CORPORATE GOVERNANCE AND STANDARDS COMMITTEE

18 NOVEMBER 2021

SUPPLEMENTARY INFORMATION

AGENDA ITEM 4: PLANNING APPEALS MONITORING FOLLOW UP REPORT

Corrections:
1. The table in paragraph 3.1 (page 14 of the agenda) should read as follows:

Year	Number of Committee Meetings	Number of applications processed	Number of councillor overturns	Number of those overturns that ended at appeal	Overturns allowed	Overturns dismissed
2018	13	72	11	8	6	2
2019	13	73	15	11	7	3 (1 unknown)
2020	13	55	10	7	1 (so far)	2 (so far)
2021 (Nov)	13 (to date)	56	12	5 (to date)	2 (to date)	0 (to date)

2. In the 2019 overturns table in Appendix 2 (page 21 of the agenda), omit reference to the first application listed (18/P/1595), as this duplicates information in the 2018 overturns table.

3. In the commentary on the 2019 overturns table in Appendix 2 (page 22 of the agenda), substitute the first and second sentences for the following:

    "10 overturn decisions were appealed; of those 7 were allowed, three were dismissed. This represents almost 70% being allowed with 30% dismissed."

AGENDA ITEM 5: INTERNAL AUDIT PROGRESS REPORT (APRIL TO OCTOBER 2021)

In relation to the internal audit of Safeguarding, in respect of which KPMG found partial assurance with improvements required, the proposed management actions in response to their key findings are set out in the table below:

	Key Finding		Agreed Management Actions	Due date
1	Policy and Procedure – Review and Approval	There is a lack of clarity within the Safeguarding Policy as to how frequently and significantly it has been reviewed and approved since it was created and there is no clear timeline of future expected reviews as part of a version control table.	1. Ensure the Policy clearly states how frequently it should be reviewed, circumstances for review outside of the normal review cycle and who is responsible for the review and for approving it. 2. Include a version control table for the document showing the version number when the review took place, who undertook it, when was it approved, by whom, what amendments have been made and when the next review is due.	30/6/22

		Key Finding		Agreed Management Actions	Due date
2	Safeguarding Policy - Content		The Policy is long and contains a large volume of detail, often with sections spanning multiple pages and duplicating information. Other areas include outdated information or information that is missing altogether	1. Ensure the policy is in a more focused, streamlined and summarised form. 2. Clarify governance structure around Safeguarding in place at the Council as well as interactions with Surrey County bodies and align this with the Terms of Reference for the relevant groups. 3. Include elements regarding where and how to store the relevant documentation for each safeguarding concern raised, who and how should follow up on the concerns raised. 4. Update and provide clarity over the roles and responsibilities of individuals when it comes to safeguarding.	30/6/22
3	Draft Strategic Action Plan		The identified actions in the Council's Draft Strategic Action Plan are not consistently documented as SMART actions (Specific, Measurable, Achievable, Relevant and Time-bound) and implementation of the actions often relies on a select few individuals.	1. Ensure the objectives included in the draft action plan are SMART. 2. Ensure that the plan is updated to address internal audit actions 3. Clearly capture the date when the action has been added to the plan, the stages it is expected to go through, what progress has been made, when was it last updated and the expected implementation date. 4. Regularly monitor the progress of the actions at all Strategic and/or Operational group meetings. 5. Spread responsibility for the implementation of the actions included in the plan across all the members of the Strategic Group in a balanced manner as far as possible.	30/4/22
4	Safeguarding Training		The Council does not have a standardised approach in terms of training required for each role, a rigorous schedule of delivery and refresh sessions for the various training modules relevant to Safeguarding listed in the Policy and Procedure.	1. A clear, consistent and transparent Council wide standard should be developed stating the training level required for each role and mentioned in the job description. 2. A comprehensive schedule with training sessions for each of the various levels required at the	30/4/22

		Key Finding	Agreed Management Actions	Due date
		There is no centralised monitoring of compliance with training requirements for each employee nor any regular reporting on the training compliance.	Council should be developed and adhered to.	
			3. Refresh sessions and refresh periodicity should be agreed and adhered to ensuring the relevant information is up to date.	
			4. Adherence to the training requirements and time frames should be captured in employee training records, monitored and enforced by and reported on.	
5	Recording Safeguarding Referrals	There is no central log of all Safeguarding referrals made.	1. Define a clear and consistent way across the Council in which safeguarding concerns should be recorded stating: how, what documents would be acceptable, where should the case be recorded and tracked, where should the documentation and subsequent communication be stored, who should have visibility and how to restrict access only to relevant people.

2. Communicate the new process to all staff, promote awareness and consistent application. | 31/7/22 |
| 6. | Strategic and Operational Safeguarding Group | The governance bodies the Council has put in place regarding Safeguarding are in their early stages and therefore further work is required to be able to evidence and therefore comment on their effective | 1. Clarify for each of the governance bodies what are members' responsibilities.

2. Clarify the inputs each group will use from the wider organisation and what outputs they are expected to produce for wider reporting as well as the form and frequency of communication to and from them.

3. Communicate and raise awareness regarding what each of the two groups does among staff.

4. Set out a clear calendar of meetings and establish how their activity will be evidenced and set out clear KPIs to measure and monitor the activity of the groups.

5. Agree and implement a regular structure for how CMT will receive twice-yearly updates on Safeguarding. | 30/4/22 |

	Key Finding		Agreed Management Actions	Due date
7	Sharing Best Practice and Lessons Learned	Sharing best practice and lessons learned is limited to occasional communications in the form of leaflets issued by Surrey County Council and ad-hoc sharing within teams.	1. Formal case reviews should be undertaken as a regular part of reporting to detail valuable lessons and best practices for each concern raised. 2. The best practices and lessons learned should be communicated to the wider staff groups with safeguarding responsibilities.	30/4/22

Additional Commentary on the Key Findings from the Council's Strategic Lead for Safeguarding is set out in Appendix 1 to this Supplementary Information sheet.

AGENDA ITEM 7: FINANCIAL MONITORING REPORT (APRIL TO SEPTEMBER 2021)

Following the request by the Committee at its last meeting for additional information on Money Market Funds, referred to as "MMF" in the Schedules of Investments (Appendix 14 to the report on page 121), the table attached as Appendix 2 to this Supplementary Information sheet sets out the top 10 holdings in relation to MMFs. The Committee will note the heavily diversified nature of these holdings.

AGENDA ITEM 8: CORPORATE GOVERNANCE AND STANDARDS COMMITTEE WORK PROGRAMME

Correction:
It is suggested that the following change be made to the work programme:

24 March 2022

Delete "Annual Audit Letter 2020-21" item as this will be incorporated into the separate item on the Audit Findings Report.

KPMG Safeguarding audit- Additional Commentary
Jo James - Strategic Lead for Safeguarding
November 2021

Summary of key findings:

2.1& 2.2 Policy and Procedure content review and approval:

There is a lack of clarity within the Safeguarding Policy as to how frequently and significantly it has been reviewed and approved since it was created and there is no clear timeline of future expected reviews as part of a version control table.

The Policy is long and contains a large volume of detail, often with sections spanning multiple pages and duplicating information. Other areas include outdated information or information that is missing altogether.

Response:

The full audit recognises and comments on how comprehensive the policy is and provides reassurance that our current policy is detailed, relevant and reflects current legislation. It also acknowledges that there are clear and detailed processes for identifying and reporting concerns. The report recognises the usefulness of the quick guides developed in 2020 to address the immediate need already identified, for the policy to be more accessible. The summary of key findings does not appear to acknowledge that the policy is meeting its aims.

The draft safeguarding action plan has prioritised a review of the policy to improve accessibility.

The high-level review and update of the safeguarding policy in 2020 during the pandemic was done in consultation with the Lead Councillor for safeguarding. This approach was approved in the Executive report that approved the policy in 2018.

The Council's wider policy and governance framework is an area that has been addressed through Future Guildford by the creation of a Strategy and Communications team whose responsibility it is to improve that framework. Work is underway to standardise **all** policies to ensure they have version control. Ownership, review dates etc.

Similarly, the governance framework around Safeguarding (Strategic Group and Operational Group) are not yet reflected in the policy as they have only recently been created. They will be included in the review of the policy in the governance section.

2.3 Draft Strategic Action Plan

The identified actions in the Council's Draft Strategic Action Plan are not consistently documented as SMART actions (Specific, Measurable, Achievable, Relevant and Time-bound) and implementation of the actions often relies on a select few individuals

Response:

Agreed – acknowledging the action plan is draft and needs ownership from the Strategic Safeguarding Group.

We also requested that audit recommendations provide content to be able to inform the action plan.

The Strategic Safeguarding Group will review this task.

2.4. Training

The Council does not have a standardised approach in terms of training required for each role, a rigorous schedule of delivery and refresh sessions for the various training modules relevant to Safeguarding listed in the Policy and Procedure. There is no centralised monitoring of compliance with the training requirements for each employee or any regular reporting on training compliance.

The draft action plan has prioritised the need for a training audit, review of the corporate training programme and a central recording system.

2.5 Recording referrals

There is no central log of all safeguarding referrals

Response

The draft action plan has prioritised the need to address a central recording system for referrals across the organisation.

It should be acknowledged that there is likely to be an IT solution required for this. Multi system use across the Council issues recognised. This has been the barrier to this being achieved before.

Resource is required to define the processes, specification for a fit for purpose solution. The IT solution needs to meet all the accessibility, confidentiality and usability requirements and be corporately aligned (possible use of Salesforce new CRM or ECINS community safety case management). Resource required to develop, cost to develop and time to implement.

2.6 Strategic and Operational Safeguarding Groups

No further response

2.7 Sharing best practice and lessons learned

Sharing best practice and lessons learned is limited to occasional communications in the form of leaflets issued by Surrey County Council and ad-hoc sharing within teams.

Response

The county safeguarding boards have a statutory responsibility to compile and disseminate national and local learning. This resource is available through the boards and should be referenced as the primary content to share with the Operational Safeguarding group.

General comments:

Lack of understanding on roles and responsibilities for safeguarding-

Statutory roles and responsibilities of Surrey County Council as top tier authority are not clearly understood by auditors.

The Council endeavours to raise issues through the governance channels of the boards and their associated groups e.g., Lead Officers and Members group for Safeguarding and separate Lead Officers group.

Opportunities

The significant changes to the structure of the Council through Future Guildford have created some risks associated with the recommendations but also presents an opportunity to review and revise policy, responsibilities, governance, training as a result.

Money Market Funds – Top 10 Holdings

Top 10 holdings	Aberdeen	Aviva	BNP	CCLA	Federated MMF	Federated Cash Plus	Total % Fund Holdings	GBC value	% GBC portfolio
REPO	0.00777%	0.00583%	0.07114%	-	-	-	0.00873%	5,041,061	9.18%
Sumitumo Mitsui Financial Group Inc	0.00885%	0.00081%	0.01198%	0.01315%	0.00955%	-	0.00538%	3,105,426	5.65%
Mizuho Financial Group Inc	0.00644%	0.00096%	0.01198%	0.00219%	0.00178%	0.03398%	0.00537%	3,102,986	5.65%
Groupe BPCE	0.00493%	0.00053%	0.03669%	-	0.00034%	-	0.00428%	2,472,610	4.50%
Toronto-Dominion Bank	0.00371%	0.00095%	0.01049%	0.01315%	0.00859%	0.04893%	0.00390%	2,252,386	4.10%
Nationwide BS	-	0.00022%	-	0.04604%	0.01780%	0.04728%	0.00336%	1,938,636	3.53%
French Republic	0.00322%	0.00095%	0.01497%	-	0.00838%	-	0.00305%	1,764,805	3.21%
Nordea Bank AB	0.00208%	0.00086%	0.01198%	0.01127%	0.00890%	0.02039%	0.00300%	1,734,786	3.16%
Societe Generale SA	0.00058%	0.00060%	0.03671%	0.00313%	0.00337%	0.03398%	0.00290%	1,673,076	3.05%
UK GB and NI	0.00663%	0.00013%	-	-	0.00165%	-	0.00266%	1,537,874	2.80%