYERS' LIABILITY CLAIMS

Employers' Liability claims received

Incident No.	Category	Department	Description	Incident Date	Value of Incident	Status	Cause - Employers Liability
2073	Employers Liability	Housing Services	Attacked by Dog	22/03/2023	£0.00	Closed repudiated	Assault
2146	Employers Liability	Child Protection & Family Support	Fell from chair which was broken	21/10/2022	£22,500.00	Re-opened	Accident - Council Premises, Fall
2197	Employers Liability	Property Repairs & Maintenance	Assaulted by a Member of the Public	24/06/2022	£0.00	Closed repudiated	Assault
2280	Employers Liability	Highways Operations/Construction	Impalement of right knee	26/03/2023	£0.00	Closed repudiated	Use of Machinery/Equipment/Tools
2329	Employers Liability	Highways Operations/Construction	NIHL	01/01/1986	£10,000.00	Open investigating	Noise
2330	Employers Liability	Highways Operations/Construction	NIHL	01/01/2003	£10,000.00	Open investigating	Noise
2380	Employers Liability	Adult In House Care	Assaulted by Service User	14/05/2023	£6,868.00	Open repudiated	Assault
2419	Employers Liability	Waste, Recycling & Street Cleaning	Window was half open, branch has hit passenger in the eye	24/01/2022	£0.00	Closed repudiated	Accident - Travelling
2443	Employers Liability	School Catering	Loading Trolley collapsed injuring Knee	08/06/2023	£0.00	Closed repudiated	Defective/Faulty Tools/Equipment
2498	Employers Liability	Adult Social Care Operations	Attacked by resident	18/05/2022	£0.00	Closed repudiated	Assault by Service user
2510	Employers Liability	Waste, Recycling & Street Cleaning	Slipped on step exiting depot	20/06/2023	£8,500.00	Open investigating	Accident - Council Premises
2617	Employers Liability	Welfare & Exchequer	Tripped over Trolley on Floor	10/05/2023	£6,080.00	Open repudiated	Accident - Council Premises
2666	Employers Liability	Ravenshall School - SPE - M	Teacher Tripped on rubble in playground	07/09/2021	£9,244.00	Open repudiated	Accident - Council Premises
2702	Employers Liability	Adult Social Care Operations	Employee injured when service user fell on her	21/03/2023	£8,000.00	Open investigating	Accident - Travelling



Annual Corporate Health and Safety Report

Incident No.	Category	Department	Description	Incident Date	Value of Incident	Status	Cause - Employers Liability
2719	Employers Liability	Property Repairs & Maintenance	Verbally abused by colleague, caused PTSD	28/10/2021	£5,000.00	Open repudiated	Bullying/Harassment
2769	Employers Liability	Town Halls and Public Buildings	Fell down stairs in Town Hall	03/10/2023	£0.00	Closed repudiated	Accident - Council Premises
2795	Employers Liability	Earlsheaton Infant School - PRI - M	Mesothelioma	01/04/1983	£150,000.00	Open investigating	Disease, Inhalation
2823	Employers Liability	Highways Operations/Construction	Electric Shock	08/10/2023	£7,129.00	Open repudiated	Electrocution
2941	Employers Liability	Waste, Recycling & Street Cleaning	Slip / Trip	31/10/2023	£5,000.00	Open repudiated	Surface Defect Uneven
3124	Employers Liability	Parks, Greenspaces & Woodland	HAVS	01/01/2019	£7,000.00	Open investigating	Occupational Disease, Use of Machinery/Equipment/Tools, Vibration
3135	Employers Liability	Adult Social Care Operations	Home carer slipped on external steps of service user's property	16/01/2024	£7,806.00	Open repudiated	Accident - Travelling
3383	Employers Liability	Highways Operations/Construction	HAVS	15/11/2023	£21,080.00	Open investigating	Occupational Disease, Use of Machinery/Equipment/Tools, Vibration

Employers' Liability payments

Claim payments	£128,573.50
CRU	£5,768.00
Claimant costs	£140,793.25
Own costs	£17,289.08
	£292,423.83

POLICY UPDATE



- The Corporate Health and Safety at Work Policy, the Corporate Fire Safety Policy and the Corporate Asbestos Management Policy have been reviewed and updated to reflect changes to the Council's management structure. The policies set out the Council's general approach and commitment to health and safety and outline the management arrangements in place. Appropriate management arrangements must be produced by all Services to ensure the aims and objectives of the policies are fulfilled.
- Corporate health and safety guidance on Mobile, Agile & Flexible Ways of Working, Health & Safety Training, Safety Signs & Signals, Dangerous Dogs, Snow & Ice Clearance, Display Screen Equipment, Portable Electrical Equipment, Risk Assessment, Site Traffic Management (Children's Service), Slips/ Trips & Associated Falls, New & Expectant Mothers (Including women of childbearing age) and Management & Control of Contractors has been reviewed and updated.

INSPECTIONS

There were 36 workplace or service area management review and inspections were undertaken during the 12-month period ending 31 March 2024. Action plans have been developed to rectify findings. Where action plans are outstanding, service areas are sent two reminders to return completed action plans. The main deficiencies found during the management review and inspections were as follows:

- Inadequate risk assessments
- Non-compliance with specific Regulations
- Lack of health and safety performance monitoring
- Poor housekeeping

AUDITS

Audits of the health and safety management systems took place within Educational Outcomes, Business & Skills, Employment & Skills, Major Projects, Early Support, Transformation & Culture Change, Waste, Recycling & Street Cleaning and Transport Services. If required, Services will be revisited in six months' time to monitor progress with the recommended actions.

HEALTH AND SAFETY TRAINING



Annual Corporate Health and Safety Report

66% of the Senior Leadership in the Council have completed the IOSH Managing Safely for Senior Executives course.

A summary of Employee uptake of the Corporate Mandatory eLearning by Directorate

Directorate	Adults & Health			
Count of Resource Status Column Labels				
Row Labels	Health and Safety Awareness	Manual Handling	Stress Awareness for Employees	Fire Safety
completed	41%	44%	40%	47%
Not complete	59%	56%	60%	53%
Directorate	Children & Families			
Count of Resource Status Column Labels				
Row Labels	Health and Safety Awareness	Manual Handling	Stress Awareness for Employees	Fire Safety
completed	50%	45%	49%	51%
Not complete	50%	55%	51%	49%
Directorate	Corporate Strat, Comm&PHealth			
Count of Resource Status Column Labels				
Row Labels	Health and Safety Awareness	Manual Handling	Stress Awareness for Employees	Fire Safety
completed	61%	65%	61%	64%
Not complete	39%	35%	39%	36%
Directorate	Growth & Regeneration			
Count of Resource Status Column Labels				
Row Labels	Health and Safety Awareness	Manual Handling	Stress Awareness for Employees	Fire Safety
completed	80%	77%	78%	81%
Not complete	20%	23%	22%	19%

RISK MATRIX



Annual Corporate Health and Safety Report

The Council’s health and safety risk matrix, identifies corporate responsibilities, risks, how the risks are discharged and mitigated. All Corporate Leads have been consulted. Risk Leads are responsible for updating the risk matrix six monthly, by indicating risk direction and highlighting any issues for escalation. The below table provides a summary of the risk matrix for the period ending 31/03/2024:

Risk Rating	Exposure	Comments
High	3%	Requires urgent attention: <i>Homes and Neighbourhoods - the big six building safety compliance areas i.e., Gas, Electric, Fire, LOLER, Legionella and Asbestos.</i>
Medium	60%	Some issues which if not addressed need monitoring
Low	37%	Satisfactory

HSE ACTIVITY

Following F2508A notification to the HSE on 18th March 2024 and 20th March 2024 that Grounds Maintenance operatives were diagnosed with Hand Arm Vibration Syndrome on 30th August 2023 and 29th March 2023 respectively, a HSE Visiting Officer contacted the Corporate Safety Team. The Principal Health and Safety Advisor was able to satisfy the HSE Visiting Officer on points raised, although a considerable amount of written evidence had to be produced. The health and safety management arrangements and information provided to the HSE Visiting Officer were deemed satisfactory. However, because late reporting is technically a material breach, the HSE is entitled to recover costs and will issue a Notice of Contravention for this express purpose.

APPENDICES

APPENDIX 1: Details pertaining to the accidents and incidents reportable to the HSE under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

APPENDIX 2: Corporate Health & Safety Risk Matrix, which identifies corporate responsibilities, risks, how the risks are discharged and mitigated.

RIDDOR REPORTABLE INCIDENTS 1 APRIL 2023 – 31 MARCH 2024

Job Title	The kind of incident	Type of injury	Details	Recommendations and conclusion
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EMPLOYEES**Specified Injuries****Maintained Schools**

ETA	Slipped, tripped or fell on same level	Break / Fracture	We are in the process of installing an electric gate to the car park and the piece tripped over was fitted last week.	When the work is completed, the gates will be closed and will open only to let cars in / out of car park for members of staff with a car and pass to open the electronic gate. When the electronic gates are complete pedestrians will not be able to use this as an entrance to school.
ETA	Slipped, tripped or fell on same level	Break / Fracture	Tripped over a chair leg and fell to the ground. Banged leg and wrist took weight of the fall. Ice pack given at the time of incident. It was still hurting at the end of the day and the IP went to hospital where it was diagnosed as a broken wrist.	IP aware she should have been concentrating.
ETA	Struck by object	Loss of consciousness	IP was on duty in in the playground during morning break when she was hit in the face by a basketball causing injury to her face and neck due to the impact.	A first aider was called and whilst being attended to, the staff member lost consciousness. She was taken into the staff room and laid on the floor with feet raised. She was showing visible signs of shock, shivering and was very drowsy. She was wrapped in a foil blanket and a FAW member of staff remained with her. Unfortunate accident with no further action required.

Adults Social Care

Home Support Worker	Slipped, tripped or fell on same level	Break / Fracture	IP slipped on the step leading to S/U property. IP stated her foot went sideways on the step, broken left arm, banged head and knee on impact.	
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Operational Services

Refuse Collection Operative	Hit by a moving, flying or falling object	Break / Fracture	Bin fell off lifter following being emptied. IP stood 3-4 feet back. Bin bounced off floor and hit IP in chest IP fell to floor.	Unfortunate incident.
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Homes & Neighbourhoods

Joiner	Fell from a height	Break / Fracture	IP was fitting a new loft hatch to the property. IP says the step ladder wobbled and he lost his balance causing him to fall.	Investigation ongoing.
Electrician	Fell from a height	Break / Fracture	Appeared to have fallen off stepladder.	No witnesses and operative has no memory of event. Site caretaker found operative dazed and confused and sent for help. Same caretaker reports that operative was working safely. There is the possibility of the operative blacking out while up the steps.

Injuries Causing Over 7 Day Absences

Maintained Schools

Lunchtime Supervisor	Hit by a moving, flying or falling object	Cut / Scratch	A child's trike bumped into IP's shin and caused a deep cut on her shin.	Bikes not used at lunchtimes when more children are outside.
Educational Support Assistant	Slipped, tripped or fell on same level	Bruise / Swelling	Lost footing when walking down the stairs by the main entrance to school, was looking in her bag. Landed on ankle which caused a bad sprain and bruising up the lower leg.	All staff will be spoken with during staff meetings and reminded about health and safety in school.

Venue Management

Caretaker	Hit by a moving, flying or falling object	Bruise / Swelling	IP was carrying milk cartons to a classroom and tripped over a chair and has caught his hand on sink as he fell.	Advise to make sure walkway is clear of obstructions before carrying items.
Relief Cleaner	Hit by a moving, flying or falling object	Bruise / Swelling	Whilst cleaning, a table was turned on its side by IP's colleague. IP was stood sideways cleaning another table when her colleagues table fell down landing on IP's foot, her foot was throbbing and unable to take weight.	To apply re training for all relief cleaners regarding moving of furniture in the deep cleans.
Team Leader	Slipped, tripped or fell on same level	Bruise / Swelling	IP was coming down some stairs and stepped on the edge of the carpet which caused her to go over on her ankle. IP took painkillers at home and rang in sick the following day. Sustained bruise/swelling to ribs.	Checks were made and the carpet was not found to have any defects.

Catering Assistant	Slipped, tripped or fell on same level	Bruise / Swelling	IP tripped over her own feet, lost her balance and fell against the oven. Injury sustained to shoulder, hip and head.	IP reminded of the importance of always remaining vigilant in a kitchen.
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Bereavement Services Operative	Other kind of incident / accident	Cut / Scratch	IP was working in Earlsheaton Cemetery Garden of Rest, preparing a plot for the interment of cremated remains. He was using a spade and as he struck the spade down into the ground, he struck resistance, the shaft broke and his left hand slipped down the shaft of the spade, a splinter from the broken wooden shaft of the spade entered his left ring finger. He removed the splinter. When Registrar arrived on site 10 am, IP presented open wound and was advised to clean up and dress the wound, this was done. In the afternoon IP advised Registrar that finger was swollen and painful. IP was advised to go to A&E. IP went home after work and went to A&E.	All wooden handle equipment has been inspected and as part of renewal will be replaced with other material type. Risk assessment reviewed. Additional prybars purchased. Inspections to be recorded. All teams reminded of importance of using correct PPE / equipment for the job.
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Highways & Streetscene

Loader	Contact with moving machinery	Strain / Sprain	Refuse Collection Vehicle reversing to collect bins to empty but didn't stop hitting bins and pushed IP over.	Investigation ongoing.
Refuse Collection Operative	Slipped, tripped or fell on same level	Bruise / Swelling	Tripped on an uneven public walking area.	Recommend that footpaths and public walking areas are better maintained and repaired. Take extra care on uneven ground.
Recycling and Waste Advisor	Another kind of accident	Strain / Sprain	IP was getting out of the van and put foot down further than what he thought. Left leg was twisted as IP left the vehicle.	Undue care and attention.
Construction and Development Manager	Contact with moving machinery	Cut / Scratch	IP was cutting round-headed bolt on deck-board, which was hanging down from climbing frame unit. Falling deck-board hit the top of the	Reassess the risk assessment to see if any further control measures are required. Ensure staff carry out a dynamic risk assessment on site prior to

			angle grinder, pushing it onto right thumb.	carrying out works to reduce risks.
Civil Enforcement Officer	Slipped, tripped or fell on same level	Bruise / Swelling	CEO 150 tripped in a pothole on Oates Street, Dewsbury.	The incident was totally unpredicted therefore no recommendations have been made – other than repair potholes in a more speedier fashion.

Homes & Neighbourhoods

Estate Caretaker	Slipped, tripped or fell on same level	Strain / Sprain	IP pulled into a lay-by next to St John the Evangelist Church. He parked diagonally in the lay-by as the tipper is a long vehicle. IP stepped out of the cab and on to the tarmac. The section of the lay-by just by the pavement is broken and there is a pothole in it. The tarmac was raised up on one edge. IP says he must have stepped down on to the raised edge, his ankle then twisted inwards, and he went down into the pothole and then fell to the side and backwards, landing on his back on the pavement.	Report to be made to Highways about the condition of the surface in this particular lay-by.
Estate Caretaker	Injured while handling, lifting, or carrying	Musculo-skeletal	I did my risk assessment, I thought it was within my capabilities, I pulled a tonne sack with grass in it and cuttings backwards and then once I realised it was light enough, I turned round to drag it forwards. As I turned and set off, I felt the pain in my calf, it felt like something popped. At first, I thought something had fallen on it, then I tried to pull again, and it just went.	Refresh manual handling training, use a colleague to help in future.
Joiner	Injured while handling, lifting or carrying	Strain / Sprain	Fitting a kitchen strained back.	Advised to follow manual handling techniques.
Electrician	Hit by a moving object	Bruise / Swelling	A light was covered in paint so to remove it the IP was using a terminal screwdriver to crack away some of the paint, as he was doing this, the light fitting cracked and the end of his screwdriver	

			went into his left hand, breaking the skin.	
Joiner	Slipped, tripped or fell on same level	Cut / Scratch	While cutting down a sheet of 18mm Plywood with an 18V Milwaukee Ripsaw the Stanley Trestles that were supporting the sheet fell away from IP. This resulted in him tripping and falling forward while cutting and the Ripsaw that was trapped in the plywood cut across 4 of his fingers on his left hand as the blade slowed down. This caused cuts to his four fingers, he had stitches in 3 of them to close the cuts up and the fourth fingers just had a shallow nick.	Recommended he rest his hand until his injury has fully healed and return to work once his doctor has assessed his hand, making sure it has healed suitable and once he feels fit enough to return to work.

Environmental Strategy & Climate Change

Support Worker	Slipped, tripped or fell on same level	Strain / Sprain	IP was alighting the minibus by the minibus steps, and slipped and fell off the step, going over onto her ankle.	Checks were made and the step was not found to have any defects.
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Markets

Assistant Market Officer	Injured while handling, lifting, or carrying	Bruise / Swelling	IP was steering into the garage using the front tow bar of the trailer that attaches to the vehicle and two other staff pushed either side of the trailer. The bar jerked/ jack-knifed to the left while they were pushing the bar/arm from a straight position, IP was holding with both hands when the bar jerked resulting in him losing his balance, stumbling, and twisting his left foot. IP said he has never stumbled before when doing this task, however he was aware the bar has tendency to jerk/ jack-knife. Other staff were aware the tow bar on these trailers tends to jerk when moving the trailer. The concrete ramp into the garage was crumbled and uneven. A trailer that can be reversed	Manual handling risk assessment to be reviewed. Trailers to be driven back to Queensgate Market after use to be stored, until the concrete ramp into the Brook Street garage is repaired. Where possible the trailer with the pin mechanism that can be reversed when driving the vehicle be brought up from Flint Street. Markets are exploring purchasing hydraulic vehicle lifting equipment to remove the need for staff to manually push stall trailers to store them.
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			into the garage on the vehicle was at another location.	
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Occupational Diseases

Homes & Neighbourhoods

Plumber	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	A management plan has been agreed and put in place.
Heating Engineer	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	A management plan has been agreed and put in place.
Brick Layer	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	To avoid progression for disease following this diagnosis, operative will be redeployed into a suitable role where he is not expected to use vibrating tools at work.
Joiner	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	A management plan has been agreed and put in place.
Electrician	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	A management plan has been agreed and put in place.
Plumber	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.
Plumber	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.
Mason	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.

Highways & Streetscene

Civil Engineer	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	In his current role since February 2022, operative is not required to use any power tools.
Development Operative	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	A management plan has been agreed and put in place.
Chargehand Gardener	Disease	Hand Arm Vibration Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Hand Arm Vibration Syndrome.	A management plan has been agreed and put in place.
Development Operative	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.
Environmental Ranger	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.
Development Operative	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.
Environmental Ranger	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.
Gardener	Disease	Carpal Tunnel Syndrome	Employee Healthcare as part of health surveillance diagnosed operative with Carpal Tunnel Syndrome.	A management plan has been agreed and put in place.

Dangerous Occurrences

Homes & Neighbourhoods

Electrician	Dangerous Occurrence	Accidental release or escape of substances liable to cause harm	An operative was carrying out electrical works within an under-stair cupboard at a domestic property as part of a kitchen scheme. In the process he damaged an item in the ceiling he suspected to contain asbestos. The item was beneath a plasterboard ceiling and was not identified on the asbestos survey report. The operative who has had asbestos awareness training, immediately ceased work and the cupboard was sealed up with warning signs posted.	A sample was taken, and analytical results were positive for AIB (Asbestos Insulation Board). Bradley Environmental attended the same day to conduct reassurance air testing. This testing showed satisfactory fibre levels within the air to the property and therefore no risk to normal occupancy if the cupboard door remains sealed. A licensed asbestos removal contractor was commissioned to complete an environmental clean of the cupboard and remove the remaining AIB.
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Highways & Streetscene

Highways Operative	Dangerous Occurrence	Fire and explosions caused by electrical short circuit or overload	A Highways Operative working as part of a four person team upgrading a road crossing on Huddersfield Road in Meltham was nearly electrocuted when he struck a three-phase 440 volt mains power cable. The respective Senior Engineer that day had talked through the construction phase plan with the Senior Highways Operative highlighting how this work was to be carried out using trial holes, (slip trench) which involved the use of safe digging practices. This information was present in the Construction Phase plan with utility drawings provided.	The team failed to adhere to training, risk assessment and construction phase plan which makes clear that all works of this type are to be undertaken after consulting utility drawings and use of a CAT scanning tool. Management are considering disciplinary action.
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NON-EMPLOYEES

Maintained Schools

Pupil	Slipped, tripped or fell on same level	Cut / Scratch	IP was playing out at lunchtime and fell on a piece of wood and got a splinter on his right calf.	Remove loose pieces of wood from school grounds.
Pupil	Hit something stationary or fixed	Cut / Scratch	IP exited the trim trail swinging area to the right-hand side. As she jumped, her shin caught the top of foot support post.	Edges of grooved areas have been filed/smoothed and the rules for the use of the trim trail have been updated. Additionally, school has communicated to all users of the swing set to slow down before coming off the swing and avoid jumping where individual can hit the swing set.
Pupil	Slipped, tripped or fell on same level	Bruise / Swelling	IP was playing netball courts with his friends, slipped on an icy patch and fell back hitting the back of his head on the ground. IP was taken directly to hospital with resultant bruise and swelling to the head.	In order to prevent recurrence, areas will now be cordoned off when icy.
Pupil	Hit by a moving object	Concussion	The pupil was sitting in a drama classroom when a piece of board that was stuck to a mirror fell from a wall hitting the student on the head. This caused a cut above the left ear and a bruise to the left side of his cheek. Also concussion.	No wall fixings will be fitted using adhesive only, going forward.

CORPORATE HEALTH & SAFETY RISK MATRIX

<u>Risk Description</u>	<u>Corporate Lead</u>	<u>Mitigation</u>	<u>Assurance</u>	<u>For information/to escalate</u>	<u>Risk Direction</u> →↑↓	<u>Risk Rating</u>
1. Corporate Manslaughter	Jane O'Donnell	<ul style="list-style-type: none"> The Corporate Safety Team is the Council's competent person for health and safety, with responsibility for supporting the Directors' Group, Cabinet and management to discharge statutory duties and responsibilities All the Safety Advisors are graduate or chartered members of the Institute of Occupational Safety and Health (IOSH) They provide a comprehensive range of support to assist Services within each Directorate to discharge their (the Directorate's and the Council's) responsibilities in ensuring the safety and health of employees and others. The emphasis is on practical/enabling advice and support to assist the Service in providing a safe work environment The Corporate Safety Team has a degree of independence and is a focal point for competent advice. They check that safety legislation is adhered to and 	<ul style="list-style-type: none"> Bi-annual corporate performance reports. Audit of the health and safety management systems of Services within the Council, on 3 – 5 year interval determined by risk, carried out in accordance with HSE guidance Successful Health and Safety Management (HSG (65)). The audit is prescriptive as it requires the existence of certain set procedures but within the scope of the audit there exists, the flexibility to include situations highlighted in this matrix Management review and inspection of high risk premises at 3 yearly intervals and medium risk premises at 5 year intervals. Corporate Landlord inspects low risk premises. 		→	Green

		<p>corporate and local policies and practices are adopted.</p> <ul style="list-style-type: none"> • Corporate Safety Policy and associated procedures and guidance • Service Health and Safety; Policies; Procedures; Risk Assessments • Safety Committee/employee liaison structure. • Health and safety training programmes 	<ul style="list-style-type: none"> • Accident reports monitored and followed up and or investigated as necessary. • The Council's online accident and incident reporting system was upgraded in the third quarter of 2022 and enhancements are currently underway with regard to the reporting functionality for the Corporate Safety Team and changes to the process for investigation by Incident managers • Mandatory health and safety training matrix developed to specify the minimum level of training dependent on role within the Council. A well-managed training programme will help to develop a positive health and safety culture as well as helping to ensure that the Council meets its legal duty to protect its employees. • Internal Audit 			
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<p>2.</p> <p>Use of Contractors</p>	<p>Jane Lockwood</p>	<p>Selection of Contractors</p> <ul style="list-style-type: none"> • Contract procedure rules • H&S legislative requirements included in standard contractual documents • Procurement category management approach provides further risk mitigation and robustness <p>Management of Contractors</p> <ul style="list-style-type: none"> • Effective contractor management • Contractors vetted – Safety Schemes in Procurement (SSIP) standard or H&S included in method statements 	<ul style="list-style-type: none"> • All tenders over £25k are issued via YOR tender and monitored by Corporate Procurement. • Model form of contracts used as appropriate (NEC 3&4/JCT) to ensure necessary compliance with all applicable H&S laws, regulations and industry standards and compliance with all H&S requirements contained in particular contract(s) • Contract managers monitor performance and undertake due diligence checks 		<p>→</p>	<p>Green</p> <p>Amber</p>
<p>3.</p> <p>Management of asbestos</p>	<p>David Martin</p>	<ul style="list-style-type: none"> • 2023 Asbestos Management Policy & Arrangements (AMPA) approved by H&S Oversight Board in place • Asbestos register completed with each PAMP on site. • Asbestos survey and re-inspection plan available. • Asbestos removal plan and high risk report. • Asbestos training programme in place. 	<ul style="list-style-type: none"> • AMPA available online via intranet • PAMP documents are available from the asbestos consultancy team • Asbestos awareness training available on request. Planned provision to schools & Corporate Landlord & Capital Service already in place. 		<p>→</p>	<p>Green</p>

			<ul style="list-style-type: none"> • Ongoing development of internal system to develop asbestos registers, PAMPs and risk reports. • Re-inspections are currently ongoing. Will repeat each year on a risk basis • Programme in place to survey all commercial units nearing completion 			
4. Management of legionella	David Martin	<ul style="list-style-type: none"> • Corporate Legionella Management Policy is in place which details our required actions from a weekly, monthly, quarterly and annual perspective. This, however, is out of date and is being reviewed • All checks are being carried out by IWS as part of the framework setup. • New framework now in place, ISW have again been successful and continue to provide water quality work. • Internal checks are being carried out by Caretakers/AMOs whilst on site which check up on all sites, looking at various elements • Water quality checks are being carried out. • We are compliant with L8. 	<ul style="list-style-type: none"> • Inspection of water systems is being recorded as carrying out all checks and works required under the framework. Logs for this are available • Certification is available on site and centrally on G drive and online via IWS portal • Real time updates are available via IWS' ORT system. This includes RA and monitoring, TMVs and remedial works • Logs of AMO and Caretaker audits are available via the Asset Management Team. • Previous version of the Corporate Legionella 		→	Amber

			<p>Management Plan is available on the intranet</p> <ul style="list-style-type: none"> • IWS are carrying out the required checks as per recommended intervals. This includes works for H&N and KAL, as well as KC • Caretakers and site staff are carrying out the weekly flushing and recording of little used outlets. Random audits on if this carried out done via IWS • Legionella Awareness Plus course delivered to all staff requiring this information. Further training is being planned for schools and other key people identified for legionella plus training post-COVID • RAs now up to date and on programme for renewal every 2 years • Corporate stock has had most remedial works ordered or completed with new items being found and resolved • H&N water responsibilities handed 			
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			<p>over to Housing Compliance Team</p> <ul style="list-style-type: none"> Schools have a big backlog of remedial works, some of this sits with the academies or school's responsibility and some sits with the corporate schools team 			
<p>5.</p> <p>Medical needs in schools</p>	Jane O'Donnell	<ul style="list-style-type: none"> Medical Needs Policy in place for schools which also applies to Residential Service; Youth Service; Early Years settings. Training for Head Teachers. 	<ul style="list-style-type: none"> Medical Needs Policy is available on Kirklees Business Solutions website Individual Health Care Plans for children with medical needs Independent health and safety audits by the Corporate Health and Safety Team Schools and early years settings have full access to the policy through Kirklees Business Solutions website and have been advised that this document remains current until replaced and should be adhered to Independent Ofsted inspections 		→	<p>Green</p>

<p>6A.</p> <p>Tree Management</p>	<p>Will Acornley</p>	<ul style="list-style-type: none"> • Corporate Policy and Guidance on tree management – currently being updated for 2023. • Risk zoning of trees within public areas – current review of risk matrix being undertaken for 2023. • Inspection of trees in Council ownership. Schools are responsible for their own tree management. This is included within their budgets. 	<ul style="list-style-type: none"> • Four qualified Tree Inspectors are now in place. Supported by the Arboricultural Team manager. • A dedicated Woodland Manager has been put in post, who will oversee both strategic and operational delivery, supported by a Woodland Officer. • Trees have been risk zoned and the high risk areas are being looked at first. These include, roadsides etc. We will translate this into an enhanced inspection regime to suit risk profiles • A computer management system (Ezytreev) was implemented (2014) to record and manage all tree inspection data and to process necessary tree works. The Tree Inspectors will help continue the move to a proactive approach. Trees are additionally being inspected when reported by the public or a complaint is made 	<p>Risk was discussed as being dropped to amber at a recent ELT meeting because the Woodland Development Manager has been asked to produce a report relating to this, to take to SLT. He is revising our site data to concentrate on those sites which we absolutely have to look at, as opposed to all sites. This is taking a bit of unpicking as this was delayed due to leave but the team are on with it and will get a report to SLT asap</p>	<p>→</p>	<p>Amber</p>
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			<ul style="list-style-type: none"> • A tree strategy and associated guidance document are adopted that sets out the inspection regimes to meet the level of risk exposure as well as link the various Council Tree Policies into a single gateway document. This new Tree Policy has now been adopted (November 2023). • Clear defined areas of responsibility and actions are being drawn up to articulate the limits of any maintenance 			
6B. Ash Dieback	Will Acornley	<ul style="list-style-type: none"> • Ash Die back is a national issue that is caused by the fungal infection of ash trees. Most parts of the country are now affected and there is widespread decline. Given the expected high tree mortality rate and the associated scale of works that will be required to manage infected trees for public safety, it is important that the effects of ash dieback are planned for and managed, especially in safety-critical locations. We are presently developing our policy and approach to the issue within Kirklees to be adopted in 2023. 	<ul style="list-style-type: none"> • Development of Ash die Back Strategy for Kirklees. Resources and funding for delivery are yet to be secured which will be significant. • An initial review of high risk area has been undertaken and information is being collated, including where private trees affect public highway 		→	Amber

<p>7.</p> <p>Transport/ Work Related Road Safety & Vehicle Overloading</p>	<p>Will Acornley</p>	<ul style="list-style-type: none"> • Transport telematics policy. • Driver handbook. • Driver training/assessment. • Regular scheduled maintenance. • Repair and defect facility. • Vehicle telematics. • Internal Audit. • Vehicle weighing systems. • Scheduled testing of weighing systems. • Vehicle cameras fitted to all new HGVs • HGV Cyclear (driver cyclist awareness technology) fitted to all new RCVs • Reverse radars fitted to all new HGVs • Reverse cameras or sensors fitted to all new LGVs. Minibuses and cars where possible • ID clear fitted to all new HGVs (security device for stationary and hijacked vehicle thefts) • New up to date telematics software procured and rolling out Spring/Summer 2023. • Electronic driving licence checking service on trial. 	<ul style="list-style-type: none"> • Vehicles maintained to DVSA standards by qualified Technicians • 'Green' Operator Compliance Risk Score (OCRS) – records traffic events and road worthiness • "O" Licence compliance checks in place. • Revised inspection sheet introduced. • Restructure of Fleet & Transport services into Centre of Excellence Model – including compliance officers. • Exception reports for maintenance activities. • Driver behaviour standards and Telematics training. • Upgrading vehicle telemetry software. • Weekly gross vehicle weight audit and report – Presented at Waste Assurance Board and at future Transport Assurance Board. 	<p>For information. The Centre of Excellence was tested by the Traffic Commissioner who supported the approach. The condition and age of the fleet continue to be a challenge, with a Cabinet report for investment being brought forward</p>	<p>→</p>	<p>Amber</p>
<p>8.</p> <p>Fire Safety: Fire Risk</p>	<p>David Martin</p>	<ul style="list-style-type: none"> • Corporate Fire Safety Policy & Policy statement in place and signed by Chief Executive 	<ul style="list-style-type: none"> • Fire Safety Logs available at all premises. 		<p>↓</p>	<p>Amber</p>

<p>Assessments; Alarm Systems and Emergency Procedures</p>		<ul style="list-style-type: none"> • Fire risk assessments. New programme in place with external provider • Fire safety concordat with WYFRS approved by SLT and signed by Chief Executive. • Regular inspections of premises. • Regular inspection and maintenance of fire safety systems. • Fire Safety Training for responsible persons and staff. • Corporate fire safety policy in place. • Corporate induction fire safety training introduced, compulsory for all staff (electronic and manual formats). • New system of fire management rolled out in line with hybrid working where each service required to nominate red hats when working in an office • Risk assessment works identified and matrix/priority of works formulated. Process in place to commission work. • Fire Safety Training available for responsible persons, competent assistance, marshals/wardens and all staff. • Sprinkler installation consideration given to all 	<ul style="list-style-type: none"> • Audits and inspections by Fire Safety Team. • Audits and inspection by WYFRS. • Third party accreditation of inspection and maintenance of fire safety systems (BAFE) renewed 2022. • All certificates are stored on site and with Fire Safety Team. • Hard copies of reports now being scanned to digitise whole system • The concordat with WYFRS is approved and awaiting final sign off by WYFRS • Fire safety systems are inspected twice per annum. • All repairs and maintenance carried out as required. • Established programme of fire risk assessments to cover schools from 2022 to replace existing 2016 information. • Increased training to ensure that employers' fire safety responsibilities are clear. 			
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		<p>refurbs/new builds case by case review</p> <ul style="list-style-type: none"> • Programme of updating fire plans for all corporate building commenced 2020. On hold at present. <p>Compartment line diagrams being completed for all buildings with new FRA</p>	<ul style="list-style-type: none"> • Implemented fire safety policy for schools. Policy under review for 2024. • Asset management collating action plans and prioritising works stemming from assessments (Ongoing). • Project groups appointed for allocating/managing works. • Training courses booked through My Learning and bespoke for schools etc. if required. • Works planned to carry out fire safety works to 30Nr schools in the next 12 months. Contract to be signed with CLC alongside work to 20 corporate buildings • External consultant engaged to carry out compartmentalisation surveys as required • Framework in place for FRAs. Internal team provides expert challenge for any FRA commissioned • Risk will be green once Schools Fire Policy is completed. Target net 			
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			H&S Oversight Board Meeting			
9. Gas Installations/ Appliances	David Martin	<ul style="list-style-type: none"> • Gas servicing and • Gas tightness testing to: Gas Safety (Installation & Use) Regulations 1998 and Gas Safety (Installation & Use) Regulations 1998 and Gas Safety (Installation & Use) (Amendment) Regulations 2018. 	<ul style="list-style-type: none"> • Gas tightness tests include all system including gas taps. • Full gas pressure tests carried out at least once every 5 years. • Gas line drawings available for most properties • Gas servicing carried out annually. • Managed risk assessments on catering systems to reduce risk • Certificates available on site and with Building Services to prove the above. Available to Corporate FM & Compliance Team via Consillium • Any high risk gas issues are sorted immediately on discovery during survey. • Defects are reported to Responsible Person • A full compliance data collection programme is in place 		↓	Green

<p>10.</p> <p>Electrical Installations/ Appliances</p>	<p>David Martin</p>	<ul style="list-style-type: none"> • Testing of all fixed wiring and all distribution boards as per BS7671. • Servicing electrical Installations. • Portable Appliance Testing. • Fixed appliance testing. 	<ul style="list-style-type: none"> • Servicing programme based on building risk assessments. • Programme of condition inspection and assessment. • Certification on site and stored centrally. • Reports sent to AMO, schools and Corporate Landlord. • All information checked by Service Maintenance Team. • Orders for works and invoices available. • Immediate rectification of urgent issues. • Defects are corrected following application for funding. Defects carried out at Servicing up to a value of £1,000.00. • Distribution boards changed as required. • Documents kept in both Building Services folders and on Corporate Landlord M&E drives. 		<p>→</p>	<p>Green</p>
<p>11.</p> <p>Lifts/Hoists etc</p>	<p>David Martin</p>	<ul style="list-style-type: none"> • Repair and maintenance. • Insurance inspections and assessments carried out as 	<ul style="list-style-type: none"> • Lift inspections and assessments available 		<p>→</p>	<p>Green</p>

		<p>required by servicing schedule via Insurance Team.</p> <ul style="list-style-type: none"> • Capital replacement project being developed to replace lighting & emergency lighting as replacements becoming unavailable • Capital replacement project in place. 	<p>plus applications for capital investment.</p> <ul style="list-style-type: none"> • Assessments carried out and risk assessment/ reported by age and serial number. • Service intervals of a minimum of every 6 months for all lifting machinery. All inspected by ANSA elevators. • Programme of inspection available. • Certification held centrally though in service maintenance file. • All defects sorted by ANSA Elevators. • Ongoing contract to maintain all lifts managed within Corporate Landlord. This is with ANSA Elevators. • Handover of responsibility to H&N of all H&N lift units. This is included in the new contract document for ongoing management responsibility • Insurance required – inspection and assessment carried out on a 6 monthly basis 			
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			<p>independent of ANSA Elevators by HSB.</p> <ul style="list-style-type: none"> • Ongoing condition checks to advise when replacement is required. • All brake systems checked for asbestos. • Agreed procedure for electrical power downs. 			
<p>12. Pressure Systems</p>	David Martin	<ul style="list-style-type: none"> • Identify pressure systems e.g. boilers with pressure vessels. • Written scheme of examination including testing regime in full accordance with the Pressure Systems Safety Regulations 2000. • Audit being carried out by external provider to identify all systems and service • Insurance Team has been provided with all locations where pressure systems may exist to ensure we identify any systems currently unknown • Further investigations are being commissioned as part of the new insurance-led framework to identify any unknown systems 	<ul style="list-style-type: none"> • Insurance Team organises testing for insurance purposes. • Instructions given to external provider to identify and service all pressure vessels. This will be done every 12 months • Written scheme to be produced by compliance team to identify those and record all works completed • A full compliance data collection programme is in place to assess any missing data 		→	Amber
<p>13. Hazardous Pipelines: Fuel; Gas etc</p>	David Martin	<ul style="list-style-type: none"> • Plans of pipework and isolation devices. All completed as required. • Pipelines labelled. 	<ul style="list-style-type: none"> • Hard copy information held on site in the yellow safety box. • Gas pipes tested every 5 years and then checked 		→	Green

		<ul style="list-style-type: none"> • Visual condition survey maintenance checks on all pipework. • Oil tank maintenance in the remaining 3 oil fired boiler systems. 	<p>annually. Reports available.</p> <ul style="list-style-type: none"> • Pipes are labelled/painted during surveys to reflect usage during annual gas testing. • Annual condition check on hazardous pipelines. Documented evidence available in each site. • Building Services hold all information and reports. Also available by Consillium. • All failures are reported and fixed immediately. • Reporting systems are in place. • Urgent repairs are taken care of immediately. • Non-urgent tasks are reported for funding based on condition and risk. 			
<p>14.</p> <p>Radon Associated Risks in Buildings</p>	David Martin	<ul style="list-style-type: none"> • Radon investigation included with previous risk matrix update and was tabled at H&S Oversight Board for approval and acceptance • Suggested new system is monitoring risk zones as outlined by Radon UK interactive map 	<ul style="list-style-type: none"> • New KC wide risk assessment for Radon to be created • New Radon risk would be in place for all buildings • Carry out any remediation works as required by risk assessment 		→	Amber

		<ul style="list-style-type: none"> Start at high risk zones and check all buildings then move down risk order until ending at Very Low Risk if required to do so. If all high risk sites are below control limits/STELs then risk assess all other sites using UK Radon Map as evidence 				
<p>15.</p> <p>Swimming and Hydrotherapy Pools</p>	<p>Alex Mellor (KAL)</p> <p>Adam McNeely (Kirklees)</p>	<ul style="list-style-type: none"> Risk assessments. Regular pool plant testing. Planned preventative maintenance. Bacterial testing monthly by independent lab. Chlorine and pH testing. 	<ul style="list-style-type: none"> Pool water manual. 6 pool tests carried out per day, reviewed weekly by management. Written risk assessments for all aspects. Printed on site and stored electronically. <ul style="list-style-type: none"> Building risk assessments. Activity risk assessments. Pool/facility risk assessments. Ongoing site specific checks. <ul style="list-style-type: none"> Daily. Weekly. Monthly. All information held hard copy on site and centrally on G drive. Internal audits of the above systems. 		→	Green

			<ul style="list-style-type: none"> • Pool test equipment all serviced and spares available. • Documented training and certification. • Health and Safety Audits. • Quality checks. • Competency tests for employees. • Always a level 1 trained member of team on duty at pools. • Ongoing training schedule. <p>Legionella inspection on dry side carried out under PRP legionella contract (IWS).</p> <ul style="list-style-type: none"> • Pools have been placed in hibernation due to COID but will be brought back into operation following October half term with a refreshed Risk Assessment and operational controls in place 			
16. Local Exhaust Ventilation Systems	David Martin	<ul style="list-style-type: none"> • LEV systems should be tested every 14 months under Control of Substances Hazardous to Health (CoSHH) Regulations 2002. 	<ul style="list-style-type: none"> • Reports available on each site. • Hard copies held on site, electronic copies held by Building Services. 		→	Amber

<p>And general ventilation systems</p>		<ul style="list-style-type: none"> • Individual Service areas are responsible for the testing and not Corporate Landlord & Capital. • Schools who buy back have their fume cupboards tested and certified on a 12-monthly basis. • Servicing of resistant materials machinery in schools are the responsibility of the school. • Ductwork systems examined and cleaned in compliance with the Workplace (Health, Safety and Welfare) Regulations 1992. • Annual servicing of fire damper systems in accordance with relevant guidance. 	<ul style="list-style-type: none"> • Reports produced following each visit. • Reports held by Building Services. • Remedial works carried out as required without delay. • Sub contracted to a specialist LEV company to maintain. • Damper servicing and ductwork cleaning to be audited and servicing/cleaning schedule created <p>Note the only reports kept centrally are for fume cupboards in schools</p>			
<p>17. Fixed Gymnasium; Sports and Playground Equipment</p>	<p>Will Acornley</p>	<ul style="list-style-type: none"> • Adherence to BS EN 1176 and other appropriate standards for bought equipment. • Regular inspection and maintenance regime carried out by in-house team of qualified inspectors. Varying inspections depending on use of the equipment, i.e. whether this is in a school, or public playground/skate park etc. 	<ul style="list-style-type: none"> • Play Equipment guidance note in place and signed off by Directors. Currently within date and renewal date available. • 504 non-school facilities currently maintained which are inspected on a 20 working day basis. • An inspection service for outdoor fixed play equipment is offered to schools (individually commissioned) or schools can buy in 		<p>→</p>	<p>Amber</p>

			<p>external inspections. The inspection frequency is determined by numerous factors, such as type of material used in construction of equipment (metal or timber), location (urban or rural) and security of the school or playground (palisade fencing or no security).</p> <ul style="list-style-type: none">• All certificates for schools are held within the schools only. Inspection reports are printed and hand delivered.• All inspection reports for public areas are created via PDAs and stored within a single file with 12 months for each site per file.• Schools are responsible for the maintenance of their gym equipment. They organise the inspections and keep the records. This is within their budgets. Mainly in-house.• All public areas are inspected by our in-house inspection team.• Team of 5 in-house inspectors qualified to			
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			<p>BTec/RPII level carrying out full operational inspections. Tested against a recent court case and found to be sufficiently robust.</p> <ul style="list-style-type: none"> An additional play maintenance resource is being part time seconded across from another area to aid in maintaining sites. 			
19. Air Conditioning	David Martin	<ul style="list-style-type: none"> Fridge gas regulations applicable and are mandatory. Pressure vessel regulations applicable. 2 service visits per year being carried out. This meets environmental legislation. 	<ul style="list-style-type: none"> Spreadsheet documenting all service and maintenance visits to all known sites. Pressure vessel items covered in previous item. 2 service visits per year being carried out. Filters are serviced. Units are cleaned twice annually. TM44 air conditioning inspection under the Energy Performance of Buildings. This is now complete and logged report recommendations to be considered but not mandatory 		→	Green
20.	David Martin	<ul style="list-style-type: none"> Servicing and maintenance schedule of all automatic doors 	<ul style="list-style-type: none"> Manufacturers' information from 	<ul style="list-style-type: none"> Not been serviced at the current time. Progress is being 	→	Amber

<p>Automatic Doors; Electric Gates; Barriers and Shutters</p>		<p>being produced along with high level costs</p> <ul style="list-style-type: none"> • Auto retract systems are in place on all doors. • Audit of assets has taken place to identify auto doors in place 	<p>installation plus any first year maintenance activity</p> <ul style="list-style-type: none"> • Defect correction when reported • Defects are sorted immediately and in most instances parts/doors are replaced • All new installations are maintained during the first year as per manufacturers' instructions • Breakdown maintenance programme • A full compliance data collection programme is in place to assess any missing data • Full servicing to be procured for ongoing contract when all units known 	<p>made in terms of collating the asset list of applicable sites and associated equipment and the compliance guide is at a very early draft stage for these elements. Procurement and servicing will follow once we are aware of the locations of this equipment.</p>		
<p>21. Lath and Plaster Ceilings</p>	<p>David Martin</p>	<ul style="list-style-type: none"> • Surveyed all Victorian and Edwardian schools between 2004 and 2008. • Risk matrix created, scored and implemented. • All items with a risk score of 8 or above was completed with immediate effect. 	<ul style="list-style-type: none"> • All required school surveys and 10 corporate buildings surveyed • Information held across G drive and established at the moment • Reasonable legal confidence that the system is acceptable • Condition surveys are ongoing. 		<p>→</p>	<p>Amber</p>

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| | | | <ul style="list-style-type: none">• Chicken wiring ceilings using 13 – 15 mm chicken wire• Works generally carried out during large scale M&E projects due to increased access to the ceiling• Based on the capital investment programmes for the buildings• Current risk scoring is based on whether the L&P is already wired against those that are not, the batten sizing and centres plus whether any wiring is nailed or screwed• Risk assessments are based on perceived risk and assessed by visible factors which may not allow for the correct assessment. Hidden issues can and do contribute to failures which cannot be predicted• No further updating of the assessment or condition has been carried out by Building surveyors | | | |
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<u>Risk Description</u>	<u>Corporate Lead</u>	<u>Mitigation</u>	<u>Assurance</u>	<u>For information/ To escalate</u>	<u>Risk Direction</u> →↑↓	<u>Risk Rating</u>
22. Management of Volunteers	Emily Parry-Harries	<p>Many Services across the Council involve volunteers in delivering their activities. While every service is different, the quality standards and legal obligations apply equally to them all.</p> <p>To help volunteer managers achieve a fair, consistent and mutually beneficial approach to managing volunteers, a Volunteer Managers Practice Guide has been developed.</p> <p>Volunteer managers receive ongoing support from Third Sector Team and are invited to attend the Joint Volunteer Management Network Meetings which are led by TSL (and include VSC groups and charities)</p> <p>Corporate safeguarding task and finish group action to check all managers and supervisors have access to relevant info in SharePoint was completed.</p>	<p>All managers who involve volunteers should have accessed the SharePoint site and have access to the practice guide. The SharePoint site was recently reviewed. The SharePoint site was refreshed in late 2022 with updated information on DBS checks for volunteers and process pathways.</p> <p>Corporate Safeguarding task and finish group undertook an audit in April 2022 of volunteer managers safeguarding current position and encouraged them to sign up for the Kirklees Quality Volunteering Award Scheme (which includes an element of a check on Safeguarding practice). The audit to be repeated in late 2024.</p> <p>TSL are delivering safeguarding training for VCS which is resourced through the Council's commission to TSL</p>	There has not been any feedback to the Corporate Safeguarding Oversight Group for some time as no one from the Third Sector Team has been invited to this group to feedback.	→	Green

<u>Risk Description</u>	<u>Corporate Lead</u>	<u>Mitigation</u>	<u>Assurance</u>	<u>For information/ To escalate</u>	<u>Risk Direction</u> →↑↓	<u>Risk Rating</u>
23 Management of graveyard headstones	TBA	<p>There are 43 closed C of E churchyards which have been moved across to local authority maintenance responsibility from the church. There are 14 open cemeteries for which the council is responsible for. This includes the management of memorials, perimeter walls and trees and grounds</p> <p>The headstones/memorials range in date from recent to 18th Century and are in a similar range of conditions.</p> <p>The responsibility for these sites rests across three service areas, corporate landlord, greenspace and bereavement services.</p> <p>To obviate the hazard of failure of a headstone/memorial there is a visual and stability test regime in development.</p>	<p>The “live” sites are currently subject to an ad hoc visual inspection and reactive works programme but this does not meet best practice Limited topple testing is taking place through the Probation service</p> <p>A comprehensive topple test regime specification has been developed and has been soft market tested- significant cost. Option to develop in house regime have stalled.</p>	Risk Lead to be appointed for this risk	↑	Amber

<u>Risk Description</u>	<u>Corporate Lead</u>	<u>Mitigation</u>	<u>Assurance</u>	<u>For information/ To escalate</u>	<u>Risk Direction</u> →↑↓	<u>Risk Rating</u>
24. Management of miscellaneous legacy assets e.g. Cleckheaton Viaduct	David Martin	Lists of known miscellaneous assets gathered and monitoring programme in place	Where assets are known - in programme of assessment e.g. Bridges – using highways framework based on best assessment of risk. Mitigating measures put in place to manage risk e.g. scaffold platforms and high priority works at Cleckheaton viaduct		→	Amber
25. Mental Health and Stress	Shauna Coyle	<p>Care First webinars available on a wide range of wellbeing topics.</p> <p>Care First wellbeing app can be accessed via intranet or personal devise.</p> <p>Care First counsellors available 24/7 365 days per year.</p> <p>Self-referral for access to in-house counselling service.</p> <p>NHS IAPT (Improving Access to Psychological Therapy) working from Rowan Bank and integrated with the wider team.</p> <p>Monitoring and promotion of mandatory stress awareness learning.</p>	<p>Data analysis identifying trends and hotspots to bespoke appropriate intervention.</p> <p>Working in partnership with internal and external stakeholders and partners to deliver a joined-up service.</p> <p>Proactively seeking and acting on customer feedback.</p> <p>Stress prevention pilot concluded, both Children and Adult Services have an action plan in place to reduce workplace stressors</p>		→	Amber

		<p>Upskilling of the employee wellbeing champion network.</p> <p>Restorative practice Team has now integrated with Employee Health Care and are promoting support through change, restoring relationships and conflict de-escalation.</p> <p>Promotion of mediation has resulted in an uptake of the service with positive outcomes</p> <p>Employee Healthcare is currently working on a Kirklees version of the HSE stress indicator tool and will be using the tool with teams who have higher than average stress-related sickness absence</p>				
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<u>Risk Description</u>	<u>Corporate Lead</u>	<u>Mitigation</u>	<u>Assurance</u>	<u>For information/ To escalate</u>	<u>Risk Direction</u> →↑↑↓	<u>Risk Rating</u>
26. Homes and Neighbourhoods (the big Six)	Martin Cooke	<ul style="list-style-type: none"> Homes and Neighbourhoods has agreed policies and procedures around each compliance regime Individual programmes of work have been agreed and are actively managed and monitored for each compliance regime All properties have an up-to-date administrative profile of works conducted on them and where issues of concern have been identified KPI's relating to compliance work are in place and actively monitored as part of the management function Staff conducting compliance work are required to be appropriately accredited, and subject to ongoing CPD as part of their performance management. A workforce development plan for 22/23 has been produced and necessary training is being organised. Materials and components used in works are required to 	<ul style="list-style-type: none"> Inspection and Reinspection programmes continue to be monitored across the 6 areas of compliance, and actions taken where compliance has not been achieved. . Properties without current gas certification are being pursued and escalated through legal process for injunction to gain access. Properties without 5-year electrical test certificate accounted for and follow the EPA process to gain access where appropriate (all properties have a current 10-year test certificate). Details of properties where we have been unable to complete a gas or electrical and their status are reported to BSAB monthly. 	<ul style="list-style-type: none"> Critical deadline at Risk: The mitigations are at risk of missing key deadlines, which could impact overall timelines and deliverables Resource shortages Asset management and building safety are experiencing shortages in key resources, including personnel, that are critical to the service's success Technical challenges: Unforeseen technical issues with Asprey have arisen, requiring immediate attention and specialised expertise to resolve Stakeholder concerns: Significant concerns 	↑	Red

		<p>conform to or exceed statutory requirements</p> <ul style="list-style-type: none"> • Repair reporting, customer service and complaints regimes in place with enhanced standards for fire safety related repairs. • Referral to the RSH specialist consultancy is still in place with regular reporting and dialogue. An initial piece of work to develop and deliver an action plan of identified actions is virtually complete. Support for the next phase of action planning work is being scoped and market approaches will be made in October 2022. • A waking watch has been established at high-rise properties to provide assurance to the tenants together with information provision and engagement to keep them fully informed. 	<ul style="list-style-type: none"> • Short-term FRA works to High Rise blocks are ongoing and are nearing completion at Buxton House, Holme Park Court and Bishops Court. Decanting of Holme Park Court and Bishops Court is underway and ahead of schedule; a small number of properties in these blocks will be used as temporary accommodation over the next 1-2 years, this does not affect the timescales for emptying the buildings. Concept designs for the redevelopment of Buxton House have been drawn up and consultation is being taken forward. Engagement with residents of Buxton house has commenced and decanting is underway. Remedial works to Harold Wilson Court are due to commence in June 2023. 	<p>have been raised by stakeholders, such as the regulator, necessitating prompt action to address their feedback and maintain service alignment</p>	
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			<ul style="list-style-type: none"> Ongoing, monthly dialogue with RSH and Service Director H&N. Regulator is provided with BSAB composite reports and information on fire safety risk and delivery. Monthly reporting to BSAB is in place and issues of concern are reviewed and escalated. A review of the competencies required across H&N and suppliers that work in or on HRA stock will be commenced shortly. The review will identify qualification, training and support requirements and any gaps in coverage and result in skills and training matrix for delivery. 			
27. Ionising Radiations and Radioactive Substances in Secondary Schools	Emma Brayford/Khalid Razzaq	<ul style="list-style-type: none"> The Ionising Radiations Regulations require the Council to ensure that radioactive substances are accounted for, stored properly, 	<ul style="list-style-type: none"> As required in the CLEAPSS RPA scheme the COUNCIL has appointed a Principal Group Safety Advisor as an Interim 	(Current subscription runs from 1 st April 2024 – 31 st September 2024 – this will then change to an October renewal	→	Amber

		<p>handled safely and monitored regularly.</p> <ul style="list-style-type: none"> • The Council use the CLEAPSS RPA scheme for local authorities. The RPA has a duty to advise the Council on radiological protection and compliance with the Ionising Radiations Regulations. • Secondary schools using ionising radiations and radioactive substances have appointed a Radiation Protection Supervisor (RPS) • The schools have Standard Operating Procedures and contingency plans in place • Appropriate, working monitoring equipment is easily available • There are satisfactory storage arrangements for radioactive substances. • The Fire and Rescue Service has been told where the radioactive substances are kept (on the schools' fire risk assessment) • The schools have an up-to-date list of staff authorised to handle the sources. • An up-to-date radioactive source history is kept by the schools for each source, 	<p>Radiation Protection Officer (RPO) and an RPA contracted by CLEAPSS</p> <ul style="list-style-type: none"> • The RPO carries out the routine monitoring role, by visiting schools periodically and checking their records and procedures and liaises with the RPA. • In the CLEAPSS RPA scheme, the RPS does not normally deal directly with the RPA. For a routine enquiry, they can contact the CLEAPSS Helpline or, where relevant, the RPO. • The RPS ensures that staff authorised to handle or use radioactive substances are appropriately trained. • The Ionising Radiation Regulations require the Council to appoint an RPA. The Council uses the CLEAPSS RPA scheme for local authorities. The RPO (is not a legal term, just a convenient 	<p>and not April as in previous years.)</p> <p>All schools that have radioactive sources on school site, and have purchased RPO protection, will be offered a visit which should take place every two years. All schools have now received an on-site visit and will be contacted again in two years' time</p>		
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		<p>including the results of inspections and leak tests.</p> <ul style="list-style-type: none"> • A use log is completed whenever sources are used. A monthly simple store-check is carried with records kept 	<p>description of their role) applies to the CLEAPSS RPA scheme. The RPO is the link between the schools and the RPA. Without an appointed RPO the use of the CLEAPSS RPA scheme would not fulfil duty placed on the Council to appoint an RPA by the Ionising Radiations Regulations Following discussions with H&S and Learning it has been agreed that with no Kirklees Learning Partner in place, a GSA from H&S will also be trained to deliver this role adding capacity and succession for future</p>			
28. Hand and Arm Vibration Syndrome	Khalid Razzaq	<ul style="list-style-type: none"> • Corporate Health & Safety Guidance Note No. 16: Hand Arm Vibration • Hand- Arm Vibration Management Strategy. • Specific risk assessments for exposure to hand arm vibration. Demonstrating that relevant service areas understand their operatives' 	<ul style="list-style-type: none"> • Pre-employment (initial base line assessment) and Annual health surveillance (with referrals) for all operatives that regularly use vibrating tools as part of their daily duties or others who could exceed the exposure action value (EAV). 	Following last three F2508A notifications to the HSE that operatives had been diagnosed, with hand-arm vibration syndrome, a HM Inspector of Health and Safety contacted Corporate Safety. We were able to satisfy her on points raised,	→	

		<p>exposure and are taking steps to reduce exposure.</p> <ul style="list-style-type: none"> • All equipment will be procured or leased on the basis that it complies fully with the Health and Safety at Work Act etc. 1974, Supply of Machinery Safety Regulations 2008, the Provision and Use of Work Equipment Regulations 1998. Service areas will check manufacturers field data and the vibration data measured by HSE for the type of equipment being procured or leased and where possible arrange for operatives to try the equipment and take account of their opinions based on practical trials. • At the design stage active consideration will be given to alternatives that eliminate/reduce the risk associated with vibration. 	<ul style="list-style-type: none"> • No service area will procure or lease new equipment with a points value in excess of 3 points per minute without prior approval from the Principal Health & Safety Advisor. • Corporate Safety will periodically audit compliance with the Hand- Arm Vibration Management Strategy. 	<p>although she asked for a considerable amount of written evidence to be produced. The health and safety management arrangements and information provided to the HM Inspector were deemed satisfactory. However, because late reporting is technically a material breach the HSE are entitled recover costs. The HSE will be issuing a Notice of Contravention for this express purpose.</p>		
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REPORT TITLE: Annual Report: Information Governance 2023-2024

Meeting:	Corporate Governance and Audit Committee
Date:	27 September 2024
Cabinet Member (if applicable)	Councillor Tyler Hawkins
Key Decision Eligible for Call In	No
<p>Purpose of Report The report provides an update on the Information Governance service and offer to the Council, outlining key events and activities across the year. The report focuses on compliance, both statutory and best practice, as well as examining the challenges faced, our successes and next steps.</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> Improved training, guidance and communications around statutory compliance areas to improve overall compliance. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> Failure to meet statutory compliance requirements could result in ICO enforcement action which could carry a financial penalty and would cause significant reputational damage. 	
<p>Resource Implications: Improving compliance will require increased resource/support within services, particularly in service areas that receive increased volumes of requests.</p>	
<p>Date signed off by <u>Executive Director</u> & name</p> <p>Is it also signed off by the Service Director for Finance?</p> <p>Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?</p>	<p>Rachel Spencer-Henshall, Executive Director for Public Health and Corporate Resources Corporate Strategy and Public Health SLT, 25 April 2024</p> <p>Isabel Brittain / Kevin Mulvaney Corporate Strategy and Public Health SLT, 25 April 2024</p> <p>Samantha Lawton 13 September 2024</p>

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered? Yes

1. Executive Summary

Information governance connects all the relevant standards, requirements and best practice for appropriate and legal information handling. This allows the Council to manage information in an appropriate way that balances the importance of maintaining confidentiality and privacy for individuals, whilst ensuring openness and transparency for the organisation. The Information Governance Board hold the IG Team and their practices to account, ensuring that personal data is processed to the highest standard and in line with legislation.

Information is a vital asset to Kirklees Council to ensure the successful delivery of services and the efficient management of resources. It is important to ensure that information is effectively managed, and that appropriate policies and practices are in place, ensuring that statutory obligations can be met.

Effective information governance practices allow the Council and its employees to ensure that both business and personal information is dealt with legally, securely, efficiently, and effectively to enable the delivery of services.

The Information Governance Annual Report for 2023-2024 sets out how the Council has performed in key areas; Freedom of Information (FOI) / Environmental Information Regulation (EIR), Data Subject's rights requests (including SARs), information security incidents and mandatory training compliance.

2. Information required to take a decision

This report is for information only.

3. Implications for the Council

3.1 Council Plan

This report outlines how Kirklees Council has performed in meeting statutory timescales for responding to information requests, ensuring transparency with the public.

3.2 Financial Implications

There are no financial implications resulting from this report.

3.3 Legal Implications

The Council is required by law to adhere to:

- UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018
- Freedom of Information Act 2000
- Environmental Information Regulations 1998

This report does not raise any legal implications.

3.8 Other (eg Risk, Integrated Impact Assessment or Human Resources)

There are no other implications to highlight.

4. Consultation

This report is for information only and has previously been presented at the Executive Leadership Team meeting (30 April 2024).

5. Engagement

This report is for information only.

6. Options

6.1 Options considered

This report is for information only.

6.2 Reasons for recommended option

This report is for information only.

7. Next steps and timelines

It is important that the Council continues to have a strategic approach to information governance that ensures legislative compliance whilst realising the opportunities and benefits of best practice. The learning from this report has informed the priorities for the coming year and beyond.

This report outlines next steps and future plans for information governance in service and across the Council, supporting compliance and service delivery. Priorities include:

- Continuing to reduce the SARs backlog with the aim of reducing the number of complex cases outstanding,
- Continue to examine the effective use of resources within the IG Team to improve compliance, better support services and improve efficiencies,
- Support services and Councillors to support themselves by offering further specialist training and guidance.

The IG Board received quarterly reports regarding compliance, outlining areas of success, challenge and learning to support future practices. The IG Board is aware of the outlined next steps and is supportive of the IG Team carrying out these actions to help manage, reduce, and mitigate the challenges previously faced.

8. Contact officer

Erin Wood – Information Governance Manager & Data Protection Officer
DPO@kirklees.gov.uk
Ext. 71307

9. Background Papers and History of Decisions

Not applicable.

10. Appendices

Annual Report: Information Governance 2023-2024

11. Service Director responsible

Samantha Lawton – Service Director for Legal, Governance and Commissioning

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Annual Report: Information Governance 2023-2024



Statutory compliance

FOI & EIR

- Combined figures for FOI & EIR
- Information requests must be responded to within 20 working days, services required to provide the information within 15 working days to the IG Team
- Requestors can request a review; the council have a further 20 working days to respond
- In exceptional circumstances, 40 days may be allowed

Requests	2020/21	2021/22	2022/23	2023/24
Requests	1229	1308	1245	1680
Compliance	84%	74%	71%	79%
On previous year	+318 +21%	+79 +6%	-63 -5%	+435 +35%

Reviews	2020/21	2021/22	2022/23	2023/24
Requests	40	75	45	40
Compliance	55%	66%	87%	83%
On previous year	+13 +48%	+35 +88%	-30 -40%	-5 -11%

Analysis

- Significant increase in the number of requests on last year
- Compliance for FOI response has increased despite significant increase in numbers.
- Reducing time allowed for services to respond to 15 days has worked, some services still struggling to meet demand.
- Slight reduction in the number of requests for review. Compliance reduced slightly.

Next Steps

- Development of an FOI/EIR action plan to improve overall compliance to 95%
- Continue to work with services where demand is high/struggling to meet timescales & exploring potential solutions
- Improved communications and training for staff
- Reviewing requests and actively publishing information requested regularly



Statutory compliance

Subject Access Requests

- Requests for personal information about themselves
- Working with the ICO from July 22 due to delay in responding to requests and complaints
- Requests must be responded to within a calendar month, or 3 months for complex requests
- Backlog cases are those which are queued for response due to known capacity issues – will extend beyond statutory timescales.

SARs	2020/21	2021/22	2022/23	2023/24
Requests	299	279	345	434
No. of which are complex	23	24	20	25
Compliance	68%	67%	66%	63%
On previous year	+6 +2%	-20 -7%	+66 +24%	+89 +26%

SAR Backlog 23/24	Mar	May	Jul	Aug	Oct	Dec	Feb	Apr
Requests on backlog	43	41	38	43	55	67	63	60
No. of which are complex	22	21	20	23	29	33	31	27
No. closed since last report	11	12	16	10	4	6	15	16

Analysis

- Significant increase in the number of requests on last year
- Compliance has remained relatively consistent despite increase in demand
- No pattern to receiving complex/backlog requests
- Time consuming to prepare information for release

Next steps

- Review the management of backlog cases to remove the backlog
- Continue liaising with the ICO in relation to the management of the SARs backlog
- Work with services to enhance their redaction skills to improve compliance



Statutory compliance

Data Subjects Rights & Disclosure Requests

- 7/8 Data subjects' rights (DSR) requests (excluding SARs)
- DSR requests must be responded to within a calendar month, or 3 months for complex requests
- Disclosure requests are personal data requests made by Police, Solicitors etc. for a specified purpose (no statutory timescale to respond but work to the same deadline as the statutory requests)

DSR Requests	2020/21	2021/22	2022/23	2023/24
Requests	48	52	69	93
Compliance	68%	78%	87%	86%
On previous year	+2 +4%	+4 +8%	+17 +33%	+24 +35%

Disclosures	2020/21	2021/22	2022/23	2023/24
Requests	537	565	446	436
Compliance	70%	88%	85%	79%
On previous year	+117 +28%	+28 +5%	-119 -21%	-10 -2%

Analysis

- Increase in the number of DSR requests, decrease in disclosure requests
- Compliance remains consistent for statutory obligations, slight decrease in disclosures
- Majority erasure requests following increased comms

Next steps

- Aim to build compliance year on year with an aim to achieve 95% compliance in all areas
- Review of case management processes to improve compliance on statutory requests



Statutory compliance - quarterly overview

FOI / EIR	Q1	Q2	Q3	Q4
2022/23	337	277	299	332
2023/24	364	427	410	477
Difference	+27	+150	+111	+145

DS Rights	Q1	Q2	Q3	Q4
2022/23	15	19	12	23
2023/24	11	19	12	51
Difference	-4	0	0	+28

SARs	Q1	Q2	Q3	Q4
2022/23	65	83	89	108
2023/24	121	107	93	113
Difference	+56	+24	+4	+5

Disclosures	Q1	Q2	Q3	Q4
2022/23	116	120	103	107
2023/24	110	127	82	117
Difference	-6	+7	-21	+10



Statutory compliance

Data Protection Impact Assessments (DPIA)

- DPIAs are required for processing activity containing personal data
- A DPIA is a risk assessment for data protection & privacy
- Supports privacy by design & default approach
- DPIA process currently under review & redevelopment

DPIAs	2020/21	2021/22	2022/23	2023/24
Submitted	76	76	71	73

Analysis

- DPIA submissions are consistent year on year
- DPIA process has been reviewed and a new process will be launched in summer 2024 – aimed to improve user experience
- Figures don't account for the complexity of DPIAs and associated work (data sharing agreements, privacy notices etc.)

Next steps

- Launch of the new DPIA process and associated guidance
- Comms & training for staff on DPIA completion and IAOs on sign off and risk
- Organisational & cultural change to promote risk-based approach

Information Security Incidents

- Incidents to be reported as soon as a person/service becomes aware
- IG Team determine severity of incident and advise services on appropriate next steps
- Serious incidents to be reported to the ICO within 72hrs
- Council operates a 'no blame' culture for incident reporting

Incidents	2020/21	2021/22	2022/23	2023/24
Reported total	253	289	318	322
Reported to ICO	1	3	6	1
On previous year	-32 -11%	+36 +14%	+29 +10%	+4 +1%

Analysis

- Steady increase in the number of reported incidents is generally positive as it shows that colleagues are aware of the process and seek the support available
- One incident reported to ICO – no further action taken

Next steps

- Analysis of reported incidents to improve training, comms and guidance
- Improve awareness around reporting integrity and availability incidents and those data breaches not containing personal data
- Campaign to encourage incident reporting and awareness of incidents
- Improve the sharing of lessons learned to mitigate against reoccurrence



Mandatory training compliance

Mandatory training

- IG mandatory training is to be undertaken annually
- 95% of staff are required to have completed the training to meet the required standard
- Modules became available to staff in July 2023, some modules will be rotated this summer for additional awareness

Modules

- Five mandatory modules
 1. Introduction to Information Security
 2. UK GDPR - Why it matters
 3. Handling Sensitive Information
 4. Tutorial: UK GDPR - How does it affect individuals
 5. Tutorial: Freedom of Information
- 10 additional modules
 1. Encouraging a secure culture
 2. GDPR – Social engineering
 3. GDPR for the dispersed workforce
 4. Out of office
 5. Password security
 6. Phishing: don't take the bait
 7. Scenario: Handle with care
 8. Social media and privacy
 9. Tutorial: assessing your risk
 10. UK GDPR: How does it affect organisation

2023/24	October	January	April	June*
Completed	2,209	2,729	3,431	3,962
Not attempted	5,680	5,219	4,456	3,784
Compliance	28%	34%	44%	51%

Analysis

- Uptake in mandatory training is rising
- Above figures do not account for staff unable to complete this training e.g. dispersed workforce
- Figures do not account for in person delivered training by the IG Team
- Change in organisational culture needed to embed mandatory training uptake
- Increased communications and awareness throughout year



Organisational understanding

Record of Processing Activity

- Statutory requirement to document an organisations processing activities
- Acts as an inventory of the data processed, providing a clear picture of how PID is processed and whether it is compliant with applicable legislation
- It presents key information from DPIAs, data flow maps and other documentation such as contracts and sharing agreements in one central place
- A successful RoPA will enable streamlined data processing and effective information risk management
- Work ongoing in this area

DPIAs & IRM

- DPIAs are a risk assessment carried out when processing personal data
- Risks identified as part of this process should be recorded against the Information Asset (IA) on the IA Register (IAR)
- As part of the Information Risk Management (IRM) process, risks should be escalated to appropriate risk registers as required

IAR & Data flow mapping

- Outlines what information is held, where it is held & what it is used for
- IAR is in place, but further work needs to be done to embed this and progress to BAU
- Data flow mapping is to ensure that data is being shared fairly and lawfully
- Current IAR is set to be reviewed before being developed further

Contracts & Sharing Agreements

- IG Team have started to collate a record of any ISA's that we are asked to review
- Services should request advice and support from the IG Team when developing an ISA
- As part of the review for the development of the RoPA, contracts will also need to be examined to help identify information assets for the IAR.

Next steps

- Following the pilot, launch the revised DPIA process and associated guidance
- Conduct an exercise to capture required information to support the development of the RoPA and information asset register
- Development and roll out of communications, training and guidance materials for colleagues around RoPA, IAR, IRM & DPIAs
- Ensure that IAOs are clearly identified and understand their role
- Work with Risk colleagues to ensure that IRM is aligned to corporate risk reporting and appetite



Successes, challenges & next steps

Successes

- Implementation of new redaction software
- Installation of a new scanner
- Updated policies
- Maintaining statutory compliance rates
- Ways of working / efficiency savings
- DPIA pilot
- Communications and engagement
- Changes to IG Team operations to improve efficiency

Challenges

- Resource
- Statutory compliance
- SARs backlog
- Significant increases in demand
- Mandatory training compliance
- Support from / conflicting demand on other services
- ICO engagement
- Organisational understanding of information governance

Next steps - 2024/2025

- Continue to work on the SARs backlog with the aim of reducing the number of complex cases outstanding
- Continue to examine the effective use of resources within the IG Team to improve compliance, better support services & improve efficiencies
- Work closer with linked services (Data / IT / Legal / Contracting / Risk & Audit) to develop a strategic co-ordinated approach & support offer
- Continue work to review and refresh IG related policies and develop accompanying procedures to assist colleagues with compliance
- Revised RoPA development and roll out
- Support services & Councillors to support themselves by offering further specialist training & guidance
- Continue to raise awareness through communications channels and training around IG related issues
- Monitor revisions to data protection legislation and respond as required

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REPORT TITLE: Report of the Members’ Allowances Independent Review Panel (MAIRP)

Meeting:	Corporate Governance and Audit Committee
Date:	27 September 2024
Cabinet Member (if applicable)	Councillor T Hawkins
Key Decision Eligible for Call In	No No – If no give reason – Council Function
<p>Purpose of Report To consider the report of the Members’ Allowance Independent Review Panel (MAIRP) with a view to making recommendations to Full Council.</p>	
<p>Recommendations That Corporate Governance and Audit Committee:</p> <ol style="list-style-type: none"> 1. Notes the report of the Members Allowances Independent Review Panel. 2. Recommends that Council approves the recommendations of the Members Allowances Independent Review Panel MAIRP (set out in Appendix A). 	
<p>Reasons for Recommendations</p> <p>Corporate Governance and Audit Committee is responsible for making recommendations to the Council on the adoption of, or amendment to, the Members Allowances Scheme.</p>	
<p>Resource Implications: The recommendations within the report relating to the 2024/25 Members’ Allowances Scheme can be managed within overall base budget of the scheme which is currently £1,466,000.</p>	
Date signed off by <u>Executive Director</u> & name	R Spencer Henshall - 6 September 2024
Is it also signed off by the Service Director for Finance?	K Mulvaney – 2 September 2024
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	S Lawton – 6 September 2024

Electoral wards affected: All

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. There is no personal data within the report.

1. Executive Summary

The Members' Allowances Independent Review Panel meets to consider and recommend the Members' Allowances Scheme to Council, having regard to evidence received and associated developments that will affect the Scheme. The Panel met in June 2024 and the report of the Panel, including the recommendations for the 2024/25 Members' Allowances Schemes, can be found at Appendix A.

The report also responds to the resolution of Council at the meeting held on 23 September 2023, relating to the scheme having regard to the financial position of the Council and the request for Members to voluntarily forgo increases based on the pay award and reduce basic and SRA allowances by 5%. The financial implications arising from the recommendations of the MAIRP can be met from within the existing Members' Allowances base budget.

2. Information required to take a decision

A meeting of the MAIRP took place on 5 June 2024 to consider the Members' Allowances Scheme. The report of the Panel is attached at Appendix A and puts forward recommendations that:

- (i) No changes be made to the 2024/25 scheme other than to apply the same percentage pay award awarded to officers to the Basic Allowance and SRAs and to be backdated to 1 April 2024 when known.
- (ii) To continue to apply the same percentage pay award awarded to officers to the Basic Allowance and SRAs in subsequent years, as per the 2017 recommendation of the Democracy Commission.
- (iii) For the 2025/26 Scheme, consider a review of the Role Profiles and SRAs paid to members of Fostering Panel, Adoption Panel and Chair of Corporate Governance and Audit Committee.
- (iv) For the 2025/26 Scheme, consider a review of the political group bandings within the Members' Allowances Scheme.

3. Implications for the Council

3.1 Council Plan
Not Applicable

3.2 Financial Implications

Should the above-mentioned recommendations be agreed and implemented the costs would be met from within the existing Members' Allowances budget.

3.3 Legal Implications

3.4 Other (eg Risk, Integrated Impact Assessment or Human Resources) Not Applicable

4. Consultation

The Allowances Panel have been consulted on the contents of the attached report and agree it as a correct record of their deliberations and recommendations.

5. Engagement

The Panel received representations from Group Leaders/ representatives and from the Chief Executive and the Strategic Director, Corporate Strategy, Commissioning and Public Health.

6. Options

6.1 Options considered

6.2 Reasons for recommended option

Recommendations are in line with the terms of reference of the MAIRP.

7. Next steps and timelines

Following consideration by the Corporate Governance and Audit Committee, this report will be referred for consideration by Full Council at its meeting on 16 October 2024.

8. Contact officer

Leigh Webb, Acting Head of Governance
Tel: 01484 221000
email: leigh.webb@kirklees.gov.uk

9. Background Papers and History of Decisions

Members' Allowances Scheme – Council - 13 September 2023
[2023-09-12 Members allowances CGAC v3-17823 DN COMMENTS.pdf \(kirklees.gov.uk\)](#)

Report of MAIRP – Council - 7 September 2022
[FINAL 22-09-07 MAIRP Report to Council 07.09.22 003.pdf \(kirklees.gov.uk\)](#)

10. Appendices

Report of Members' Allowances Independent Review Panel

11. Service Director responsible

Samantha Lawton, Service Director, Governance and Commissioning.

Report of

Kirklees Council Members' Allowances Independent Review Panel

5 June 2024

Leigh Webb
Acting Head of Governance
Civic Centre 3,
Huddersfield, HD1 2TG
01484 221000

1 Panel Membership

The Members of the Independent Review Panel are as follows:

Ian Brown (Chair)
Lynn Knowles
Fiona Weston

2 Terms of Reference

The Panel's Terms of Reference are:

- (a) To advise the Council on what would be the appropriate level of remuneration for Councillors having regard to the:
 - Roles Councillors are expected to fulfil
 - Varying roles of different Councillors
 - Practice elsewhere and other Local Authorities.
- (b) To consider schemes of Members Allowances for Town and Parish Councils as and when required.
- (c) To make recommendations and provide advice to the Council on any other issues referred to the Panel by regulation or by the Council.
- (d) The Council retains its power to remove a discredited Panel Member.
- (e) The Panel can appoint its Chair from amongst its Members.

3 Constitutional Issues

(a) Term of Office

It was agreed that the current Panel membership be retained and that all relevant terms of office be renewed until December 2024.

(b) Election of Chair of Independent Review Panel

Ian Brown was elected Chair of the Independent Review Panel.

4 Members' Allowances Independent Review Panel Report

The report of the Members' Allowances Independent Review Panel, including the Members' Allowances Independent Review Panel's recommendations for the 2024/25 Members' Allowances Schemes can be found at Appendix A.

Report produced on behalf of the Members' Allowances Independent Review Panel by Leigh Webb, Acting Head of Governance, June 2024.

MEMBERS' ALLOWANCES INDEPENDENT REVIEW PANEL REPORT

June 2024

Background

The Members' Allowances Independent Review Panel last met and carried out a root and branch review in July – November 2021.

The Panel's report and recommendations went to Council in September 2022 where it was resolved that: "approval be given to the implementation of an annual increase for both the basic and all special responsibility allowances on a percentage basis in line with the agreed annual pay award for Council employees". This resolution was then applied to the Members' Allowances Schemes for 2022/23 and 2023/24.

In September 2023, a report was submitted to Council and it was resolved that:

- a Members' Allowance Independent Review Panel is convened as soon as possible to consider the allowances paid to Councillors, having regard to the financial position of the Council".
- Requests that Members in attendance at the Council meeting to indicate by recorded vote whether they wish to forgo the increase in allowances (basic and SRA) based on the officer pay award for the 2023/24 financial year and in addition to take a 5% reduction in their current allowances (basic and SRA)".
- Requests that Members of the Council not in attendance at the Council meeting be asked to indicate whether they intend to forgo the increase and in addition take a 5% reduction in their current allowances (basic and SRA)".

Following this resolution, some Councillors chose to take a voluntary reduction in their basic and SRA and some Councillors chose to forgo the percentage increase in allowances (basic and SRA) based on the officer pay award for the 2023/24 financial year. The Panel noted that the majority of these decisions have now been reversed by Councillors

Members Allowances Independent Review Panel Meeting

The Panel have now met again and received representations from the following officers and Councillors:

- Steve Mawson – Chief Executive
- Rachel Spencer-Henshall – Strategic Director, Corporate Strategy, Commissioning and Public Health
- Councillor Cathy Scott, Leader of the Council
- Councillor Carole Pattison, Leader of the Labour Group
- Councillor David Hall, Leader of the Conservative Group
- Councillor Andrew Marchington, representative of the Liberal Democrat Group

A written submission was also provided by Councillor Jo Lawson, Leader of the Kirklees Community Independent Group.

Steve Mawson and Rachel Spencer-Henshall briefed the Panel with regards to the Council's current financial situation and the Panel then heard from the Leader of the

Council, Group Leaders and representative of the Liberal Democrat Group on the following subjects:

Voluntary Reduction in basic and SRA/accepting officer pay increase

The Panel heard that whilst it was felt that this had been the right thing to do and had been done with good intentions, with Councillors making a contribution to do their bit, it was acknowledged that for some Members the reduction in allowances had a significant effect which had led to financial hardship in some cases. There was recognition that the reduction in allowances meant that allowances were now out of kilter.

It was commented that that the current level of allowances made it difficult to attract new Councillors, young people in particular, who would not be able to afford to take time off work to carry out the role, especially the role of a Cabinet Member.

Special Responsibility Allowances

The Panel heard that it was felt that some SRAs within the Members' Allowances Scheme were not paid at the correct level.

The SRAs in particular for members of Fostering Panel and Adoption Panel were felt to be underpaid given the amount of reading and preparation involved, with it often taking a whole day to read the papers for one Panel meeting.

It was also felt that the SRA for Chair of Corporate Governance and Audit Committee was not paid at the correct level and that it should be comparable with Licensing & Safety Committee or even Planning. It was noted that the Committee has responsibility for oversight of the Constitution and the approval of the Council's accounts the importance of which are not currently reflected in the current level of allowance payable.

One Councillor also commented that attracting Councillors is difficult and wanted to see an increase in the Basic Allowance. Also, that SRAs can be used as a Group management tool and are sometimes not used to recompense the right person for a job they are good at.

Political Group Bandings

It was commented that the Political bandings are inflexible within the Members' Allowances Scheme and a suggestion was that a minimum base rate for each Group position be set as an SRA with an additional payment for each member of the Group.

Concerns were also raised about the SRA for Group Leader 7–29 Councillors compared to that paid to the Leader of Council and also the comparisons between Deputy Group Leaders.

Miscellaneous

Discussions took place on the following:

Agree in advance what the pay increase is going to be – it was explained to the Panel by officers that each year the National Employers enter into negotiations with the Trade Unions to agree the pay award for staff and that this cannot be applied to the Members' Allowances Scheme until agreed.

Additional payment for travel – travel within the district is incorporated within the Basic Allowance.

LGA setting a payment rate for Councillors – this was a recommendation made by the Democracy Commission, which was forwarded to the LGA at the time. It was noted that the issue was a national issue that sat outside the remit of the Panel.

Pensions – it was recognised that Councillors are not eligible to be part of the WYPF and have not been since 2014.

Summary

The Panel would like to express its thanks to everyone who attended the meeting.

It was commented that it was right that the Members' Allowances Scheme is considered and recommendations set by an Independent Panel and that a root and branch review would be welcomed every period of time set by the Panel.

Also, that reverting to the pre 2021 review of the Members' Allowances Scheme and applying the same percentage pay award awarded to officers, is a sensible approach.

Having heard from the participants, the Panel noted the current financial situation of the Council and are of the opinion that a further review of the scheme for 2025/26 should be considered which examines the Role Profiles and SRAs paid to members of Fostering Panel, Adoption Panel and Chair of Corporate Governance and Audit Committee.

Recommendations

The Panel have made the following recommendations:

1. No changes be made to the 2024/25 scheme other than to apply the same percentage pay award awarded to officers to the Basic Allowance and SRAs and to backdated to 1 April 2024 when known.
2. To continue to apply the same percentage pay award awarded to officers to the Basic Allowance and SRAS in subsequent years, as per the 2017 recommendation of the Democracy Commission.
3. For the 2025/26 Scheme, consider a review of the Role Profiles and SRAs paid to members of Fostering Panel, Adoption Panel and Chair of Corporate Governance and Audit Committee.
4. For the 2025/26 Scheme, consider a review of the political group bandings within the Members' Allowances Scheme.



REPORT TITLE: INTERNAL AUDIT PLAN FOR 2024/25 (QUARTERS 3 & 4)

Meeting:	Corporate Governance & Audit Committee
Date:	27 September 2024
Cabinet Member (if applicable)	
Key Decision Eligible for Call In	No No – Information report
Purpose of Report To request approval for the Internal Audit Plan for the second half of 2024/25,	
Recommendations <ul style="list-style-type: none"> • That the proposed audit plan for 2024/25 (October 2024 to March 2025) be approved. • The Committee notes the resourcing position and determines any further information that they require and actions that they may wish to take. 	
Reasons for Recommendations <ul style="list-style-type: none"> • A risk-based audit plan is necessary to achieve maximum assurance from a limited level of resource. 	
Resource Implications: <ul style="list-style-type: none"> • It is anticipated that the proposed internal audit plan can be delivered within the envisaged resource availability. 	
Date signed off by <u>Strategic Director</u> & name. Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	Not applicable

Electoral wards affected: all

Ward councillors consulted: none

Public or private: public

Has GDPR been considered? yes

1. Executive Summary

The Council has an internal audit function lead by the Head of Risk and Internal Audit, who reports for governance purposes to the Corporate Governance & Audit Committee. Each year it is necessary to identify how internal audit resources will be deployed. It is now considered good practice to determine an audit plan for half a year, based on a risk assessment. The first half year plan was approved in April 2024, and the internal audit team are now progressing work in this plan. The second half plan is now proposed, reflecting comments made at the April 2024 meeting.

2. Information required to take a decision

- 2.1 Internal Audit is a statutory obligation for local authorities and exists to provide independent assurance about the business processes of the Council.
- 2.2 Internal Audit work is designed to provide assurance through following a programme of work designed to give coverage across the organisation's areas of risk. This consists of a need to assess core financial and principal business systems regularly, and coverage of other areas of financial or business risk less frequently, the overall objective being to assess the efficiency, effectiveness and economy of the council's business arrangements to deliver the organisations objectives.

Audit Planning for quarter 3 and quarter 4 (October 2024-March 2025) 2024/25

- 2.3 This report sets out in appendix 1 the key areas of operational activity where default or difficulty causes risk that are considered to be in scope for assurance activity. In addition, the organisations corporate risk matrices should identify areas of potential concern, which should be subject to review.
- 2.4 Internal Audit have identified areas of risk with an assessment between high, medium and low risks, that have not been reviewed for some time, from the schedule of broad risk areas shown in appendix 1 and these have been included alongside a selection of areas of activity that management have indicated they consider would help meet the needs of the organisation. The combination of these items should produce a balanced programme that meets the needs for assurance, and also as a potential aid to management and decisions to be taken.
- 2.5 Appendix 2 contains a proposed Audit Plan for the second half of 2024/25; this reflects the indication from the Committee that less resource be devoted to school's audit, and that alternative risk areas be subject to auditing, to generate a better use of limited resource. It is also divided by Quarter as requested, to help to demonstrate proposed activity. A small number of previously proposed audits have been removed from the Q3Q4 plan.
- 2.6 To seek to increase the effectiveness of internal audit work, during 2024/25 arrangements are now being made to monitor the implementation of all recommendations. There will still be capacity to provide follow up audits where an initial triage will determine if progress has been made and determine if a full follow up audit is required.
- 2.7 In addition, the risk-based assurance work needs to be supplemented by time to review and authorise grant claims on behalf of government departments, West Yorkshire Mayoral Combined Authority (WYMCA) and other organisations, time is also retained as a contingency for unexpected urgent work, and investigations. There is also time used for dealing with general advice (of an audit and assurance nature), other tasks such as

contractor evaluation and contract advice and assistance. Whilst these do not fall within the (Global Internal Audit Standard) definition of advisory work, or other work, this does help the organisation to achieve a higher level of broad internal control and assurance.

- 2.8 To retain flexibility, there needs to be scope to move audit projects around, both to reflect urgent needs of the organisation and staffing and skill levels. Accordingly, flexibility for the Head of Risk & Internal Audit to amend the plan needs to be available. The Committee has already approved a flexibility for the Head of Risk and internal Audit to adjust the audit plan, and allocate resources based on need and priority and this will continue.
- 2.9 The report in April 2024 set out the severely constrained resourcing position of internal audit and how this compromises the ability to provide assurance about business control arrangements. Whilst doing less review work than what might be considered generally necessary can be tolerated for some time, in the medium-term resourcing of internal audit needs to be adequate to fulfil the range of expectations that the organisation has about the provision of assurance information. Internal Audit are also examining potential forms of control risk assessment which can provide a substitute for the need for some audit work, although can never provide independent assurance that must be a core of internal audit work.

Performance Standards

- 2.10 The new Global Internal Audit Standards (GIAS) – which apply from 2025- continues to expect that internal audit has established targets for and monitoring of its performance. Suggested monitoring targets are set out in Appendix 3. More generally it is likely that the new standards will require additional time to demonstrate compliance, meaning that less resource is available for the actual assessments. It is anticipated that during the Autumn, government will determine if they wish to enhance the GIAS by revising Public Sector Internal Audit Standards (PSIAS). There will be a further report about this to this Committee later this municipal year.

Fraud Work

- 2.11 There is an expectation under the GIAS (& PSIAS) that internal auditors have an awareness of fraud risk, and test as a part of routine audit assurance work that fraud risk is identified, understood and addressed, with recommendations made as appropriate. Linked to this is a practice that suspected internal fraud, or that by contractors, is addressed through internal audit work. External fraud risk (from clients and customers) is executed through the "fraud team." In the past this has been distinct and separate, and largely remains so, but the common management does now enable additional assurance-based learning about fraud risk and potential system changes. Depending on skill and capacity it may also be potentially possible to use fraud specialist skills on internal or contractor fraud investigations.

3. Implications for the Council

Having an effective internal audit function, as a part of a strong assurance and governance framework is important for the Council. As resources are limited it is important that the deployment of resources is effective.

3.1 Working with People

No directly applicable.

3.2 Working with Partners

No directly applicable.

- 3.3 **Place Based Working**
No directly applicable.
- 3.4 **Climate Change and Air Quality**
No directly applicable.
- 3.5 **Improving outcomes for children**
No directly applicable.
- 3.6 **Financial Implications**
Refers in part to improving strategic and operational financial controls.
- 3.7 **Legal Implications**
No directly applicable.
- 3.8 **Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**
Implementation of recommendations should improve overall control arrangements and promote good governance. An absence of adequate resources for internal audit impacts on the degree of assurance that internal audit can provide.
4. **Consultation**
There have been discussions with Executive Leadership Team (ELT) in preparing the proposed audit plan.
5. **Engagement**
ELT have seen and are aware of the content of this report
6. **Options**
An Audit Plan is required; There are multiple options for the contents of the Plan. Potential alternatives were described in the text to the April 2024 report, and indication given, then, for an approach to be taken.
7. **Next steps and timelines**
Delivery of the Audit Plan
8. **Contact officer**
Martin Dearnley Head of Audit & Risk.
9. **Background Papers and History of Decisions**
19th April 2024; CGAC: Internal Audit plan for 24/25 and associated matters.
10. **Appendices**
Appendix 1 Areas of risk that are considered to be in scope for assurance activity.
Appendix 2 The proposed Audit Plan for October 2024 to March 2025
Appendix 3 Performance standards
11. **Service Director responsible**
The Head of Risk & Internal Audit holds responsibility for the planning, operation and reporting by Internal Audit.

The statutory officers with a responsibility for overseeing the internal audit function are
Samantha Lawton Director of Legal Governances & Commissioning
Kevin Mulvaney Director of Finance

Appendix 1

Areas of risk that are considered to be in scope for internal audit assurance activity.

Listed below are areas of risk that are considered to be in scope for internal audit activity
These set out the principal areas of risk.

In addition, any location or operation centre should be considered in scope for an occasional visit or review.

KEY CORPORATE SYSTEMS 2024/25

Financial Systems & Controls

Payroll (SAP) Debtors (SAP) Procurement / Creditors (SAP) Council Tax Business Rates Housing Rents
Part or whole of this activity should be subject to internal audit review each year

Council Tax Reduction Scheme (residual Benefits) Treasury Management Payments for Social Care School Payments Internal Recharging (such as for building maintenance)
This activity should be subject to internal audit review every 2 years

Key Organisation & Business Controls

Code of Corporate Governance Contract Procedure Rules Financial Procedure Rules Contract Management HR Operations Risk Management IT Controls Performance Management Systems Partnership Governance Emergency & Business Continuity Planning Information Security Health & Safety Fraud, Bribery & Corruption Risk Corporate Complaints Whistleblowing
These areas would typically be subject to review every 2 or 3 years

Schools

Applies to all community schools.
These areas would typically be subject to review every 3 to 5 years. Those with a deficit budget or other governance issues will be given priority

Other

There are other areas of business activity where internal audit review may from time to time be applicable, often identified from ongoing concerns
These areas would typically be subject to review less than every 5 years

Appendix 2

The Proposed Audit Plan for October 2024 to March 2025

Information about progress during April 2024 to September 2024 is reported in the quarterly update.

AUDIT PLAN 2024/25 (Q3, Q4)		October 2024 to March 2025	
Children			Environment, Growth & Regeneration
6 x Primary Schools	Q3+4	Waste Management Contract	Q3
SENDACT (Follow-Up)	Q3	Fuel Procurement & Control	Q3
Leaving Care (follow up)	Q4	Structures Safety	Q4
External Residential Placements	Q4	HRA Rent System Control & Reconciliation	Q4
Youth Offending Team	Q3	Highways Accident Damage	Q4
Corporate		Trade Waste Income	Q4
National Fraud Initiative 24/25 (data submn)	Q3+4	Taxi Licensing	Q4
Council Tax Support Claims Processing	Q3	Housing IT system implementation	TBD
CT/ NDR Recovery & Enforcement	Q4		
SPD Matching	Q4	Adults	
Government Grant income	Q4	Personal Care	Q4
SAP Debtors Key Controls	Q3	Mosaic Implementation	Q3
Agency Labour Contract	Q3	Safeguarding	Q4
HD One BACS Bureau Accreditation	Q3		
Local Code of Corporate Governance	Q3	All	
Procurement Act 2023	Q3	WYCA & SF Grants	Q3+4
West Yorkshire Pension Fund	Q3		
Elections Payments	Q3		

Removed from plan- linked to resourcing-
Cyber Security, Capital Plan Delivery, HRA Mould/ Damp

Appendix 3

Internal audit performance targets 2024/25

<u>Objectives</u>	<u>Performance Measures</u>
Achieve planned audit work as adjusted	80% of planned audits achieved
Achieve each planned audit within budgeted time allowed.	80% of planned work achieved within initial time budget
Achieve high level of work quality and customer satisfaction.	90% good or better responses to customer questionnaires
Delivery of completed audit work	85% of draft reports issued within 10 days of completion of site work



REPORT TITLE: DISTRICT HEATING- REQUEST FOR OFFICER ATTENDANCE

Meeting:	Corporate Governance & Audit Committee
Date:	27 September 2024
Cabinet Member (if applicable)	Councillor Tyler Hawkins
Key Decision Eligible for Call In	No No – Information report
Purpose of Report To advise the committee of progress against the recommendations made by internal audit in relation to the Councils District Heating service	
Recommendations <ul style="list-style-type: none"> • That the report be noted • The Committee consider if there are any matters they require any further information or assurance Reasons for Recommendations <ul style="list-style-type: none"> • The report is provided for monitoring 	
Resource Implications: <ul style="list-style-type: none"> • None from this report; addressing recommendations should improve governance or control 	
Date signed off by <u>Strategic Director</u> & name.	Not applicable
Is it also signed off by the Service Director for Finance?	Not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Not applicable

Electoral wards affected: all

Ward councillors consulted: none

Public or private: public

Has GDPR been considered? yes

1. Executive Summary

At its meeting on 26th July 2024 the Committee considered the first Quarterly Report of Internal Audit 2024/25 (April to June 2024) and decided that they were not content with the matters identified in the audit report that related to District Heating. The Committee

requested that management from the service attend a future meeting and discuss progress.

2. Information required to take a decision

The extract from the Quarterly Report (1 24/25) is reproduced below.

002	<u>Opinion</u>	<u>Recommendations</u>		
		Fun dm	Sign ifct	Meri ts Att
	Homes & Neighbourhoods			
District Heating	<p><u>Limited Assurance</u></p> <p>A number of key controls are not working effectively. Many of these issues were identified in the previous review 2020, and despite having been agreed, have not been addressed, The intention of the schemes is to break-even but this is not happening. In the 2023/24 financial year, the expenditure was £787k against income of £191k, a loss of £596k. In 2022/23 the shortfall was approximately £1m.</p> <p>When gas prices increased significantly, the charges made to tenants did not.</p> <p>Accordingly, general tenants- with heating bills- are subsidising those tenants / leaseholders living in district heating schemes via the HRA. This problem was masked to some extent by the way income and expenditure were coded in SAP.</p> <p>District heating customers did not receive energy support payments when these were offered to other customers in 2022/23. The Council may be able to collect a rebate in the 2024-25 financial year, which may amount to £650k in total, which it may be appropriate for the HRA to look to retain. No evidence was available to suggest that the District Heating Team had taken steps to access these funds.</p> <p>Besides the financial position, a number of other issues were identified,</p> <ul style="list-style-type: none"> • the contract for management support expired in January 2023 and a new procurement process was not initiated until recently. The current provider has continued to provide services without a contract in place. • there is a lack of documented procedures. • vulnerability criteria for financial assistance have not been subject to regular review. • high credit balances have not been subject to regular review. • the boiler and meter infrastructure are at the end of its working life; and • Usage has often been based on estimates owing to a failure to take regular meter readings. <p>The problems appear to have been exacerbated, at least in part, due to the departure of key personnel.</p> <p>The agreed Action Plan provides for more straightforward issues to be completed by the end of July 2024. Procurement and charging actions will require more time into 2025 to resolve.</p>	3	10	1

Additional information is contained in Appendix 1

3. Implications for the Council

Implementing recommendations is important as demonstrating a sound set of control arrangements and good governance.

3.1 Working with People

Not directly applicable (other than effective Service provision meets the needs of clients).

3.2 Working with Partners

Not directly applicable.

3.3 Place Based Working

Not directly applicable.

3.4 Climate Change and Air Quality

Not directly applicable.

3.5 Improving outcomes for children

Not directly applicable.

3.6 Financial Implications

Not charging users for a specific service transfers the costs on to other HRA tenants (who have already met their energy costs with their chosen energy company)

3.7 Legal Implications

Not directly applicable.

3.8 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

Implementation of recommendations should improve overall control arrangements and promote good governance.

4. Consultation

With senior management in the service, who are responsible for implementation.

5. Engagement

Not applicable.

6. Options

Not applicable.

7. Next steps and timelines

For the Committee to discuss.

8. Contact officer

Martin Dearnley Head of Audit & Risk.
Naz Parkar Service Director

9. Background Papers and History of Decisions

Quarterly Report of Internal Audit 1; 2024/25

10. Appendices

Public – service response note – Appendix 1

11. Service Director responsible

The Head of Internal Audit is responsible for the Internal Audit function.
The following service directors provide oversight.

Samantha Lawton, Service Director for Legal Governances & Monitoring
Kevin Mulvaney, Service Director for Finance

Appendix 1

Corporate Governance & Audit Committee note – 27 September 2024

1. Executive Summary

The findings of the internal audit into the district heating schemes published in June 2024, has accelerated the work we are doing to resolve the historic issues relating to our district heating schemes and has highlighted some important priority areas that we are addressing with urgency.

We have responded proactively to the audit findings by forming an internal project group, creating an action plan to address each area of concern, and maintaining oversight at a senior level of the progress being made.

2. Background

This audit followed a previous internal audit review of the district heating schemes which was undertaken in October 2019 which highlighted several weaknesses: The scheme not achieving break-even, the need to prepare to renew the contract for support services and the management of the vulnerability criteria. These have not been addressed due to there being no inhouse technical capabilities to develop and manage an energy strategy that would inform the decisions around heat networks in Kirklees.

In accordance with the 2023/24 Internal Audit Plan, a review of the processes around District Heating Schemes across the Homes and Neighbourhoods housing stock was undertaken in March/April 2024, followed by a report published in June 2024.

The scope of the audit was to review and evaluate the systems and procedures in place to ascertain whether they are sufficiently robust in relation to overall arrangements for District Heating Schemes. Audit testing identified that the processes surrounding the District Heating Schemes have significantly broken down in relation to some key controls.

District heating, also known as a heat network, is a system that uses a singular central heat source to distribute hot water through a network of insulated pipes to multiple individual dwellings. The structure is usually used to fulfil heating and hot water requirements in apartment complexes.

The current provider provides the end-to-end heat management service. This contract expired in January 2023. Therefore, Kirklees is currently out of contact, however an exemption to continue to use the current provider until 31st December 2024 was granted by the Strategic Director of Homes and Neighbourhoods and the Head of Procurement.

The current Contract requires consideration for a further 12-month extension, due to the requirement of an Energy Strategy that will include our heat networks. Linking in the boiler improvement programme, reaching our net zero targets across Homes and Neighbourhoods and understand the impact of the current district heating renewal programme. To achieve this, we need to procure a technical specialist to

write the specifications for the metering and billing contract and the completion of the procurement for a new supplier of heat meters and a contract with a billing provider.

The contract for the PV dashboard has also expired and the above procurement will include the provision of a new provider.

Kirklees residents that use district heating have a pre-payment meter provided by the current provider who also collect the income from the meters. For the 2023/24 financial year, the expenditure was approximately £787K against income of approximately £191k. This represents a shortfall of £596k (in 2022/23 the shortfall was approximately £1m) this is currently being subsidised from the HRA.

The situation arose by the original unit costs for gas not been reviewed since the commencement of contract with the current provider in 2013. The increase in energy bills due to rising wholesale energy prices, was never applied to reflect the cost of the energy supplied to residents. Like other landlords we are affected by these higher costs and cannot avoid passing them on to our residents. However, this was not applied due to the absence of a contract Manager and key personnel changes. We recognise the significant loss in income and cannot charge our residents retrospectively for this. Currently the HRA is subsidising the shortfall in district heating payments and the actual cost of energy usage is not being recovered.

Going forward we will apply an increase in charge to our residents and a report is being prepared for Portfolio Holder approval for the end of September 2024.

To charge our residents correctly, Assets are:

- Reviewing what we are paying against what the residents are paying to determine what the price should be.

And as part of the longer-term strategy:

- Completing a boiler replacement programme to ensure system efficiency.
- Procuring a new meter for pre-payment
- Procuring a new billing provider to review the contract we have in place to evidence value for money.

Correct meter readings and a boiler replacement scheme is required to ensure system efficiency and finance can reconcile our income against expenditure. The boiler replacement scheme is underway and to date we have replaced 9 boilers and the further 3 will be completed by April 2025. The remaining 13 boilers do not currently need to be replaced, based on the boiler's lifecycle.

3. Property details

Kirklees has 25 individual heat networks that supply heat to 1,042 homes (as of 22nd August 2024). Approximately of which 10% are leaseholders. The mix of tenures pose their own challenges and risk. The properties span a wide geography across the Kirklees footprint and are split across electoral wards of which 486 are the various Dewsbury wards and 177 are in the Newsome ward.

4. Audit findings

A summary of the audit findings is in the table below:

<u>Follow Up Audit</u>	<u>Opinion</u>	<u>Outstanding Recommendations</u>		
Homes and Neighbourhoods	Overall, Limited Assurance	Fundamental	Significant	Merits Attention
District Heating Schemes	Breakdown: <ul style="list-style-type: none"> • Documented procedures – Limited Assurance • Support contract – No Assurance • Income collection/expenditure – Limited Assurance 	3	10	1

5. Audit response

A project Group has subsequently been established to:

- To ensure the audit report and all recommended actions are addressed.
- Oversee a compliant procurement, prioritising the needs of end users and ensuring value for money.
- Ensure key stakeholders are consulted as the new meters will be used in the future in other dwellings including independent living schemes.
- Produce a realistic and achievable timeline for procurement of a new contractor for meters and billing.
- To have a robust contract for meters and billing in Kirklees.
- Establishing arrangements to recover the full costs. (of energy and system management)

The project group met on 6th June 2024 and agreed the action plan. The group met again in September, with future meetings scheduled monthly.

An action plan has been agreed and work has started against the actions, to rectify the issues identified within the audit report. [Internal Audit District Heating Action Plan - updated 6 September 24.docx](#)

Progress to date:

- Consideration of potential price increases for 24/25, due to increase in wholesale price that was never applied.
- Provide an accurate income/expenditure position for 24/25
- Boiler replacement programme is underway.

- Process in place to capture the meter readings: Programme put in place to obtain monthly metering readings for finance to reconcile against invoices from gas supplier.
- All District heating expenditure and income is now accounted for directly within the HRA
- Consideration for funding through the Energy Bill Relief Scheme to address the historical shortfall was given. However, this funding has been withdrawn.

6. Governance

Following the commitment within the Council’s response to the Regulator for Social Housing to establish focused governance and programme management on building safety and asset management, additional governance has been introduced.

The newly established District Heating Board is part of the new governance briefly comprises of Action Groups for each of the building safety and asset management service areas, a Service Manager Operational Group (SMOG) and an Asset Management Steering Group (AMBSSG). See appendix 1

We acknowledge that issues have accumulated over the years due to the responsibility of the district heating falling under different remits and service areas, due to the interdependencies, complexities of the schemes and staff changes. To ensure accountability and monitor progress going forward, the following senior KHN staff will take responsibility for the delivery of the action plan:

- Strategic lead: Head of Assets and Strategy
- Managerial responsibility: Service Manager, Strategy and Performance
- Project Management responsibility: Planning and Performance Officer
- Day-to-day responsibility: Sustainability Team Leader

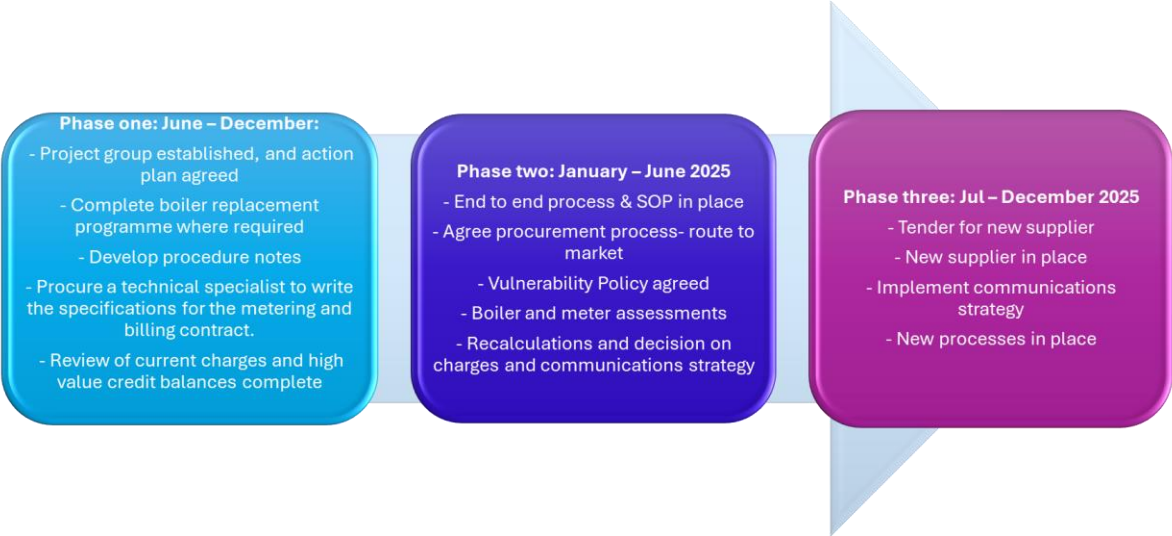
7. Risk evaluation

Risk	RAG	Mitigation	RAG
Contract extension lapses and heating is cut off to all households on the district heating network	High	Securing a new contract for the management of the network is of the highest priority. We are currently exploring the options to ensure that the specification and the procurement of the contract is completed in a timely manner and will resolve some of the current issues.	
Potential negative impact on Council’s reputation of increasing charges	High	Robust planning and a comprehensive communications strategy, addressing all stakeholders and designed alongside the implementation plan, to mitigate the financial impact of the price increases on residents.	
Financial impact on the Council of not passing on charges to residents	High	The scheme should break even, and it is currently running at a loss. The decision to adjust the charges moving forward and bring them in line with the expenditure is being actioned through members of the project group.	

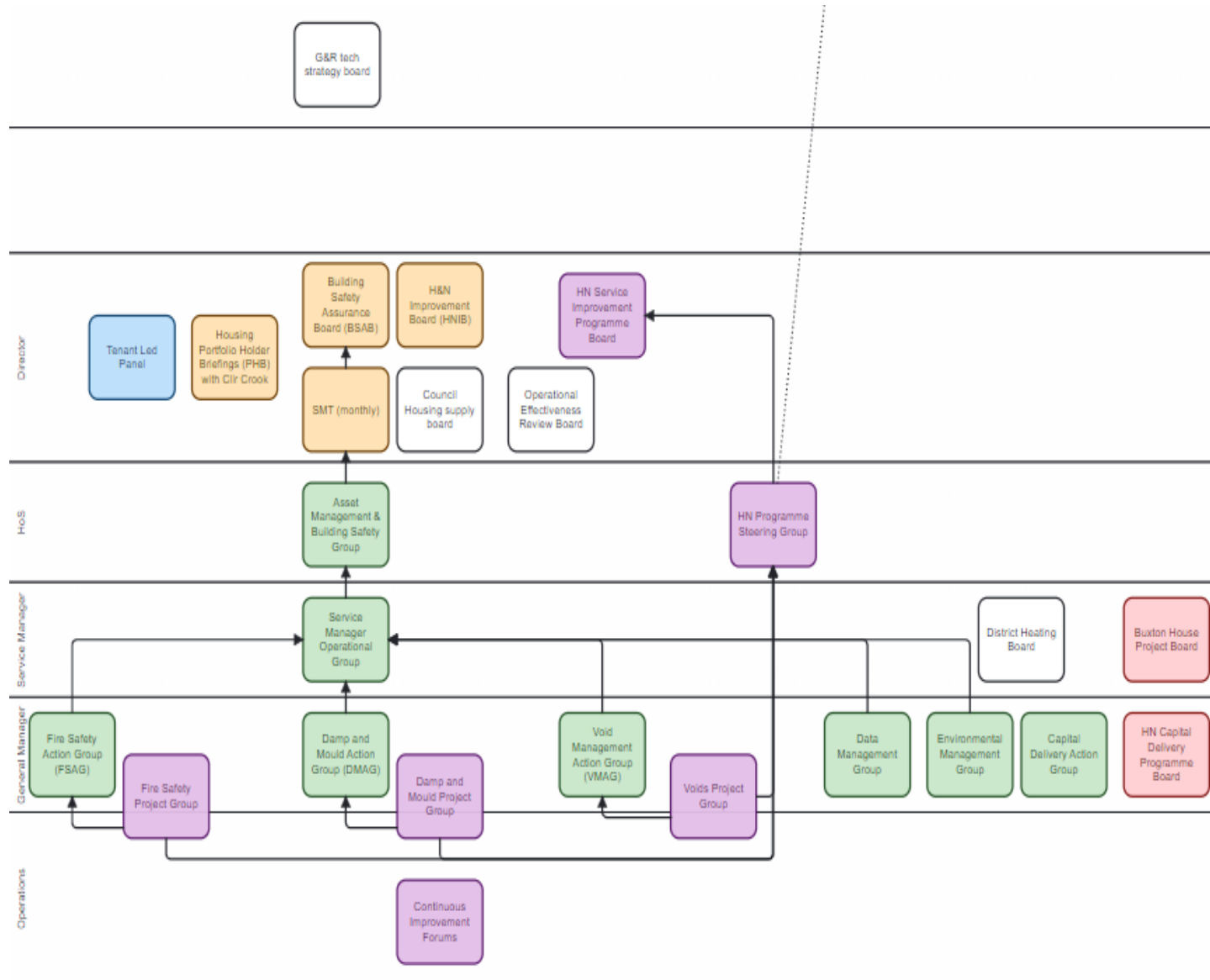
Resource and capacity to meet the demands of the action plan	High	The project group has been formed to address the actions and take ownership.	
Staff changes impacting the delivery of the action plan	Medium	Once the procedures and new contract and ways of working are in place, future handovers should be more thorough and achieve continuity of service.	

8. Project timeline

The project group have agreed the action plan and project timescales as outlined below.



Appendix 1 – Governance Reporting Structure



Agenda Item 12

Corporate Governance and Audit Committee – Outline Agenda Plan – 2024/25

MEETING DATE	ITEMS FOR CONSIDERATION
28 June 2024	<ol style="list-style-type: none"> 1. Customer Complaints 2. Treasury Outturn Report (Reference to Council) 3. Annual Governance Statement (draft) 4. Amendment to Risk Management Statement (Reference to Council)
26 July 2024	<ol style="list-style-type: none"> 1. Annual Corporate Emergency Planning & Business Continuity 2. Annual Report of the Committee 3. External Auditors Recommendations 4. Appointment of a second Independent Person 5. Q1 of IA
27 September 2024	<ol style="list-style-type: none"> 1. Health & Safety Report 2. Information Governance Annual Report 3. Members Allowances 4. Internal Audit update plan Oct 24 – March 25 5. District Heating request for officer attendance
29 November 2024	<ol style="list-style-type: none"> 1. Bad Debt Write Off Report 2. Final Accounts 3. Treasury 6-month Outturn Report 4. Annual Governance Statement 5. Audit Finding Report 6. Risk Management Update 7. Q2 of IA
31 January 2025	<ol style="list-style-type: none"> 1. Dates of Council Meetings (Reference to Council) 2. Treasury Strategy Report 3. 2023-24 Auditors Annual Report (VFM) 4. Q3 of IA
07 March 2025	<ol style="list-style-type: none"> 1. Proposed amendments to Financial Procedure Rules (Reference to Council) 2. Proposed amendments to Contract Procedure Rules (Reference to Council) 3. Proposed changes to the Constitution (Reference to Council) 4. Outside Bodies Nominations 5. Annual Governance Statement (monitoring)
25 April 2025	<ol style="list-style-type: none"> 1. Informing the Audit Risk Assessment 2. 2024-25 Audit Plan 3. Annual report of Internal Audit 4. Q4 of IA 5. Internal Audit Plans 2025-26 (Q1-Q2)

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