

**Supplement to the agenda for**

# **Audit and governance committee**

**Friday 30 July 2021**

**10.15 am**

**Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE**

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## **Title of report: Annual Governance Statement – Final for 2019/2020**

**Meeting: Audit and governance committee**

**Meeting date: Friday 30 July 2021**

**Report by: Chief finance officer**

### **Classification**

Open

### **Decision type**

This is not an executive decision

### **Wards affected**

All wards

### **Purpose**

To agree the annual governance statement 2019/20.

The council is required to publish a statement annually which explains to the community, service users, tax payers and other stakeholders our governance arrangements and how the controls we have in place manage risks of failure in delivering our outcomes and reflecting our particular features and challenges. In July 2020, the audit and governance committee approved the draft statement for publication with the draft statement of accounts.

The draft statement has been reviewed having regard to the external auditor's findings and the internal auditor's annual report and opinion, and includes a summary of progress made against actions agreed in response to the previous year's statement. The draft statement is attached at appendix 1 and, for ease of reference, appendix 2 tracks changes made since the draft statement was reviewed by the committee in March.

This report has been considerably delayed due to seeking opinion from external auditors on value for money.

## **Recommendation(s)**

**That:**

- a) the annual governance statement 2019/20 at appendix 1 be approved.**

## **Alternative options**

1. There are no alternatives to publishing an annual governance statement which is a requirement of the Accounts and Audit Regulations 2015.
2. It is open to the committee to propose amendments to the draft statement to ensure it accurately reflects the council's governance arrangements and their effectiveness, and to ensure that proposed actions are appropriate. The committee made no recommendations for substantive change when approving the draft.

## **Key considerations**

3. The council is required to publish a statement annually which explains to the community, service users, tax payers and other stakeholders our governance arrangements, how the controls the council has in place manage risks of failure in delivering our outcomes, and reflecting our particular features and challenges.
4. At its meeting on 30 July 2020 audit and governance committee considered a draft statement which had been published with the draft statement of accounts. The time table has been altered to account for managing the Covid-19 pandemic. This report was since delayed returning to the audit and governance committee as a final version due to seeking the audit opinion of the external auditors on completing their work in determining value for money. The issues of value for money is raised in this report and further reflected in the 2020/21 annual governance statement.
5. Based on the draft each director is requested to make an assurance statement, along with the S151 officer and monitoring officer. The statements by the directors were made in October 2020 as a reflection of the current time – whilst they could be updated (particularly what has come to light regarding children's social care) that would be a distortion of history. This is not a statement covering 2020/21. Both the S151 officer and monitoring officer have reviewed this statement and believe that it still reflects the situation as it was at the end of April 2020.
6. Since the draft was approved in 30 July 2020 (later than usual due to pandemic) a number of amendments have been made reflecting additional points. With the exception of typographical changes and formatting these have been shown as tracked changes in appendix 2 (some of the formatting has changed to meet the accessibility standards). The key additions are:
  - Change to the proposals of citizen panels to wider engagement and updated communication strategy.

- Review tightening of rules covering training, disclosure and complaint resolution for parish councillors.
  - Reframed engagement work away from an advisory group to a wider range of involvement of residents and business linked to the communication strategy.
  - Applying for external funding to be better co-ordinated via a register but also adjustment to the financial procedure rules to give guidance on managing and monitoring grants.
  - Ensure effective business unit to support Children's Safeguarding.
7. With particular reference to points made by Independent Persons on the draft report the following inclusions are made:
- Welcome is the focus on outcomes in relation to complaints but to also include "openness".
  - Of benefit would be tightening of rules covering training, disclosure and complaint resolution for parish councillors.
  - Review of employee code of conduct specifically how it has worked and views of employees.
8. The internal auditor's annual opinion is included in the statement (and appendix 3). In summary SWAP consider it is able to offer "reasonable assurance". Of specific note is the point "although no areas of significant corporate risk have been identified there has again been findings where governance processes or guidance are not always followed to ensure compliance with existing procedures in place across the council. A number of the findings relate to capital projects and contracts and particularly to Record of Officer Decisions and whether value for money can be demonstrated. Management is responsible for ensuring compliance to policies and procedures and should have oversight to address non-compliance".
9. Between the draft and this now final report being produced serious failings within children social care have been identified, and though cut across a number of years will be addressed in the 2020/21 annual governance statement. As will the improvement plan for the public realm operations and value for money.
10. The draft AGS had a number of actions with progress outlined. Actions not completed will be forwarded to future years. Non completion was mainly due to the council needing to divert resources to support the community needs effected by Covid-19.

## **Community impact**

11. Corporate governance is the term used to describe the systems, processes, culture and values the council has established to ensure we provide the right services, to the right people in a timely, open, and accountable way. Good corporate governance

encourages better informed longer-term decision making using resources efficiently, and being open to scrutiny with a view to improving performance and managing risk.

12. The annual review ensures that our arrangements are effective in supporting achievement of the council's vision and county plan priorities.

## **Environmental impact**

13. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
14. Whilst this is a decision to agree the AGS is a back office function and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy

## **Equality duty**

15. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:  
  
A public authority must, in the exercise of its functions, have due regard to the need to –
  - a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
16. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this is a factual progress report, we do not believe that it will have an impact on our equality duty.

## **Resource implications**

17. Whilst the recommendation itself does not have a direct resource implication, some of the actions may result in additional expenditure. Where this is the case separate governance will take place. The AGS does take resource to produce and deliver action plans but these are from existing staffing. If the committee proposes further actions the resource implications of implementing those actions will need to be considered.

## Legal implications

18. The Accounts and Audit (England) Regulations 2015 include a requirement for all councils to produce an annual governance statement, and set out the timescales by which they must be published. These were amended during the pandemic. Approval of the statement ensures that the council will comply with these requirements.

## Risk management

19. The statement itself identifies any high level or strategic governance risks and the action plan provides mitigation to those risks. There has been a risk to the production of the AGS because of the need to address the immediate demands of Covid-19.

Risk / opportunity	Mitigation
Covid-19 having an impact on delivery of actions due to addressing a second wave.	That there is an accepted delay in completion of actions due to resourcing.
Whilst the council has a number of “lines of defence” relating to assurance, good governance is missed because of non-compliance.	Support given to all employees need to follow the policies and processes set out by the council. Where there is a breach of compliance could ultimately lead to disciplinary action.

## Consultees

20. The views of the council’s internal auditors have informed the development of the statement and their report included in the AGS (along with being previously presented to the audit and governance committee). The council’s appointed Independent Persons have been invited to provide their views on the robustness of the council’s arrangements regarding standards – there are also presented in the AGS and taken account of, see above.

## Appendices

- Appendix 1      Final Annual Governance Statement 2019/20
- Appendix 2      Final Annual Governance Statement 2019/20 (with tracked changes showing)
- Appendix 3      Annual Report and Opinion 2019-20

## Background papers

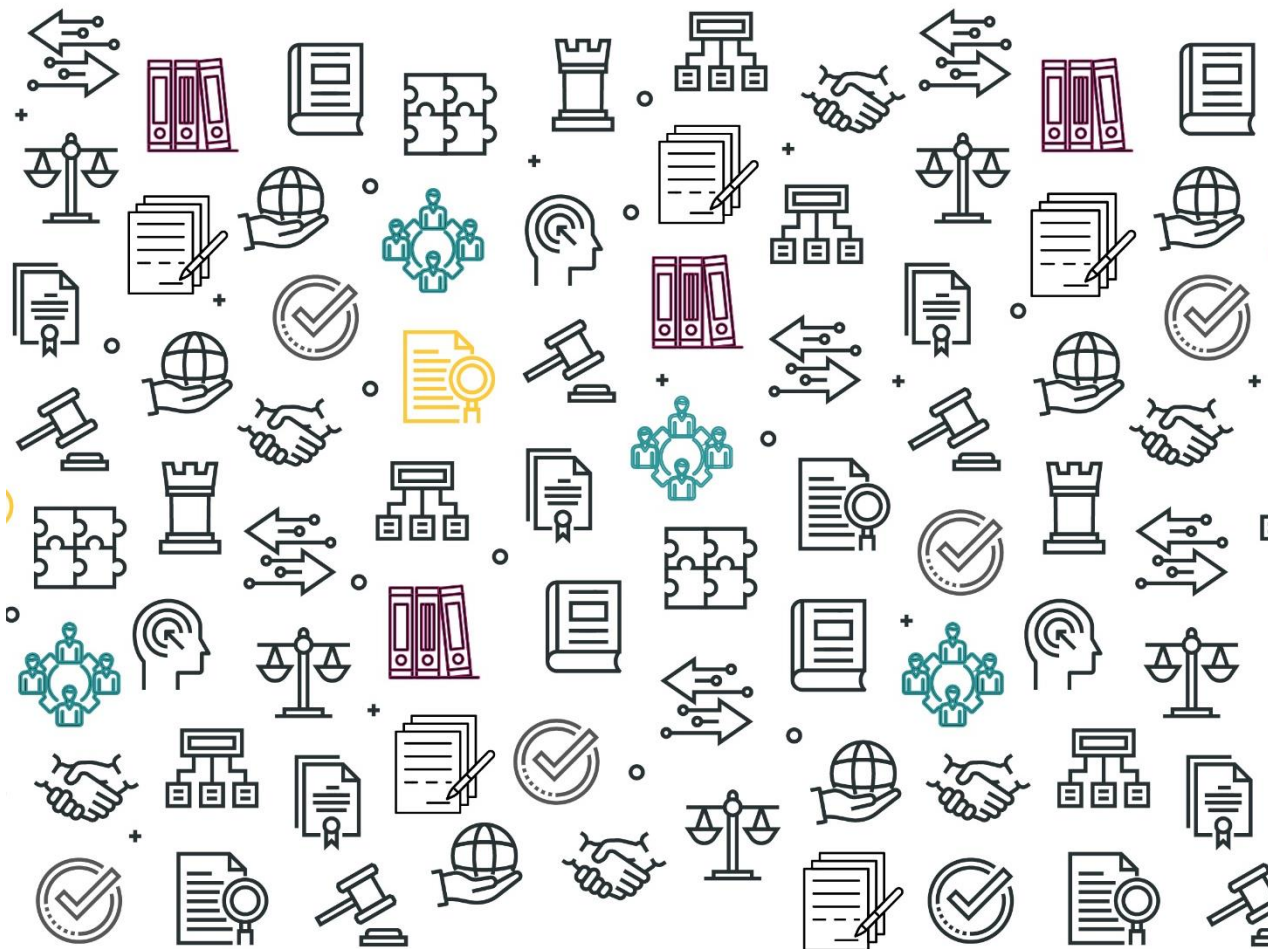
None identified.

## **Glossary of terms, abbreviations and acronyms used in this report.**

AGS	Annual Governance Statement
CYP	Children and Young People
HALC	Herefordshire Association of Local Councils
MDS	Members' Development Strategy
PMO	Programme Management Office
SWAP	South West Audit Partnership



# Final Annual Governance Statement 2019-20



June 2021

Illustrative picture of documents, decision making and administration

## 1. The Annual Governance Statement 2019/20

The council is required by the Accounts and Audit Regulations 2015 to prepare and publish an annual governance statement. This statement has been informed by an annual review of the effectiveness of the council's governance framework and systems of internal control as set out in the [code of corporate governance](#). This statement demonstrates the degree of compliance and planned improvements in the coming year.

2019/20 was extraordinary as the Covid-19 pandemic affected nations across the world impacting on the latter part of the financial year covering the governance statement, whilst Herefordshire felt the devastating effects of flooding on homes and businesses. Herefordshire Council has needed to take a range of decisions to address the emergencies using the powers outlined in the council's constitution (points 3.7.9) whilst "business as usual" activity has been impacted as staff and resources were and continue to be redeployed. The 2019/20 Annual Governance Statement (AGS) has not taken the planned and usual path in its production and previous actions outlined in 2018/19 AGS have been affected to some degree.

## 2. Corporate Governance and the Annual Statement

Corporate governance generally refers to the processes by which an organisation is directed, controlled and held to account. Governance will determine who has authority to make the decisions to achieve the intended outcomes whilst acting in the public interest at all times. It is how the council ensures it provides the right services, to the right people in a timely, open, and accountable way. Good corporate governance encourages better informed longer-term decision making using resources efficiently, and being open to scrutiny with a view to improving performance and managing risk.

Effective governance leads to:

- ✓ Making the right decisions for the right reasons through leadership and management.
- ✓ Continuous improvement through understanding and managing risk and performance.
- ✓ Safeguarding public funds, ensuring spend is made in the right time and the right way.
- ✓ Public engagement and the right outcomes for residents and businesses of the county.

This annual statement incorporates:

- **Scope of responsibility and governance framework:** acknowledges responsibility for ensuring that there is a sound system of governance, summarises the key elements of the governance framework and the roles of those responsible for the development and maintenance of the governance environment;
- **The statement:** describes how the council has monitored and evaluated the effectiveness of its governance arrangements in the year, and outlines how the council has responded to any issue(s) identified in last year's governance statement; and
- **Improving governance:** reports on any key governance matters identified from this review and provides a commitment to addressing them.

It should be noted that any system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk or failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance.

## 3. Scope of responsibility and governance framework

Herefordshire Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for whilst used economically, efficiently and effectively. The council also has a duty under the Local Government Act 1999 to continually review and improve the way it works. Key is the [constitution](#) as a published document that details how the council makes its decisions, who has responsibility and the procedures it follows.

The council has adopted a code of corporate governance that is consistent with the principles of the Chartered Institute of Public Finance and Accountancy (“CIPFA”)/Society of Local Authority Chief Executives (“SOLACE”) framework for delivering good governance in local government (2016).

The governance framework comprises of the systems, processes, culture and values by which the council is controlled, and sets out how the council accounts to, engages with and takes a leadership role in community. The framework enables the council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate and cost-effective services.

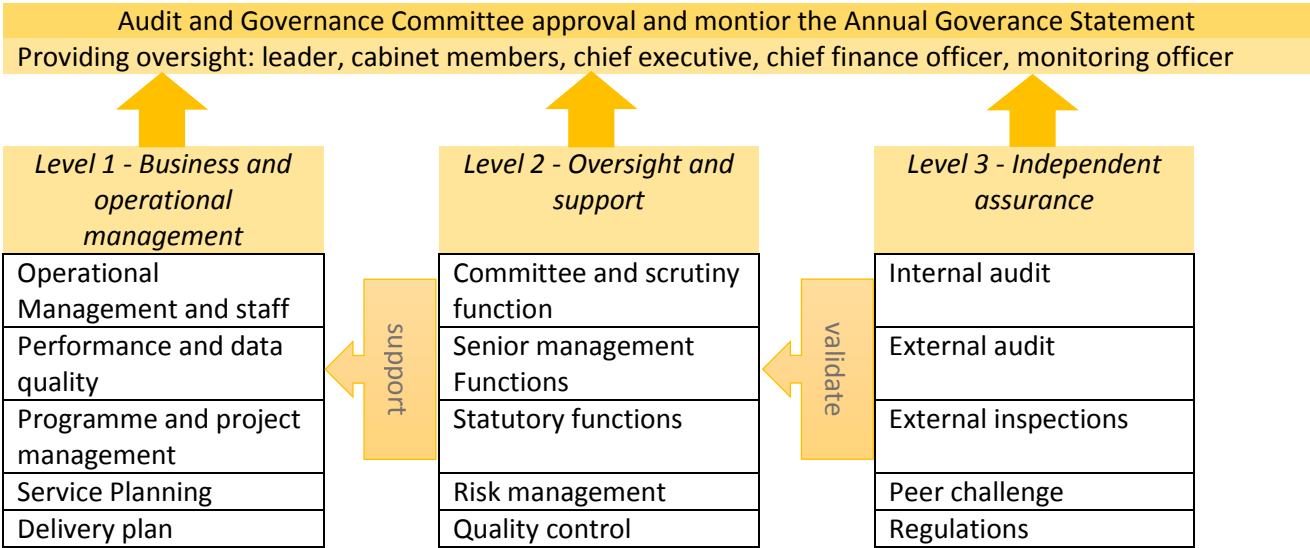
The framework operates at three levels, often referred to as the “three lines of defence” based on three opportunities to address risk and weaknesses in governance:

*Level 1 - Business and operational management.* Operational management and staff delivering objectives, identifying risks and improvement actions, implementing controls, reporting progress, providing management assurance, and ensuring compliance. This level is supported by...

*Level 2 - Oversight and support.* Portfolio holders, scrutiny and audit and governance committee, senior managers and statutory officers provide strategic, policy and direction setting, decision-making, and assurance oversight. This level is validated by....

*Level 3 - Independent assurance.* Internal and external audit, inspection and review agencies, and regulators provide independent challenge and audit, reporting assurance, and audit opinion in relation to assurance levels.

How these levels interact and operate across the organisation is described above but also is illustrated below showing the 3 levels of defence:



4. Preparing the Statement

The AGS has been prepared jointly led by the Chief Finance Officer who is the council’s section 151 officer (a statutory role responsible for the proper administration of the council’s financial affairs), and the Solicitor to the Council who is the council’s monitoring officer (a statutory role responsible for maintaining the constitution, ensuring decision-making is fair and lawful, and for dealing with complaints that councillors have breached the councillor code of conduct).

- a) reviewed our existing governance arrangements against the guidance included in CIPFA/SOLACE 'Delivering Good Governance in Local Government' framework - 2016;
- b) reviewed our code of corporate governance to ensure it reflects this guidance and includes the recommended seven principles of good governance; and
- c) assessed the effectiveness of our governance arrangements against the code of corporate governance.

- Review compliance with laws and regulations, corporate strategies, policies, plans and arrangements e.g. constitution, financial and performance monitoring and reporting, and risk management.
- Statutory officers' declarations.
- Significant partnerships' governance risk assessments.
- Internal audit reports and opinions.
- Findings from Audit & Governance Committee and scrutiny committees.
- External bodies and inspectorates reports.
- Views of the council's appointed Independent Person(s).

## 5. The Statement

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

- The [constitution](#) is a published document providing comprehensive account of how the council operates. Elements of the constitution are reviewed through the decision making process including in 2019/20 update of the Financial and Contractual Procedure Rules on [28 January 2020](#). The monitoring officer has delegated authority to make technical changes (grammatical, formatting, and consistency) or those required by law and a log of the changes made are available on the council [website](#).
- In addition a new [annex](#) to the constitution was devised to enable public meetings to take place remotely.
- During the Covid-19 pandemic the council has needed to make rapid decisions to address the emergency (with decisions published on the [council website](#)) using the powers outlined in section 3.7.9 of the constitution. This gives the chief executive powers to make decisions in an emergency when there is a risk of damage to property, a threat to the health or wellbeing of an individual, or that the interests of the council may be compromised.
- The council has a group of independent persons to provide views on code of conduct complaints against councillors. A conference is held twice a year with the group to provide training and share best practice.
- The Annual Code of Conduct report was presented to audit and governance committee on [24 September 2019](#). The Committee on Standards Life had produced best practice recommendations and accepted the standards recommendations. Following a sample review of complaints between October 2018 to September 2019 it was considered that each complaint had been handled appropriately: in a timely manner, consistently and with appropriate outcomes.
- The council has in place systems for members to register and declare interests which are published on the website (under the profile of each member), and a centralised system established for officers to register declaration of interests.

- [Modern Slavery statement](#) was published covering the year 2019/20 and since updated annually. Cabinet also agreed a series of commitments which are published as part of the statement and promoted to raise awareness of the modern slavery and ways of reporting if there are suspected cases.
- Anti-Fraud, Bribery and Corruption Policy was agreed by audit and governance committee on [19 November 2019](#) committee.
- The council has processes in place to make a [complaint](#), and to ensure complaints are investigated appropriately. Between April 2019 and March 2020 the council dealt internally with 600 complaints, of which the council upheld or partially upheld 21%. In addition, 30 complaints were processed under the children's complaints procedure for children's social care. For the period April 2018 - March 2019 as latest figures from Government and Social Care Ombudsman (LGSCO) of all complaints received by the council, 8 were upheld which is 1% of all complaints for the period.
- The council has a [Whistleblowing Policy](#) in place which is reviewed annually with a new policy adopted on 14 October 2019. Also in the process of being updated is the [council's equality policy](#) to be agreed by the cabinet member later in 2020.
- Policies are published on the [website](#) which acts as the register, however the registration process relies on services to edit the register (update, delete, remove) and this is not always consistently done.
- The council has committed to a [pledge](#) designed by looked after children as a way of outlining what can be expected from the council has a corporate parent.

**Summary and continuous improvement** - the council have a range of measures in place, embedded in practices and processes with actions for improvement including:

- ✓ Rethinking Governance working group to consider governance models and recommendations to be presented to Council.
- ✓ Review the administration of handling complaints and convening standards hearing focussing on outcomes and openness.
- ✓ Produce strategy on writing and publishing council plans, policies and procedures which would include the method of effectively creating a "pipeline" of plans and policies due for renewal.
- ✓ Communication and awareness of the current anti-fraud, bribery and corruption policy all staff.
- ✓ Learn from the standards hearing reviews where improvements could be made with input from independent persons.
- ✓ Finalise and publish the council's equality policy.

## Principle B: Ensuring openness and comprehensive stakeholder engagement

- Local Government Association conducted a Peer Challenge in 2018 and was invited to revisit the council to provide an independent review of progress against recommendations. This took place in October 2019 with findings published on the council [website](#). The revisit found the council had made good progress recognising the change in administration since their first visit - highlighted was the need to address a USP (unique selling point) with partners, enhance communications and strengthen elements of governance.
- A new [County Plan](#) (formerly known as The Corporate Plan) was adopted in January 2020 based on a range of consultation methods reaching in the region of 2,000 participants.
- [Understanding Herefordshire](#) website shares information the council holds on the county as part of its open data approach. This site was improved during the year to support navigation and accessing information.
- As part of the constitution the council has a guide to public participation and extended the opportunities for members of the public to ask questions at meetings.
- As recognised as part of the LGA peer challenge the council has a strong approach to partnerships in collaborating to achieve outcomes. The council has adopted a [partnerships' governance framework](#) which sets out how governance standards within partnerships - the framework is due for review in 2021 following findings from an internal audit; and whilst details of the significant partnerships is





The council is due to update its [communication strategy](#) and this has been supported by an LGA healthcheck that took place in February 2020.

Whilst the council supports and advises suggestion from independent person is to tightening of rules covering training, disclosure and complaint resolution for parish councillors

The council is in partnership with Hoople providing a range of services, the governance of this arrangement needs to be reviewed and updated and then all other external governance arrangements.

1. Engagement: Establish a new approach to engagement with residents and stakeholders to shape the work of the council.
2. Communications strategy renewal in 2021 to be in line with the County Plan and the effects on the community due to Covid-19.
3. Review the tightening of rules covering training, disclosure and complaint resolution for parish councillors.
4. Significant partnerships framework due for review in 2021 along with and up-to-date register published on the council website.
5. Establish a project board to manage the council's relationship with Hoople, review other external governance arrangements and design a framework for their governance to be overseen
6. The appointment and training programme for any co-optees on the council to be reviewed.

- Herefordshire Council agreed a [County Plan](#) based on key themes of Economy, Community and Environment. A delivery plan is being reviewed in light of the impact of the Covid-19 pandemic.
- A key element of the new cabinet's intention is concerned with environmental sustainability with a [commitment](#) to work towards carbon neutrality by 2030 with a [Carbon Management Plan](#) prepared for cabinet.
- The council has a [Procurement and Commissioning Strategy](#) that is due to be refreshed in 2021. However, the council is keen to strengthen the commitment to local social value and this will be developed in 2020.
- The work of strategic delivery partners is focused upon supporting the council in achieving the outcomes identified in the County Plan and will have an important role in strengthening the commitments to delivering local social value.
- The council works with strategic partners locally (e.g. Wye Valley NHS Trust) and regionally (e.g. Marches Local Enterprise Partnership) to ensure that the County Plan priorities are reflected in wider local and regional policy and delivery.
- Performance targets and outcomes across the organisation are reviewed by management board to provide challenge and cross organisation support in achieving key deliverables.

- ✓ Produce and promote the delivery plan outlining the action to meet the County Plan taking into consideration changes and challenges brought about by Covid-19.
- ✓ Refresh the Performance, Risk and Opportunity Management Framework during 2020.

- ✓ Present local social value appendix to commissioning and procurement strategy outlining methods and indicators of retaining local economy and community benefit.

**Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes**

- Full Council agreed a new County Plan in January 2020 which outlines the intentions of the council over the next 4 years. To be published is the delivery plan, which will also see changes due to the Covid-19 pandemic and its impact on communities, the economy, services and financial stability of the council.
- The children's safeguarding services received Ofsted focused visits in January 2019 and December 2019. Both provided letters recognising good practice and areas for development. These are included in the council's [Safeguarding and Family Support Improvement Plan](#) which is regularly reviewed by the Children and Young People's Scrutiny Committee, as well as the children and families performance challenge sessions that take place on a regular basis with the chief executive, leader, lead cabinet member, chair and vice-chair of children and young people's scrutiny, and group leaders. Performance on this area is also regularly reported on in the cabinet's performance and budget report. The council also worked with Essex Local Authority, a DfE approved Partner in Practice to support improvement in children's social care practice and a diagnostic visit focusing on the work of the child protection/court teams took place in November 2019, with improvement actions built into the Safeguarding and Family Support Improvement Plan.
- The council put in place new multi-agency safeguarding children arrangements from September 2019 as one of the three statutory partners along with West Mercia Police and the NHS Herefordshire and Worcestershire Clinical Commissioning Group. This replaced the Herefordshire Safeguarding Children Board. A new independent chair was appointed and during the year the supporting business unit function was reviewed.
- The council invited an Adults Social Care Peer Challenge on 18-20 September 2019. The feedback letter highlighted that there was very visible commitment, both politically and within the executive leadership team to firstly protect and secondly to promote and develop this community asset based approach and a council wide commitment to Talk Communities. Areas of opportunity included supporting the local care market, commissioning alternative methods of care, carers role in Talk Communities, further develop of the strengths based practice.
- The medium term financial strategy and annual budget demonstrate how the council's financial resources will be deployed to deliver the intended outcomes including capital programmes. These were agreed at council on [14 February 2020](#).
- The council's decision making processes, including input from the scrutiny committees, ensure that decision makers receive objective and robust analysis of a variety of options indicating how intended outcomes will be achieved. These decisions are published on the council's [website](#).
- The council's [framework for partnerships' governance](#) prompts consideration of the added value to be gained from working in partnership. This to be reviewed in 2021 and to also ensure the details of partnerships are up-to-date on the website as this is not the case for all entries.
- A system of support for elected members subject to a code of conduct complaint has been devised and implemented by the council's independent persons.

**Summary and continuous improvement** –the council has in place a number of plans and improvement programmes to meet intended outcome. The follow actions are relevant to provide further improvement:

- ✓ Delivery Plan to be produced in light of impact of Covid-19 on the finances of the council and new activity as a result.
- ✓ Framework for partnerships reviewed in 2021 and information up-to-date on the council's website.
- ✓ Regular reviews of delivery against the Safeguarding and Family Support Improvement Plan by Children and Young People's Scrutiny, reported to cabinet and cabinet member, and via performance reporting.

- ✓ Deliver statutory responsibilities as one of the partners of the Safeguarding Children and Young People in Herefordshire Partnership, including ensuring there is an effective business unit to enable the work and that a new business plan is put in place and delivers improvements to safeguarding work for children in Herefordshire
- ✓ Deliver on opportunities with the Adults Social Care Peer Challenge.
- ✓ Cabinet to agree the strategic and delivery programme for Talk Communities.

**Principle E: Developing the organisation's capacity including the capability of its leadership and the individuals within it**

- The council undertook ward member elections in May 2019 resulting in a new administration forming. All members undertook their mandatory and role specific training. A member development strategy has been developed and a programme of member development is in the process of being adopted.
- Staff are required to complete mandatory training each year. The following modules were in place and percentage completed:
  - Health and Safety - 97.2%
  - Information Governance - 94.4%
  - Information Security - 97.6%
- Manager training programme involved 120 staff during 2019/20 supporting skills and development within the organisation.
- [Covid-19](#) has meant that a number of resourcing issues have needed to be addressed. HR instigated a major re-deployment programme to address the emergency with c200 staff redeployed and more balanced their workload to address the need created as a result of the pandemic; sites were closed or adapted to contain the spread; services had to transform, be on hold or new functions initiated to support the community; emergency powers were used in line with changing Government guidance; procurement and governance processes altered to address the emergency and legal providing up-to-date guidance. The majority of staff moved to home working with significant reliance on IT including new digital skills for staff. The council made the [decision](#) to use Zoom for cabinet and other meetings complying with the requirement to be open to the public.
- The commercial team that deals with procurement and guidance on commissioning was restructured during the year to address the resource issue outlined in the 2018/19 annual governance statement.
- A motion at Full Council on 12 October 2019 to review governance arrangements was presented to audit and governance committee on [19 November 2019](#)
- The council has in place a guidance for officers on decision making and report writing, although requires a refresh to ensure understanding of governance decisions. In particular when Record of officer decisions are required.
- The Workforce and Organisational Development Strategy was in plan for 2019/20 and is in preparation for a decision in 2020.

**Summary and continuous improvement** - like many organisations the council has had to significantly adapt to meet the challenges presented by Covid-19 addressing the immediate requirements of the community – particularly the most vulnerable people. The workforce adapted well and instigated new functions in a short amount of time. Improvements for 2020/21 include:

- ✓ Agreement on the Workforce and Organisational Development Strategy
- ✓ Finalise the Member Development Strategy and Programme
- ✓ Undertaking a review of the governance models
- ✓ Review code of conduct including consultation with employees
- ✓ Revised training and guidance for officers on decision making.



## Principle F: Managing risks and performance through robust internal control and strong public financial management

- Flooding impacted Herefordshire significantly in November 2019 and February 2020 needing to use its emergency powers to support the community including creating rest centres, distributing business and residential grants and on-going support for people in [high risk areas](#).
- The council has needed to update its continuity plans in light of the Covid-19 pandemic and change its work practices starting in the last quarter of the financial year.
- The decision was made to move responsibility for risk to the Monitoring Officer with oversight by the corporate centre. The council will be moving to the new method of recognising and recording risk from September 2020.
- The council is due to update its Performance, Risk and Opportunity Management (PROM) Framework in 2020 which relates to the number of elements including service planning guidance and the process for performance challenges at senior management level and with members.
- During 2019/20 a review was undertaken on quality and pace of decision making within some of the major capital projects. This will lead to a change in governance structure for projects and use of the support resources (finance, commercial and communications) more effectively. In addition the council appointed a new post of Contracts Monitoring Officer as part of the redesign of the Commercial Team to advice on quality of contracts at procurement and address weaknesses in current contracts.
- The [Contract's Register](#) is published on the council's website to be integrated to the council's internal finance system.
- The council has appointed a senior information risk owner (SIRO) within the role of the Assistant Director Corporate Support, who is responsible for ensuring arrangements are in place to maintain security of the council's information assets. 3 reports were made to the Information Commissioners Office due to breach posing a risk to the rights and freedoms of an individual or individuals. All breaches are investigated and recommendations to mitigate against risks are made by the Information Governance Team. Training is provided to teams or more significant action depending on the incident.
- The council when updating its Financial Procedure Rules included management board sign off of grant applications of over £10k. This was to be assured that council was not overcommitting to on-going revenue costs. However, without a shared register there is a risk duplication or mixed opportunities of cross department working.

**Summary and continuous improvement** - a risk remains in that there are some instances of policies and procedures either not being followed or being applied inconsistently and needs to be addressed / supported. This will be addressed by the following along with other areas of improving internal controls:

- ✓ Updated the framework for Performance, Risk and Opportunity Management
- ✓ New process for reporting on and identifying risk
- ✓ New governance arrangements in place for capital projects through programme boards
- ✓ Updated continuity planning in light of Covid-19 and lessons learnt from flooding emergencies
- ✓ Updated guidance and assurance for the delivery of capital projects
- ✓ Ensure programme and project board terms of reference are accurate and appropriate
- ✓ Review partnership governance arrangements between the council and higher education bodies
- ✓ Implement training in relation to the Employee Code of Conduct.
- ✓ That a register of all grants is established and at the review of financial procedure rules consideration is given to accepting and managing grants.

## Principle G: Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The council is committed to transparency with the following items published:

- Data related to the finances of the council including financial transactions exceeding £500 on our [open data pages](#) and the pay of our staff on our [senior management team page](#).
- The research and statistics available on our [Facts and Figures website](#)
- [Meetings and decisions](#) are published on the council's website
- Details of the [strategic partnerships](#) (though not all up-to-date)
- [Plans, policies and procedures](#) published (though search needs improving)
- The council appointed an Interim Strategic Capital Finance Manager to address improvements in delivery of capital programmes, with findings towards an improved governance and decision making process due for later in 2020.
- The council has a [Procurement and Commission Strategy](#) which includes social value. However, the element of social value is due to be strengthened to ensure maximising value with contracts and purchasing with proposals presented to cabinet later in 2020.
- Where there is a justification for withholding information or excluding the public from a meeting of the council in accordance with the Access to Information Rules, the reason for doing this is explained. During 2019/20 there were no meetings of cabinet from which the public were excluded.
- A Strategic Assurance Group linked to the Information Governance Group was established during the year. This is comprised of representatives from across the council to support shared learning from audits and to provide input into the annual audit plan. The work of the group was interrupted due to Covid-19 as staff were redeployed and will re-affirm its role in supporting input into annual audit planning.
- The council received 1,404 FOI (Freedom of Information) and EIR (Environment Information Requests) exceeding the Information Commissioners Office threshold of 90% requests handle within timescale. The council also exceeded its target of 95% of requests handled under SAR met on time - this was based on 143 subject access requests.
- The council has a recruitment policy in place based on "the appointment process must be rigorous to ensure the right person is appointed into the role" and although process has been followed, rigor needs emphasising along with review of market forces supplement to ensure remains relevant. In addition measures can also be put in place to address the gender pay gap in both recruitment and retention.
- The council's ex-offender policy will be published in 2020/21.

**Summary and continuous improvement** - the council is committed to transparency and accountability.

Improvements planned for 2020/21 include:

Ensure details of significant partnership profiles are up-to-date on the council's website

- ✓ To include in the revised PROM the performance challenge process by members
- ✓ Published the council's delivery plan and service planning in place across the organisation
- ✓ Commission a best value review of the public realm partnership
- ✓ Re-affirm the role of strategic assurance in audit planning including input into the annual plan before finalised.
- ✓ Revised recruitment policy to ensure the process matches the council's intentions and review the market forces supplement remains relevant, along with actions that address the gender pay gap, and publication of the ex-offenders policy.



## 6. Improving Governance actions for 2020/21

1. **Review of governance models:** Rethinking Governance working group to consider governance models and recommendations to be presented to Council.  
Responsible officer: Monitoring Officer
2. **Managing risks:** Create a new risk management plan, advising all officers on new procedure and monitor implementation.  
Responsible officer: Monitoring Officer
3. **Learning from performance:** Revised performance and risk framework including review of member challenge process.  
Responsible officer: Head of Performance
4. **Improving outcomes for children and young people:** Deliver the Herefordshire Children and Young People's Plan 2019-2024 (partnership responsibility); and the Safeguarding and Family Support Improvement Plan.  
Responsible officer: Director Children and Families
5. **Decision making produce:** establish new toolkits and provide remote training for members and staff.  
Responsible officer: Monitoring Officer
6. **Adult social care challenge:** Deliver on opportunities outlined with the Adults Social Care Peer Challenge.  
Responsible officer: Director Adults and Communities
7. **Talk Community governance:** For cabinet to agree the Talk Community strategic approach and programme.  
Responsible officer: Assistant Director Talk Communities
8. **Plans, Policies and Strategies:** To produce guidance on productions of Plans, Policies and Strategies and improve the registration and publication of documents; finalise and publish the equality policy.  
Responsible officer: Assistant Director Corporate Support
9. **Engagement:** Establish a new approach to engagement with residents and stakeholders to shape the work of the council. Communications strategy renewal in 2021 to be in line with the County Plan and the effects on the community due to Covid-19.  
Responsible Officer: Assistant Director Strategy
10. **Programme Management:** New governance arrangements in place for capital projects through programme boards. Responsible officer: Assistant Director Strategy
11. **Relationship with External partners:** A project board established to manage the council's relationship with Hoople, review other external governance arrangements and design a framework for their governance to be overseen.  
Responsible officer: Solicitor to the Council
12. **Social Value for Money:** Strengthen local value for money element of the Commissioning and Procurement Strategy.  
Responsible officer: Assistant Director Corporate Support
13. **Best Value Review:** Commission a best value review of the public realm partnership.  
Responsible officer: 151 Office

14. **HR Policy and Recruitment:** Finalise workforce and organisation development strategy; revised recruitment policy; enhance actions to addressing the gender pay gap; publication of the ex-offenders policy; review market forces guidance to ensure fit for purpose; implement training and consult effectiveness on Employee Code of Conduct.  
Responsible officer: Assistant Director People
15. **Updated continuity planning:** Reviewed and updated continuity planning and process in light of emergencies  
Responsible officer: Assistant Director People
16. **Audit Planning:** Re-affirm the role of strategic assurance in audit planning including input into the annual plan before finalised.  
Responsible officer: Assistant Director Corporate Support
17. **Partnership framework:** Review effectiveness of current arrangements with the framework covering significant partnerships and steering groups.  
Responsible officer: Solicitor to the Council
18. **Complaints and convening standards:** Review the administration of handling complaints and convening standards hearing focussing on outcomes and openness.  
Responsible officer: Solicitor to the Council
19. **Continuing support for members:** Adopt a member's development strategy.  
Responsible officer: Democratic Services Manager
20. **Co-optees training:** Review appointment and training for co-optees.  
Responsible officer: Democratic services Manager
21. **Terms of reference:** Ensure programme and project board terms of reference are accurate and appropriate.  
Responsible officer: Assistant Director Strategy
22. **Awareness of anti-fraud, bribery and corruption policy:** Communication and raise awareness of the anti-fraud, bribery and corruption policy to all staff.  
Responsible officer: 151 Officer
23. **Higher education bodies:** Review partnership governance arrangements between the council and higher education bodies.  
Responsible officer: Director Economy and Place
24. **Grants:** That a register of grants is established and at the review of financial procedure rules consideration is given to managing grants.  
Responsible officer: Assistant Director Corporate Support (register) / Chief Finance Officer (financial procedure rules)
25. **Parish council complaints:** Review tightening of rules covering training, disclosure and complaint resolution for parish councillors.  
Responsible officer: Democratic Services Manager
26. **Children Safeguarding:** Deliver statutory responsibilities as one of the partners of the Safeguarding Children and Young People in Herefordshire Partnership, including ensuring there is an effective business unit to enable the work and that a new business plan is put in place and delivers improvements to safeguarding work for children in Herefordshire.  
Responsible Officer: Director Children and Family Services



## 7. Assurances

### Directors Composite Assurance Statement - Economy and Place

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s).

I have reviewed all my Heads of Service assurance statements and have obtained assurance that the governance framework operating within my areas of responsibility is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the Monitoring Officer.

#### Positive Governance Initiatives:

- Performance and risks are regularly reviewed by service managers, assistant directors and at Directorate Management Team
- Monthly briefings held with relevant Cabinet Members using corporate format to ensure relevant issues covered
- Comprehensive scheme of delegation in place covering all aspects of the Directorate which is regularly reviewed and updated to take account of changes and new legislation
- Programme and projects board terms of reference developed and reviewed to cover all capital projects with corporate programme team and support of the Assistant Director Transformation. Membership of boards include legal, finance, procurement and other key functions to provide assurance and support.
- The transfer of the lead commissioning role for Hoople services from the Directorate to the corporate centre following my appointment as a director on the Hoople Board has been a positive move providing clear separation between the provider and commissioner going forward.
- The processes for emergency decision making over in response to major incidents including flooding and public health worked well and enabled quick decisions to be taken in consultation with statutory officers providing the necessary assurance whilst responding to the urgent need to take action.

#### Significant Control and Governance issues identified:

- Partnership governance arrangements with NMiTe and higher education bodies have been identified as being in need of review to take account of the current stage in the development of NMiTe project and the need to ensure effective collaboration on initiatives to strengthen the higher education offer within the county
- A best value review and recent internal audits relating to the public realm partnership have identified a number of issue which require improvement

#### Planned action(s) to address significant control and governance issues:

- A review of the partnership governance arrangements with NMiTe is to be undertaken to ensure continued effective working and provide foundation for future development.
- An action plan to address the issues identified in the best value review and recent internal audits relating to the public realm partnership is being developed with the s151 Officer and Monitoring Officer and will be implemented.

Name: Richard Ball

Title: Director of Economy and place

Date: 13/10/20

### Directors Composite Assurance Statement - Children and Young People

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s).

I have reviewed all my Heads of Service assurance statements and have obtained assurance that the governance framework operating within my areas of responsibility is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is





subsequently identified after the date of signature I will immediately bring this to the attention of the Monitoring Officer.

Positive Governance Initiatives:

- Evidence from each head of service of their awareness and action across the domains.

Significant Control and Governance issues identified:

- None of significance in the returns but an issue to ensure business continuity arrangements are covered in induction.

Planned action(s) to address significant control and governance issues:

- Will raise the above across all managers and reinforce with head of business support as part of induction checklist

Name: Chris Baird

Title: Director, Children and Families

Date: 01.10.2020

#### **Directors Composite Assurance Statement - Adults and Communities**

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s).

I have reviewed all my Heads of Service assurance statements and have obtained assurance that the governance framework operating within my areas of responsibility is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the Monitoring Officer.

Positive Governance Initiatives:

- N/A

Significant Control and Governance issues identified:

- N/A

Planned action(s) to address significant control and governance issues:

- N/A

Name: Stephen Vickers

Title: Director Adults & Communities

Date: 15.10.2020

#### **Composite Assurance Statement - Monitoring Officer**

As a statutory officer within the Corporate Centre, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within the council.

I have reviewed all of the Directors assurance statements and have obtained assurance that the governance framework operating within the council is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the chief executive.

Positive Governance Initiatives:

- Working group completed the review of governance models and recommendation approved by Council to adopt of hybrid model of governance from May 2021
- Refresh of all governance training material for officers



- Standards panel annual review of complaints dealt by Monitoring Officer Resolution found to be appropriate
- Successful transition to remote meetings
- Wholesale review of the council's approach to risk management

Significant Control and Governance issues identified:

- Governance arrangements with external partners be it companies, joint ventures, outside bodies, steering groups etc. not effective and needs review and oversight
- Arrangements for dealing with standards complaints needs refining
- Understanding of the councils governance arrangements and officers confidence levels to be improved
- Members ongoing training needs post induction required to be met

Planned action(s) to address significant control and governance issues:

- Establish new toolkits and provide remote training for officer and then members on our governance arrangements
- Review other external governance arrangements and design a framework for their governance to be overseen
- Review the effectiveness of current arrangements in the partnership framework
- Review the administration of handling complaints and convening standard panel hearings.
- Adopt a member's development strategy.

Name: Kate Charlton

Title: Monitoring officer

Date: 23.07.21

#### **Directors Composite Assurance Statement - s151 Officer**

As a statutory officer within the Corporate Centre, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within the council.

I have reviewed all of the Directors assurance statements and have obtained assurance that the governance framework operating within the council is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the chief executive.

Positive Governance Initiatives:

- A new anti-fraud bribery and corruption policy agreed by the Audit and Governance committee.
- The creation of a Project Management Office (PMO) to oversee capital projects and capital development proposals.
- The adoption of a four-year County Plan in January 2020.
- A review of governance models and recommendation approved by Council to adopt of hybrid model of governance from spring 2021.
- Review of the contractual arrangements between the council and its public realm contractor.
- External review of the council's treasury management arrangements.
- Review of the councils financial procedure rules including greater clarity of the treatment of external grants.
- The council was able to mobilize quickly to pay grants, for both the flooding events and Covid 19.
- Comprehensive budget consultation process carried out.

Significant Control and Governance issues identified:

- Significant issues around the management of the public realm contract including challenges in evidencing value for money.
- Challenges in understanding the granularity of spend on the HCCTP capital program.



- The Covid 19 grant making process highlighted that the council's record of businesses liable for business rates was not completely up-to-date.

- Major contract performance review carried out and presented to Cabinet in September 2020, with an update to Cabinet in July 2021.
- The appointment of additional contract management and commissioning expertise to assist in managing the public realm contract.
- Review the effectiveness of current arrangements in the partnership framework
- Reviewing the process of ensuring the business rates records are kept up-to-date.

Date: 23.07.21

## Internal Audit Annual Opinion (appendix 3 to main report)



HC 2019-20 Annual  
Report and Opinion 5

### View from Independent Persons (March 2020)

**Jake Bharier**

A few thoughts on this.

Overall, I think that the standards regime in respect of members of Herefordshire Council is consistent with the requirements of the Localism Act, and has also taken into account a number of recommendations of the 2019 report of the committee on standards in public life. This report recommends, among other things, the establishment of a decision-making standards committee – in effect, to have the monitoring office advising the committee, rather than the independent persons advising the monitoring officer. I would support this, though it would require changes to the Localism Act. I think this would demonstrate a clearer independence of the independent persons from the members and officers of the council.

While the regime in respect of parish councillors is also consistent with the requirements of the Act, it is much weaker. This may reduce confidence of the public in the regime and in Herefordshire Council, since parish councils may, in effect, ignore recommendations of the Council's monitoring officer. Again, a change may well require amendment of the Localism Act.

The 2019 Governance statement states “*The council has adopted openness as one of the values on which our culture is shaped and which underpin our work*” While a degree of confidentiality may be appropriate in the consideration of individual complaints, I think there is more scope to demonstrate openness in review processes, such as the biannual review of complaints. The distinction between “confidential” and “secret” is easily blurred.

**Sheila Archer**

Thank you for giving me another link to the information, it has worked! I have some comments to make on the Annual Governance Statement.

1. Good to read about the Formal Protocol between the MO and the Police to ensure a shared understanding and approach to a potential criminal breach of the Code of Conduct.
2. A member and officer relations code is also welcomed as it should improve lines of communication, understanding and reduce potential for accusations of bias.
3. The Employee Code of Conduct has now been operational for nearly a year. Is there scope to review how this has worked and been viewed by employees?
4. Some concerns about the lack of pace of the Review of Policies and Procedures, as mentioned in the report. Perhaps opportunities are being missed to check on their effectiveness and usage?
5. Good to read that the need for a refresher for Managers has been identified, related to Governance and Accountability.



Generally the framework is, I believe, fit for purpose and provides the basis for a robust governance environment. Many of the recommendations for the previous report have been actioned and further improvements/refinements are proposed.

## Gerry Hodson

The material mostly relates to the way in which Herefordshire was performing against its obligation and standards during 2018 and the early part of 2019, I will be interested to see the material produced in support of the Council's compliance for the next period. I understand that this will be available for the IP's to review later in the year.

I support each of the points that Jake has made particularly with reference to parish councillors where I think a tightening of rules covering training, disclosure and complaint resolution would be beneficial.

I continue to believe that a robust complaint process should focus on outcomes rather than process (whilst fully accepting a clear and documented framework is required) and I think there is more work we could do as an IP group in this area. My experience is that this leads to improvements in general standards of conduct which is ultimately what we are trying to achieve.

## Bryn Caless

Jake is, as usual, spot on with his comments, which I endorse. We may need a change in the mechanisms involved in processing complaints, but I'm sure we need to seek additionally a more robust means of communicating to the public the fact that we have progressively and systematically considered complaints, that we have chewed them over and that there was a consensus in terms of action. I'm not sure that we do this consistently. After all, the purpose of independent persons is not to make the councils or councillors feel better about things, but to demonstrate to the populace that there is a scrutiny system in place that earns its place.

**Claire Jenkins**

Overall I feel the standards arrangements are adequate, but there are a number of details which could be improved upon; as the latest revisions to the constitution were adopted in May 2018 and it is supposed to be reviewed biennially, I imagine the next review will be coming up soon, so this might be an opportunity to consider making changes.

I have a particular concern about one aspect of the complaints procedure which I raised with you when it was brought to my attention in a recent case, where the independent persons and members of a standards panel were sent versions of a complaint which were significantly shorter than the complaint originally submitted and accepted, without any acknowledgement that redaction had taken place. I feel that this and other aspects of its management compromised the complaints process in this case and look forward to the special meeting planned to be held when that case is fully closed.

I would also particularly welcome clarification of the section of the Councillor Code of Conduct concerning Schedule 2 interests, where it is not at all clear to me what the distinction is between forms of membership of the various types of body which require declaration and those that do not. I wonder if it might be helpful to rephrase this and add examples, either in the Code or on the declaration form.

**Statement and opinion - Leader of Herefordshire Council**

To the best of our knowledge, the governance arrangements, as set out above and within the council's Code of Corporate Governance, have been effectively operating during the year with the exception of those areas identified in the statement and provide reasonable assurance of the soundness of the council's governance arrangements. We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation during the year and as part of our next annual review.

Name: Councillor David Hitchiner

Date: 21.06.21

**Statement and opinion – Deputy Chief Executive of Herefordshire Council**

To the best of our knowledge, the governance arrangements, as set out above and within the council's Code of Corporate Governance, have been effectively operating during the year with the exception of those areas identified in the statement and provide reasonable assurance of the soundness of the council's governance arrangements. We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation during the year and as part of our next annual review.

Since the drafting of the 2019/20 annual governance statement and conclusion of the external audit work the final annual governance statement for 2019/20 recognises that the director statements made, although correct at that time have now been superseded by the qualified value for money audit opinion in relation to the council's capital programme and Childrens services. The 2020/21 draft annual governance statement recognises these issues and includes actions being taken to remedy these failings.

Name: Claire Ward

Title: Acting Deputy Chief Executive and Head of Paid Service

Date:23.07.21

End note for record

Status: final version

Author: Natalia Silver, Assistant Director Corporate Support

Sponsor: 151 Officer and Monitoring Officer

Approval: Audit and Governance Committee

Date Approved: (for approval)

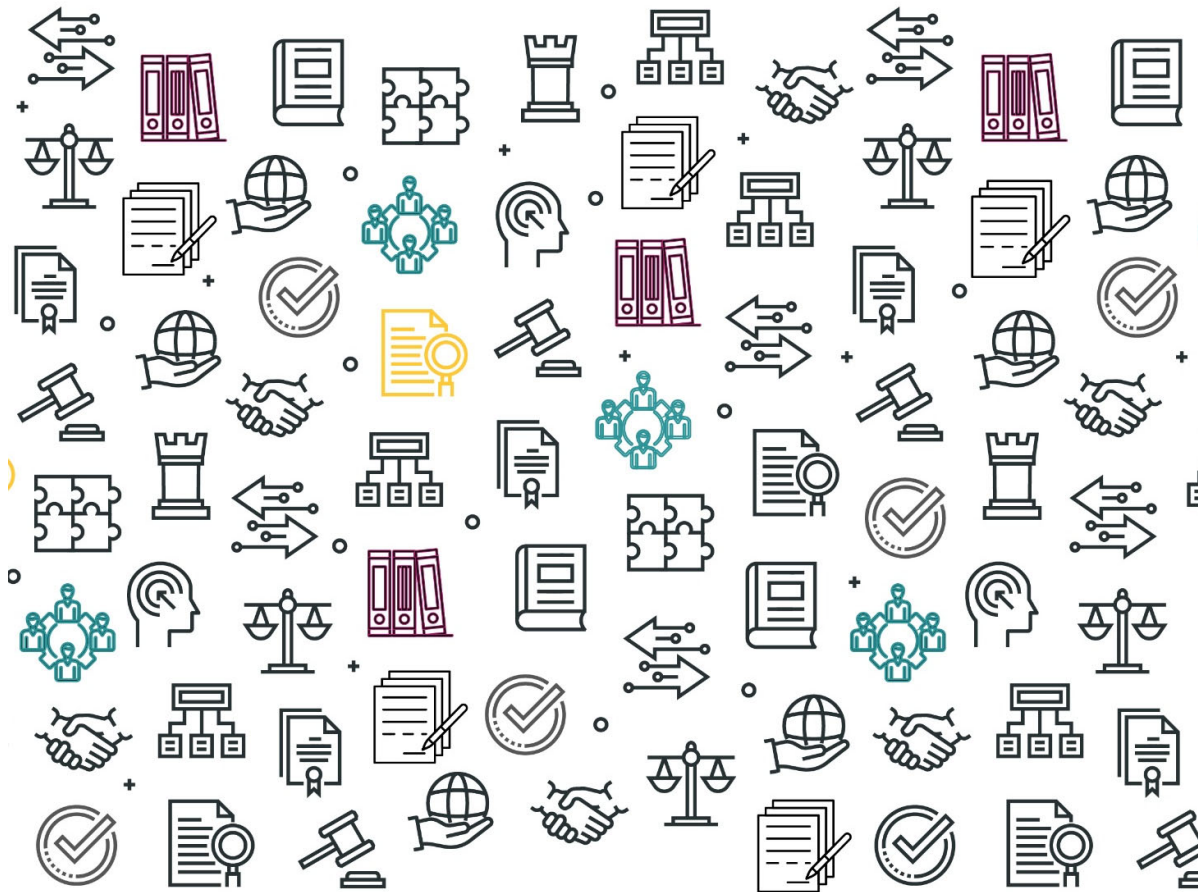
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Publication: External

# ~~Draft~~ Final Annual Governance Statement 2019-20



June 2021

Illustrative picture of documents, decision making and administration



and improve the way it works. Key is the [constitution](#) as a published document that details how the council makes its decisions, who has responsibility and the procedures it follows.

The council has adopted a code of corporate governance that is consistent with the principles of the Chartered Institute of Public Finance and Accountancy (“CIPFA”)/Society of Local Authority Chief Executives (“SOLACE”) framework for delivering good governance in local government (2016).

The governance framework comprises of the systems, processes, culture and values by which the council is controlled, and sets out how the council accounts to, engages with and takes a leadership role in community. The framework enables the council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate and cost-effective services.

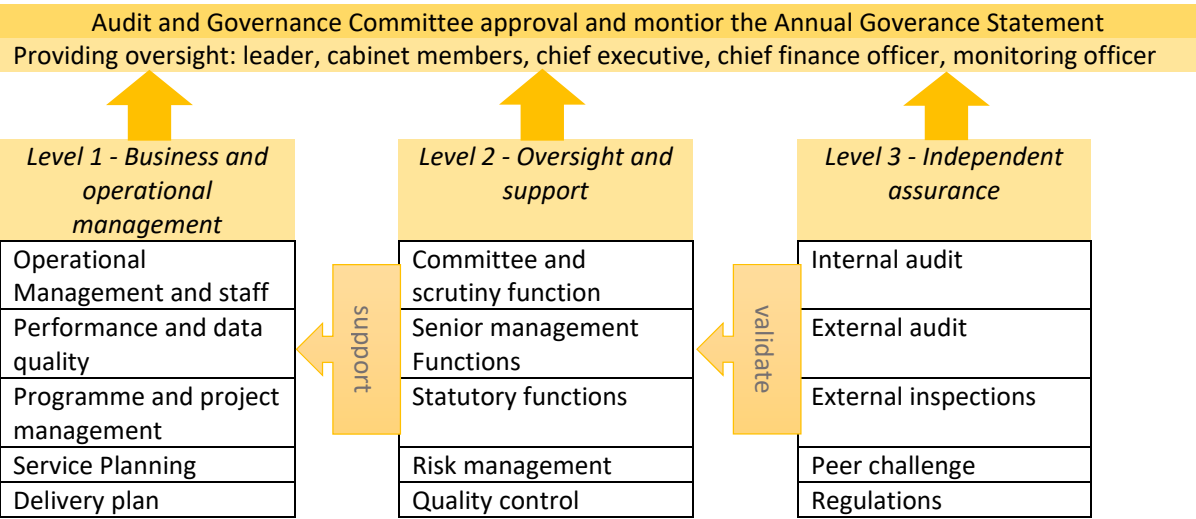
The framework operates at three levels, often referred to as the “three lines of defence” based on three opportunities to address risk and weaknesses in governance:

*Level 1 - Business and operational management.* Operational management and staff delivering objectives, identifying risks and improvement actions, implementing controls, reporting progress, providing management assurance, and ensuring compliance. This level is supported by...

*Level 2 - Oversight and support.* Portfolio holders, scrutiny and audit and governance committee, senior managers and statutory officers provide strategic, policy and direction setting, decision-making, and assurance oversight. This level is validated by....

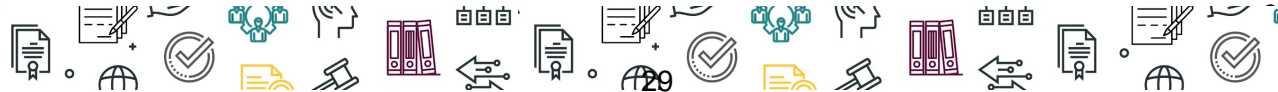
*Level 3 - Independent assurance.* Internal and external audit, inspection and review agencies, and regulators provide independent challenge and audit, reporting assurance, and audit opinion in relation to assurance levels.

How these levels interact and operate across the organisation is described above but also is illustrated below showing the 3 levels of defence:



4. Preparing the Statement

The AGS has been prepared jointly led by the Chief Finance Officer who is the council’s section 151 officer (a statutory role responsible for the proper administration of the council’s financial affairs), and the Solicitor to the Council who is the council’s monitoring officer (a statutory role responsible for maintaining the constitution,



ensuring decision-making is fair and lawful, and for dealing with complaints that councillors have breached the councillor code of conduct).

In preparing the AGS the council has:

- a) reviewed our existing governance arrangements against the guidance included in CIPFA/SOLACE 'Delivering Good Governance in Local Government' framework - 2016;
- b) reviewed our code of corporate governance to ensure it reflects this guidance and includes the recommended seven principles of good governance; and
- c) assessed the effectiveness of our governance arrangements against the code of corporate governance.

The key sources of assurance that inform this review are as below:

- Review compliance with laws and regulations, corporate strategies, policies, plans and arrangements e.g. constitution, financial and performance monitoring and reporting, and risk management.
- Statutory officers' declarations.
- Significant partnerships' governance risk assessments.
- Internal audit reports and opinions.
- Findings from Audit & Governance Committee and scrutiny committees.
- External bodies and inspectorates reports.
- Views of the council's appointed Independent Person(s).

The Statement sets these sources of information against the 7 Principles of Corporate Governance (A to G) as set out in the Herefordshire Council's [Code of Corporate Governance](#).

## 5. The Statement

The following information is a summary of actions and behaviours taken by the council in relation to each of the core principles (based on "Delivering Good Governance in Local Government" framework – 2016").

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

- The [constitution](#) is a published document providing comprehensive account of how the council operates. Elements of the constitution are reviewed through the decision making process including in 2019/20 update of the Financial and Contractual Procedure Rules on [28 January 2020](#). The monitoring officer has delegated authority to make technical changes (grammatical, formatting, and consistency) or those required by law and a log of the changes made are available on the council [website](#).
- In addition a new [annex](#) to the constitution was devised to enable public meetings to take place remotely.
- During the Covid-19 pandemic the council has needed to make rapid decisions to address the emergency (with decisions published on the [council website](#)) using the powers outlined in section 3.7.9 of the constitution. This gives the chief executive powers to make decisions in an emergency when there is a risk of damage to property, a threat to the health or wellbeing of an individual, or that the interests of the council may be compromised.
- The council has a group of independent persons to provide views on code of conduct complaints against councillors. A conference is held twice a year with the group to provide training and share best practice.
- The Annual Code of Conduct report was presented to audit and governance committee on [24 September 2019](#). The Committee on Standards Life had produced best practice recommendations and accepted the standards recommendations. Following a sample review of complaints between October





2018 to September 2019 it was considered that each complaint had been handled appropriately: in a timely manner, consistently and with appropriate outcomes.

- The council has in place systems for members to register and declare interests which are published on the website (under the profile of each member), and a centralised system established for officers to register declaration of interests.
- [Modern Slavery statement](#) was published covering the year 2019/20 and since updated annually. Cabinet also agreed a series of commitments which are published as part of the statement and promoted to raise awareness of the modern slavery and ways of reporting if there are suspected cases.
- Anti-Fraud, Bribery and Corruption Policy was agreed by audit and governance committee on [19 November 2019](#) committee.
- The council has processes in place to make a [complaint](#), and to ensure complaints are investigated appropriately. Between April 2019 and March 2020 the council dealt internally with 600 complaints, of which the council upheld or partially upheld 21%. In addition, 30 complaints were processed under the children's complaints procedure for children's social care. For the period April 2018 - March 2019 as latest figures from Government and Social Care Ombudsman (LGSCO) of all complaints received by the council, 8 were upheld which is 1% of all complaints for the period.
- The council has a [Whistleblowing Policy](#) in place which is ~~continuously~~ reviewed ~~annually based on lessons learnt and in the process of being updated with a new policy adopted on 14 October 2019.~~ Also in the process of being updated is the [council's equality policy](#) to be agreed by the cabinet member later in 2020.
- Policies are published on the [website](#) which acts as the register, however the registration process relies on services to edit the register (update, delete, remove) and this is not always consistently done.
- The council has committed to a [pledge](#) designed by looked after children as a way of outlining what can be expected from the council has a corporate parent.

**Summary and continuous improvement** - the council have a range of measures in place, embedded in practices and processes with actions for improvement including:

- ✓ Rethinking Governance working group to consider governance models and recommendations to be presented to Council.
- ✓ Review the administration of handling complaints and convening standards hearing focussing on outcomes [and openness](#).
- ✓ Produce strategy on writing and publishing council plans, policies and procedures which would include the method of effectively creating a "pipeline" of plans and policies due for renewal.
- ✓ Communication and awareness of the current anti-fraud, bribery and corruption policy all staff.
- ✓ Learn from the standards hearing reviews where improvements could be made with input from independent persons.
- ✓ Finalise and publish the council's equality policy.

## Principle B: Ensuring openness and comprehensive stakeholder engagement

- Local Government Association conducted a Peer Challenge in 2018 and was invited to revisit the council to provide an independent review of progress against recommendations. This took place in October 2019 with findings published on the council [website](#). The revisit found the council had made good progress recognising the change in administration since their first visit - highlighted was the need to address a USP (unique selling point) with partners, enhance communications and strengthen elements of governance.
- A new [County Plan](#) (formerly known as The Corporate Plan) was adopted in January 2020 based on a range of consultation methods reaching in the region of 2,000 participants.
- [Understanding Herefordshire](#) website shares information the council holds on the county as part of its open data approach. This site was improved during the year to support navigation and accessing information.



- As part of the constitution the council has a guide to public participation and extended the opportunities for members of the public to ask questions at meetings.
- As recognised as part of the LGA peer challenge the council has a strong approach to partnerships in collaborating to achieve outcomes. The council has adopted a [partnerships' governance framework](#) which sets out how governance standards within partnerships - the framework is due for review in 2021 following findings from an internal audit; and whilst details of the significant partnerships is published on the council [website](#) not all entries are up-to-date – the process will be addressed in 2021.
- The council is due to update its [communication strategy](#) and this has been supported by an LGA healthcheck that took place in February 2020.
- Whilst the council supports and advises suggestion from independent person is to tightening of rules covering training, disclosure and complaint resolution for parish councillors
- The council is in partnership with Hoople providing a range of services, the governance of this arrangement needs to be reviewed and updated and then all other external governance arrangements.

**Summary and continuous improvement** - the council's approach is to work in partnership with stakeholders though could always be improved including documenting those partnerships. Based on this the following improvements are planned:

- ~~1. Establish an Advisory Panel to partners and stakeholders led by the leader of the council.~~
- ~~1. Engagement: Establish a new approach to engagement with residents and stakeholders to shape the work of the council.~~
- ~~2. Communications strategy renewal in 2020-2021 to be in line with the County Plan and the effects on the community due to Covid-19.~~
- ~~3. Review the tightening of rules covering training, disclosure and complaint resolution for parish councillors.~~
- ~~2-4. Significant partnerships framework due for review in 2021 along with and up-to-date register published on the council website.~~
- ~~3-5. Establish a project board to manage the council's relationship with Hoople, review other external governance arrangements and design a framework for their governance to be overseen -~~
- ~~4-6. The appointment and training programme for any co-optees on the council to be reviewed.~~

### Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

- Herefordshire Council agreed a [County Plan](#) based on key themes of Economy, Community and Environment. A delivery plan is being reviewed in light of the impact of the Covid-19 pandemic.
- A key element of the new cabinet's intention is concerned with environmental sustainability with a [commitment](#) to work towards carbon neutrality by 2030 with a [Carbon Management Plan](#) prepared for cabinet.
- The council has a [Procurement and Commissioning Strategy](#) that is due to be refreshed in 2021. However, the council is keen to strengthen the commitment to local social value and this will be developed in 2020.
- The work of strategic delivery partners is focused upon supporting the council in achieving the outcomes identified in the County Plan and will have an important role in strengthening the commitments to delivering local social value.
- The council works with strategic partners locally (e.g. Wye Valley NHS Trust) and regionally (e.g. Marches Local Enterprise Partnership) to ensure that the County Plan priorities are reflected in wider local and regional policy and delivery.





- Performance targets and outcomes across the organisation are reviewed by management board to provide challenge and cross organisation support in achieving key deliverables.

**Summary and continuous improvement** - the council produced a County Plan outlining intended outcomes. The delivery of the outcomes will be supported by the following:

- ✓ Produce and promote the delivery plan outlining the action to meet the County Plan taking into consideration changes and challenges brought about by Covid-19.
- ✓ Refresh the Performance, Risk and Opportunity Management Framework during 2020.
- ✓ Present local social value appendix to commissioning and procurement strategy outlining methods and indicators of retaining local economy and community benefit.

#### Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes

- Full Council agreed a new County Plan in January 2020 which outlines the intentions of the council over the next 4 years. To be published is the delivery plan, which will also see changes due to the Covid-19 pandemic and its impact on communities, the economy, services and financial stability of the council.
- The children's safeguarding services received Ofsted focused visits in January 2019 and December 2019. Both provided letters recognising good practice and areas for development. These are included in the council's [Safeguarding and Family Support Improvement Plan](#) which is regularly reviewed by the Children and Young People's Scrutiny Committee, as well as the children and families performance challenge sessions that take place on a regular basis with the chief executive, leader, lead cabinet member, chair and vice-chair of children and young people's scrutiny, and group leaders. Performance on this area is also regularly reported on in the cabinet's performance and budget report. [The council also worked with Essex Local Authority, a DfE approved Partner in Practice to support improvement in children's social care practice and a diagnostic visit focusing on the work of the child protection/court teams took place in November 2019, with improvement actions built into the Safeguarding and Family Support Improvement Plan.](#)
- [The council put in place new multi-agency safeguarding children arrangements from September 2019 as one of the three statutory partners along with West Mercia Police and the NHS Herefordshire and Worcestershire Clinical Commissioning Group. This replaced the Herefordshire Safeguarding Children Board. A new independent chair was appointed and during the year the supporting business unit function was reviewed.](#)
- The council invited an Adults Social Care Peer Challenge on 18-20 September 2019. The feedback letter highlighted that there was very visible commitment, both politically and within the executive leadership team to firstly protect and secondly to promote and develop this community asset based approach and a council wide commitment to Talk Communities. Areas of opportunity included supporting the local care market, commissioning alternative methods of care, carers role in Talk Communities, further develop of the strengths based practice.
- The medium term financial strategy and annual budget demonstrate how the council's financial resources will be deployed to deliver the intended outcomes including capital programmes. These were agreed at council on [14 February 2020](#).
- The council's decision making processes, including input from the scrutiny committees, ensure that decision makers receive objective and robust analysis of a variety of options indicating how intended outcomes will be achieved. These decisions are published on the council's [website](#).
- The council's [framework for partnerships' governance](#) prompts consideration of the added value to be gained from working in partnership. This to be reviewed in 2021 and to also ensure the details of partnerships are up-to-date on the website as this is not the case for all entries.
- A system of support for elected members subject to a code of conduct complaint has been devised and implemented by the council's independent persons.



- ✓ Delivery Plan to be produced in light of impact of Covid-19 on the finances of the council and new activity as a result.
- ✓ Framework for partnerships reviewed in 2021 and information up-to-date on the council's website.
- ✓ Regular reviews of delivery against the Safeguarding and Family Support Improvement Plan by Children and Young People's Scrutiny, reported to cabinet and cabinet member, and via performance reporting.
- ✓ Deliver statutory responsibilities as one of the partners of the Safeguarding Children and Young People in Herefordshire Partnership, including ensuring there is an effective business unit to enable the work and that a new business plan is put in place and delivers improvements to safeguarding work for children in Herefordshire
- ✓ Deliver on opportunities with the Adults Social Care Peer Challenge.
- ✓ Cabinet to agree the strategic and delivery programme for Talk Communities.

- The council undertook ward member elections in May 2019 resulting in a new administration forming. All members undertook their mandatory and role specific training. A member development strategy has been developed and a programme of member development is in the process of being adopted.
- Staff are required to complete mandatory training each year. The following modules were in place and percentage completed:
  - Health and Safety - 97.2%
  - Information Governance - 94.4%
  - Information Security - 97.6%
- Manager training programme involved 120 staff during 2019/20 supporting skills and development within the organisation.
- [Covid-19](#) has meant that a number of resourcing issues have needed to be addressed. HR instigated a major re-deployment programme to address the emergency with c200 staff redeployed and more balanced their workload to address the need created as a result of the pandemic; sites were closed or adapted to contain the spread; services had to transform, be on hold or new functions initiated to support the community; emergency powers were used in line with changing Government guidance; procurement and governance processes altered to address the emergency and legal providing up-to-date guidance. The majority of staff moved to home working with significant reliance on IT including new digital skills for staff. The council made the [decision](#) to use Zoom for cabinet and other meetings complying with the requirement to be open to the public.
- The commercial team that deals with procurement and guidance on commissioning was restructured during the year to address the resource issue outlined in the 2018/19 annual governance statement.
- A motion at Full Council on 12 October 2019 to review governance arrangements was presented to audit and governance committee on [19 November 2019](#)
- The council has in place a guidance for officers on decision making and report writing, although requires a refresh to ensure understanding of governance decisions. [In particular when Record of officer decisions are required.](#)
- The Workforce and Organisational Development Strategy was in plan for 2019/20 and is in preparation for a decision in 2020.

- ✓ Agreement on the Workforce and Organisational Development Strategy



- ✓ Finalise the Member Development Strategy and Programme
- ✓ Undertaking a review of the governance models
- ✓ Review code of conduct including consultation with employees
- ✓ Revised training and guidance for officers on decision making.

#### **Principle F: Managing risks and performance through robust internal control and strong public financial management**

- Flooding impacted Herefordshire significantly in November 2019 and February 2020 needing to use its emergency powers to support the community including creating rest centres, distributing business and residential grants and on-going support for people in [high risk areas](#).
- The council has needed to update its continuity plans in light of the Covid-19 pandemic and change its work practices starting in the last quarter of the financial year.
- The decision was made to move responsibility for risk to the Monitoring Officer with oversight by the corporate centre. The council will be moving to the new method of recognising and recording risk from September 2020.
- The council is due to update its Performance, Risk and Opportunity Management (PROM) Framework in 2020 which relates to the number of elements including service planning guidance and the process for performance challenges at senior management level and with members.
- During 2019/20 a review was undertaken on quality and pace of decision making within some of the major capital projects. This will lead to a change in governance structure for projects and use of the support resources (finance, commercial and communications) more effectively. In addition the council appointed a new post of Contracts Monitoring Officer as part of the redesign of the Commercial Team to advice on quality of contracts at procurement and address weaknesses in current contracts.
- The [Contract's Register](#) is published on the council's website to be integrated to the council's internal finance system.
- The council has ~~an~~ appointed a senior information risk owner (SIRO) within the role of the Assistant Director Corporate Support, who is responsible for ensuring arrangements are in place to maintain security of the council's information assets. 3 reports were made to the Information Commissioners Office due to breach posing a risk to the rights and freedoms of an individual or individuals. All breaches are investigated and recommendations to mitigate against risks are made by the Information Governance Team. Training is provided to teams or more significant action depending on the incident.
- The council when updating its Financial Procedure Rules included management board sign off of grant applications of over £10k. This was to be assured that council was not overcommitting to on-going revenue costs. However, without a shared register there is a risk duplication or mixed opportunities of cross department working.

**Summary and continuous improvement** - a risk remains in that there are some instances of policies and procedures either not being followed or being applied inconsistently and needs to be addressed / supported. This will be addressed by the following along with other areas of improving internal controls:

- ✓ Updated the framework for Performance, Risk and Opportunity Management
- ✓ New process for reporting on and identifying risk
- ✓ New governance arrangements in place for capital projects through programme boards
- ✓ Updated continuity planning in light of Covid-19 and lessons learnt from flooding emergencies
- ✓ Updated guidance and assurance for the delivery of capital projects
- ✓ Ensure programme and project board terms of reference are accurate and appropriate
- ✓ Review partnership governance arrangements between the council and higher education bodies
- ✓ Implement training in relation to the Employee Code of Conduct.
- ✓ That a register of all grants is established and at the review of financial procedure rules consideration is given to accepting and managing grants.



## Principle G: Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The council is committed to transparency with the following items published:

- Data related to the finances of the council including financial transactions exceeding £500 on our [open data pages](#) and the pay of our staff on our [senior management team page](#).
- The research and statistics available on our [Facts and Figures website](#)
- [Meetings and decisions](#) are published on the council's website
- Details of the [strategic partnerships](#) (though not all up-to-date)
- [Plans, policies and procedures](#) published (though search needs improving)
- The council appointed an Interim Strategic Capital Finance Manager to address improvements in delivery of capital programmes, with findings towards an improved governance and decision making process due for later in 2020.
- The council has a [Procurement and Commission Strategy](#) which includes social value. However, the element of social value is due to be strengthened to ensure maximising value with contracts and purchasing with proposals presented to cabinet later in 2020.
- Where there is a justification for withholding information or excluding the public from a meeting of the council in accordance with the Access to Information Rules, the reason for doing this is explained. During 2019/20 there were no meetings of cabinet from which the public were excluded.
- A Strategic Assurance Group linked to the Information Governance Group was established during the year. This is comprised of representatives from across the council to support shared learning from audits and to provide input into the annual audit plan. The work of the group was interrupted due to Covid-19 as staff were redeployed and will re-affirm its role in supporting input into annual audit planning.
- The council received 1,404 FOI (Freedom of Information) and EIR (Environment Information Requests) exceeding the Information Commissioners Office threshold of 90% requests handle within timescale. The council also exceeded its target of 95% of requests handled under SAR met on time - this was based on 143 subject access requests.
- The council has a recruitment policy in place based on "the appointment process must be rigorous to ensure the right person is appointed into the role" and although process has been followed, rigor needs emphasising along with review of market forces supplement to ensure remains relevant. In addition measures can also be put in place to address the gender pay gap in both recruitment and retention.
- The council's ex-offender policy will be published in 2020/21.

**Summary and continuous improvement** - the council is committed to transparency and accountability.

Improvements planned for 2020/21 include:

Ensure details of significant partnership profiles are up-to-date on the council's website

- ✓ To include in the revised PROM the performance challenge process by members
- ✓ Published the council's delivery plan and service planning in place across the organisation
- ✓ Commission a best value review of the public realm partnership
- ✓ Re-affirm the role of strategic assurance ~~Group~~ in audit planning including input into the annual plan before finalised.
- ✓ Revised recruitment policy to ensure the process matches the council's intentions and review the market forces supplement remains relevant, along with actions that address the gender pay gap, and publication of the ex-offenders policy.



## 6. Improving Governance actions for 2020/21

1. **Review of governance models:** Rethinking Governance working group to consider governance models and recommendations to be presented to Council.  
Responsible officer: Monitoring Officer
2. **Managing risks:** Create a new risk management plan, advising all officers on new procedure and monitor implementation.  
Responsible officer: Monitoring Officer
3. **Learning from performance:** Revised performance and risk framework including review of member challenge process.  
Responsible officer: Head of Performance
4. **Improving outcomes for children and young people:** Deliver the Herefordshire Children and Young People's Plan 2019-2024 (partnership responsibility); and the Safeguarding and Family Support Improvement Plan.  
Responsible officer: Director Children and Families
5. **Decision making produce:** establish new toolkits and provide remote training for members and staff.  
Responsible officer: Monitoring Officer
6. **Adult social care challenge:** Deliver on opportunities outlined with the Adults Social Care Peer Challenge.  
Responsible officer: Director Adults and Communities
7. **Talk Community governance:** For cabinet to agree the Talk Community strategic approach and programme.  
Responsible officer: Assistant Director Talk Communities
8. **Plans, Policies and Strategies:** To produce guidance on productions of Plans, Policies and Strategies and improve the registration and publication of documents; finalise and publish the equality policy.  
Responsible officer: Assistant Director Corporate Support
9. **Engagement:** Establish a new approach to engagement with residents and stakeholders to shape the work of the council. Communications strategy renewal in 2021 to be in line with the County Plan and the effects on the community due to Covid-19.  
Responsible Officer: Assistant Director Strategy
10. **Programme Management:** New governance arrangements in place for capital projects through programme boards. Responsible officer: ~~151 Officer~~Assistant Director Strategy
11. **Relationship with External partners:** A project board established to manage the council's relationship with Hoople, review other external governance arrangements and design a framework for their governance to be overseen.  
Responsible officer: Solicitor to the Council
- 9.12. **Social Value for Money:** Strengthen local value for money element of the Commissioning and Procurement Strategy.  
Responsible officer: Assistant Director Corporate Support
- 10.13. **Best Value Review:** Commission a best value review of the public realm partnership.  
Responsible officer: 151 Office



**11-14. HR Policy and Recruitment:** Finalise workforce and organisation development strategy; revised recruitment policy; enhance actions to addressing the gender pay gap; publication of the ex-offenders policy; review market forces guidance to ensure fit for purpose; implement training and consult effectiveness on Employee Code of Conduct.

Responsible officer: Assistant Director People

**12-15. Updated continuity planning:** Reviewed and updated continuity planning and process in light of emergencies

Responsible officer: Assistant Director People

**13-16. Audit Planning:** Re-affirm the role of strategic assurance ~~group~~ in audit planning including input into the annual plan before finalised.

Responsible officer: Assistant Director Corporate Support

**14-17. Partnership framework:** Review effectiveness of current arrangements with the framework covering significant partnerships and steering groups.

Responsible officer: Solicitor to the Council

**15-18. Complaints and convening standards:** Review the administration of handling complaints and convening standards hearing focussing on outcomes and openness.

Responsible officer: Solicitor to the Council

**16-19. Continuing support for members:** Adopt a member's development strategy.

Responsible officer: Democratic Services Manager

**17-20. Co-optees training:** Review appointment and training for co-optees.

Responsible officer: Democratic services Manager

**18-21. Terms of reference:** Ensure programme and project board terms of reference are accurate and appropriate.

Responsible officer: Assistant Director Strategy

**19-22. Awareness of anti-fraud, bribery and corruption policy:** Communication and raise awareness of the anti-fraud, bribery and corruption policy to all staff.

Responsible officer: 151 Officer

**20-23. Higher education bodies:** Review partnership governance arrangements between the council and higher education bodies.

Responsible officer: Director Economy and Place

**24. Grants:** That a register of grants is established and at the review of financial procedure rules consideration is given to managing grants.

Responsible officer: Assistant Director Corporate Support (register) / Chief Finance Officer (financial procedure rules)

**25. Parish council complaints:** Review tightening of rules covering training, disclosure and complaint resolution for parish councillors.

Responsible officer: Democratic Services Manager

**26. Children Safeguarding:** Deliver statutory responsibilities as one of the partners of the Safeguarding Children and Young People in Herefordshire Partnership, including ensuring there is an effective business unit to





enable the work and that a new business plan is put in place and delivers improvements to safeguarding work for children in Herefordshire.

Responsible Officer: Director Children and Family Services

## 7. Assurances

### Directors Composite Assurance Statement - **Economy and Place**

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s).

I have reviewed all my Heads of Service assurance statements and have obtained assurance that the governance framework operating within my areas of responsibility is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the Monitoring Officer.

Positive Governance Initiatives:

- Performance and risks are regularly reviewed by service managers, assistant directors and at Directorate Management Team
- Monthly briefings held with relevant Cabinet Members using corporate format to ensure relevant issues covered
- Comprehensive scheme of delegation in place covering all aspects of the Directorate which is regularly reviewed and updated to take account of changes and new legislation
- Programme and projects board terms of reference developed and reviewed to cover all capital projects with corporate programme team and support of the Assistant Director Transformation. Membership of boards include legal, finance, procurement and other key functions to provide assurance and support.
- The transfer of the lead commissioning role for Hoople services from the Directorate to the corporate centre following my appointment as a director on the Hoople Board has been a positive move providing clear separation between the provider and commissioner going forward.
- The processes for emergency decision making over in response to major incidents including flooding and public health worked well and enabled quick decisions to be taken in consultation with statutory officers providing the necessary assurance whilst responding to the urgent need to take action.

Significant Control and Governance issues identified:

- Partnership governance arrangements with NMiTe and higher education bodies have been identified as being in need of review to take account of the current stage in the development of NMiTe project and the need to ensure effective collaboration on initiatives to strengthen the higher education offer within the county
- A best value review and recent internal audits relating to the public realm partnership have identified a number of issue which require improvement

Planned action(s) to address significant control and governance issues:

- A review of the partnership governance arrangements with NMiTe is to be undertaken to ensure continued effective working and provide foundation for future development.
- An action plan to address the issues identified in the best value review and recent internal audits relating to the public realm partnership is being developed with the s151 Officer and Monitoring Officer and will be implemented.

Name: Richard Ball

Title: Director of Economy and place

Date: 13/10/20

### Directors Composite Assurance Statement - **Children and Young People**

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk



management processes and the system of internal control operating within my service area(s).

I have reviewed all my Heads of Service assurance statements and have obtained assurance that the governance framework operating within my areas of responsibility is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the Monitoring Officer.

Positive Governance Initiatives:

- Evidence from each head of service of their awareness and action across the domains.

Significant Control and Governance issues identified:

- None of significance in the returns but an issue to ensure business continuity arrangements are covered in induction.

Planned action(s) to address significant control and governance issues:

- Will raise the above across all managers and reinforce with head of business support as part of induction checklist

Name: Chris Baird

Title: Director, Children and Families

Date: 01.10.2020

#### **Directors Composite Assurance Statement - Adults and Communities**

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s).

I have reviewed all my Heads of Service assurance statements and have obtained assurance that the governance framework operating within my areas of responsibility is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the Monitoring Officer.

Positive Governance Initiatives:

- N/A

Significant Control and Governance issues identified:

- N/A

Planned action(s) to address significant control and governance issues:

- N/A

Name: Stephen Vickers

Title: Director Adults & Communities

Date: 15.10.2020

#### **Composite Assurance Statement - Monitoring Officer**

As a statutory officer within the Corporate Centre, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within the council.

I have reviewed all of the Directors assurance statements and have obtained assurance that the governance framework operating within the council is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is





subsequently identified after the date of signature I will immediately bring this to the attention of the chief executive.

**Positive Governance Initiatives:**

- Working group completed the review of governance models and recommendation approved by Council to adopt of hybrid model of governance from May 2021
- Refresh of all governance training material for officers
- Standards panel annual review of complaints dealt by Monitoring Officer Resolution found to be appropriate
- Successful transition to remote meetings
- Wholescale review of the council's approach to risk management

**Significant Control and Governance issues identified:**

- Governance arrangements with external partners be it companies, joint ventures, outside bodies, steering groups etc. not effective and needs review and oversight
- Arrangements for dealing with standards complaints needs refining
- Understanding of the councils governance arrangements and officers confidence levels to be improved
- Members ongoing training needs post induction required to be met

**Planned action(s) to address significant control and governance issues:**

- Establish new toolkits and provide remote training for officer and then members on our governance arrangements
- Review other external governance arrangements and design a framework for their governance to be overseen
- Review the effectiveness of current arrangements in the partnership framework
- Review the administration of handling complaints and convening standard panel hearings.
- Adopt a member's development strategy.

Name: Kate Charlton

Title: Monitoring officer

Date: 23.07.21

**Directors Composite Assurance Statement - s151 Officer**

As a statutory officer within the Corporate Centre, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within the council.

I have reviewed all of the Directors assurance statements and have obtained assurance that the governance framework operating within the council is operating effectively and I am satisfied that adequate systems of internal control are in place; where not satisfied the below actions will take place to address them. I am also aware that should the position change and a significant control issue is subsequently identified after the date of signature I will immediately bring this to the attention of the chief executive.

**Positive Governance Initiatives:**

- A new anti-fraud bribery and corruption policy agreed by the Audit and Governance committee.
- The creation of a Project Management Office (PMO) to oversee capital projects and capital development proposals.
- The adoption of a four-year County Plan in January 2020.
- A review of governance models and recommendation approved by Council to adopt of hybrid model of governance from spring 2021.



- Review of the contractual arrangements between the council and its public realm contractor.
- External review of the council's treasury management arrangements.
- Review of the councils financial procedure rules including greater clarity of the treatment of external grants.
- The council was able to mobilize quickly to pay grants, for both the flooding events and Covid 19.
- Comprehensive budget consultation process carried out.

Significant Control and Governance issues identified:

- Significant issues around the management of the public realm contract including challenges in evidencing value for money.
- Challenges in understanding the granularity of spend on the HCCTP capital program.
- The Covid 19 grant making process highlighted that the council's record of businesses liable for business rates was not completely up-to-date.

Planned action(s) to address significant control and governance issues:

- Major contract performance review carried out and presented to Cabinet in September 2020, with an update to Cabinet in July 2021.
- The appointment of additional contract management and commissioning expertise to assist in managing the public realm contract.
- Review the effectiveness of current arrangements in the partnership framework
- Reviewing the process of ensuring the business rates records are kept up-to-date.

Name: Andrew Lovegrove

Date:23.07.21

**Internal Audit Annual Opinion** (appendix 3 to main report)



HC 2019-20 Annual  
Report and Opinion\_!

**View from Independent Persons (March 2020)**

**Jake Bharier**

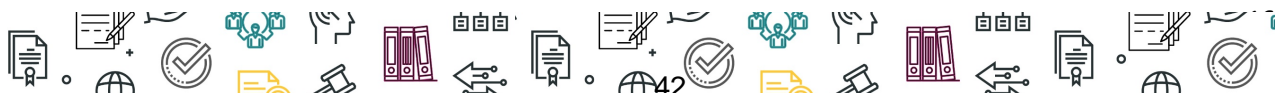
A few thoughts on this.

Overall, I think that the standards regime in respect of members of Herefordshire Council is consistent with the requirements of the Localism Act, and has also taken into account a number of recommendation of the 2019 report of the committee on standards in public life. This report recommends, among other things, the establishment of a decision-making standards committee – in effect, to have the monitoring office advising the committee, rather than the independent persons advising the monitoring officer. I would support this, though it would require changes to the Localism Act. I think this would demonstrate a clearer independence of the independent persons from the members and officers of the council.

While the regime in respect of parish councillors is also consistent with the requirements of the Act, it is much weaker. This may reduce confidence of the public in the regime and in Herefordshire Council, since parish councils may, in effect, ignore recommendations of the Council's monitoring officer. Again, a change may well require amendment of the Localism Act.

The 2019 Governance statement states "*The council has adopted openness as one of the values on which our culture is shaped and which underpin our work*" While a degree of confidentiality may be appropriate in the consideration of individual complaints, I think there is more scope to demonstrate openness in review processes, such as the biannual review of complaints. The distinction between "confidential" and "secret" is easily blurred.

**Sheila Archer**



1. Good to read about the Formal Protocol between the MO and the Police to ensure a shared understanding and approach to a potential criminal breach of the Code of Conduct.
2. A member and officer relations code is also welcomed as it should improve lines of communication, understanding and reduce potential for accusations of bias.
3. The Employee Code of Conduct has now been operational for nearly a year. Is there scope to review how this has worked and been viewed by employees?
4. Some concerns about the lack of pace of the Review of Policies and Procedures, as mentioned in the report. Perhaps opportunities are being missed to check on their effectiveness and usage?
5. Good to read that the need for a refresher for Managers has been identified, related to Governance and Accountability.

**Gerry Hodson**

I support each of the points that Jake has made particularly with reference to parish councillors where I think a tightening of rules covering training, disclosure and complaint resolution would be beneficial.

## Bryn Caless

**Claire Jenkins**

I have a particular concern about one aspect of the complaints procedure which I raised with you when it was brought to my attention in a recent case, where the independent persons and members of a standards panel were sent versions of a complaint which were significantly shorter than the complaint originally submitted and accepted, without any acknowledgement that redaction had taken place. I feel that this and other aspects of its management compromised the complaints process in this case and look forward to the special meeting planned to be held when that case is fully closed.



I would also particularly welcome clarification of the section of the Councillor Code of Conduct concerning Schedule 2 interests, where it is not at all clear to me what the distinction is between forms of membership of the various types of body which require declaration and those that do not. I wonder if it might be helpful to rephrase this and add examples, either in the Code or on the declaration form.

**Statement and opinion - Leader of Herefordshire Council**

To the best of our knowledge, the governance arrangements, as set out above and within the council's Code of Corporate Governance, have been effectively operating during the year with the exception of those areas identified in the statement and provide reasonable assurance of the soundness of the council's governance arrangements. We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation during the year and as part of our next annual review.

Name: Councillor David Hitchiner

Title: Leader of the Council

Date: 21.06.21

**Statement and opinion – Deputy Chief Executive of Herefordshire Council**

To the best of our knowledge, the governance arrangements, as set out above and within the council's Code of Corporate Governance, have been effectively operating during the year with the exception of those areas identified in the statement and provide reasonable assurance of the soundness of the council's governance arrangements. We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation during the year and as part of our next annual review.

Since the drafting of the 2019/20 annual governance statement and conclusion of the external audit work the final annual governance statement for 2019/20 recognises that the director statements made, although correct at that time have now been superseded by the qualified value for money audit opinion in relation to the council's capital programme and Childrens services. The 2020/21 draft annual governance statement recognises these issues and includes actions being taken to remedy these failings.

Name: Claire Ward

Title: Acting Deputy Chief Executive and Head of Paid Service

Date: 23.07.21

End note for record

Status: ~~Draft of~~ final version  
Author: Natalia Silver, Assistant Director Corporate Support  
Sponsor: 151 Officer and Monitoring Officer  
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## Appendix A

## Appendix 3

# Herefordshire Council

## Annual Report and Opinion 2019/20

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Internal Audit ■ Risk ■ Special Investigations ■ Consultancy

Unrestricted

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### The contacts at SWAP in connection with this report are:

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**The Head of Internal Audit is required to provide an opinion to support the Annual Governance Statement.**

### **Purpose**

The Head of Internal Audit (SWAP Assistant Director) should provide a written annual report to those charged with governance to support the Authority's Annual Governance Statement (AGS). This report should include the following:

- an opinion on the overall adequacy and effectiveness of the organisation's governance, risk management and internal control environment, including an evaluation of the following:
  - the design, implementation and effectiveness of the organisation's ethics-related objectives, programmes and activities;
  - whether the information technology governance of the organisation supports the organisation's strategies and objectives;
  - the effectiveness of risk management processes;
  - the potential for the occurrence of fraud and how the organisation manages fraud risk.
- disclose any qualifications to that opinion, together with the reasons for the qualification
- present a summary of the audit work from which the opinion is derived, including reliance placed on work by other assurance bodies
- draw attention to any issues the Head of Internal Audit judges particularly relevant to the preparation of the Annual Governance Statement
- compare the work actually undertaken with the work that was planned and summarise the performance of the internal audit function against its performance measures and criteria
- comment on compliance with these standards and communicate the results of the internal audit quality assurance programme.

The purpose of this report is to satisfy this requirement and Members are asked to note its content and the Annual Internal Audit Opinion given.

### Three lines of defence

To ensure the effectiveness of an organisation's risk management framework, the Audit and Governance Committee and senior management need to be able to rely on adequate line functions – including monitoring and assurance functions – within the organisation.

The 'Three Lines of Defence' model is a way of explaining the relationship between these functions and as a guide to how responsibilities should be divided:

- the first line of defence – functions that own and manage risk.
- the second line of defence – functions that oversee or specialise in risk management, compliance.
- the third line of defence – functions that provide independent assurance.

### Scope

The Internal Audit service for Herefordshire Council is provided by SWAP Internal Audit Services. The team's work is completed to comply with the International Professional Practices Framework of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS) and the CIPFA Local Government Application Note. The work of the team is guided by the Internal Audit Charter which is reviewed annually.

Internal Audit provides an independent and objective opinion on the Authority's control environment by evaluating its effectiveness. Primarily the work of the service is based on the Annual Plan agreed by Senior Management and this Committee. This report summarises the activity of the Internal Audit team for the 2019/20 year against the Internal Audit Plan (approved by the Audit and Governance Committee on 19 March 2019).

The position of Internal Audit within an organisation's governance framework is best summarised in the three lines of defence model shown below.



Adapted from ECIIA/FERMA *Guidance on the 8th EU Company Law Directive, article 41*

**The Head of Internal Audit is required to provide an opinion to support the Annual Governance Statement.**

### Annual Opinion

The Annual Opinion is made based on the following sources of information:

- Completed audits (during the year 2019/20) which evaluate risk exposures (including new and emerging risks) relating to the organisation's governance, operations and information systems, reliability and integrity of information, efficiency and effectiveness of operations and programmes, safeguarding of assets and compliance with laws and regulations.
- Observations from consultancy/advisory support.
- Follow up of previous audit activity, including agreed actions.
- Significant/material risk where management has not accepted the need for mitigating action.
- Notable changes to the organisation's strategy, objectives, processes or IT infrastructure.
- Assurances from other providers, including third parties, regulator reports etc.

Opinions are a balanced reflection not a snapshot in time. Information to support this assessment is obtained from multiple engagements and sources (including advice/ consultancy work). The results of these engagements, when viewed together, provide an understanding of the organisation's risk management processes and their effectiveness.

After considering the above, the Annual Opinion Definitions (which differ from assignment assurance definitions) are explained in Appendix 2.

This Annual Opinion informs the Review of Effectiveness within the Annual Governance Statement. Internal Audit has not reviewed all risks and assurances relating to Herefordshire Council and cannot provide absolute assurance on the internal control environment. Senior Management and Members through the various committees are ultimately responsible for ensuring an effective system of internal control.

Over the year, the Internal Audit Team have found Senior Management of Herefordshire Council to be supportive of Internal Audit findings and responsive to the recommendations made. In addition, there is a good relationship with Management whereby they feel they can approach the Internal Audit Team openly in areas where they perceive potential problems.

## Annual Opinion Continued

### Annual Opinion

Generally, the follow up work confirms the responsive nature of management at Herefordshire Council in implementing agreed recommendations to mitigate exposure to areas of significant risk. Follow up audits completed in the year have not identified any significant issues regarding non-implementation of recommendations.

39.5% of completed audits received Substantial or Reasonable assurance opinions in relation to the control environment. Of the audits completed in 2019/20, there are six areas (10.5%) that have been awarded Partial assurance opinions in relation to their control environment (none of them Key Financial Control Systems). The findings within these audits have been accepted and appropriately addressed by management. Any outstanding weaknesses in the governance, risk and control framework will continue to be followed up by Internal Audit as part of the 2020/21 Plan. Further details of audits with Partial assurance opinions can be found on page 7.

The percentage of audits receiving Reasonable or Substantial assurance has decreased from 2018/19 where 54% were awarded Substantial or Reasonable assurance. There was a significant increase in the number of Advisory audits completed rising from 10% in 2018/19 to 31% in 2019/20. Whilst Advisory work is and will continue to be important and demonstrates the Council is open to prioritising work in areas where there is a perceived high risk or concern over the control environment it should not always be seen as an alternative to giving an audit assurance opinion and this is an area that will need to be monitored closely in future years.

The number of Partial assurance opinions did decrease in 2019/20 (10.5%) compared to 2018-19 (18%). Another factor to consider is the number of priority findings where there is a significant decrease from 2018/19. There were 192 priority findings in 2018/19 compared to 81 for 2019/20.

On pages 10 and 11 I have provided two charts to show the impact of the number of Advisory audits on the audit opinion. By removing the Advisory audits, you will see that percentage of Substantial and Reasonable audit increases from 39.5% to 57.5%. This does not suggest that all the Advisory audits would have received a Substantial or Reasonable assurance and some may have received a Partial assurance – the additional chart is to demonstrate the change to the percentage figures when removing the increase in Advisory audits.

A small number of audits (2) are still in the process of being finalised.

## Annual Opinion Continued

## Annual Opinion

A number of audits originally scheduled in the internal audit plan have been removed or deferred over the course of the year and are detailed in the Appendix 1 to this report. A number of unplanned audits have been added to the plan over the year as the need arose and the risk environment altered. These changes have ensured audit resources have been focussed where it matters.

Some fraud risks have been identified with the applications for Small Business Grant Fund / Retail, Hospitality and Leisure Grant Funds. The funding was only put in place in March 2020 and will be reported in more detail in my 2020/21 annual opinion. Internal Audit has however completed some special reviews this year – Loss of Monies, Code of Conduct Complaint and S106 Whitbourne following matters that were raised in these areas. The findings from each of the reviews have been accepted by management.

There will be occasions where audit make recommendations to mitigate risk exposure and after consideration of the recommendation, the service decide to accept the risk. In 2019/20, there have been no instances to bring to the attention of the Audit and Governance Committee.

Although no areas of significant corporate risk have been identified there has again been findings where governance processes or guidance are not always followed to ensure compliance with existing procedures in place across the Council. A number of the findings relate to capital projects and contracts and particular to Record of Officer Decisions and whether value for money can be demonstrated. Management is responsible for ensuring compliance to policies and procedures and should have oversight to address non-compliance.

The Council has recognised that this is an area for improvement in the Annual Governance Statement and has updated the Financial and Contractual procedural rules and put in place new governance arrangements for capital projects through programme boards. The continuing review of these processes and corporate approach to ensure governance process are followed should help to reduce the occasions when processes are not adhered to.

I have considered the balance of 2019/20 audit work, the sources of information referred to above and outcomes against this environment enhanced by the work of external agencies and am able to offer a **Reasonable Assurance** opinion in respect of the areas reviewed during the year.

## Definitions of Corporate Risk

### High Risk

Issues that we consider need to be brought to the attention of both senior management and the Audit and Governance Committee.

### Medium Risk

Issues which should be addressed by management in their areas of responsibility.

### Low Risk

Issues of a minor nature or best practice where some improvement can be made.

## High Corporate Risk

For those audits which have reached report stage through the year, none have been assessed as a 'High' Corporate Risk.



## Assurance Definitions

### Assurance Definitions

<b>None</b>	The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Partial</b>	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Reasonable</b>	Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Substantial</b>	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

## Partial or None Assurance Summary

The following audits received a Partial assurance opinion in respect of their control environments in 2019/20. Each audit will have a follow up audit in 2020/21. There were no audits assessed with the assurance opinion None.

Audit Name
South Wye Transport Package Phase 2
Continuing Healthcare process
Homepoint - Review of new provider
Members Expenses
Housing Provision (Capital programme and spending)
Savings Targets

The key findings from the partial assurance audits are reported to this Committee in the Internal Audit Progress reports. There is one report that has been finalised since my last update report and position statement in July and the key findings are provided below.

### Homepoint – Partial Assurance

Herefordshire Council does not own any housing stock. To advertise and allocate available homes to those registered on the housing register, Home Point (a choice-based lettings agency) was set up in partnership between the Council and the main Registered Providers. The Council advertises properties and the Registered Providers manage the allocations.

In August 2016, Registered Providers approached the Council with a determination to move away from the choice-based lettings scheme and to allocate their housing stock using alternative arrangements and software providers. A key decision was made on the 12th April 2018 by Cabinet to implement new arrangements for allocating social housing including:

- the closure of the Home Point system and brand; and
- the separation of the housing register from the advertising of properties and the management of bidding and the discharge of the council's duty to nominate people and monitor allocations through multiple arrangements, including automatic data transfer.

## Assurance Definitions

### Assurance Definitions

<b>None</b>	The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Partial</b>	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Reasonable</b>	Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Substantial</b>	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

## Partial or None Assurance Summary

Following the key decision by the Cabinet Member Finance, Housing and ICT in January 2018 regarding the procurement of a new housing allocations system the contract was awarded to CIVICA on the 16th August 2018 (Record of Officer Decision). However in March 2019 it was identified that the Registered Providers software was not able to guarantee provision of the data transfer within the agreed timescale and more significantly it was uncertain that the company could fulfill the requirements because of the impact on the other users on their platform.

There was one priority two finding and two priority three findings. The priority two finding identified that appropriate governance was not sought when the decision to revert to the choice-based lettings system was made. A Cabinet decision was made in April 2018 to close the choice-based lettings system and this was subsequently not implemented. It is not clear when and who made the decision to revert to a choice-based lettings system as there is limited reference to the event in project team, project board and cabinet member briefing notes. A further key decision should have been made by Cabinet once it was clear the new allocation arrangements were not able to be progressed.

The Programme Director Housing and Growth has explained that choices were extremely limited as it was clear that a complete re-procurement would represent a significant delay and significant extra costs to the Council and broader partnership. Further to this he explained officers had an indication that it was not going to be a significant cost compared to their judgement on what a complete re-procurement would cost. In addition, he identified that the charging model sought to pass much of the cost of this additional element onto the partners.

## Assurance Definitions

### Assurance Definitions

None	The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Partial	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Reasonable	Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Substantial	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

## Partial or None Assurance Summary

### Priority 2 finding:

Between March 2019 (when the Registered Providers identified their software (HomeHunt) could not fulfil their requirements) and February 2020 (when the revised Housing Allocations Scheme was approved) there is a lack of documented discussion/decision making regarding the options to the Council specifically the decision not to continue with the redesigned allocation arrangements and revert back to the choice-based lettings scheme whilst continuing with the newly procured ICT software contract (CIVICA). Whilst audit recognise advice was sought from the Councils monitoring officer there is a concern that the information provided was not adequate to ensure the correct governance advice was given.

### Recommendation:

We recommend that the Programme Director Housing and Growth in liaison with the Programme Manager: Digital and Technology ensures all governance processes are adhered to regarding decision making. Where changes in the project arise, appropriate approvals should be sought, and consideration given as to whether existing procurement arrangements are still appropriate. If governance advice is sought from the governance team, officers must ensure they outline the considerations in detail. Sufficient and appropriate documentation should be maintained in relation to decision making

### Agreed Action:

Agreed: Verto system is being reviewed to ensure system guidance and functionality is made available to ensure recording of relevant key project decisions.

**Target Date:** 31<sup>st</sup> December 2020

At the conclusion of audit assignment work each review is awarded a “Control Assurance Definition”;

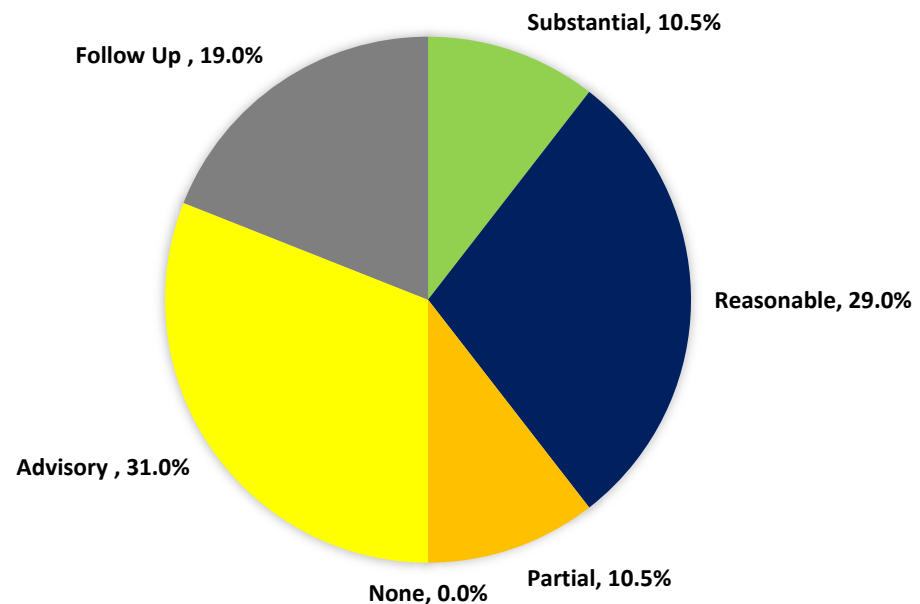
#### Assurance Definitions

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<b>Partial</b>	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Reasonable</b>	Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Substantial</b>	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

#### Summary of Control Assurance Opinions

Of the reviews that have a final report, the opinions offered are summarised below.

#### CONTROL ASSURANCE BY CATEGORY



39.5% of audits resulted in a Substantial or Reasonable assurance opinion (2018/19: 54%); 10.5% in Partial assurance opinion (2018/19: 18%) and 0% in None assurance opinion (2018/19: 0%). The number of Advisory audits has increased from 10% in 2018/19 to 31% in 2019/20.

At the conclusion of audit assignment work each review is awarded a “Control Assurance Definition”;

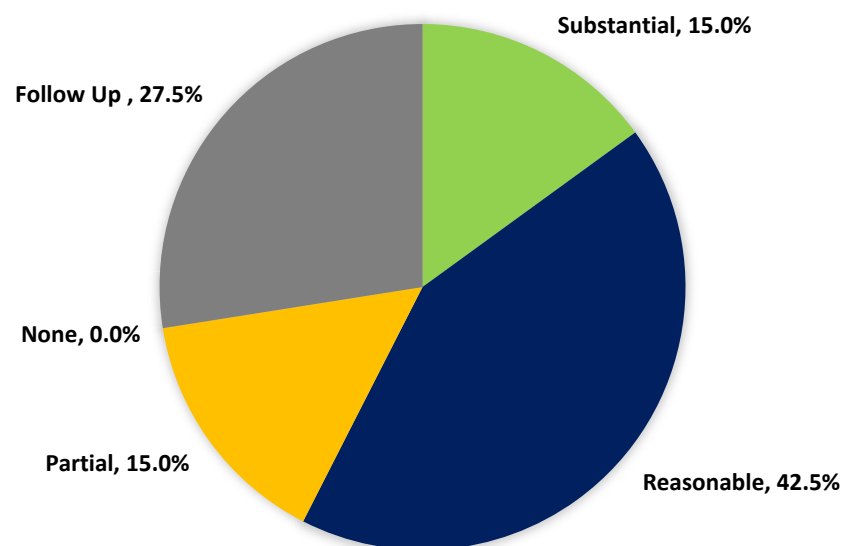
#### Assurance Definitions

<b>None</b>	The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Partial</b>	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Reasonable</b>	Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Substantial</b>	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

#### Summary of Control Assurance Opinions

On removing the advisory audits which have increased significantly in 2019/20 an increase in the % of Substantial and reasonable assurance audits is shown to 57.5%. In comparison to 2018/19 the advisory audits were included in the figures for control assurance.

#### CONTROL ASSURANCE BY CATEGORY

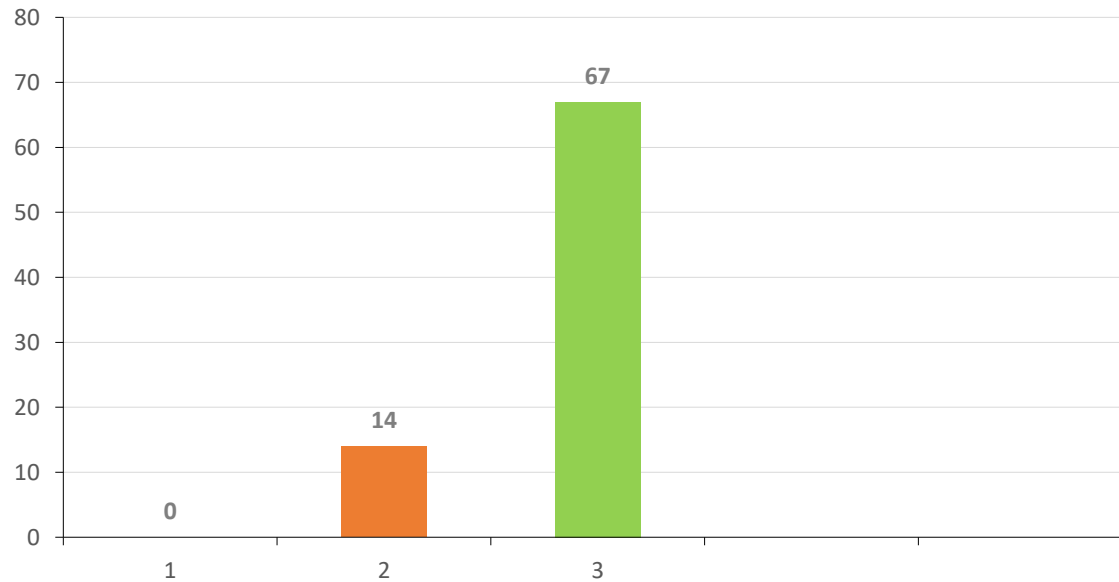


### Summary of Audit Recommendations by Priority

We rank our recommendations on a scale of 1 to 3, with 3 being medium or administrative concerns to 1 being areas of fundamental concern requiring immediate corrective action.

### Summary of Recommendations

Audit Recommendations by Priority



The number of Priority 2 recommendations has reduced from 30 in 2018/19 to 14 for 2019/20. Priority 2 are more significant recommendations, important findings that need to be resolved by management. All recommendations made during 2019/20 have been accepted by management who have provided a management response and target date for implementation. The number of priority 3 recommendations has also reduced from 162 in 2018/19 to 67 in 2019/20.



## Value Added

**‘Extra feature(s) of an item of interest (product, service, person etc.) that go beyond the standard expectations and provide something more, while adding little or nothing to its cost.’**

## Value Added

Primarily Internal Audit is an assurance function and will remain as such. However, as we complete our audit reviews and through our governance audit programmes across SWAP we seek to bring information and best practice to managers to help support their systems of risk management and control. The SWAP definition of “added value” is; “it refers to extra feature(s) of an item of interest (product, service, person etc.) that go beyond the standard expectations and provide something "more" while adding little or nothing to its cost”.

In addition to audits undertaken in Appendix 1, where requested by client officers we look to share risk information, best practice and benchmarking data/information. The section continues to provide advice and support on controls across the organisation and responds to requests to assist with specific pieces of work.

- Fraud Bulletins – We send out regular fraud bulletins highlighting where there are attempted frauds and what officers need to be on the lookout for.
- Partners Newsletters – We produce regular partner newsletters that provides information on topical areas of interest for public sector bodies. We have increased the frequency of our newsflash to weekly during Covid-19 to provide relevant information.
- An Internal Audit View – These are quarterly newsletters where SWAP and other Local Authority Audit Partnerships convey key audit matters that Local Authorities should be aware.
- Attendance at working groups as required
- Participation in Knowledge Sharing and Benchmarking requests:
- Responsiveness – we adapt our audit plans to address emerging risks and areas requiring assurance to management, such as the Transformation Lessons learned review and responding to the whistleblowing allegation.
- Benchmarking and best practice – we share best practice from our partners wherever possible and undertake benchmarking exercises in a number of audits.
- Data Analytics – We are increasing the use of data analytics across all audits to provide a greater level of assurance and insight to trends and themes.

Internal audit is responsible for conducting its work in accordance with the Code of Ethics and Standards for the Professional Practice of Internal Auditing as set by the Institute of Internal Auditors and further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS).

### Internal Audit Team Performance

SWAP's performance is subject to regular monitoring and review by both the SWAP Board and the SWAP Member Meetings. The respective outturn performance results for Herefordshire Council for the 2019/20 year are as follows:

Performance Target	Actual Performance
<b><u>Audit Plan – Percentage Progress</u></b>	
Final, Draft and Discussion 90%	100%
In progress/ Review	0%
Yet to start	0%
<b><u>Customer Satisfaction Questionnaire</u></b>	
Feedback 95%	98.8%

SWAP work is completed to comply with the International Professional Practices Framework (IPPF) of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS) and the CIPFA Local Government Application Note.

Under these standards we are required to be independently externally assessed at least every five years to confirm compliance to the required standards. SWAP was recently assessed in February 2020 and confirmed that we are in conformance to PSIAS.

Attribute Standard 1300 of the IPPF requires heads of internal audit to develop and maintain a Quality Assurance and Improvement Programme (QA&IP). Standard 1310 continues this dual aspect by stating that the programme must include both internal and external assessments. This acknowledges that high standards can be delivered by managers, but it also implies that improvements can be further developed when benchmarking is obtained from outside the organisation and the internal audit function. Following our External Assessment, we have pulled together our QA&IP and included additional improvements and developments identified internally that we want to make, as aligned to SWAP's Business Plan. The QA&IP is a live document and will be regularly reviewed by the SWAP Board to ensure continuous improvement and delivery on our actions.

The schedule below contains a list of audits agreed for inclusion in the Annual Audit Plan 2019/20 and the final outturn for the financial year.

At the conclusion of audit assignment work each review is awarded a “Control Assurance”, a summary of the assurance levels is as follows:

Assurance Definitions	
<b>None</b>	The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Partial</b>	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Reasonable</b>	Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Substantial</b>	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

Recommendations have been assigned a priority based on the following framework:

Categorisation of Recommendations	
In addition to the corporate risk assessment it is important that management know how important the recommendation is to their service. Each recommendation has been given a priority rating at service level with the following definitions:	
<b>Priority 1</b>	Findings that are fundamental to the integrity of the service's business processes and require the immediate attention of management.
<b>Priority 2</b>	Important findings that need to be resolved by management.
<b>Priority 3</b>	Finding that requires attention.

Audit Type	Audit Area	Quarter	Status	Opinion Control Environment	No of Recs	1 = Major 2 = Moderate 3 = Minor		
						Recommendation		
						1	2	3
Completed Audits								
Governance, Fraud & Corruption	New Model in Technology and Engineering (NMiTE) Project (University) quarter 1 review	1	Completed	Advisory Report	-	-	-	-
Advisory	South Wye Transport Package Phase 1 – Governance	1	Completed	Advisory Report	7	0	4	3
Operational	Coroners/Registrars	1	Completed	Substantial	1	0	0	1
Operational	Transport / Highways policy setting	1	Completed	Reasonable	4	0	0	4
Operational	Environmental Health / Trading Standards	1	Completed	Reasonable	2	0	0	2
Operational	Property Maintenance - Schools	1	Completed	Reasonable	5	0	0	5
Grant	Troubled Families (Qrt 1 monthly review of claims)	1	Completed	Advisory Report	-	-	-	-
Operational	Schools Exclusion Policy – Deferred to qrt 3	1	Completed	Advisory Report	-	-	-	-
Operational	Children’s centres (changed to Pupil Referral Unit)	1	Completed	Reasonable	5	0	1	4
Operational	Facilities Management	1	Discussion Document					
ICT	ICT Applications	1	Completed	Advisory		-	-	-
Operational	Mandatory Training	1	Completed	Reasonable	5	0	1	4
Operational	Disclosure and Barring Service	1	Completed	Reasonable	6	0	2	4

Audit Type	Audit Area	Quarter	Status	Opinion Control Environment	No of Recs	1 = Major 2 = Moderate 3 = Minor		
						Recommendation		
						1	2	3
Special Investigation	Code of Conduct Complaint	1	Completed	Special Investigation	-	-	-	-
Special Investigation	Loss of Monies	2	Completed	Special Investigation	-	-	-	-
Governance, Fraud & Corruption	New Model in Technology and Engineering (NMiTE) Project (University) quarter 2 review	2	Completed	Advisory Report	-	-	-	-
Grant	Bus Subsidy grant	2	Completed	Reasonable	0	0	0	0
Operational	South Wye Transport package Phase 2	2	Completed	Partial	7	0	2	5
Grant	Troubled Families (Qrt 2 monthly review of claims)	2	Completed	Advisory Report	-	-	-	-
Operational	Council Reserves	2	Completed	Substantial	2	0	0	2
Grant	Local Transport Block Funding	2	Completed	Reasonable	0	0	0	0
Operational	EU Grant Funding	2	Final Report	Reasonable	3	0	0	3
Reasonable	Cemeteries / Crematoriums	2	Completed	Reasonable	3	0	0	3
Operational	Healthy Lifestyle Service (was Development of Community Strategy)	2	Completed	Advisory Report	4	0	1	3
Operational	Continuing Healthcare process	2	Completed	Partial	4	0	2	2
Operational	Quality Assurance Panel Process (change of audit to Local Enterprise Resources team)	2	Completed	Advisory Report	4	0	0	4
Operational	Independent review officer services	2	Completed	Reasonable	6	0	0	6

Audit Type	Audit Area	Quarter	Status	Opinion Control Environment	No of Recs	1 = Major 2 = Moderate 3 = Minor		
						Recommendation		
						1	2	3
Schools	Schools Financial Value Standard – School 1	2	Completed	Reasonable	4	0	0	4
Schools	Schools Financial Value Standard – School 2	2	Completed	Reasonable	5	0	0	5
Schools	Schools Financial Value Standard – School 3	2	Completed	Reasonable	4	0	0	4
ICT	Data Centres	2	Completed	Advisory Report	-	-	-	-
Operational	Project Delivery/project management	2	Completed	Reasonable	1	0	0	1
Grant	Troubled Families (Qrt 3 monthly review of claims)	3	Completed	Advisory Report	0	0	0	0
Key Control	Council Tax follow up	3	Completed	Follow up	-	-	-	-
Governance, Fraud & Corruption	New Model in Technology and Engineering (NMiTE) Project (University) quarter 3 review	2	Completed	Advisory Report	-	-	-	-
Key Control	Treasury Management	3	Completed	Substantial	2	0	0	2
Special Review	S106 Whitbourne	3	Completed	Special Review	1	0	1	0
Key Control	Accounts Payable follow up	3	Completed	Follow up	-	-	-	-
Key Control	Main Accounting	3	Completed	Substantial	2	0	0	2
Key Control	Payroll follow up	3	Completed	Follow up	-	-	-	-
Key Control	Accounts Receivable follow up	3	Completed	Follow up	-	-	-	-
Key Control	Capital Accounting follow up	3	Completed	Follow up	-	-	-	-



Audit Type	Audit Area	Quarter	Status	Opinion Control Environment	No of Recs	1 = Major 2 = Moderate 3 = Minor		
						Recommendation		
						1	2	3
Key Control	NNDR	3	Completed	Substantial	1	0	0	1
Key Control	Housing and Council Tax Benefit	3	Completed	Follow up	-	-	-	-
Governance, Fraud & Corruption	Contracts - Public Realm, Waste and Balfour Beatty (review of actions from vfm review)	3	Completed	Advisory	0	0	0	0
Operational	Income Charging	3	Completed	Advisory	1	0	0	-
Schools	Prevention of Fraud in Schools audit – one school	3	Combined with SFVS audit	-	-	-	-	-
Governance, Fraud & Corruption	Compliance with Financial Regulations	3	Completed	Reasonable	1	0	0	1
Operational	Service Planning	3	Completed	Advisory Report	0	0	0	0
Governance, Fraud & Corruption	New Model in Technology and Engineering (NMiTE) Project (University) quarter 4 review	4	In Progress	Advisory Report	2	0	0	2
Grant	Troubled Families (Qrt 4 monthly review of claims)	4	Completed	Substantial	2	0	0	2
Governance, Fraud & Corruption	Savings Targets	4	Completed	Partial	4	0	2	2
Operational	RNIB Site for FE College	4	Completed	Reasonable	3	0	0	3
Operational	Housing Provision (Capital programme and spending)	4	Completed	Partial	5	0	2	3
Operational	Integrated Short-Term Support and Care Pathway – Delayed Transfers of care (DToC) plan – process of hospital discharges, Front door redirected.	4	Draft Report					
Operational	Homepoint - Review of new provider	4	Completed	Partial	3	0	1	2

Audit Type	Audit Area	Quarter	Status	Opinion Control Environment	No of Recs	1 = Major 2 = Moderate 3 = Minor		
						Recommendation		
						1	2	3
Governance, Fraud & Corruption	Members Expenses	4	Completed	Partial	6	0	2	4
COVID-19	Grant Funding Schemes Small Business Grant Fund / Retail, Hospitality and Leisure Grant Fund	4	Completed	Advisory	-	-	-	-
COVID-19	HALO Leisure – Financial Review	4	Completed	Advisory Report	-	-	-	-
Follow Up	Health and Safety	4	Completed	Follow up	-	-	-	-
Follow UP	Major Transport Schemes - financial reporting	4	Completed	Follow up	-	-	-	-
Follow UP	Special Educational Needs transport	4	Completed	Follow up	-	-	-	-
Follow UP	ICT Cloud and Externally Hosted Services	4	Completed	Follow up	-	-	-	-
Follow UP	IT Access Controls –Mosaic and other systems used by AWB and CWB –	4	Completed	Follow up	-	-	-	-
<b>Audits Deferred/Removed</b>								
Operational	Client finance System - Interface between all systems	1	Deferred	Days allocated to COVID 19 work				
Operational	Integrated Short Term Support and Care Pathway - Carers Assessment – replaced with Compliance with the Adult Social Care Supervision Policy and adherence to Best Practice	2	Removed	Days allocated to COVID 19 work				
Operational	Workforce Development – Adults	3	Removed	Days allocated to COVID 19 work				
ICT	Incident Management to include Ransomware	3	Removed	Days allocated to COVID 19 work				
Operational	Development Regeneration Programme	3	Deferred	Days allocated to Loss of Monies SI				

Audit Type	Audit Area	Quarter	Status	Opinion Control Environment	No of Recs	1 = Major 2 = Moderate 3 = Minor		
						Recommendation		
						1	2	3
Operational	Integrated Short-Term Support and Care Pathway phase 4 Housing Pathway – Replaced with Supervision Audit Process	4	Deferred	Days allocated to COVID 19 work				
Operational	Strategic Partnerships	4	Deferred	Days allocated to Code of Conduct Complaint SI				
Operational	Brexit Preparedness	4	Deferred	Days allocated to Facilities Management				

## Annual Opinion Definitions

<b>None</b>	<p><i>A control framework is not in place to mitigate key risks. The organisation is exposed to abuse, significant error or loss and/or misappropriation. Objectives are unlikely to be met.</i></p> <p>serious systemic control weaknesses identified through aggregation of individual audit engagements significant number of critical and/or high risk rated weaknesses identified for isolated issues internal audit has serious concerns about managements approach to resolving identified issues.</p>
<b>Partial</b>	<p><i>The control framework is not operating effectively to mitigate key risks. A number of key controls are absent or are not being applied to meet business objectives.</i></p> <p>significant number of medium and/or critical risk rated weaknesses identified in individual audit engagements isolated critical and/or high risk rated weaknesses identified that are not systemic internal audit has concerns about managements approach to resolving identified issues</p>
<b>Reasonable</b>	<p><i>The control framework is adequate and controls to mitigate key risks are generally operating effectively, although a number of controls need to improve to ensure business objectives are met.</i></p> <p>medium risk rated weaknesses identified in individual audit engagements isolated high risk rated weaknesses identified for isolated issues no critical risk rated weaknesses were identified internal audit is broadly satisfied with management's approach to resolving identified issues.</p>
<b>Substantial</b>	<p><i>There is a sound framework of control operating effectively to mitigate key risks, which is contributing to the achievement of business objectives.</i></p> <p>no individual audit engagement classed as limited or no assurance occasional medium risk rated weaknesses identified in individual audit engagements although mainly only low/efficiency weaknesses internal audit has confidence in managements attitude to resolving identified issues.</p>



## **Title of report: Annual Governance Statement – Draft for 2020/2021**

**Meeting: Audit and governance committee**

**Meeting date: Friday 30 July 2021**

**Report by: Chief finance officer**

### **Classification**

Open

### **Decision type**

This is not an executive decision

### **Wards affected**

All wards

### **Purpose**

To seek the views of the committee as to whether the draft annual governance statement (AGS) for 2020/21 properly reflects the risk environment the council is operating in and the appropriateness of any actions required to improve it. The draft will be published with the draft statement of accounts.

The council is required to publish a statement annually which explains to the community, service users, tax payers and other stakeholders our governance arrangements and how the controls we have in place manage risks of failure in delivering our outcomes and reflecting our particular features and challenges.

In addition, as part of preparation work for the AGS significant partnerships are reviewed and the report outlines the register of partnership and any gaps in controls.

## **Recommendation(s)**

**That:**

- a) The committee determines whether the draft annual governance statement in appendix 1 properly reflects the risk environment the council is operating in and that actions identified are an appropriate response; and**
- b) The committee considers the register of significant partnerships and actions any gaps in controls for the one outstanding self-assessment.**

## **Alternative options**

- 1. There are no alternatives to publishing an annual governance statement which is a requirement of the Accounts and Audit Regulations 2015.
- 2. It is open to the committee to propose amendments to the draft statement to ensure it accurately reflects the council's governance arrangements and their effectiveness, and to ensure that proposed actions are appropriate. The committee made no recommendations for substantive change when approving the draft.

## **Key considerations**

- 3. The council is required to publish a statement annually which explains how the controls the council has in place manage risks of failure in delivering outcomes and decision making.
- 4. The preparation and publication of the annual governance statement has been carried out in accordance with the guidance produced by the Chartered Institute of Public Finance and Accountancy: 'Delivering Good Governance in Local Government'.
- 5. The guidance advises that statements should be meaningful but brief, high level, strategic and written in an open and readable style, and should include:
  - a) an acknowledgement of responsibility for ensuring that there is a sound system of governance (incorporating the system of internal control) and reference to the authority's code of governance.
  - b) reference to and assessment of the effectiveness of key elements of the governance framework (set out in the code of corporate governance) and the role of those responsible for the development and maintenance of the governance environment, such as the council, the executive, the audit committee, internal audit and others as appropriate.
  - c) an opinion on the level of assurance that the governance arrangements can provide and that the arrangements continue to be regarded as fit for purpose in accordance with the governance framework.

- d) an agreed action plan showing actions taken, or proposed, to deal with significant governance issues.
  - e) reference to how issues raised in the previous year's annual governance statement have been resolved.
  - f) a commitment to monitoring implementation as part of the next annual review.
6. There are several components that contribute to the draft AGS as follows:
- a) Statutory officer comments;
  - b) Manager's checklist to inform each director's statement;
  - c) Self-assessment of significant partnership.
7. The manager's checklist has been completed at assistant director level, with opportunity for other managers to complete from. This is then forwarded to the director in each directorate (or monitoring officer in the corporate centre) to review and contribute to their own statement.
8. A self-assessment of significant partnerships is also completed, and reviewed by the directors or assistant directors in the corporate centre. Based on experience last year of completing the self-assessment and recommendations of a SWAP audit, the process and requirement have been improved. This includes removing from the list "partnerships" that had other forms of governance e.g. if a contract relationship, or managed through the council's governance. The list of significant partnerships is below.

Partnership	Directorate	Complete
Adoption Central England	Children and Families	yes
Children and young people's partnership executive group	Children and Families	yes
Herefordshire Community Safety Partnership	Children and Families	yes
Cyber Quarter Limited (Midlands Centre for Cyber Security)	Economy & Place	yes
Development Regeneration Partnership – Engie	Economy & Place	yes
Development Regeneration Partnership - Keepmoat	Economy & Place	yes
Fastershire	Corporate	yes
Herefordshire Local Nature Partnership	Economy & Place	yes
Hereford Towns Fund Board	Economy & Place	yes
Herefordshire Safeguarding Adults Board	Adults and Communities	Yes
Herefordshire Children Safeguarding Partnership Board	Children and Families	yes
Local Family Justice Board	Children and Families	no



Malvern Hills AONB advisory board	Economy & Place	yes
Marches LEP	Economy & Place	yes
Midlands Connect	Economy & Place	yes
NMiTE / Herefordshire Council Strategic Working Group	Economy & Place	yes
West Mercia Local Resilience Forum (LRF)	Corporate	yes
ICS Shadow Board- Herefordshire and Worcestershire	Corporate	yes
Waste Partnership	Economy & Place	yes
West Mercia Energy	Economy & Place	yes
West Midlands Rail Executive	Economy & Place	yes
Wye Valley Area of Outstanding Natural Beauty (AONB)	Economy & Place	yes

9. If there are concerns with the self assessment there are three options:
  - a) Request the link officer and director relevant to the partnership to report to audit and governance committee on the partnership;
  - b) Commission a SWAP audit on the partnership;
  - c) Request fuller details from the self-assessment.
10. From the 2019/20 AGS presented to audit and governance committee (draft) on 30 July 2020 there were a number of actions. The progress on those actions is in appendix 2.

## Community impact

11. Corporate governance is the term used to describe the systems, processes, culture and values the council has established to ensure we provide the right services, to the right people in a timely, open, and accountable way. Good corporate governance encourages better informed longer-term decision making using resources efficiently, and being open to scrutiny with a view to improving performance and managing risk.
12. The annual review ensures that our arrangements are effective in supporting achievement of the council's vision and county plan priorities.

## Environmental impact

13. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

14. Whilst this is a decision to agree the AGS which is a back office function and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

## **Equality duty**

15. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
16. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this is a factual progress report, we do not believe that it will have an impact on our equality duty.

## **Resource implications**

17. Whilst the recommendations themselves do not have a direct resource implication, some of the actions may result in additional expenditure. Where this is the case separate governance will take place. The AGS does take resource to produce and deliver action plans but these are from existing staffing. If the committee proposes further actions the resource implications of implementing those actions will need to be considered.

## **Legal implications**

18. The Accounts and Audit (England) Regulations 2015 include a requirement for all councils to produce an AGS, and set out the timescales by which they must be published. Approval of the statement ensures that the council will comply with these requirements.

## **Risk management**

19. The statement itself identifies any high level or strategic governance risks and the action plan provides mitigation to those risks. There has been a risk to the production of the AGS because of the need to address the immediate demands of Covid-19.

Risk / opportunity	Mitigation
Not all information is captured.	There are several routes to collecting information – including additional feedback to finalise the AGS
Not all gaps in assurance is covered.	Where there are gaps in information internal audit will be considered; inspections and peer reviews.
Resources to implement.	Though no direct resource implications additional activity may lead to a resource impact.

## Consultees

20. The consultees have largely been internal, with internal and external audit commenting on the draft. Independent persons will be asked for their view on the draft AGS, along with internal and external audit. This will influence to final version due to be presented to audit and governance committee.

## Appendices

Appendix 1 Draft Annual Governance Statement 2020/21

Appendix 2 Progress on action for 2019/20 Annual Governance Statement

Appendix 3 Significant partnerships self-assessments

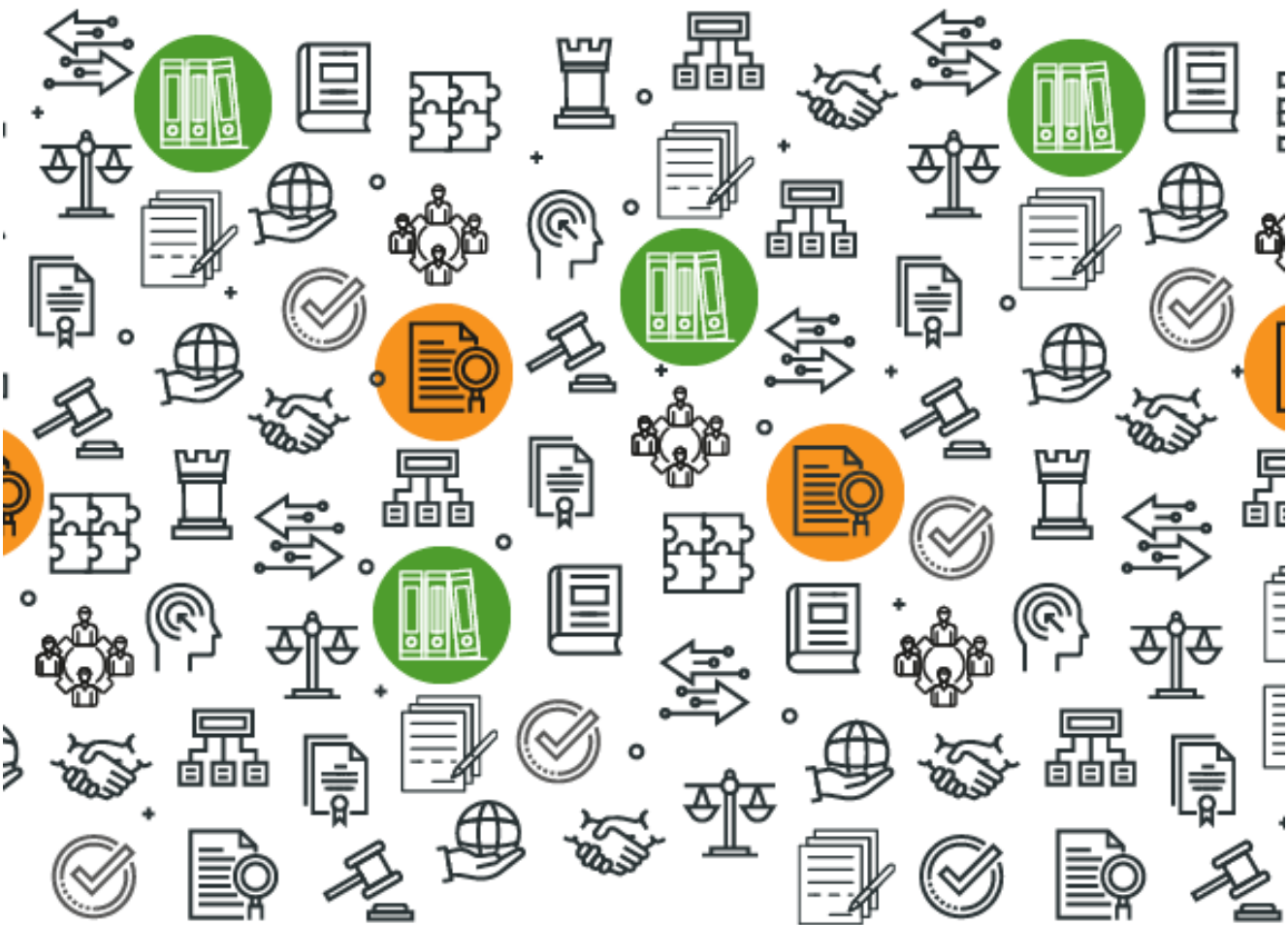
## Background papers

None identified.

## Glossary of terms, abbreviations and acronyms used in this report.

AGS	Annual Governance Statement
HALC	Herefordshire Association of Local Councils
MDS	Members' Development Strategy
NMITE	New Model Institute for Technology and Engineering
PMO	Programme Management Office
SWAP	South West Audit Partnership

# Draft Annual Governance Statement 2020-21



## 1. The Annual Governance Statement 2020/21

The council is required by the Accounts and Audit Regulations 2015 to prepare and publish an annual governance statement. This statement has been informed by an annual review of the effectiveness of the council's governance framework and systems of internal control as set out in the [code of corporate governance](#). This statement demonstrates the degree of compliance and planned improvements in the coming year.

### 1.1 Review of the year

The impact of Covid 19 has had a major effect globally and locally – with the council having to adjust its services and introduce new functions to meet the requirements of the Herefordshire community. Public Health has been at the forefront, often having to plan, make decisions and deliver simultaneously in a rapidly changing environment responding to evolving understanding of the virus. The pandemic has shone a light of inequalities whether that be in health, well-being, social networks, finance or digital exclusions.

The council instigated a mass redeployment programme to address the immediate needs of people within the community. This was completely needed at the time but had a significant effect on delivery programmes and performance throughout the rest of the year. Staff were required to work from home, for which most people adapted well and the technology was available to support this approach – helped by the fact that the council had already prepared and instigated flexible working. Communication was virtual, including council meetings via conference calls. Employee surveys show some of the benefits including sickness levels reduced and supported savings plans with the council reducing the number of office locations. Social care response teams for adults and children were impacted on missing mutual support / shared advice and were subsequently located in the office.

The final signing off of the 2019/20 AGS was delayed due to the external auditors continued work on their value for money opinion, and who in turn required information and assurance from the council. Their value for money opinion was qualified in relation to the capital programme and children's services.

Mr Justice Keehan, a High Court Judge, outlined his finding from the hearing of a court case that identified significant failings by Herefordshire Council relating to a family with children in the council's care which were published on 16 April 2021 with an extraordinary full council meeting taking place on 27 April 2021 to discuss the findings. The council requested the Department for Education conduct an urgent review of the children's social care services to assess whether children in care are safe finding no immediate actions were required on the cases they reviewed but further external reviews will be required to make sure services are fit for purpose. This will form the basis of significant focus for 2021/22 work programme and to understand failings in the council's assurance processes.

During the year the Chief Executive left the organisation and a new appointment made – starting in May 2021. The Director of Public Health also left the council and promoted an existing consultant to fulfil the role on an interim basis which was so crucial during the pandemic.

The council has also included a major savings programme during the year with the target of achieving £11.5m saving in 2021/22.

Despite these challenges the council has continued to operate for the benefit of local residents and businesses.



## 2. Corporate Governance and the Annual Statement

Corporate governance generally refers to the processes by which an organisation is directed, controlled and held to account. Governance will determine who has authority to make the decisions to achieve the intended outcomes whilst acting in the public interest at all times. It is how the council ensures it provides the right services, to the right people in a timely, open, and accountable way. Good corporate governance encourages better informed longer-term decision making using resources efficiently, and being open to scrutiny with a view to improving performance and managing risk.

Effective governance leads to:

- ✓ Making the right decisions for the right reasons through leadership and management.
- ✓ Continuous improvement through understanding and managing risk and performance.
- ✓ Safeguarding public funds, ensuring spend is made in the right time and the right way.
- ✓ Public engagement and the right outcomes for residents and businesses of the county.

This annual statement incorporates:

- **Scope of responsibility and governance framework:** acknowledges responsibility for ensuring that there is a sound system of governance, summarises the key elements of the governance framework and the roles of those responsible for the development and maintenance of the governance environment;
- **The statement:** describes how the council has monitored and evaluated the effectiveness of its governance arrangements in the year, and outlines how the council has responded to any issue(s) identified in last year's governance statement; and
- **Improving governance:** reports on any key governance matters identified from this review and provides a commitment to addressing them.

It should be noted that any system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk or failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance.

## 3. Scope of responsibility and governance framework

Herefordshire Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for whilst used economically, efficiently and effectively. The council also has a duty under the Local Government Act 1999 to continually review and improve the way it works. Key is the [constitution](#) as a published document that details how the council makes its decisions, who has responsibility and the procedures it follows.

The council has adopted a code of corporate governance that is consistent with the principles of the Chartered Institute of Public Finance and Accountancy ("CIPFA")/Society of Local Authority Chief Executives ("SOLACE") framework for delivering good governance in local government (2016).

The governance framework comprises of the systems, processes, culture and values by which the council is controlled, and sets out how the council accounts to, engages with and takes a leadership role in community. The framework enables the council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate and cost-effective services.

The framework operates at three levels, often referred to as the "three lines of defence" based on three opportunities to address risk and weaknesses in governance:

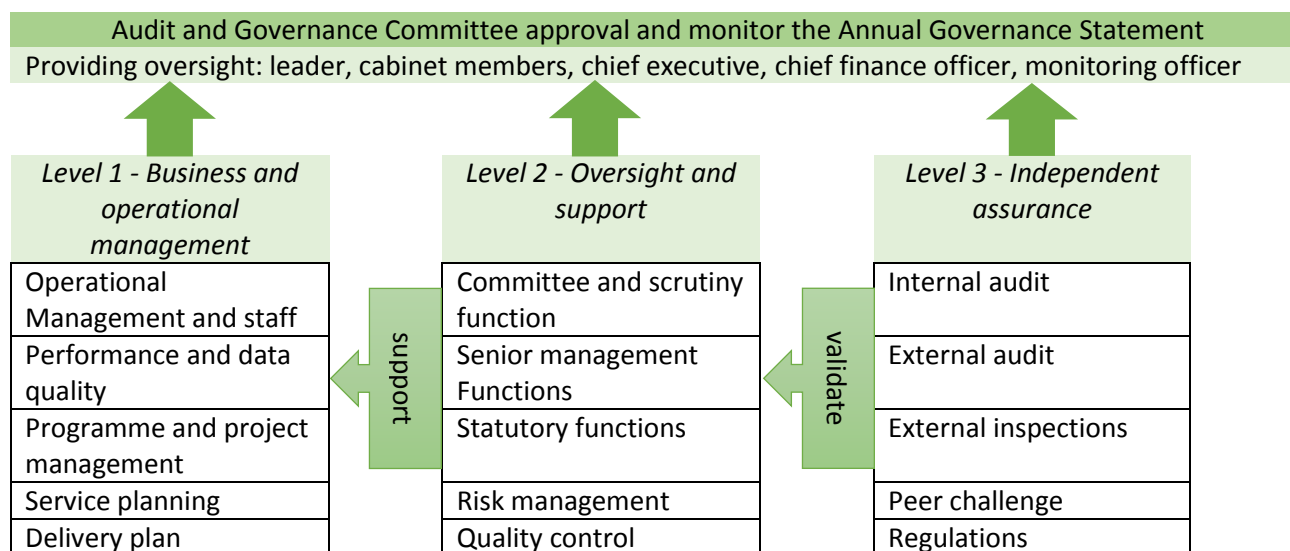
*Level 1 - Business and operational management.* Operational management and staff delivering objectives, identifying risks and improvement actions, implementing controls, reporting progress, providing management assurance, and ensuring compliance. This level is supported by:



**Level 2 - Oversight and support.** Portfolio holders, scrutiny and audit and governance committee, senior managers and statutory officers provide strategic, policy and direction setting, decision-making, and assurance oversight. This level is validated by....

**Level 3 - Independent assurance.** Internal and external audit, inspection and review agencies, and regulators provide independent challenge and audit, reporting assurance, and audit opinion in relation to assurance levels.

How these levels interact and operate across the organisation is described above but also is illustrated below showing the 3 levels of defence:



## 4. Preparing the Statement

The AGS is presented jointly by the Chief Finance Officer who is the council's section 151 officer (a statutory role responsible for the proper administration of the council's financial affairs), and the Solicitor to the Council who is the council's monitoring officer (a statutory role responsible for maintaining the constitution, ensuring decision-making is fair and lawful, and for dealing with complaints that councillors have breached the councillor code of conduct).

In preparing the AGS the council has:

- Reviewed existing governance arrangements against the guidance included in CIPFA/SOLACE 'Delivering Good Governance in Local Government' framework – 2016 and the new governance risk and resilience framework from the centre for governance and scrutiny ("CFGs").
- Reviewed the code of corporate governance to ensure it reflects this guidance and includes the recommended seven principles of good governance
- Assessed the effectiveness of our governance arrangements against the code of corporate governance.

The key sources of assurance that inform this review are as below:

- Review compliance with laws and regulations, corporate strategies, policies, plans and arrangements e.g. constitution, financial and performance monitoring and reporting, and risk management
- Statutory officers' declarations
- Significant partnerships' governance risk assessments
- Internal audit reports and opinions
- Findings from Audit & Governance Committee and scrutiny committees
- External bodies and inspectorates reports
- Views of the council's appointed Independent Person(s) on the draft review.





The Statement sets these sources of information against the 7 Principles of Corporate Governance (A to G) as set out in the Herefordshire Council's [Code of Corporate Governance](#).

## 5. The Statement

The following information is a summary of actions and behaviours taken by the council in relation to each of the core principles (based on "Delivering Good Governance in Local Government" framework – 2016").

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

- Working group of councillors established to consider governance models based on "Rethinking Governance" programme including looking at areas for greater transparency, participation in decision making and involvement. Recommendations from Audit and Governance Committee of [25 September 2020](#) were agreed by Full Council on 9 October 2020 based on a hybrid cabinet model implemented from May 2021. This has been delayed but is making progress for adoption at full council in October 2021.
- Independent persons were asked to review how standards hearings could be reviewed – this was completed on 8 February 2021 and additional views have been sought from parish councils and HALC. Where improvements could be made with input from independent persons with revised arrangements raised with Audit and Governance Committee in March 2021 along with models of code of conduct. Dealing with code of conduct complaints has had significant delays during the pandemic and has resulted in outsourcing of work. A plan to get complaints back under control and timeliness of decisions is underway.
- An annual report on Anti-Fraud and Corruption was presented to Audit and Governance Committee on [26 January 2021](#) including consultation on the updated strategy. A new counter fraud specialist recruited for prevention and detection work.
- The council's new [Equality Policy 2020-23](#) was agreed on [13 October 2020](#) by Cabinet member finance and corporate services in consultation with cabinet and the council also produced the [Equality in Employment](#) document profiling the workforce of officer and members including the gender pay gap.
- Between 2018 and 2021 a series of critical external events occurred that raised justifiable questions as to the effectiveness of Herefordshire's Children's Services, culminating in the latest critical judgement in early April 2021 from His Hon Justice Keenan. This has led to the creation of Children's Services Improvement Board, independently chaired by a DfE advisor, who has been appointed by the Minister for Children and Families, in line with a 12- month non-statutory notice to improve
- The [constitution](#) is a published document providing a comprehensive account of how the council operates. Elements of the constitution are reviewed through the decision making process including in 2020/21 update of the Financial and Contractual Procedure Rules agreed by audit committee on [26 January 2020](#). This included changed to the rules to support the council's ambitions on social value to use our purchasing power to aid local economic growth and support the outcome of the delivery plan.
- During the Covid-19 pandemic the council has needed to make rapid decisions to address the emergency (with decisions published on the [council website](#)) using the powers outlined in section 3.7.9 of the constitution.
- The Annual Code of Conduct report was presented to audit and governance committee on [25 September 2020](#), and code of conduct training was made mandatory for all staff during the year.
- The council has processes in place to make a [complaint](#), and to ensure complaints are investigated appropriately. Between April 2020 and March 2021 the council dealt internally with 737 complaints, of which the council upheld or partially upheld 14%. The figures need to be seen in the context of a lower volume of complaints received at the start of the covid-19 pandemic, and some large spikes in volumes for specific campaigns on the same topic were received. In addition, 10 complaints were processed under the children's complaints procedure for children's social care. For the period April 2018 - March 2019 as latest figures from Government and Social Care Ombudsman (LGSCO) of all complaints received by the council, 15 were upheld which is 2% of all complaints for the period.



- During the year the council procured a new complaints CRM to be more efficient in processes. A review of both the Complaints Policy and Unreasonable Behaviour Policy started in 2020/21 to be completed during 2021.
- The monitoring officer has led a piece of work with Cabinet and Management Board to consider working relationships with an action plan to be implemented in 2021.
- New [guidance](#) has been released by the Centre for Governance and Scrutiny on the Governance Risk and Resilience Framework which builds on the work of CIPFA/SOLACE from 2016 which can guide a refresh of the council's annual governance statement.

### Summary and continuous improvement

- Deliver the objectives and recommendations of the Children's Services Improvement Board; and make significant change to the culture and practice in children's social care supported by the wider organisation
- Implement Rethinking Governance recommended changes to the constitution and oversee operational procedures
- New CRM system for complaints and review the Unreasonable Behaviour and Complaints policies
- Introduce anti-fraud training for all staff
- A revised code of conduct for members and new arrangements for dealing with allegations that members have breached the code
- Review annual governance statement based on new guidelines and lessons learnt
- Run member and officer charter and training sessions.

### Principle B: Ensuring openness and comprehensive stakeholder engagement

- A great deal of community communication and engagement was needed during the year based on Covid 19. There was deep engagement with areas affected by the outbreak – most notable Rook Farm where workers needed to stay on site to stop the spread of the infection. This also received considerable media interest.
- The council published [weekly information](#) regarding Covid-19 to enable a comprehensive and informed view – this information is linked on the [Understanding Herefordshire](#) website of published data gathered on the county.
- The council conducted consultation on the 2021/22 budget in December 2020 beyond the statement requirement. This involved virtual face to face with 17 stakeholder groups. 265 people responded to the on-line consultation and 33 organisations. This seems low considering the gravitas of the subject and the promotion through the media. Staff were also asked their views on the budget which supported decision making on Council's adoption of the budget on [12 February 2020](#).
- The council has adopted a [partnerships' governance framework](#) which is due to be reviewed by 2022. The process for registering partnerships was refined to be on-line however an internal audit of January 2021 found there needs to be improvements to the system – this includes making it easier for officers to complete the registration form but more accountable including forms presented to Audit and Governance Committee and attendance on request to explain the partnership.
- Hereford Towns Board was established to prepare a bid for funding to improve Hereford City Centre. Whilst the council is the accountable body, the requirement of the board where mandated as Government requirement to access the funding.
- The Leader of the Council produces a newsletter for all council members with information provided by cabinet members. From 1 April 2021 it will be shared with parish councils. This supports the wider working with parish councils including quarterly parish summits.
- The appointment and training programme for any co-optees to the council was reviewed during the year. The protocol outlines the expectation that independent or co-opted persons serving on Council Committees are expected to comply with the Councillors' Code of Conduct. The protocol will be applied to the recruitment of co-optees for the new municipal year in-take of co-optees. Following annual Council in May 2021 co-optee



appointments will be invited and candidate suitability will be assessed and confirmed against the co-optee protocol criteria.

- The council continues to drive for transparency and openness through the publication on its website of reports, data and information.
- 

#### Continuous improvement

- Partnership governance framework to be reviewed
- New Communication and Engagement Strategy
- Deliver on arrangements for co-optee appointments.

#### Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

- Whilst the council had in place the [County Plan](#) during 2020/21 the Delivery Plan was produced and agreed.
- The response to Covid-19 was defined as an emergency (including using emergency powers). However during the year activity was embedded in work programmes including outbreak management, test and trace and community welfare, including support for the most vulnerable through the BRAVE programme of work. 2021/22 will see a focus on recovery.
- On 23 [July 2020](#) cabinet agreed a revised BWOW plan (better ways of working). The plans needed to change from the previously agreed approach because of the impacts on Covid and learning the value from working from home because moving forward with a hybrid model mixing home and office working. This has created a budget saving as well as a positive environmental impact with less site energy use, reduction of print and post in favour of digital communication, and less travel. This needs to be considered in the bigger context the different venues and the Estates Strategy is due for renewal.
- Talk community is the brand name for a way of working in the council that focuses on individual and community enablement. The programme provides the support and backing for communities to organise local gateways for people to access information and services. The Talk Community strategic approach and governance was agreed by cabinet on [24 September 2020](#), though one pillar on Talk Community Hubs was impacted by Covid during the year.
- New requirement for “Writing and Publishing Council Plans, Policies and Procedures” agreed by cabinet member on [21 September 2020](#), creates a standard and format for documents whilst recognising flexibility for different types of documents. Improvement made to registering policies, but work remaining to create an effective pipeline of documents linked to upgrade of modern.gov or other digital system.
- During the year the council updated its Risk and Opportunity Management Framework agreed on [24 September 2020](#). This outlines the process for management of performance information which will see its full implementation in 2021/22.
- Environment

#### Continuous improvement

- To instigate a pipeline of policies and strategies linked to governance decision making
- Embedded new structure in public health to address the continued responses to Covid 19 whilst addressing other public health priorities
- Produce a Covid Recovery Plan
- Produce the Estates Strategy.



#### Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes

- The cabinet agreed its [Delivery Plan](#) on 26 November 2020 to outline implementation of the [County Plan](#). The delivery plan includes outcome and targets, which will form the basis of the quarterly performance reports presented to cabinet and published as part of decision reports.
- As part of the continuous improvement and focus on outcomes the council has established Member Oversight and Improvement sessions – these include core management board, cabinet members and support members, group leaders and chairpersons of scrutiny committees. The first session was held on 29<sup>th</sup> January 2021 based on the theme of the economy.
- The council also established a Programme Management Office (PMO) to address historic weaknesses. This service to host project managers to support projects to keep on track and to spend profile. This includes the implementation of a board structure with assurance at its heart.
- Following Storm Dennis there was significant damage to the highway network with a number of governance decision required to identify the programme of works and allocate funding through cabinet and council. The reopen the Fownhope Road (B4224) in March 2021 took longer than anticipated having significant impact of the local community. On [22 March 2021](#) General Scrutiny Committee reviewed how Fownhope Flood repair works were delivered and any lessons learnt in the future. The highways services is also undertaken its own lessons learnt as part of continuous improvement and independent review commissioned by legal services.
- Both internal and external audit to review how value for money is ensured in the delivery of the public realm contract had been completed in year. An action plan has been developed following the most recent PWC audit.
- [Children and Young People's Plan 2019-2024](#) delivery is overseen by CYP Partnership Board, reviewing regular updates on delivery of plan. Delivery of Safeguarding and Family Support Improvement Plan overseen via Children and Young People's Scrutiny Committee who received a report on first quarter performance for 2020/21. However, consideration need to be given to the role and relationship with scrutiny committee based on the revelation of the recent court cases. A review of the partnership working is also required.
- At the Children and Young People Scrutiny committee on 2 June 2020 members considered a report on Children and Young People Scrutiny committee further review to the council's spotlight review into peer on peer abuse in schools. This report was deferred based to strengthen further point on wider context, lessons learned and outline of actions taken over the year. This further work was bought back to committee on 15 [September 2020](#). There remains outstanding work in this area.
- A great deal of progress had been made on advancing the council's ambitions on creating social value through its procurement process. The financial and contractual procedure rules were agreed at audit and governance on [26 January 2021](#) to create reasonable flexibility to support local contracting and easier routes to market. In addition the cabinet member for [15 December 2020](#) agreed the council's approach to social value, which was developed in consultation with services and external business. The updated rules also included revised process for waiver from the contractual procured rules to have the decision making on the senior responsible owner taking advice from commercial, finance and legal teams.
- The commercial team have also updated on contracts Tool Kit so commissioners are fully aware of the contracting requirements and can use the information provided to guide them through the process. The council has a [Procurement and Commissioning Strategy](#) that is due to be refreshed in 2021/22 financial year.

#### Continuous Improvement

- Update the Procurement and Commissioning Strategy
- Deliver on action plan for value for money on the public realm contract
- Deliver on recommendation of Peer on Peer spotlight review
- Implement programme management board decision and assurance framework.



### Principle E: Developing the organisation's capacity including the capability of its leadership and the individuals within it

- Member development strategy was adopted during the year and a training programme is in development with the working group and will also take on board the member development consideration of the Re-thinking Governance Group. Following approval from full council in May 2021 new mandatory training will be introduced in year 3 of the term of office.
- The council has needed to take a significant leadership role in 2020/21 linked to the Covid response. Many responsibilities and tasks were devolved from national to local government as closest to the community being affected. The council was required to deliver local testing, tracing (featured on national TV), emergency food delivery, outbreak management / containment and surge testing. Whilst the health sector leads on vaccine the council was required to provide information on cohorts and support of venue management.
- During the pandemic the council appointed a new acting director of public health and a new Chief Executive. In the interim period statutory roles were covered by existing staff.
- A new Workforce and Organisational Development Strategy was agreed on [12 January 2020](#) by the cabinet member, again refocused to reflect the change in practice influenced by Covid 19.
- Mandatory training for all officers was introduced this year for code of conduct along with the other areas of required training including information governance, information security and equality. The council achieved over 97%. Though, as mandatory all staff should complete the training.
- The management training programme including our 'future leaders' programme continued in a limited form due to the pandemic with all training moved to online platforms.
- IT training of using conference calling and virtual digital working was introduced in February 2020 with a new system and this will continue with a programme of IT training to address more reliance of on-line working.
- Advice and guidance was given to staff and members of phishing email, and review of SPAM messages presented to the cabinet member.
- A review was undertaken of cabinet portfolio briefings to ensure they are fit for purpose for implementation in 2021/22
- Established for Children and Families service was a quarterly meetings for the director, leader, cabinet member for Children Services and chief executive to provide oversight.

### Continuous improvement

- Implement the Member Development training plan
- Additional training and development for Children and Young People Scrutiny
- Promotion of becoming a council member reflective of flexibility with increased virtual meetings
- Revised training and guidance for officers on decision making
- Implement Re-Thinking Governance recommendations
- Wider IT training for staff
- Implement changes to portfolio briefing and commission SWAP to review
- Revised recruitment policy; publication of the ex-offenders policy; review market forces guidance to ensure fit for purpose.

### Principle F: Managing risks and performance through robust internal control and strong public financial management

- A new risk requirement was introduced as part of the updated Performance, Risk and Opportunity Management Framework on [24 September](#) 2020. However, work still needs to take place to embed within the culture of the organisation.
- Herefordshire Council has a robust financial management system in place. It is understood where an overspend has occurred and for what reason. Additional controls have been put in place this year on capital management including regular reporting by the project officer / senior responsible officers.
- As outlined previously financial procedure rules were updated in January 2020, this includes the process for grant applications. Each application of over £10k needs agreement by the 151 Officer and if deemed a





requirement needs agreement from core management board. Notification given to the Grants and Programme team to retain a register.

- Employees with budget responsibilities needed to complete an on-line awareness module regarding finance and register that it was completed.
- The [Contract's Register](#) is published on the council's website to be integrated to the council's internal finance system. The contract tool kit was updated along with a new approach to registering contracts due for renewal through a "pipeline".
- Three reports were made to the Information Commissioners Office due to breach posing a risk to the rights and freedoms of an individual or individuals. This did not result in any penalty for the council. All breaches are investigated and recommendations to mitigate against risks are made by the Information Governance Team. Training is provided to teams or more significant action depending on the incident, along with mandatory training.
- The council has an Information Governance Steering Group who has revised a number of policies this year including Information Security Policy where a number of policies were configured into one document for clarity. IT report figures to this group each year relating to data security and work has taken place to ensure staff and members are aware of phishing emails.
- Local government ombudsman complaints were not progressed during the pandemic but have resumed, a review will be undertaken on the policy and how the decisions are reported to cabinet.

### Continuous improvement

- Embed a risk management culture and practice in the organisation
- External funding strategy produced
- Updated continuity planning in light of Covid-19 and lessons learnt from flooding emergencies
- Oversight of external grants and grants register created.

### Principle G: Implementing good practices in transparency, reporting, and audit to deliver effective accountability

- With the adoption of the Delivery Plan there is a sound mechanism to report progress on key outcomes and programmes. This will see a change in look and feel of quarterly reports. The council plans to invest in a programme to improve its reporting tools and will enable greater access at a glance to key performance indicators for members, staff and the general public.
- A new engagement programme with members was introduced this year called "Improvement and Development Sessions" – these have a combined role of challenging the directorates on their delivery along with collaborating on solutions.
- Each cabinet member has a portfolio briefing which provides reporting on performance, risk, reports and key schemes based on "no surprises". These work well from feedback but not consistently applied.
- SWAP provide the council with internal audits (their opinion included in this document). Their plan for audits is presented to Audit and Governance committee, however based on lessons learnt from 2020/21 their programme will be more flexible and first agreeing the first quarter programme and adjusting from there.
- The council is committed to transparency with the following items published:
  - Data related to the finances of the council including financial transactions exceeding £500 on our [open data pages](#) and the pay of our staff on our [senior management team page](#).
  - The research and statistics available on our [Facts and Figures website](#)
  - [Meetings and decisions](#) are published on the council's website
  - Details of the [strategic partnerships](#) (though not all up-to-date)
  - [Plans, policies and procedures](#) published (though search needs improving)
- The council has seen a significant increase in Subject Access Requests which is creating pressure on the team and missing timescale of delivery. The council received 1,146 FOI (Freedom of Information) and EIR



(Environment Information Requests) and exceeded the Information Commissioners Office threshold of 90% requests handled within timescale.

- The council is updating its recruitment policy to ensure there is not misinterpretation of the approach to being fair and open; there will also be a review of market forces supplement to ensure remains relevant. In addition measures can also be put in place to address the gender pay gap in both recruitment and retention.
- There was a review of significant partnership assurance during the year which implement some changes in process, the partnership framework will be reviewed this year and that the profiles published on the website are clearer and up to date.
- Modern.gov is the system the council uses to produce and publish governance reports. This was re-commissioned in 2021/22 and the following year will aim to maximise the features available to aid transparency.

#### Continuous improvement

- Ensure details of significant partnership profiles are up-to-date on the council's website
- Implement improved and ease of access performance information for staff, members and the public
- Make the most of new features on Modern.gov
- Revised recruitment policy; enhance actions to addressing the gender pay gap; publication of the ex-offenders policy; review market forces guidance to ensure fit for purpose.

## 6. Assurances

#### Directors Composite Assurance Statement - Economy and Place

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s) which includes review of manager's assurance.

##### Positive Governance Initiatives:

- Performance and risks are regularly reviewed by service managers, assistant directors and at Directorate Management Team working with the Head of Corporate Performance to feed into regular corporate reporting to management board and cabinet in relation to progress on delivery plan actions. Introduction of Member Oversight and Improvement sessions have provided opportunity to discuss key issues and identify development and improvement opportunities.
- Monthly briefings held with relevant Cabinet Members using corporate format to ensure relevant issues and updates on key projects are covered. Recent introduction of Economy and Place cabinet member group meetings allow for consideration of cross portfolio issues affecting the directorate.
- Comprehensive scheme of delegation in place covering all aspects of the Directorate which is regularly reviewed and updated to take account of changes and new legislation
- Programme and projects board terms of reference developed and reviewed to cover all capital projects in place throughout the year and recent strengthening of governance through the roll out of the corporate model for the management of the capital programme. The delivery model will ensure capacity to deliver and involvement of legal, finance, procurement and other key functions to provide assurance and support.
- The transfer of the lead commissioning role for Hoople services from the Directorate to the corporate centre following the my appointment as a director on the Hoople Board has been a positive move providing clear separation between the provider and commissioner going forward. This has supported the further development of Hoople to offer a wider range of services including the provision of property works and building cleaning from April 2021.
- Over the past year and during the Coronavirus pandemic the directorate rigorously followed the governance processes for emergency decision making. This ensured quick decisions could be taken in consultation with statutory officers providing the necessary assurance whilst responding to the urgent need to take action.





Significant Control and Governance issues identified:

- A best value review, recent internal audits and investigations into the management of the public realm partnership contract, including in relation to the delivery of major projects have identified a number of issues which require improvement.

Planned action(s) to address significant control and governance issues:

- An improvement action plan to address the issues identified in relation to the public realm partnership contract is being developed and external independent expertise is being sourced to lead implementation working with the Chief Executive, s151 Officer and Solicitor to the Council.

I have read and reviewed all manager's checklist relevant to my service area: yes

I have read and reviewed all significant partnership self assessment relevant to my area: yes

Name: Richard Ball

Title: Director Economy and Place

Date: 1.6.21

**Directors Composite Assurance Statement - Children and Families**

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s) which includes review of manager's assurance.

Positive Governance Initiatives:

Implementation of Signs of Safety

Significant Control and Governance issues identified:

Between 2018 and 2021 a series of critical external events occurred raising questions as to the effectiveness of Herefordshire's Children's Services, culminating in the latest critical judgement in early April 2021 from His Hon Justice Keenan. Of significance this latest Judgement was not, the first concerns His Hon Justice Keenan raised regarding Herefordshire Children's Services.

Between the 11 June and 22 June 2018 Ofsted inspected Herefordshire Children's Services and undertook two further focus visits in January 2019 and again in December 2019.

Planned action(s) to address significant control and governance issues:

The recent Judgement published on the 16 April 2021, by The Hon Justice Keenan, together with the lack of tangible improvement, has resulted in significant changes within the directorate. Including the establishment of a Children's Services Improvement Board, independently chaired by a DfE advisor, who has been appointed by the Minister for Children and Families, in line with a 12- month non- statutory notice to improve, which was served on the Council on the 18 May 2021.

I have read and reviewed all manager's checklist relevant to my service area: yes

I have read and reviewed all significant partnership self assessment relevant to my area: yes

Name: Catherine Knowles

Title: Interim Director Children and Families

Date: 10.6.2021

**Directors Composite Assurance Statement - Adults and Communities**

As a Director, I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating within my service area(s) which includes review of manager's assurance.



Positive Governance Initiatives:

- An enhanced core directorate and leadership team programme of work; with standing items of: good news, health and safety, concerns and actions, and financial awareness, followed by a focused meeting on directorate performance, risk and project progress
- Performance and programme boards across four service areas, which collectively feed into core DLT and then management board, and from management board to Core DLT and then the four service areas
- The performance and audit dashboard utilized within core DLT and Management board
- Regularity of discussion of risk reporting, action planning and monitoring of improvements made
- Budget awareness, and repeat of budget security, monitoring and effective use of resources to maximise staff development and customer service
- Supervision policy and auditing cycle.

Significant Control and Governance issues identified:

None noted

Planned action(s) to address significant control and governance issues:

None noted

I have read and reviewed all manager's checklist relevant to my service area: yes

I have read and reviewed all significant partnership self assessment relevant to my area: yes

Name: Stephen Vickers

Title: Director Adults and Communities

Date: 16.06.2021

**Directors Composite Assurance Statement - Monitoring Officer**

As the monitoring officer I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal control operating across the council including review of statutory officer assurance statements.

Name:

Title:

Date:

To be completed for final version

**Directors Composite Assurance Statement - 151 Officer**

As the 151 officer I am responsible for reviewing the effectiveness of governance arrangements, risk management processes and the system of internal financial controls operating across the council.

Name:

Title:

Date:

To be completed for final version

**Internal Audit Annual Opinion**

To be completed for final version

**Statement and opinion - Leader of Herefordshire Council**

Name:

Title:

Date:

To be completed for final version

**Statement and opinion – Chief Executive of Herefordshire Council**

Name:

Title:

Date:

To be completed for final version



End note for record

Status: Draft v5 2020/21

Author: Natalia Silver, Assistant Director Corporate Support

Sponsor: 151 Officer and Monitoring Officer

Approval: Audit and Governance Committee

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**Progress on action for 2019/20 Annual Governance Statement**

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1. **Review of governance models:** Rethinking Governance working group to consider governance models and recommendations to be presented to Council.  
Responsible officer: Monitoring Officer

In Progress: Recommendations from Audit and Governance Committee of [25 September 2020](#) agreed by Full Council on 9 October 2020 based on a hybrid cabinet model implemented from October 2021.

2. **Managing risks:** Create a new risk management plan, advising all officers on new procedure and monitor implementation.  
Responsible officer: Monitoring Officer / Head of Corporate Performance

Progress: New plan agreed by cabinet [24 September](#) 2020. Directorate leads established and training provided – complete.

3. **Learning from performance:** Revised performance and risk framework including review of member challenge process.  
Responsible officer: Head of Corporate Performance

Progress: Agreed by cabinet [24 September](#) 2020.

4. **Improving outcomes for children and young people:** Deliver the Herefordshire Children and Young People's Plan 2019-2024 (partnership responsibility); and the Safeguarding and Family Support Improvement Plan.  
Responsible officer: Director Children and Families

Progress: Children and Young People's Plan 2019-2024 delivery overseen by CYP Partnership Board, reviewing regular updates on delivery of plan. Delivery of Safeguarding and Family Support Improvement Plan overseen via Children and Young People's Scrutiny Committee who received a report on first quarter performance for 2020/21 and noted a number of sustained improvements such as visits within timescales as well as areas of focus and improvement. A review of this will be undertaken as part of the improvement plan for children's services. Revised action required.

5. **Decision making produce:** establish new toolkits and provide remote training for members and staff.  
Responsible officer: Monitoring Officer

Progress: Toolkits published on 3 November 2020 training available upon request and scheduled monthly training available from 3 November 2020 and on going - complete

6. **Adult social care challenge:** Deliver on opportunities outlined with the Adults Social Care Peer Challenge.  
Responsible officer: Director Adults and Communities

Progress: Recommendations have been built in to delivery programmes or operations business as usual. The work audited as part of the SWAP audit plan.

7. **Talk Community governance:** For cabinet to agree the Talk Community strategic approach and programme. Responsible officer: Assistant Director Talk Communities

Progress: Complete – [24 September 2020](#)

8. **Plans, Policies and Strategies:** To produce guidance on productions of Plans, Policies and Strategies and improve the registration and publication of documents; finalise and publish the equality policy.

Responsible officer: Assistant Director Corporate Support

Progress: New guidance agreed by Cabinet member on [21 September](#) 2020 and promoted in the chief executive's update on 21 September 2020. The council's new [Equality Policy 2020-23](#) was agreed [13 October 2020](#) by Cabinet member finance and corporate services in consultation with cabinet and the council also produced the [Equality in Employment](#) document profiling the workforce of officer and members including the gender pay gap.

9. **Engagement:** Establish a new approach to engagement with residents and stakeholders to shape the work of the council. Communications strategy renewal in 2021 to be in line with the County Plan and the effects on the community due to Covid-19.

Responsible Officer: Assistant Director Strategy

Progress: The way the council engage with citizens and key stakeholders is being reviewed as part of a wider engagement framework. The citizen panel forms part of this review but is now being considered more widely and in context of the Covid-19 pandemic. The development and implementation of the engagement framework is now planned for completion in 2021.

10. **Programme Management:** New governance arrangements in place for capital projects through programme boards. Responsible officer: Assistant Director Strategy

Progress: Head of PMO (programme management office) appointed in October 2020 with new board structure in place for May 2021.

11. **Relationship with External partners:** A project board established to manage the council's relationship with Hoople, review other external governance arrangements and design a framework for their governance to be overseen.

Responsible officer: Solicitor to the Council

Progress: Completed. First project board meeting was held on 15 June 2020.

12. **Social Value for Money:** Strengthen local value for money element of the Commissioning and Procurement Strategy.

Responsible officer: Assistant Director Corporate Support

Progress: Financial and Contractual Procedure Rules agreed by audit committee on [26 January 2021](#); and cabinet member report / decision on social value on [15 December 2020](#).

13. **Best Value Review:** Commission a best value review of the public realm partnership.

Responsible officer: 151 Officer

Progress: Major Contract performance review of the public realm partnership delivered to Cabinet in September 2020.

14. **HR Policy and Recruitment:** Finalise workforce and organisation development strategy; revised recruitment policy; enhance actions to addressing the gender pay gap; publication of the ex-offenders policy; review market forces guidance to ensure fit for purpose; implement training and consult effectiveness on Employee Code of Conduct.  
Responsible officer: Assistant Director People

Progress: Workforce and Organisation Development Strategy agreed on [12 January 2020](#) by cabinet member. Code of conduct on line mandatory training. Other areas of work due for later in 2021.

15. **Updated continuity planning:** Reviewed and updated continuity planning and process in light of emergencies.  
Responsible officer: Assistant Director People

Progress: Due for completion later in 2021.

16. **Audit Planning:** Re-affirm the role of strategic assurance in audit planning including input into the annual plan before finalised.  
Responsible officer: Assistant Director Corporate Support

Progress: Strategic Assurance amalgamated into monthly performance team meeting.

17. **Partnership framework:** Review effectiveness of current arrangements with the framework covering significant partnerships and steering groups.  
Responsible officer: Solicitor to the Council

Progress: SWAP commissioned to review partnership framework and process; includes improved process for recording partnerships.

18. **Complaints and convening standards:** Review the administration of handling complaints and convening standards hearing focussing on outcomes and openness.  
Responsible officer: Solicitor to the Council

Progress: Work for review by independent persons on 8 February 2021. HALC and parish council's views have also been sought. Further revised draft to be circulated to independents. Revised arrangements will be taken to AGC at same time as details for model code of conduct for comment.

19. **Continuing support for members:** Adopt a member's development strategy.  
Responsible officer: Democratic Services Manager

Progress: A member development strategy (MDS) has been broadly agreed by the cabinet member. A training programme is in development with the MDS working group and will also take on board the member development consideration of the Re-thinking Governance Group – in phase II of the review of committee system arrangements. MDS agreement in principal – subject to further work with MDS working group and wider members on the training programme.

20. **Co-optees training:** Review appointment and training for co-optees.  
Responsible officer: Democratic services Manager

Progress: Co-optee protocol has been produced outlining the expectation that independent or co-opted person with voting rights serving on Council Committees are expected to comply with the Councillors' Code of Conduct. The protocol will be applied to the recruitment of co-optees for the new municipal year in-take of co-optees. Induction training programme already in place. Following annual Council in May 2021 co-optee appointments have been invited and candidates suitability will be assessed and confirmed against the co-optee protocol criteria. Conditional appointments will be offered only after that assessment has demonstrated candidates are suitable to take up the position, and induction training will then take place.

21. **Terms of reference:** Ensure programme and project board terms of reference are accurate and appropriate.  
Responsible officer: Assistant Director Strategy

Progress: Following an external review of how projects are delivered within the council, a new programme management office has been established which will oversee how projects are delivered to ensure consistency of process and the monitoring of progress. The terms of reference and effectiveness of project and programme boards are part of the assurance function of the new PMO. Implemented from May 2021.

22. **Awareness of anti-fraud, bribery and corruption policy:** Communication and raise awareness of the anti-fraud, bribery and corruption policy to all staff.  
Responsible officer: 151 Officer

Progress: A new counter fraud specialist post was recruited to in April 2020 and this has been communicated to all staff. Their role to date has focused on Covid 19 grant support counter fraud and error work. A mandatory training module will soon be rolled out to all staff.

23. **Higher education bodies:** Review partnership governance arrangements between the council and higher education bodies.  
Responsible officer: Director Economy and Place

Progress: An NMITE/ Herefordshire Council Strategic Working Group established and Terms of Reference agreed by the group. The Terms of Reference have been reviewed by the council's legal team, Once NMITE arrangements have been agreed, the Head of Economic Development will engage the other HE providers in similar discussions to confirm suitable arrangements.

24. **Grants:** That a register of grants is established and at the review of financial procedure rules consideration is given to managing grants  
Responsible officer: Assistant Director Corporate Support (register) / Chief Finance Officer (financial procedure rules)

Update: Financial procedure rules update and system to agreement to management board in place. Created start of a register of those applications being submitted for agreement.

25. **Parish council complaints:** Review tightening of rules covering training, disclosure and complaint resolution for parish councillors.  
Responsible officer: Democratic Services Manager



Response: parish council encouraged to signed-up to code on conduct.

26. **Children Safeguarding:** Deliver statutory responsibilities as one of the partners of the Safeguarding Children and Young People in Herefordshire Partnership, including ensuring there is an effective business unit to enable the work and that a new business plan is put in place and delivers improvements to safeguarding work for children in Herefordshire  
Responsible Officer: Director Children and Family Services

Update: new roles of Partnership Manager created in Children and Families Directorate.



**Significant partnerships 2020/21**


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**Adoption Central England**

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Regional Adoption Agency – Adoption Central England (ACE) Hilary Brooks – AD Safeguarding and Family Support
1.2	Date self assessment completed	21/05/2021
1.3*	Name of partnership	Regional Adoption Agency – Adoption Central England (ACE)
1.4	Directorate	Childrens and Families
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	Statutory partnership (required by law) If other please describe:
1.6*	Web address for further reference	<a href="https://www.aceadoption.com/">https://www.aceadoption.com/</a>
1.7*	Email address for further information	<a href="https://www.aceadoption.com/contact-us">https://www.aceadoption.com/contact-us</a>
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	don't know
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Community
2.6	Please list all other organisations involved in the partnership	Coventry City Council – Paul Smith Strategic Lead LAC Solihull MBC – Frank McShaffery - Assistant Director Worcestershire Children’s First – Maria White Assistant Director Warwickshire County Council – John Coleman Assistant Director Herefordshire Council – Hilary Brooks Assistant Director
2.7	Which council members and officers are on the partnership?	Hilary Brooks Assistant Director
2.8	Is it documented what authority the partnership has	yes

	to take decisions and the scope of that authority?	
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Add free text
2.11	Where does the partnership report to, and how frequently?	Executive Board Quarterly Corporate Parenting Board/Cabinet/Scrutiny Committee as requested
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	Choose an item.  No
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	no
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Coventry City Council 23.2% Solihull MBC 10.7% Warwickshire County Council 27.2% Worcestershire County Council 27.3% Herefordshire Council 11.6%
4.2	What was the total value of council funding / investment for the financial year?	2020/21: free text
4.3	What is the nature of the council funding? If other please outline.	revenue
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk: As detailed in the Partnership and Hosting Agreement ACE Lead Manager is responsible for ensuring policies and procedures are followed. ACE is hosted by Warwickshire County Council		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes

5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: All employees are due to be TUPE'd to Warwickshire County Council from 1 March 2020. Effective employment practices are in place		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	don't know
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	don't know
Notes on Liability including areas of risk:		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	each quarter
7.8	Key changes and risks within the partnership in 2020/21 months	Free text
7.9	Outcomes of note in 2020/21 months	Free text
7.10	Key plans for 2021/22	Free text
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Childrens and Families
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		21/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	21/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Children & Young People's Partnership

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Richard Watson, Children's Joint Commissioning Manager
1.2	Date self assessment completed	28/04/2021
1.3*	Name of partnership	Children & Young People's Partnership
1.4	Directorate	Childrens and Families
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	non-statutory partnership If other please describe:
1.6*	Web address for further reference	<a href="https://www.herefordshire.gov.uk/council/children-young-peoples-partnership">https://www.herefordshire.gov.uk/council/children-young-peoples-partnership</a>
1.7*	Email address for further information	CYPpartnership@herefordshire.gov.uk
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  And in the CYP Plan
2.4	Is there a partnership agreement in place providing legal documentation?	no
2.5	Which predominant council priority does the partnership meet?	Community
2.6	Please list all other organisations involved in the partnership	Herefordshire Council - Director, Children and Families Clinical Commissioning Group – Managing Director HVOSS – Chief Executive West Mercia Youth Offending Services – Head of Service West Mercia Police – Policing Commander, Herefordshire Local Policing Area Wye Valley Trust – Managing Director Healthwatch – Children's Lead Early year's Sector representative Gloucestershire Health and Care NHS Foundation Trust Chief Executive Secondary School representative Primary School representative College representative Special School representative Economic Partnership Development Group representative



		Chair, Herefordshire Safeguarding Children Board
2.7	Which council members and officers are on the partnership?	Cabinet member - children and families Director for children and families Assistant Director for safeguarding and family support Assistant Director for education development and skills Assistant Director childrens safeguarding quality and improvement
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	n/a
2.9	Are the roles and responsibilities of members clear and documented?	n/a
2.10	Where relevant, who is the accountable body?	Not applicable
2.11	Where does the partnership report to, and how frequently?	Health & Wellbeing Board
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes  H&W CYP mental health strategy group Early Years partnership SEND Strategy Group Earl Help Strategy Group
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	n/a
3.2	Are the decisions of the partnership recorded?	n/a
3.3	Are decisions of the partnership publicised?	n/a
3.4	Are members financially and reputational accountable to the decisions made?	n/a
Notes on Decision Making including areas of risk:		
<b>Where require, formal decisions are taken through individual partner governance as appropriate</b>		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Not directly funded – partners coordinate activities through normal budgets and occasional external grant funding led by a single partner as the accountable grant body
4.2	What was the total value of council funding / investment for the financial year?	Not applicable
4.3	What is the nature of the council funding? If other please outline.	Choose an item.  Action plans may be resourced revenue, capital or grant funding by a single partner or pooled arrangement (such as S75 agreement with between the council and health)

4.4	Does the partnership have documented financial procedures?	no
4.5	Does the partnership produce an annual statement of accounts?	no
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	no
5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	no
	Complaints	no
	Whistleblowing	no
	Declarations of interest	no
	Gifts and hospitality	no
Notes on Conduct and Behaviour including areas of risk: Individual partners follow their own policies		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	no
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	no
Notes on Liability including areas of risk: If necessary, specific agreements are reached where pooled or grant funding is involved, such as the S75 agreement		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	no
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	no

7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	no
7.7	How often is the risk register reviewed?	n/a
7.8	Key changes and risks within the partnership in 2020/21 months	A lack of programme support creates a risk that the partnership's business is not properly planned ahead and that it does not have a clear enough picture of what is going well or what needs additional oversight.
7.9	Outcomes of note in 2020/21 months	See last update from Priority Champions
7.10	Key plans for 2021/22	TBC
<p>Notes on Performance, Evaluation and Value including areas of risk:</p> <p>The children and young people plan and associated action plans describe key objectives and outcomes to be achieved. Individual partners and priority leads provide progress updates to the partnership board. However, these updates often focus more on actions that are being delivered rather than the difference that is being made for children, young people and families at either the individual or strategic level. The partnership and its board does not have any dedicate resources to support its business, including work that would be useful to evidence and communicate the impact it is having.</p>		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Childrens and Families
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		21/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	21/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Herefordshire Community Safety Partnership (HCSP)

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Steve Berry - Partnership Manager
1.2	Date self assessment completed	26/04/2021
1.3*	Name of partnership	Herefordshire Community Safety Partnership (HCSP)
1.4	Directorate	Childrens and Families
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	Statutory partnership (required by law) If other please describe:
1.6*	Web address for further reference	<a href="https://herefordshiresafeguardingboards.org.uk/">https://herefordshiresafeguardingboards.org.uk/</a> and <a href="https://www.herefordshire.gov.uk/community-1/safer-stronger-communities">https://www.herefordshire.gov.uk/community-1/safer-stronger-communities</a>
1.7*	Email address for further information	<a href="mailto:adrian.turton@herefordshire.gov.uk">adrian.turton@herefordshire.gov.uk</a> or <a href="mailto:Stephen.Berry@herefordshire.gov.uk">Stephen.Berry@herefordshire.gov.uk</a>
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes
2.4	Is there a partnership agreement in place providing legal documentation?	no
2.5	Which predominant council priority does the partnership meet?	Community
2.6	Please list all other organisations involved in the partnership	Statutory partners; West Mercia Police, Herefordshire and Worcestershire Fire and Rescue Service, Herefordshire and Worcestershire Clinical Commissioning Group, National Probation Service. Plus West Mercia Youth Justice Service as non-statutory member. Office of Police and Crime Commissioner is involved in a mutual agreement to combat crime and disorder.
2.7	Which council members and officers are on the partnership?	Cllr Ange Tyler (Chair of HCSP) as cabinet member for community safety Director of Children and Families (TBC) Director of Adults and Communities (TBC) Director of Public Health (TBC) Head of Community, Commissioning & Resources (Adult and Communities) (Ewen Archibald) Assistant Director for Regulatory Environment and Waste

		(M. Willimont) Partnership Team: Partnership Manager
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Herefordshire Council as set out in Crime and Disorder Act 1998
2.11	Where does the partnership report to, and how frequently?	HCSP Board. Scrutiny role as set out in Crime and Disorder Act is Herefordshire General Overview and Scrutiny Panel (NB did not go to scrutiny) in 2020. Herefordshire Council Cabinet considers and included in HCSP Strategy consultation. Strategy reviewed every three years.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes  Strategically linked with Herefordshire Safeguarding Children Partnership and Herefordshire Safeguarding Adults Board as share domestic abuse, adult and child exploitation, and substance misuse as strategic concerns.
Notes on purpose and accountability including areas of risk: <ul style="list-style-type: none"> <li>Regarding 2.4 Legal basis is in Crime and Disorder Act 1998 outlining statutory requirements</li> <li>Regarding 2.8 &amp; 2.9 outlined in Crime and Disorder Act 1998 outlining statutory requirements</li> <li>Risk - HCSP not presented to General Overview and Scrutiny panel for several years.</li> <li><a href="#">HCSP Terms of Reference</a> and <a href="#">HCSP Strategy</a></li> </ul>		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes All meetings are minuted
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk: <p>a. strategy publicised</p> <p>3.4 Council Officers and members are required to be diligent and follow due process = reputation accountable</p>		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Mainly in kind ie partners give time for function of HCSP. Partnership Team that facilitates the partnership funded by various multiagency contributions. The partnership has a budget that is contributed to by all three strategic Partner organisations. HCSP receives circa £100,000 of grant funding pa from OPCC for funding projects.

4.2	What was the total value of council funding / investment for the financial year?	2020/21: £136,685 from Childrens Social Care and £103,000 from Adult Social Care totalling £239,685 from the Council. Note that this is shared with the HSAB and the HSCP.
4.3	What is the nature of the council funding? If other please outline.	pooled funding
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	no However a budget statement is provided to the HSCP which identifies the expenditure on the HCSP.
Notes on Finance including areas of risk: 4.4 Council financial procedures are followed as accountable body		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: 5.1 For clarification the Partnership team support the HCSP function. Partnership team employed by Herefordshire Council. 5.2 & 5.3 Strategic partner individual organisations have these policies in place for respective representatives, where these are related to the Partnership Team the Policies and Procedures are those of the Council		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes
Notes on Liability including areas of risk: 6.1 if a representative leaves a replacement will be found by the respective organisation. 6.3 as financial accountable body yes		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes

7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	approx. once a year
7.8	Key changes and risks within the partnership in 2020/21 months	none
7.9	Outcomes of note in 2020/21 months	<ul style="list-style-type: none"> <li>• Strategic assessment completed and new 21/24 strategy agreed. NB this took place during covid lockdown so some disruption took place but to no risk to the Partnership</li> <li>• Restructure of Business Unit to Partnership Team.</li> <li>• New Chair of HCSP.</li> </ul>
7.10	Key plans for 2021/22	<ul style="list-style-type: none"> <li>• Implement new strategy</li> <li>• Manage OPCC funding</li> <li>• Note slight risk in 21/22 with PCC elections May 21 in that an unknown candidate may be elected.</li> </ul>
Notes on Performance, Evaluation and Value including areas of risk: 7.2 quarterly Board meetings review performance 7.6 partnership Team risk register – however requires revisiting		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Childrens and Families
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		21/05/2021
Risk level		Any comment
Purpose and accountability	medium	
Decision making	medium	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	21/05/2021
Status assessment	fully complete
Version	2020-21 v1



## Significant partnerships 2020/21

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### Local Family Justice Board

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	tbc
1.2	Date self assessment completed	Click or tap to enter a date.
1.3*	Name of partnership	Local Family Justice Board
1.4	Directorate	Childrens and Families

Date of return	Click or tap to enter a date.
Status assessment	Not complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Cyber Quarter Limited (Midlands Centre for Cyber Security)

2. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Roger Allonby
1.2	Date self assessment completed	20/04/2021
1.3*	Name of partnership	Cyber Quarter Limited (Midlands Centre for Cyber Security)
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	incorporated partnership (i.e. a separate and distinct legal entity) If other please describe: Joint Venture with University of Wolverhampton
1.6*	Web address for further reference	Not available yet
1.7*	Email address for further information	roger.allonby@herefordshire.gov.uk
3. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	no  Terms of reference are currently being developed with the aim of being agreed and signed off by 31 July 2021
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	University of Wolverhampton
2.7	Which council members and officers are on the partnership?	Leader of the Council (Board member of the JV) Director Economy and Place (Board member of the JV) Strategic Capital Finance Manager (observer JV Board) Senior Solicitor, Major Projects (observer JV Board) Managing Director, Hereford Enterprise Zone (observer JV Board)
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes

2.10	Where relevant, who is the accountable body?	University of Wolverhampton
2.11	Where does the partnership report to, and how frequently?	Joint Venture Board meets quarterly
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no Add free text
<p>Notes on purpose and accountability including areas of risk:</p> <p>The purpose of the Joint Venture partnership is to develop and oversee the operation of the Midlands Centre for Cyber Security. The Midlands Centre for Cyber Security will provide access to specialist support and facilities to enable the creation and development of cyber security businesses, creating new high value, high tech employment opportunities in the county.</p> <p>The construction of the building has been completed within budget. Operations within the building have been delayed due to Covid 19 related restrictions.</p>		
<b>4. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	no
3.4	Are members financially and reputational accountable to the decisions made?	no
Notes on Decision Making including areas of risk:		
<b>5. Finance</b>		
4.1	How is the partnership funded?	£9m development of the centre funded through council loan to the JV partnership, LEP Local Growth Fund grant, and European Regional Development Fund grant
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £0 - £3.5m loan made in 2018/19
4.3	What is the nature of the council funding? If other please outline.	capital Capital loan
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk:		
<b>6. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	no

5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	no
	Complaints	no
	Whistleblowing	no
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: Policies not yet in place are likely to be drafted/adopted when employment decisions are made. The Declaration of Interests policy, Gifts and Hospitality and Anti Corruption Policies are agreed by the board.		
<b>7. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	yes
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes
Notes on Liability including areas of risk: If Cyber Quarter Limited were to fail then the loan made to date would be at risk but as landlord the site and buildings would revert to the Council		
Partnership liability is to be borne 50:50		
<b>8. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	n/a
7.2	Does the partnership produce an annual report covering performance?	n/a
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	n/a
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	each quarter

7.8	Key changes and risks within the partnership in 2020/21 months	Impact of Covid 19 on the construction - minimal delay during the first lockdown period as contractor established required health and safety measures.  Delayed operation of completed facility due to Covid 19 restrictions.
7.9	Outcomes of note in 2020/21 months	Completion of construction of the centre
7.10	Key plans for 2021/22	Commence operations of the centre, led by the University of Wolverhampton.
Notes on Performance, Evaluation and Value including areas of risk:		

## 9. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		05/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	medium	Given £3.5m loan
Conduct and behaviour	low	
Liability	medium	Given £3.5m loan
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Development Regeneration Partnership - Engie

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Roger Allonby, Head of Economic Development
1.2	Date self assessment completed	21/04/2021
1.3*	Name of partnership	Development Regeneration Partnership - Engie
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	contractual If other please describe:
1.6*	Web address for further reference	N/A
1.7*	Email address for further information	N/A
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  Overarching Agreement dated 28 June 2018
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	
2.7	Which council members and officers are on the partnership?	The following officers attend the Programme Board; Director Economy and Place Section 151 Officer Senior Solicitor Major Projects Head of Economic Development
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	n/a
2.9	Are the roles and responsibilities of members clear and documented?	n/a

2.10	Where relevant, who is the accountable body?	N/A
2.11	Where does the partnership report to, and how frequently?	N/A – following an OJEU compliant procurement, the Development Regeneration Partnership provides a call off route for the council to develop regeneration or housing developments. A Programme Board oversees this activity with representatives from the council and Engie. It is not decision-making governance board, decisions to take forward developments are considered by the Cabinet Member in accordance with standard council processes.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no  Add free text
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	n/a
3.2	Are the decisions of the partnership recorded?	n/a
3.3	Are decisions of the partnership publicised?	n/a
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Any project taken forward through the DRP is subject to a cabinet member decision. There is a specific DRP budget allocation in the capital programme, allocated through a Cabinet Member decision.
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £ 152,549
4.3	What is the nature of the council funding? If other please outline.	capital  Some additional services have funded from revenue
4.4	Does the partnership have documented financial procedures?	n/a
4.5	Does the partnership produce an annual statement of accounts?	n/a
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	no



5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	n/a
	Complaints	n/a
	Whistleblowing	n/a
	Declarations of interest	n/a
	Gifts and hospitality	n/a
Notes on Conduct and Behaviour including areas of risk:		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	n/a
Notes on Liability including areas of risk:		
The contractual arrangement is an non-exclusive arrangement rather than a partnership arrangement		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	n/a
7.2	Does the partnership produce an annual report covering performance?	n/a
7.3	Has the partnership defined outcomes that are measured?	n/a
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	n/a Each element of work commissioned through the partnership is reviewed in terms of VFM prior to commencement. There are agreed overhead and profit percentages agreed in the Overarching Agreement, which were established through the competitive tendering process to secure the partners.
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	monthly      On a project by project basis, subject to project being in development/ delivery.
7.8	Key changes and risks within the partnership in 2020/21 months	N/A no regen projects have been brought forward through the DRP in 2020/21

7.9	Outcomes of note in 2020/21 months	Engie have been commissioned to support the council's proposed development of affordable housing, including; <ul style="list-style-type: none"> <li>• Review of options for developing council owned housing</li> <li>• Technical review of council owned land to consider if appropriate affordable housing development</li> <li>• Feasibility study for the development of affordable housing on the station approach sites in Hereford.</li> </ul>
7.10	Key plans for 2021/22	Continued development of affordable housing
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		05/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Development Regeneration Partnership - Keepmoat

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Roger Allonby, Head of Economic Development
1.2	Date self assessment completed	21/04/2021
1.3*	Name of partnership	Development Regeneration Partnership - Keepmoat
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	contractual If other please describe:
1.6*	Web address for further reference	N/A
1.7*	Email address for further information	N/A
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  Overarching Agreement (contract) dated 28 June 2018
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Community
2.6	Please list all other organisations involved in the partnership	
2.7	Which council members and officers are on the partnership?	The following officers attend the Programme Board; Director Economy and Place Section 151 Officer Senior Solicitor Major Projects Head of Economic Development
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	n/a
2.9	Are the roles and responsibilities of members clear and documented?	n/a

2.10	Where relevant, who is the accountable body?	N/A
2.11	Where does the partnership report to, and how frequently?	N/A – following an OJEU compliant procurement, the Development Regeneration Partnership provides a call off route for the council to develop regeneration or housing developments. A Programme Board oversees this activity with representatives from the council and Keepmoat. It is not decision-making governance board, decisions to take forward developments are considered by the Cabinet Member in accordance with standard council processes.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	n/a
3.2	Are the decisions of the partnership recorded?	n/a
3.3	Are decisions of the partnership publicised?	n/a
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Any project taken forward through the DRP is subject to a Cabinet member decision. There is a specific DRP budget allocation in the capital programme, allocated through a Cabinet Member decision.  No market/policy compliant housing schemes are currently being taken forward through the DRP agreement with Keepmoat.
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £ 0
4.3	What is the nature of the council funding? If other please outline.	capital  Some additional services have funded from revenue, or for development costs of proposed capital schemes that are no longer progressing.
4.4	Does the partnership have documented financial procedures?	n/a
4.5	Does the partnership produce an annual statement of accounts?	n/a
Notes on Finance including areas of risk:		

5. Conduct and behaviour		
5.1	Does the partnership have any employees?	no
5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	n/a
	Complaints	n/a
	Whistleblowing	n/a
	Declarations of interest	n/a
	Gifts and hospitality	n/a
Notes on Conduct and Behaviour including areas of risk:		
6. Liability		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	n/a
Notes on Liability including areas of risk: The contractual arrangement is an non-exclusive arrangement rather than a partnership arrangement		
7. Performance, evaluation and value		
7.1	Is performance reported to the partnership on a regular basis?	n/a
7.2	Does the partnership produce an annual report covering performance?	n/a
7.3	Has the partnership defined outcomes that are measured?	n/a
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	n/a Each element of work commissioned through the partnership is reviewed in terms of VFM prior to commencement. There are agreed overhead and profit percentages agreed in the Overarching Agreement, which were established through the competitive tendering process to secure the partners.
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	monthly

		On a project by project basis, subject to project being in development/ delivery. No projects currently in development or delivery.
7.8	Key changes and risks within the partnership in 2020/21 months	N/A no market/policy compliant housing projects have been brought forward through the DRP in 2020/21
7.9	Outcomes of note in 2020/21 months	N/A
7.10	Key plans for 2021/22	Review and identify possible pipeline housing projects.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		05/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	medium	No projects have yet been taken forward with Keepmoat. While we are not contractually obliged to commission work with them, they have incurred costs in responding to the OJEU tender and forming the partnership. They have raised concerns regarding lack of pipeline projects.
Performance, evaluation and review	low	
<b>Overall assessment</b>	medium	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Fastershire

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Matt Smith, Operations Manager
1.2	Date self assessment completed	12/04/2021
1.3*	Name of partnership	Fastershire
1.4	Directorate	Corporate - Corporate Support
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	non-statutory partnership
1.6*	Web address for further reference	www.fastershire.com
1.7*	Email address for further information	info@fastershire.com
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	Gloucestershire County Council BDUK (National Government division of DCMS)
2.7	Which council members and officers are on the partnership?	Natalia Silver, Assistant Director Corporate Support Members of the Fastershire team to report items
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes Via formal partnership agreement
2.9	Are the roles and responsibilities of members clear and documented?	yes Via formal partnership agreement
2.10	Where relevant, who is the accountable body?	Herefordshire Council is the lead partner with each authority conducting their own governance in line with their scheme of delegation.



2.11	Where does the partnership report to, and how frequently?	Board meeting held quarterly and Joint CE and Leaders meetings when relevant on key point in delivery. Report to each council through its own governance arrangements.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes Operational meetings held with suppliers on delivery.
Notes on purpose and accountability including areas of risk: None identified.		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes Via the board, through each authorities governance, and each officers' operational authority.
3.2	Are the decisions of the partnership recorded?	yes Via board minutes, governance process and record of officer decisions.
3.3	Are decisions of the partnership publicised?	yes Via each authorities governance process
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk: Decision making is based on the two authorities aligning at the same time with the same aims – though a risk this has never had a material impact. However some decision making is based on assurance from BDUK which can create delays in delivery.		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Revenue: shared cost from Herefordshire Council and Gloucestershire County Council. Capital: local and national government funding; EU funding; investment from the private sector.
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £275k shared revenue budget
4.3	What is the nature of the council funding? If other please outline.	capital and revenue
4.4	Does the partnership have documented financial procedures?	yes The partnership uses Herefordshire Council's procedures.
4.5	Does the partnership produce an annual statement of accounts?	yes Via Herefordshire Council's statement of accounts.
Notes on Finance including areas of risk: Some of the cost on revenue can flex, particularly if there is an additional requirement for legal support however this has to date been managed within the budget which holds a reserve. Payment to suppliers is based on evidenced delivery at milestone points, whilst this is sound business practice it does make it difficult to forecast if deployment alters within planned time scale.		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes

5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: Staff employed by Herefordshire Council.		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes Via partnership agreement
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	yes
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes Herefordshire Council is the lead authority
Notes on Liability including areas of risk: There is limited risk of liability for the council due to following the council's procedures.		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	no Performance is reported quarterly at the board and via Herefordshire Council; half year and end of year report to Gloucestershire.
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes This is via value for money for the new Stage 5 community schemes – each scheme is assessed for value for money as set out in the Broadband Strategy.
7.6	Does the partnership have a process for risk management?	yes Board reports and via Herefordshire Council risk assessment
7.7	How often is the risk register reviewed?	each quarter
7.8	Key changes and risks within the partnership in 2020/21 months	Timescale for delivery by suppliers Impact on Covid to deliver digital inclusion and business support programmes

7.9	Outcomes of note in 2020/21 months	Superfast delivery across Herefordshire and Gloucestershire 95.5% (as of March 2021) High level of full-fibre deployment across Herefordshire 31% compared to England of 20% (as of March 2021) Re-launch of the Business Broadband Scheme with second round of EU funding led by Herefordshire Council for the Marches and Gloucestershire LEPs (local enterprise partnerships)
7.10	Key plans for 2021/22	Delivery on Stage 5 community broadband scheme Increase superfast and broadband coverage across the two counties New promotions campaign to raise awareness of broadband coverage, opportunities for businesses, for communities and individual households.
Notes on Performance, Evaluation and Value including areas of risk: performance is greatly affected by the delivery of suppliers which may hit barriers in deployment and could be over optimistic with their timescales (which creates frustration for residents wanting to know delivery time scale which sometimes changes). Suppliers are only paid when they hit a particularly milestone in delivery, therefore financially incentive already in place.		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Corporate - Corporate Support
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		13/04/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	medium	Performance dependent on supplier delivery
<b>Overall assessment</b>	low	

For office use

Date of return	19/04/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Herefordshire Local Nature Partnership

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Ben Boswell Head of Environment, Climate Emergency & Waste
1.2	Date self assessment completed	05/05/2021
1.3*	Name of partnership	Herefordshire Local Nature Partnership
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	Statutory partnership (required by law) If other please describe:
1.6*	Web address for further reference	N/A
1.7*	Email address for further information	<a href="mailto:Bill.Bloxsome@herefordshire.gov.uk">Bill.Bloxsome@herefordshire.gov.uk</a> / <a href="mailto:bboswell@herefordshire.gov.uk">bboswell@herefordshire.gov.uk</a>
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  Purpose of the HNLP: <ul style="list-style-type: none"> <li>To bring organisations from a range of sectors together to work at a strategic level, in an integrated way, to achieve benefits from and to the county's natural assets.</li> <li>To ensure that the natural environment is fully considered and valued in local decision-making.</li> </ul>
2.4	Is there a partnership agreement in place providing legal documentation?	no
2.5	Which predominant council priority does the partnership meet?	Environment
2.6	Please list all other organisations involved in the partnership	<ul style="list-style-type: none"> <li>Environment Agency</li> <li>Natural England</li> <li>Forestry Commission</li> <li>Herefordshire Wildlife Trust</li> <li>Historic England</li> <li>Herefordshire Meadows</li> <li>Herefordshire Rural Hub</li> <li>Farm Herefordshire</li> <li>Wye &amp; Usk Foundation</li> <li>Dutchy of Cornwall</li> <li>Brightspace Foundation</li> <li>Herefordshire New Leaf</li> </ul>

2.7	Which council members and officers are on the partnership?	<ul style="list-style-type: none"> <li>• Cabinet Member for Economy, Environment &amp; Skills,</li> <li>• Assistant Director for Regulation, Environment &amp; Waste,</li> <li>• Head of Environment, Climate Emergency &amp; Waste,</li> <li>• Service Manager – Built &amp; Natural Environment</li> <li>• HLNP Co-ordinator</li> </ul>
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	n/a
2.9	Are the roles and responsibilities of members clear and documented?	no
2.10	Where relevant, who is the accountable body?	N/A
2.11	Where does the partnership report to, and how frequently?	<p>Local Nature Partnerships were a key element of the 2011 Natural Environment White Paper. Whilst initially approved with some initial set up funding from DEFRA I don't believe the LNP is formally accountable or reports to any formal body.</p> <p>The LNP operates as a partnership of networks and key organisations to co-ordinate and work together on environmental issues at a strategic level.</p>
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	<p>no</p> <p>Add free text</p>
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	n/a
3.2	Are the decisions of the partnership recorded?	n/a
3.3	Are decisions of the partnership publicised?	n/a
3.4	Are members financially and reputational accountable to the decisions made?	n/a
Notes on Decision Making including areas of risk: The LNP is not a decision making body		
<b>4. Finance</b>		
4.1	How is the partnership funded?	<p>The secretariat is undertaken by a dedicated HLNP Facilitator and whilst this was previously funded by HC at a cost of £2k this has been done voluntarily for the past 2years and there is no formal commitment from HC to fund this.</p> <p>Attendance is voluntary / in kind support</p> <p>Meetings are hosted free of charge by member organisations</p>

4.2	What was the total value of council funding / investment for the financial year?	2020/21: £0 (only officer time for attendance)
4.3	What is the nature of the council funding? If other please outline.	inkind  Free text
4.4	Does the partnership have documented financial procedures?	n/a
4.5	Does the partnership produce an annual statement of accounts?	n/a
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	no
5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	no
	Complaints	no
	Whistleblowing	no
	Declarations of interest	don't know
	Gifts and hospitality	no
Notes on Conduct and Behaviour including areas of risk:		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	no
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	n/a
Notes on Liability including areas of risk:		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	n/a
7.2	Does the partnership produce an annual report covering performance?	no
7.3	Has the partnership defined outcomes that are measured?	no

7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	no
7.7	How often is the risk register reviewed?	n/a
7.8	Key changes and risks within the partnership in 2020/21 months	Free text
7.9	Outcomes of note in 2020/21 months	Free text
7.10	Key plans for 2021/22	Free text
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		06/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1



## Significant partnerships 2020/21

### Hereford Towns Fund Board

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Nick Webster, Economic Development Manager
1.2	Date self assessment completed	04/06/2021
1.3*	Name of partnership	Hereford Towns Fund Board
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	incorporated partnership (i.e. a separate and distinct legal entity) If other please describe:
1.6*	Web address for further reference	<a href="http://www.strongerhereford.co.uk">www.strongerhereford.co.uk</a>
1.7*	Email address for further information	nwebster@herefordshire.gov.uk
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes
2.4	Is there a partnership agreement in place providing legal documentation?	no  A partnership agreement is in the process of drafting for sharing with the Board at a forthcoming meeting.
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	South Hereford constituency MP Marches LEP Hereford Business Improvement District Hereford City Council Herefordshire Voluntary Organisations Support Services NMI TE Small business representatives from various sectors British Land Welsh Water
2.7	Which council members and officers are on the partnership?	Cabinet Member Environment, Economy and Skills (Board member) Leader of the Council is an observer Economic Development Manager is an advisor
2.8	Is it documented what authority the partnership has	yes

	to take decisions and the scope of that authority?	
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Herefordshire Council
2.11	Where does the partnership report to, and how frequently?	Government (MHCLG) have oversight of the Towns Fund programme. No reporting framework has been set up by government at this stage other than the submission timescales for the Town Investment Plan and project business cases.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	yes reputational N/A financially
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	The partnership has received £202k of capacity funding from government (MHCLG) for the specific purpose of drafting a Town Investment Plan and project business cases. This funding is held by the council and expenditure against the funds is subject to council approval and governance.
4.2	What was the total value of council funding / investment for the financial year?	2020/21: Estimated at circa £40,000 of in-kind officer support during the Town Investment Plan drafting stage.
4.3	What is the nature of the council funding? If other please outline.	inkind
4.4	Does the partnership have documented financial procedures?	n/a. The council are the accountable body for the capacity funding and any expenditure goes through the council governance and financial procedure rules.
4.5	Does the partnership produce an annual statement of accounts?	no
Notes on Finance including areas of risk:		

5. Conduct and behaviour		
5.1	Does the partnership have any employees?	no
5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	no
	Complaints	no
	Whistleblowing	no
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk:		
6. Liability		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	no
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	no
Notes on Liability including areas of risk:		
7. Performance, evaluation and value		
7.1	Is performance reported to the partnership on a regular basis?	n/a
7.2	Does the partnership produce an annual report covering performance?	n/a
7.3	Has the partnership defined outcomes that are measured?	no
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	no
7.7	How often is the risk register reviewed?	n/a
7.8	Key changes and risks within the partnership in 2020/21 months	The Towns Fund Board was established in summer 2020 with the specific purpose of drafting a Town Investment Plan and gaining a Town Deal for Hereford. Formation of the Board was a stipulation of government as was broad membership and representation.

7.9	Outcomes of note in 2020/21 months	The Hereford Towns Fund Board completed the drafting of and submitted a Towns Investment Plan to government by the deadline of end January 2021. The next phase of the process involves government issuing Hereford with heads of Terms, these are likely to be received in late May / early June and until received there is little further work required of the Board.
7.10	Key plans for 2021/22	Beyond Heads of Terms, the Board and council will need to sign these off with government, agree which projects will be taken forward to business case development, and complete and submit to government the business cases within 12 months of the Heads of Terms being signed.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		Click or tap to enter a date.
Risk level		Any comment
Purpose and accountability	medium	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Herefordshire Safeguarding Adults Board (HSAB)

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Steve Berry - Partnership Manager
1.2	Date self assessment completed	26/04/2021
1.3*	Name of partnership	Herefordshire Safeguarding Adults Board (HSAB)
1.4	Directorate	Adults and Communities
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	Statutory partnership (required by law) If other please describe:
1.6*	Web address for further reference	<a href="https://herefordshiresafeguardingboards.org.uk/">https://herefordshiresafeguardingboards.org.uk/</a>
1.7*	Email address for further information	<a href="mailto:anne.bonney@herefordshire.gov.uk">anne.bonney@herefordshire.gov.uk</a> or <a href="mailto:Stephen.Berry@herefordshire.gov.uk">Stephen.Berry@herefordshire.gov.uk</a>
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Community
2.6	Please list all other organisations involved in the partnership	West Mercia Police Herefordshire Clinical Commissioning Group Wye Valley NHS Trust Herefordshire & Worcestershire Health and Care NHS Trust Care Quality Commission NHS England Area Team National Probation Service Carers Representative Voluntary Sector Further/Adult Education Housing Healthwatch Herefordshire
2.7	Which council members and officers are on the partnership?	Director of Adult and Communities Assistant Director Adult & Communities

2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Herefordshire Council
2.11	Where does the partnership report to, and how frequently?	Quarterly Board Meetings and an annual report is submitted to Herefordshire Council
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes  The HSAB shares a Joint Case Review Group with the Community Safety Partnership (for Domestic Homicides) and the Safeguarding Children Partnership (Child Safeguarding Practice Reviews). It is also Strategically linked with these two partnerships through their shared strategic themes of domestic abuse and exploitation.
Notes on purpose and accountability including areas of risk: a. & 2.4 Yes - <a href="#">HSAB Constitution</a>		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk: 3.3 decisions publicised in annual report 3.4 As Herefordshire Council accountable body		
<b>4. Finance</b>		
4.1	How is the partnership funded?	The partnership has a budget that is contributed to by all three strategic Partner organisations. The Independent Chair is financed from this budget.
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £136,685 from Children's Social Care and £103,000 from Adult Social Care totalling £239,685 from the Council. Note that this is shared with the HSCP and the HCSP.
4.3	What is the nature of the council funding? If other please outline.	pooled funding
4.4	Does the partnership have documented financial procedures?	yes

4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk: 4.4 Follow Council procedures as Herefordshire Council accountable body. 4.5 Yes as part of annual report <a href="#">HSAB Annual Report 2019-20</a>		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: a. The Council employees the Partnership Team that supports three Partnerships in total 5.2 & 5.3 Strategic partner individual organisations have these policies in place for respective representatives, where these are related to the Partnership Team the Policies and Procedures are those of the Council.		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes
Notes on Liability including areas of risk: 6.3 Financial liability as accountable body		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	yes

7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	approx. once a year
7.8	Key changes and risks within the partnership in 2020/21 months	None
7.9	Outcomes of note in 2020/21 months	<ul style="list-style-type: none"> <li>• 'Making Safeguarding Personal' agenda</li> <li>• VARM process</li> <li>• Hoarding Policy</li> <li>• Partnership Team restructure</li> <li>• Development of a new Performance dashboard</li> </ul>
	Key plans for 2021/22	<a href="#">HSAB Strategic Plan</a>
Notes on Performance, Evaluation and Value including areas of risk: 7.4 Internal Partnership case audits		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Adults and Communities
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		01/06/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	01/06/2021
Status assessment	fully complete
Version	2020-21 v1



## Significant partnerships 2020/21

### Herefordshire Safeguarding Children Partnership

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Steve Berry - Partnership Manager
1.2	Date self assessment completed	26/04/2021
1.3*	Name of partnership	Herefordshire Safeguarding Children Partnership
1.4	Directorate	Childrens and Families
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	non-statutory partnership If other please describe: Whilst not statutory it should be considered on a par to a statutory Partnership.
1.6*	Web address for further reference	<a href="https://herefordshiresafeguardingboards.org.uk/">https://herefordshiresafeguardingboards.org.uk/</a>
1.7*	Email address for further information	<a href="mailto:Stephen.Berry@herefordshire.gov.uk">Stephen.Berry@herefordshire.gov.uk</a>
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  These are set out in the <a href="#">new SCYPiH arrangements</a> but are currently under review by the Partnership
2.4	Is there a partnership agreement in place providing legal documentation?	don't know
2.5	Which predominant council priority does the partnership meet?	Community
2.6	Please list all other organisations involved in the partnership	Two other statutory Safeguarding Partners are West Mercia Police and Herefordshire and Worcestershire Clinical Commissioning Group. Other partners involved in the partnership are: Wye Valley NHS Trust, Public Health England, West Midlands Ambulance NHS Trust, NHS England, Early Years providers, H&W Youth Justice Service, H&W Fire and Rescue Service, Housing Providers, National Probation Service, Community Rehabilitation Company, CAFCASS, Voluntary Sector
2.7	Which council members and officers are on the partnership?	Safeguarding Partners Board - Director of Children and Families often supported by Assistant Director Childrens Safeguarding Quality and Improvement Subgroups:

		Partnership Team: Partnership Manager, Partnership Officer x 2, Partnership Support Officer x 2, Partnership Support Assistant. Head of Service Safeguarding Head of Service for MASH Head of Service or Early Help Assistant Director for Education Development Head of Learning and Achievement Public Health Specialist
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Herefordshire Council
2.11	Where does the partnership report to, and how frequently?	The Partnership Reports, once a year, to the National Child Safeguarding Review Panel and the What Works Centre for Children's Social Care with an Annual Report. The Annual Report must be widely available. The Partnership also reports to the National Child Safeguarding Review Panel when undertaking Rapid Reviews and Child Safeguarding Practice Reviews. The Safeguarding Children Partnership has an Independent Scrutineer who provides a scrutiny role throughout the course of the year.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes The HSCP shares a Joint Case Review Group with the Community Safety Partnership (for Domestic Homicides) and the Safeguarding Adult Board (Safeguarding Adult Reviews). It is also Strategically linked with these two partnerships through their shared strategic themes of domestic abuse and exploitation.
Notes on purpose and accountability including areas of risk: <a href="#">Memorandum of understanding</a>		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes All meetings are minuted
3.3	Are decisions of the partnership publicised?	no
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk: The three Safeguarding Partners are equally accountable for decision making and providing the budget.		

4. Finance		
4.1	How is the partnership funded?	The partnership has a budget that is contributed to by all three strategic Partner organisations. The Independent scrutineer / Chair is financed from this budget
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £136,685 from Childrens Social Care and £103,000 from Adult Social Care totalling £239,685 from the Council. Note that this is shared with the HSAB and the HCSP.
4.3	What is the nature of the council funding? If other please outline.	pooled funding
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk: a. Partnership follows Herefordshire Council financial procedures b. Yes as part of annual report <a href="#">Herefordshire Safeguarding Children Partnership annual report 2019-20</a>		
5. Conduct and behaviour		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes Council
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: 5.1 Partnership team employed by Herefordshire Council, and Independent Chair/Independent Scrutineer. 5.2 & 5.3 Strategic partner individual organisations have these policies in place for respective representatives, where these are related to the Partnership Team the Policies and Procedures are those of the Council		
6. Liability		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, and financial liability solely or jointly?	yes
Notes on Liability including areas of risk: 6.1 if a representative leaves a replacement will be found by the respective organisation.		

6.3 As accountable body		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	yes
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	approx. once a year
7.8	Key changes and risks within the partnership in 2020/21 months	Key risk is financial risk to funding the Partnership Team and activities and the capacity to resource the team to carry out the necessary support for HSCP, HSAB and HCSP.
7.9	Outcomes of note in 2020/21 months	<ul style="list-style-type: none"> <li>• Have reviewed and currently re-designing the structure and function of the HSCP</li> <li>• Have produced new Professional differences protocol.</li> <li>• Launched new Right Help Right Time levels of need.</li> <li>• Restructure of Business Unit to Partnership Team.</li> </ul>
7.10	Key plans for 2021/22	<ul style="list-style-type: none"> <li>• Deliver against three year plan that is currently being pulled together by Partners.</li> <li>• Produce a full calendar of quality and performance related activity.</li> <li>• Provide a robust learning offer to multi agency partners.</li> </ul>
Notes on Performance, Evaluation and Value including areas of risk: 7.4 There is a dedicated Quality Assurance Group, informed by a data set, risk register and audit programme supported by a multi-agency Performance Group.		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Childrens and Families
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		21/05/2021
Risk level		Any comment
Purpose and accountability	medium	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	21/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Malvern Hills Area of Outstanding Natural Beauty

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Liz Duberley Service Manager for Built and Natural Environment James Bisset – Ecology & Arboriculture Officer, Natural Environment Team
1.2	Date self assessment completed	11/05/2021
1.3*	Name of partnership	Malvern Hills Area of Outstanding Natural Beauty
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	Statutory partnership (required by law) If other please describe:
1.6*	Web address for further reference	<a href="https://www.malvernhillsaonb.org.uk/">https://www.malvernhillsaonb.org.uk/</a>
1.7*	Email address for further information	<a href="mailto:aonb@worcestershire.gov.uk">aonb@worcestershire.gov.uk</a>
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  AONB Management Plan (2019-2024) Memorandum of Understanding (2021-2024) CRoW Act 2000 Section 84(4) Partnership Terms of Reference (updated 2017)
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Environment
2.6	Please list all other organisations involved in the partnership	<b>Joint Advisory Committee (JAC):</b> Local Authority: Worcestershire County Council members x2 Herefordshire Council members x2 Malvern Hills District Council member x1 Forest of Dean District Council (inc Gloucestershire County Council) member x1  Other organisations: Malvern Hills Trust Herefordshire Association of Local Councils Worcestershire association of Local Councils National Farmers Union Country Land and Business Association

		Campaign for Protection of Rural England Local Access Forum Herefordshire & Worcestershire Earth Heritage Trust Historic England Forestry Commission Local Tourism – Visit Herefordshire/Worcestershire
2.7	Which council members and officers are on the partnership?	JAC: Cllr Tony Johnson Cllr Helen l'Anson  Steering Group: James Bisset or Elizabeth Duberley
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Not applicable
2.11	Where does the partnership report to, and how frequently?	JAC x3 meetings a year + 1 full annual report to JAC. Annual 'return' and funding claim to DEFRA and NRW. Annual 'update' published publically on website. Steering Group 3x normal meetings + other decisions and information disseminated as needed.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no
Notes on purpose and accountability including areas of risk: AONB Partnership and Staff Unit discharge core legal obligations of Local Authority partners in respect of statutory designation – Area of Outstanding Natural Beauty.		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	no
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Approx 75% DEFRA. 23% partner local authorities. 2% other external grants and projects.
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £16,334 (+ officer support resource)

4.3	What is the nature of the council funding? If other please outline.	grant
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk: Statement of accounts is part of final funding request to DEFRA Worcestershire County Council acts as 'host' financial and employing authority on behalf of partnership (other local authorities provide other project support as needed)		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: AONB Staff Unit officers are employed by Worcestershire County Council and are compliant with employing authority's policies and requirements.		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes
Notes on Liability including areas of risk: Agreed MoU provides clarity in respect of partner local authority liability that may occur in additional to normal 'employer' liability as relevant to employees as recorded in section 5 above		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes



7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	n/a
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	at each meeting
7.8	Key changes and risks within the partnership in 2020/21 months	Updated MoU approved by all partner local authorities
7.9	Outcomes of note in 2020/21 months	Updated MoU approved by all partner local authorities. Continued operations and projects as best possible through Covid restrictions. Discharged the council's core statutory function in respect of WV AONB.
7.10	Key plans for 2021/22	Continuing existing project work. Reacting to changing national picture and priorities. Continuing to discharge local authority's core statutory function in respect of AONBs.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		11/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	11/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Marches Local Enterprise Partnership

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Roger Allonby, Head of Economic Development
1.2	Date self assessment completed	21/04/2021
1.3*	Name of partnership	Marches Local Enterprise Partnership
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	incorporated partnership (i.e. a separate and distinct legal entity) If other please describe:
1.6*	Web address for further reference	<a href="#">The Marches LEP - Marches LEP</a>
1.7*	Email address for further information	<a href="mailto:enquiries@marcheslep.org.uk">enquiries@marcheslep.org.uk</a>
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  The LEP is a company limited by guarantee – there articles of association set out purpose and role of the company. There are ToR for the Board ( <a href="#">Governance - Marches LEP</a> )
2.4	Is there a partnership agreement in place providing legal documentation?	yes  Company Articles of Association
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	Shropshire Council Telford and Wrekin Council 3 sub-regional business Boards Hereford Enterprise Zone
2.7	Which council members and officers are on the partnership?	Leader of the Council (member of the company Board) Cabinet Member Environment, Economy and Skills (alternate board member) Director for Economy and Place is an observer
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes

2.10	Where relevant, who is the accountable body?	Shropshire Council
2.11	Where does the partnership report to, and how frequently?	Government (MHCLG and BEIS) have oversight and monitoring including regular periods of review (quarterly/ six monthly).
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes Operational sub-group, transport group, energy group, and Skills Advisory Panel
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Funding from government (via MHCLG and BEIS)
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £30,000 (proportionate Local Authority contribution to the LEP exec function).
4.3	What is the nature of the council funding? If other please outline.	revenue
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes

Notes on Conduct and Behaviour including areas of risk:		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	yes
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes
Notes on Liability including areas of risk:		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	yes
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	at each meeting
7.8	Key changes and risks within the partnership in 2020/21 months	Government has announced a national review of Local Enterprise Partnerships, to be concluded in 2021/22.
7.9	Outcomes of note in 2020/21 months	The LEP secured £14m of Get Building Funding to support Covid 19 Recovery - £5.6m for Herefordshire based projects.  The LEP provided £444K of funding to Herefordshire to support the recovery of the visitor economy.
7.10	Key plans for 2021/22	As above the future role of all LEPs is currently being reviewed and may lead to changes in role and activity.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		05/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	high	The council and the LEP and their accountable body (Shropshire Council) currently have a dispute in regard to the requested repayment of the £3.8m of LEP grant received towards the South Wye Transport Package project.
Performance, evaluation and review	low	
<b>Overall assessment</b>	high	Given the above dispute.

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Midlands Connect

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Victoria Hammond- Senior Transport Planning Officer
1.2	Date self-assessment completed	30/04/2021
1.3*	Name of partnership	Midlands Connect
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	non-statutory partnership If other please describe:
1.6*	Web address for further reference	<a href="https://www.midlandsconnect.uk/">https://www.midlandsconnect.uk/</a>
1.7*	Email address for further information	mcadmin@midlandsconnect.uk
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no A review of governance process is ongoing, this includes reviewing the terms of reference, as noted in the draft Annual Business Plan 2021/22.
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  In the Midlands Connect Strategy (2017) and the Midlands Connect Annual Business Plan
2.4	Is there a partnership agreement in place providing legal documentation?	no A draft partner charter has been through the governance process, and the Strategic Board approved the draft at the meeting in October 2020.
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	<p>The partnership is coordinated by a secretariat funded by DfT grant and which operates with the WMCA as its accountable body. Whilst Herefordshire Council is a partner alongside all of the other local transport authorities in the midlands region it has no financial/legal responsibilities for the MC secretariat.</p> <ul style="list-style-type: none"> <li>• The elected Leaders from all Midlands Local Transport Authorities, and all LEP Chairs across the Midlands are members of the Partnership Advisory Board.</li> <li>• The Strategic Board includes representative elected Leaders from LTAs and LEP Chairs, the representatives for the West Midlands are currently: Cllr Ian Ward (Birmingham) and Cllr Alan White (Staffordshire), Cllr</li> </ul>

		<p>Simon Geraghty (Worcestershire); and Mandy Thorn (Marches LEP Chair) and Alun Rogers (Stoke &amp; Staffordshire LEP Chair).</p> <ul style="list-style-type: none"> <li>The partnership also includes DfT, Network Rail, Highways England, Birmingham and East Midlands Airports, Chambers of Commerce, HS2 Ltd and the West Midlands Rail Executive.</li> <li>The WMCA is the accountable body for MC.</li> </ul> <p>Details of strategic board and steering group representatives at link below:  <a href="https://www.midlandsconnect.uk/about-us/the-board/">https://www.midlandsconnect.uk/about-us/the-board/</a></p>
2.7	Which council members and officers are on the partnership?	<p>Cllr David Hitchiner – Leader of the Council (Partnership Advisory Board)  Cllr John Harrington - Cabinet Member Infrastructure &amp; Transport (Partnership Advisory Board, nominee)</p> <p>Victoria Hammond – Senior Transport Planner (Transport Advisory Group lead)  Steve Burgess – Head of Transport &amp; Access Services (Transport Advisory Group lead)</p> <p>Other officers engage with MC on specific programmes of activity as and when required.</p>
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	West Midlands Combined Authority (WMCA)
2.11	Where does the partnership report to, and how frequently?	Partnership Advisory Board – 1 x year Strategic Board – 4x year Steering Group – 6 x year Transport Advisory Group – approx. 12 x year
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no Add free text
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	no

3.4	Are members financially and reputational accountable to the decisions made?	no
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Government grant 100%
4.2	What was the total value of council funding / investment for the financial year?	2020/21: Zero
4.3	What is the nature of the council funding? If other please outline.	inkind Officer time as part of Transport Advisory group and engagement on Midlands Connect studies.
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk:		
MC generally works within the policies and procedures of its accountable body, the WMCA. MC is considering the development of its own constitution which would include the policies listed above, this is referenced in the Annual Business Plan 2021/22 final draft.		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	no



Notes on Liability including areas of risk:		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes Performance reports received and considered by the Midlands Connect Steering group
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	yes MC provides it's sponsor (DfT) with monthly reports which are discussed in detail at regular meetings 6 times per year; and MC sits within the WMCA as the accountable body.
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes See 7.4
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	monthly
7.8	Key changes and risks within the partnership in 2020/21 months	Key changes and risks are captured in the 2021/22 Annual Business Plan final draft
7.9	Outcomes of note in 2020/21 months	These are summarised on pages 8-11 in the 2021/22 Annual Business Plan final draft
7.10	Key plans for 2021/22	These are summarised on pages 14-27 in the 2021/22 Annual Business Plan final draft
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		06/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### NMITE/ Herefordshire Council Strategic Working Group

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Roger Allonby, Head of Economic Development
1.2	Date self assessment completed	22/04/2021
1.3*	Name of partnership	NMITE/ Herefordshire Council Strategic Working Group
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	other If other please describe: Strategic working group rather than formal partnership
1.6*	Web address for further reference	N/A
1.7*	Email address for further information	N/A
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes
2.4	Is there a partnership agreement in place providing legal documentation?	no
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	N/A
2.7	Which council members and officers are on the partnership?	The following attend the monthly strategic working group meeting. Leader of the Council Cabinet Member for Finance Council Director on rotation Head of Economic Development
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	n/a Not a decision-making group
2.9	Are the roles and responsibilities of members clear and documented?	n/a

2.10	Where relevant, who is the accountable body?	N/A
2.11	Where does the partnership report to, and how frequently?	N/A – Council and NMITE reps report back to their respective organisations.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	n/a
3.2	Are the decisions of the partnership recorded?	n/a
3.3	Are decisions of the partnership publicised?	n/a
3.4	Are members financially and reputational accountable to the decisions made?	n/a
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	No funding required
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £0 The council is separately the accountable body for government and LEP funded activity.
4.3	What is the nature of the council funding? If other please outline.	Choose an item. N/A
4.4	Does the partnership have documented financial procedures?	n/a
4.5	Does the partnership produce an annual statement of accounts?	n/a
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	no
5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	n/a
	Complaints	n/a
	Whistleblowing	n/a
	Declarations of interest	n/a
	Gifts and hospitality	n/a

Notes on Conduct and Behaviour including areas of risk:		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	n/a
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	n/a
Notes on Liability including areas of risk:		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	n/a
7.2	Does the partnership produce an annual report covering performance?	n/a
7.3	Has the partnership defined outcomes that are measured?	n/a
7.4	In the past year has there been any inspections, audits or reviews?	n/a
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	n/a
7.6	Does the partnership have a process for risk management?	n/a
7.7	How often is the risk register reviewed?	n/a
7.8	Key changes and risks within the partnership in 2020/21 months	Following validation as a Higher Education Institute in 2020, NMITE seeking to recruit first year of students for September 2021.
7.9	Outcomes of note in 2020/21 months	NMITE achieving validation.
7.10	Key plans for 2021/22	Considering infrastructure and environment required to attract students and to live and study.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		05/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	The council are the accountable body for £7.2m NMITE's LEP grant funding. This is not subject to clawback.
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### West Mercia Local Resilience Forum (LRF)

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Ian Baker Health, Safety & Resilience Manager
1.2	Date self assessment completed	08/04/2021
1.3*	Name of partnership	West Mercia Local Resilience Forum (LRF)
1.4	Directorate	Corporate - People and Organisation Development
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	Statutory partnership (required by law) If other please describe: Under the Civil Contingencies Act (2004)
1.6*	Web address for further reference	<a href="https://www.westmercia.police.uk/police-forces/west-mercia-police/areas/west-mercia/about-us/about-us/west-mercia-local-resilience-forum2/">https://www.westmercia.police.uk/police-forces/west-mercia-police/areas/west-mercia/about-us/about-us/west-mercia-local-resilience-forum2/</a>
1.7*	Email address for further information	<a href="mailto:sioned.warrell@westmercia.pnn.police.uk">sioned.warrell@westmercia.pnn.police.uk</a> <a href="mailto:wmlrfsecretariat@westmercia.pnn.police.uk">wmlrfsecretariat@westmercia.pnn.police.uk</a>
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  ToR will be updated late 2021 due to change of LRF Chair
2.4	Is there a partnership agreement in place providing legal documentation?	no
2.5	Which predominant council priority does the partnership meet?	Corporate function
2.6	Please list all other organisations involved in the partnership	West Midlands Ambulance Service West Mercia Police Hereford and Worcester Fire and Rescue Service Shropshire Council Telford and Wrekin Council Worcestershire County Council Environment Agency NHS (England and local) Also involved MoD and MHCLG
2.7	Which council members and officers are on the partnership?	Chief Executive and Directors as nominated deputies Health, Safety and Resilience Manager Emergency Planning Officer And others are work determines

2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	The Chief Officers Group for the LRF
2.11	Where does the partnership report to, and how frequently?	Into the Chief Officers Group. Quarterly Also feeds into Central Government via MHCLG and the Civil Contingencies Secretariat at the Home Office
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes Task & Finish Groups, Working Groups, National and Regional working groups etc
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	no
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Herefordshire Council and LRF members pay a yearly contribution towards the LRF Secretariat
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £3,777.00
4.3	What is the nature of the council funding? If other please outline.	pooled funding
4.4	Does the partnership have documented financial procedures?	no
4.5	Does the partnership produce an annual statement of accounts?	no
Notes on Finance including areas of risk: Finance is conducted by West Mercia Police		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes

5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: Staff are employed by West Mercia Police and therefore fall under their Employment T&Cs		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	n/a
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	n/a
Notes on Liability including areas of risk:		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes Reported to Chief Officers Group on a six monthly basis
7.2	Does the partnership produce an annual report covering performance?	no
7.3	Has the partnership defined outcomes that are measured?	no This will start during this year
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	n/a This will be done from next year
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	approx. once a year
7.8	Key changes and risks within the partnership in 2020/21 months	Covid-19 Response
7.9	Outcomes of note in 2020/21 months	Covid-19 Response with concurrent events including flooding, adverse weather
7.10	Key plans for 2021/22	Reviewing the Strategy and the delivery of this.



		Creation of new LRF plans and updates of those already in existence. Key evaluations system being introduced
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Corporate - People and Organisation Development
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		16/04/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	16/04/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Herefordshire and Worcestershire Integrated Care System

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Rebecca Howell-Jones, Acting Director of Public Health
1.2	Date self assessment completed	29/04/2021
1.3*	Name of partnership	Herefordshire and Worcestershire Integrated Care System
1.4	Directorate	Corporate - Corporate Support
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	other If other please describe: The legislative changes to make ICS legal entity are set out in the NHS White Paper. The intention is to establish a statutory ICS in each ICS area. These will be made up of an ICS NHS Body and a separate ICS Health and Care Partnership, bringing together the NHS, local government and partners.
1.6*	Web address for further reference	<a href="https://www.hacw.nhs.uk/sustainability-and-transformation-partnership">https://www.hacw.nhs.uk/sustainability-and-transformation-partnership</a>
1.7*	Email address for further information	<a href="https://herefordshireandworcestershireccg.nhs.uk/contact-us">https://herefordshireandworcestershireccg.nhs.uk/contact-us</a>
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes The Long Term Plan forms the basis of the ICS aims and plans. These documents are not yet available publically available as they are in development. Boards that form part of the ICS have Terms of References.
2.4	Is there a partnership agreement in place providing legal documentation?	no
2.5	Which predominant council priority does the partnership meet?	Community
2.6	Please list all other organisations involved in the partnership	Herefordshire Council Herefordshire and Worcestershire CCG Herefordshire Healthwatch Taurus GP Federation West Midlands Ambulance Service NHS Trust Worcestershire Acute Hospitals NHS Trust Worcestershire County Council Worcestershire Health and Care NHS Trust Worcestershire Healthwatch Worcestershire GP federation Wye Valley NHS Trust Representative of Voluntary Organisations (HVOSS)

2.7	Which council members and officers are on the partnership?	ICS Partnership Board - Cllr Crockett - Paul Walker (Chief Executive) - Stephen Vickers (Director of Adults and Communities) ICS Executive - Cllr Bartlett - Paul Walker (Chief Executive) - Stephen Vickers (Director of Adults and Communities) Transition Board - Stephen Vickers (Director of Adults and Communities) - Rebecca Howell-Jones (Acting Director of Public Health) PCN/locality meetings etc are attended by other Council officers as required.
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	n/a
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Each organisation is accountable for its contribution. This includes representative bringing their own authorisation limits.
2.11	Where does the partnership report to, and how frequently?	ICS Partnership Board is the top of the pyramid for reporting. NHS partners report up to regional structures, local authority within LA structure.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes Intelligence Cell
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	no
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk: ICS is operating in shadow form during 21/22. Boards are established, with membership and defined relationships.		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Currently, the partnership is funded as individual organisation through NHS and local authority routes i.e. no specific partnership funding. Legislation is in process to create statutory bodies.

4.2	What was the total value of council funding / investment for the financial year?	2020/21: Not applicable. Funding is not specifically invested into the partnership but currently managed by organisations themselves.
4.3	What is the nature of the council funding? If other please outline.	revenue  Usual revenue funding for the council's activities which are associated with this partnership e.g. adult social care, public health.
4.4	Does the partnership have documented financial procedures?	n/a
4.5	Does the partnership produce an annual statement of accounts?	n/a
Notes on Finance including areas of risk: Funding is not pooled. Organisations follow their own rules and procedures.		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	no
5.2	If so are there effective employment policies and practices in place?	n/a
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	n/a
	Complaints	n/a
	Whistleblowing	n/a
	Declarations of interest	n/a
	Gifts and hospitality	n/a
Notes on Conduct and Behaviour including areas of risk: Conduct and behaviour policies are in place within organisations rather than at the partnership.		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	n/a
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	n/a
Notes on Liability including areas of risk: The Council's liabilities are not directly impacted by the partnership – liabilities remain as part of the Council's business as usual.		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	n/a

7.3	Has the partnership defined outcomes that are measured?	yes Currently being finalised.
7.4	In the past year has there been any inspections, audits or reviews?	yes
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	n/a
7.7	How often is the risk register reviewed?	n/a
7.8	Key changes and risks within the partnership in 2020/21 months	During 2020/21 the ICS will be operating in shadow form. It is anticipated that during this time the relevant legislation will be passed. The intention is to establish a statutory ICS in each ICS area. These will be made up of an ICS NHS Body and a separate ICS Health and Care Partnership, bringing together the NHS, local government and partners.
7.9	Outcomes of note in 2020/21 months	An ICS outcomes framework is in development.
7.10	Key plans for 2021/22	Operate in shadow form and further develop the partnership.
Notes on Performance, Evaluation and Value including areas of risk: Reviewed against the ICS maturity framework. Risk is managed through individual organisations. These are areas which the partnership will further develop and refine as it moves through this shadow year.		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Corporate - Public Health
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		11/05/2021
Risk level		Any comment
Purpose and accountability	medium	
Decision making	medium	
Finance	medium	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	medium	This partnership is strategically important for Hfcs Council and the future of health and wellbeing of Hfcs residents.

For office use

Date of return	11/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Waste Partnership Joint Working Agreement

<b>1. Project outline</b>		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Nicola Percival
1.2	Date self assessment completed	27/04/2021
1.3*	Name of partnership	Joint Working Agreement
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	incorporated partnership (i.e. a separate and distinct legal entity) If other please describe:
1.6*	Web address for further reference	<a href="https://www.herefordshire.gov.uk/directory-record/2088/joint-municipal-waste-strategy-for-herefordshire-and-worcestershire-2004-2034">https://www.herefordshire.gov.uk/directory-record/2088/joint-municipal-waste-strategy-for-herefordshire-and-worcestershire-2004-2034</a>
1.7*	Email address for further information	npercival@herefordshire.gov.uk
<b>2. Purpose and accountability</b>		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  Joint Working Agreement signed 2014
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Environment
2.6	Please list all other organisations involved in the partnership	N/A
2.7	Which council members and officers are on the partnership?	Full council Cabinet Member Joint Waste Advisory Board = Cabinet Member Commissioning Procurement & Assets, Director Economy & Place (formerly Economy, Communities & Place) & Head of Environment Climate Emergency & Waste (formerly Head of Environment & Waste) Joint Review Board = Director Economy & Place (formerly Economy, Communities & Place) & Head of Environment Climate Emergency & Waste (formerly Head of Environment & Waste)

2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Add free text
2.11	Where does the partnership report to, and how frequently?	Joint Review Board reports to Joint Waste Advisory Board Meet once every 3 months
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no Add free text
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes Key decisions are made by each authority through their own Governance process.
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Revenue funds from Herefordshire Council pay Worcestershire County Council for the management of the waste disposal contract. Each council provides representative officers and has budget for payment of the contract which this partnership oversees
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £194K
4.3	What is the nature of the council funding? If other please outline.	revenue Free text
4.4	Does the partnership have documented financial procedures?	n/a Each partner follows the financial procedure rules of their own LA
4.5	Does the partnership produce an annual statement of accounts?	n/a Each partner has revenue budget therefore production of accounts is part of each councils accounts.
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		

5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes All staff are employed by the respective councils therefore will follow all policies and practices of their own authority
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk:		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	yes
6.3	Is there a risk of liability on the council e.g. accountable body, decision makers, financial liability solely or jointly?	no There is a legal partnership agreement in place
Notes on Liability including areas of risk:		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes Performance of the waste disposal contractor is reported monthly to the partnership.
7.2	Does the partnership produce an annual report covering performance?	n/a
7.3	Has the partnership defined outcomes that are measured?	no The partnership exists to manage the Waste Disposal PFI contract.
7.4	In the past year has there been any inspections, audits or reviews?	no
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	no
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	approx. once a year
7.8	Key changes and risks within the partnership in 2020/21 months	Decision to extend the waste disposal contract (which would continue the partnership) or to re-procure (which could continue the partnership or require amendment to it)
7.9	Outcomes of note in 2020/21 months	Free text



7.10	Key plans for 2021/22	Decision to extend the waste disposal contract (which would continue the partnership) or to re-procure (which could continue the partnership or require amendment to it)
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		30/04/2021
Risk level		Any comment
Purpose and accountability	medium	
Decision making	medium	
Finance	medium	
Conduct and behaviour	low	
Liability	medium	
Performance, evaluation and review	medium	
<b>Overall assessment</b>	medium	

For office use

Date of return	30/04/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### West Mercia Energy

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Ben Boswell Head of Environment, Climate Emergency & Waste
1.2	Date self assessment completed	05/05/2021
1.3*	Name of partnership	West Mercia Energy
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	other If other please describe: Joint Committee
1.6*	Web address for further reference	<a href="https://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=878&amp;Year=0">https://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=878&amp;Year=0</a>  <a href="https://www.westmerciaenergy.co.uk/">https://www.westmerciaenergy.co.uk/</a>
1.7*	Email address for further information	<a href="mailto:bboswell@herefordshire.gov.uk">bboswell@herefordshire.gov.uk</a>
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	no
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  West Mercia Energy Joint Agreement
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Corporate function
2.6	Please list all other organisations involved in the partnership	Shropshire Council Telford & Wrekin Council Worcestershire County Council
2.7	Which council members and officers are on the partnership?	Joint Committee <ul style="list-style-type: none"> <li>Cabinet Member - Commissioning, Procurement and Assets</li> <li>Cabinet member - finance and corporate services</li> <li>(Supported by Head of Environment, Climate Emergency &amp; Waste)</li> </ul> S151 Officers meetings <ul style="list-style-type: none"> <li>S151 Officer</li> </ul>

		<p>Senior Officers Meeting</p> <ul style="list-style-type: none"> <li>Director Economy &amp; Place</li> </ul> <p>Flexible Energy Advisory Panel</p> <ul style="list-style-type: none"> <li>Head of Environment, Climate Emergency &amp; Waste / Sustainability &amp; Climate Change Manager</li> </ul>
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Shropshire Council
2.11	Where does the partnership report to, and how frequently?	WME Joint Committee – Biannually <a href="https://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=878&amp;Year=0">https://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=878&amp;Year=0</a>
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	no  Add free text
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	yes
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	<p>WME operates commercially to public sector organisations as an energy purchasing organisation.</p> <p>WME is funded by its commercial operations.</p>
4.2	What was the total value of council funding / investment for the financial year?	2020/21: The Council received a dividend payment of ~£247,000 from WME in 2020/21 from the operational surplus from WME's operations.
4.3	What is the nature of the council funding? If other please outline.	<p>revenue</p> <p>Free text – This was revenue income to the Council.</p>
4.4	Does the partnership have documented financial procedures?	yes

4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk:		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	yes
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes
Notes on Liability including areas of risk: The Council has a financial liability for Herefordshire's share of the WME pension liability and would have a proportional liability for any financial losses incurred by WME.  Work has been undertaken in 2020/21 to consider and document the exit strategy should one partner which to leave the Joint Committee however I am unsure if this has been complete. (I will confirm this asap.)		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	yes

7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	at each meeting
7.8	Key changes and risks within the partnership in 2020/21 months	Forthcoming decision in 2021/22 on change to distribution of surplus.
7.9	Outcomes of note in 2020/21 months	Good financial performance and continued operational surplus.
7.10	Key plans for 2021/22	Forthcoming decision in 2021/22 on change to distribution of surplus.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		06/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	medium	
Finance	medium	
Conduct and behaviour	low	
Liability	medium	
Performance, evaluation and review	medium	
<b>Overall assessment</b>	medium	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### West Midlands Rail partnership

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Victoria Hammond - Senior Transport Planning Officer
1.2	Date self assessment completed	28/04/2021
1.3*	Name of partnership	West Midlands Rail partnership
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	non-statutory partnership If other please describe:
1.6*	Web address for further reference	<a href="https://www.wmre.org.uk/">https://www.wmre.org.uk/</a>
1.7*	Email address for further information	<a href="mailto:Malcolm.Holmes@wmre.org.uk">Malcolm.Holmes@wmre.org.uk</a> (Malcolm Holmes, Chief Executive of WMRE)
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  Add free text
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Economy
2.6	Please list all other organisations involved in the partnership	Except with the prior approval of the Members by special resolution only the following shall be entitled to be admitted as members of the Company: (a) the ITA (as an LTA Member); (b) Herefordshire Council (as an LTA Member); (c) Northamptonshire County Council (as an LTA Member); (d) Shropshire Council (as an LTA Member); (e) Staffordshire County Council (as an LTA Member); (f) Borough of Telford & Wrekin (as an LTA Member); (g) Warwickshire County Council (as an LTA Member); (h) Worcestershire County Council (as an LTA Member); (i) Birmingham City Council (as an Associate Member); (j) Coventry City Council (as an Associate Member); (k) Dudley Metropolitan Borough Council (as an Associate Member);

		(l) Sandwell Metropolitan Borough Council (as an Associate Member); (m) Solihull Metropolitan Borough Council (as an Associate Member); (n) Walsall Metropolitan Borough Council (as an Associate Member); and (o) Wolverhampton City Council (as an Associate Member).
2.7	Which council members and officers are on the partnership?	Cllr David Hitchiner – Leader of the Council Cllr John Harrington – Cabinet Member Infrastructure & Transport Steve Burgess – Head of Transport & Access Services Victoria Hammond – Senior Transport Planning Officer
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	West Midlands Rail Ltd (trading as West Midlands Rail Executive)
2.11	Where does the partnership report to, and how frequently?	The officers from each local authority on a monthly basis, and to the board of directors on a quarterly basis.
2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes  Cheshire East and Stoke-on-Trent Councils are affiliate (non-voting) members
Notes on purpose and accountability including areas of risk:		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	no
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Each local authority member contributes approximately £14.2k per annum to the WMRE partnership. This represents 1.6% of the total partnership income
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £14,200
4.3	What is the nature of the council funding?	revenue

	If other please outline.	Free text
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk:		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes
5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk:		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	yes
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	no
Notes on Liability including areas of risk: Directors of WMRE would be accountable for decisions made		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	no



7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	each quarter
7.8	Key changes and risks within the partnership in 2020/21 months	Decline in rail patronage caused by COVID-19; new chair and vice chair appointed
7.9	Outcomes of note in 2020/21 months	Continuation of rail services during pandemic, Restoring Your Railway bid submission and support, funding package for Rail programme
7.10	Key plans for 2021/22	Enact governance evolution changes, influence specification of Direct Award for West Midlands Trains, commence delivery of Rail Programme, Update Rail Investment Strategy, renegotiate Collaboration Agreement with Department for Transport.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		06/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	07/05/2021
Status assessment	fully complete
Version	2020-21 v1

## Significant partnerships 2020/21

### Wye Valley Area of Outstanding Natural Beauty

1. Project outline		
1.1	Name and job title of the link officer within Herefordshire Council (completing this form)	Liz Duberley Service Manager for Built and Natural Environment James Bisset – Ecology & Arboriculture Officer, Natural Environment Team
1.2	Date self assessment completed	11/05/2021
1.3*	Name of partnership	Wye Valley Area of Outstanding Natural Beauty
1.4	Directorate	Economy and Place
1.5*	Type of partnership: What best describes the status of the partnership? If other please provide details	Statutory partnership (required by law) If other please describe:
1.6*	Web address for further reference	<a href="https://www.wyevalleyaonb.org.uk/">https://www.wyevalleyaonb.org.uk/</a>
1.7*	Email address for further information	<a href="mailto:office@wyevalleyaonb.org.uk">office@wyevalleyaonb.org.uk</a>
2. Purpose and accountability		
2.1	Are there terms of reference?	yes
2.2	Were the terms of reference updated in 2020/21?	yes
2.3	Is the vision, aims and objectives clearly set out in the terms of reference or elsewhere? If elsewhere where?	yes  AONB Management Plan (2015-2020) Memorandum of Understanding (2021-2024) CRoW Act 2000 Section 84(4) and 'Agreement as to the establishment and functions of the Wye Valley Area of Outstanding Natural Beauty Joint Advisory Committee' dated 10th November 2000 and the Variation Agreement dated 14th January 2009
2.4	Is there a partnership agreement in place providing legal documentation?	yes
2.5	Which predominant council priority does the partnership meet?	Environment
2.6	Please list all other organisations involved in the partnership	<b>Joint Advisory Committee (JAC)</b>  <i>Local Authority Elected Members With Voting Powers:</i> Gloucestershire x2 Herefordshire x4 Monmouthshire x4 Forest of Dean District Cllr Gethyn Davies

		<p>Forest of Dean District Cllr Bruce Hogan</p> <p><i>Town/Parish/Community Councils with Voting Powers:</i>  Gloucestershire Association of Town &amp; Parish Councils x1  Herefordshire Association Local Councils x1  One Voice Wales x1</p> <p><i>Co-opted Members with Voting Powers:</i>  voluntary conservation sector in Gloucestershire x1  voluntary conservation sector in Herefordshire x1  voluntary conservation sector in Monmouthshire x1  Country Land &amp; Business Association x1  National Farmers Union x1</p> <p><i>Co-opted Members without Voting Powers:</i>  Wye Valley Society  River Wye Preservation  Recreation Sector + Public Rights of Way:  Local Tourism sector  local Wildlife Trusts  National Farmers Union Wales</p> <p><b>Steering Group</b> (Local Authority Officers)  Herefordshire Council  Monmouthshire CC  Forest of Dean DC  Gloucestershire CC</p> <p>Representation from DEFRA and NRW</p>
2.7	Which council members and officers are on the partnership?	<p>JAC:  Barry Durkin  Paul Symonds  Yolande Watson  John Hardwick</p> <p>Steering Group:  James Bisset or Elizabeth Duberley</p>
2.8	Is it documented what authority the partnership has to take decisions and the scope of that authority?	yes
2.9	Are the roles and responsibilities of members clear and documented?	yes
2.10	Where relevant, who is the accountable body?	Not applicable
2.11	Where does the partnership report to, and how frequently?	<p>JAC x3 meetings a year + 1 full annual report to JAC.  Annual 'return' and funding claim to DEFRA and NRW.  Annual 'update' published publically on website.  Steering Group 3x normal meetings + other decisions and information disseminated as needed.</p>

2.12	Any affiliated or subsidiary groups or partnerships? If yes please specify.	yes  Technical Officer Working Party – wider group of officers and staff from ‘key’ organisations or others relevant to current needs/topics to update AONB Unit on current activities, projects and similar. Supports Steering Group in preparing items for JAC.
Notes on purpose and accountability including areas of risk: AONB Partnership and Staff Unit discharge core legal obligations of Local Authority partners in respect of statutory designation – Area of Outstanding Natural Beauty.		
<b>3. Decision Making</b>		
3.1	Is there a clear and documented process for decision making?	yes
3.2	Are the decisions of the partnership recorded?	yes
3.3	Are decisions of the partnership publicised?	yes
3.4	Are members financially and reputational accountable to the decisions made?	no
Notes on Decision Making including areas of risk:		
<b>4. Finance</b>		
4.1	How is the partnership funded?	Approx 75% DEFRA-NRW. 23% partner local authorities. 2% other external grants and projects.
4.2	What was the total value of council funding / investment for the financial year?	2020/21: £23,860 (+ officer and backroom support resource)
4.3	What is the nature of the council funding? If other please outline.	grant
4.4	Does the partnership have documented financial procedures?	yes
4.5	Does the partnership produce an annual statement of accounts?	yes
Notes on Finance including areas of risk: Statement of accounts is part of final funding request to DEFRA/NRW HC acts as ‘host’ financial authority on behalf of partnership (other local authorities provide other required backroom services)		
<b>5. Conduct and behaviour</b>		
5.1	Does the partnership have any employees?	yes
5.2	If so are there effective employment policies and practices in place?	yes

5.3	Does the partnership have policies and procedures in place to deal with:	
	Standards of conduct	yes
	Complaints	yes
	Whistleblowing	yes
	Declarations of interest	yes
	Gifts and hospitality	yes
Notes on Conduct and Behaviour including areas of risk: AONB Staff Unit officers are employed by relevant local authority partners and are compliant with each employing authority's policies and requirements.		
<b>6. Liability</b>		
6.1	Are clearly documented rules / exit strategies in place if one partner leaves or is partnership terminated?	yes
6.2	Is there limit of indemnity on the partnership liability insurance (if relevant)?	n/a
6.3	Is there a risk of liability on the council for the e.g. accountable body, decision makers, financial liability solely or jointly?	yes
Notes on Liability including areas of risk: Agreed MoU provides clarity in respect of partner local authority liability that may occur in addition to normal 'employer' liability as relevant to employees as recorded in section 5 above.		
<b>7. Performance, evaluation and value</b>		
7.1	Is performance reported to the partnership on a regular basis?	yes
7.2	Does the partnership produce an annual report covering performance?	yes
7.3	Has the partnership defined outcomes that are measured?	yes
7.4	In the past year has there been any inspections, audits or reviews?	n/a
7.5	Is there a review of value for money e.g. the resources used create the outputs required?	yes
7.6	Does the partnership have a process for risk management?	yes
7.7	How often is the risk register reviewed?	at each meeting

7.8	Key changes and risks within the partnership in 2020/21 months	Updated MoU approved by all partner local authorities
7.9	Outcomes of note in 2020/21 months	Updated MoU approved by all partner local authorities. Draft Management Plan produced ready for adoption by local authority partners in 2021-22. Continued operations and projects as best possible through Covid restrictions. Discharged the council's core statutory function in respect of WV AONB.
7.10	Key plans for 2021/22	Adoption of new statutory AONB Management Plan (2021-2026). Continuing existing project work. Reacting to changing national picture and priorities. Continuing to discharge local authority's core statutory function in respect of AONBs.
Notes on Performance, Evaluation and Value including areas of risk:		

## 8. Overview assessment completed by Director

Once the self-assessment is completed please use the points below to document the considered risk level.

Directorate or division in Corporate Centre		Economy and Place
As director or assistant director of the Corporate Centre I have reviewed the content of the self-assessment the following risk level.		11/05/2021
Risk level		Any comment
Purpose and accountability	low	
Decision making	low	
Finance	low	
Conduct and behaviour	low	
Liability	low	
Performance, evaluation and review	low	
<b>Overall assessment</b>	low	

For office use

Date of return	11/05/2021
Status assessment	fully complete
Version	2020-21 v1

