

# Audit and Risk Panel

Tuesday, 6th December, 2022

## MEETING OF THE AUDIT AND RISK PANEL

### HELD IN THE LAVERY ROOM AND REMOTELY VIA MICROSOFT TEAMS

Members present: Alderman Rodgers (Chairperson);  
Councillors Carson, Matt Collins and Hutchinson; and  
Ms. G. Fahy (Independent Non-Executive Member).

In attendance: Mr. T. Wallace, Director of Finance;  
Ms. N. Largey, Interim City Solicitor/Director of Legal  
and Civic Services;  
Ms. C. O'Prey, Head of Audit, Governance and Risk  
Services;  
Mr. L. Mulholland, Audit, Governance and Risk  
Services Manager;  
Mr. M. Whitmore, Audit, Governance and Risk  
Services Manager;  
Ms. H. Lyons, Corporate Finance Manager;  
Ms. S. Williams, Governance and Compliance  
Manager; and  
Mr. H. Downey, Democratic Services Officer.

Also attended: Ms. C. Kane, Director, Northern Ireland Audit Office.

### **Apologies**

An apology for inability to attend was reported on behalf of the Deputy Lord Mayor (Councillor M. Kelly).

### **Minutes**

The minutes of the meeting of 21st September were taken as read and signed as correct.

### **Declarations of Interest**

No declarations of interest were reported.

### **Schedule of Meetings 2023**

The Panel approved the following schedule of meetings for 2023, with a commencement time of 12.30 p.m.:

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- Tuesday, 7th March
- Tuesday, 6th June
- Tuesday, 12th September and
- Tuesday, 5th December.

**Absence Rates - Quarter 2 2022/23**

(Ms. C. Sheridan, Director of Human Resources, attended in connection with this item.)

The Panel considered the following report:

**“1.0 Purpose of Report/Summary of Main Issues**

**1.1 The purpose of this report is to inform the Audit and Risk Panel of the Council’s performance in managing absence in quarter 2 - April to September 2022.**

**2.0 Recommendation**

**2.1 The Audit Panel is asked to note the contents of this report.**

**3.0 Main Report**

**Key Corporate Indicators:**

**At the end of quarter 2:**

- **The Council’s average sickness absence rate stands at 8.21 days per FTE, an increase of 1.03 days compared to absence for the same period last year (7.18).**
- **A total of 16551.84 working days was lost due to sickness absence. This accounted for 7.3% of the total working days available.**
- **The table below provides a summary of how departments are performing against the target. As indicated below, 4 Departments did not meet the Corporate target for quarter 2 (6.5 days).**

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End of year target	12.99					
End of Q2 target	6.5					
		Total lost	Actual		% of	% of
Department	Number of Staff (FTE)	days (FTE)	Absence per FTE	Variance	workforce	absence
City and Neighbourhood Services	1126.92	9849.73	8.74	2.24	55.92%	59.51%
City and Organisational Strategy	118.25	630.85	5.33	-1.17	5.87%	3.81%
Finance and Resources	189.08	813.75	4.30	-2.20	9.38%	4.92%
Legal and Civic Services	149.53	1611.78	10.78	4.28	7.42%	9.74%
Place and Economy	308.94	2356.33	7.63	1.13	15.33%	14.24%
Physical Programmes	122.67	1289.4	10.51	4.01	6.09%	7.79%
<b>Total</b>	<b>2015.39</b>	<b>16551.84</b>	<b>8.21</b>	<b>1.71</b>		

**Additional Absence information:**

- There has been a decrease in the number of staff with no recorded absence in this period (56.63%) compared to the same time last year (66.86%). The decrease can be mainly attributed to an increase in short-term absence (1-5 days) and medium-term absence (6 – 19 days) in 22/23 when compared to 21/22.
- There has been an increase in absence classified as long term (20+ days) this year (11136.85 days) compared to the same time last year (10773.00 days).
- Council's average sickness absence rate further reduces to 6.98 days per FTE when COVID-19 related absences are deducted.
- The number of days lost per full time equivalent increased in quarter two (4.26 days) when compared to quarter one (3.96 days). This increase is illustrated in figure 1.
- Depression/anxiety/stress (36% of total days lost) and musculo-skeletal (23% of total days lost) continue to be the top two reasons for absence - Refer to figure 2 for further information).
- 652 employees were off between July and September 2022. Discretion was applied to 122 of these employees (18.7%) and their absence accounted for 3313.64 days (approximately 39% of the total absence for quarter two –

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July to September) - Refer to figure 3 for further information.

- A total of 117 cases were identified as having compliance related issues (80 in CNS) - Refer to figure 4 for further information.
- Approximately 34% of absence (5642.42 days) is recorded as disability related, of which, 58% of was managed as long term. Depression and Anxiety related absence accounted for over a third (38.47%) of disability related absence - Refer to figure 5 for further information.
- A total of 388 employees were recorded as absent due to COVID19 and this accounted for a total of 2491.54 days / 15.05% of the total absence in quarter 2.
- 20 employees met the trigger for a Stage 4 / FAH in quarter 2.
  - One employee availed of a career break before Stage4/FAH being scheduled.
  - Discretion not to proceed to a stage 4 / FAH was applied to 9 of these cases The reasons for discretion include, 4 employees returned to work between month 6 and 7, two employees were medically redeployed, 2 cases did not proceed due to disability related absence and one case is awaiting a recruitment exercise to facilitate a flexible retirement request.
  - 6 employees were ill health retired prior to Stage4/FAH being scheduled.
  - 1 employee was dismissed at Stage 4 / FAH.
  - 1 employee attended a Stage 4 / FAH however, the outcome is not yet known as additional information was requested of management.
  - 2 cases did not proceed to Stage 4 / FAH due to non-compliance reasons (delay organising case review and delay organising Stage 4 hearing).
- Corporate HR has developed guidance documentation and templates to assist departments with development of Attendance Improvement Plans and DMT reporting.

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- **Departments are currently reviewing the guidance documentation and templates. The documentation and templates have been designed to ensure that departments are addressing potential risks that may have an impact on how absence is monitored, managed and reported.**
- **It is envisaged the guidance documents will be agreed and implemented by January 2023 (Quarter 4).**

**4.0 Resource Implications**

**4.1 Directors are asked to ensure that:**

- **attendance management continues to be a priority item on DMT agendas and related matters discussed and appropriate actions taken forward and**
- **resources are in place to ensure that adequate monitoring and review is in place at department level.**

**5.0 Equality and Good Relations Implications**

**5.1 Approximately 34.09% of absence (5642.42 days) is recorded as disability related.**

**The use of discretion and reasonable adjustments is considered in such cases.”**

The Panel noted the contents of the report.

**Update on Corporate Health and Safety Performance**

(Ms. E. Eaton, Corporate Health and Safety Manager, attended in connection with this item.)

The Corporate Health and Safety Manager reminded the Panel that it was responsible for overseeing the Council’s risk, control and governance arrangements for health and safety. In undertaking this function, the Panel provided independent scrutiny of the Council’s health and safety performance, with reports being presented to it on a quarterly basis.

Accordingly, she submitted for the Panel’s consideration a report on corporate health and safety performance and activities for the quarter ending on 30th September, 2022.

She provided, on a Departmental basis, information on the implementation of actions associated with the key performance indicators of health and safety and fire safety

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and pointed out that, at a corporate level, compliance rates had been 48% and 73% respectively.

In terms of accident/incident reporting, there had, in quarter two, been 12 employee accidents, 9 non-employee accidents, 8 RIDDOR accidents and 15 incidents of work-related violence.

She concluded by providing details of the information which had, during quarter two, been forwarded to the Health and Safety Executive Northern Ireland in response to enquiries/correspondence.

The Panel noted the corporate health and safety performance and activities for the quarter ending on 30th September, 2022.

**Report to those charged with Governance 2021/22**

The Panel considered the following report:

**“1.0 Purpose of Report/Summary of Main Issues**

**1.1 The Local Government Auditor has issued her Report to those charged with Governance for 2021/22. This summarises the system/control issues arising during the Northern Ireland Audit Office’s (NIAO) 2021/22 audit and includes recommendations for management action. The purpose of this report is to appraise the Audit and Risk Panel of the issues raised in the Local Government Auditor’s Report for 2021/22 in relation to the Accounts of Belfast City Council.**

**2.0 Recommendation**

**2.1 The Audit Panel is requested to note the Report to those charged with Governance Audit results for 2021/22 and agree the management responses.**

**3.0 Main Report**

**Key Issues**

**3.1 The Local Government Auditor has certified the 2021-22 statements for Belfast City Council with an unqualified opinion.**

**3.2 The Local Government Auditor had identified in the Audit Strategy for 2021-22, the risk of fraud in revenue recognition and management override of controls as having an impact on the audit approach.**

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During audit fieldwork, no significant issues were identified in these areas.

**3.3 The Local Government Auditor has identified 3 areas where she has made prioritised recommendations. The NIAO definition of the priority levels are:**

- 1) significant issues for the attention of senior management which may have the potential to result in material weaknesses in internal control;**
- 2) important issues to be addressed by management in their areas of responsibility, and**
- 3) issues of a more minor nature which represents best practice.**

**3.4 In summarising the letter there are:**

- 0 priority 1 area,**
- 0 priority 2 area, and**
- 3 priority 3 areas**

**3.5 The 3 priority 3 areas are:**

- Special Responsibility Allowance- recommendation that the Special Responsibility Allowance report published on the Council's website be revised to include the Councillor that has been omitted, so that this report agrees to the figure included in the statement of accounts.**
- Income cut off issue – recommendation that management should review all income invoices at year end to ensure they are correctly captured in the statement of accounts.**
- Timeliness of assurance from component auditor - recommendation that management liaise with the Directors and Auditors of BWUH Ltd and Beltel LLP to ensure group audit assurances to NIAO are provided on a timely basis.**

**3.6 A detailed response to the management letter has been circulated, identifying timescales.**

**In accordance with the process adopted in previous years, management will monitor the progress made in implementing recommendations and will report back to the Audit Assurance Board and Audit and Risk Panel on the progress.**

**Financial and Resource Implications**

**3.7 None**

**Equality or Good relations/Implications/  
Rural Needs Assessment**

**3.8 None.”**

After discussion, the Panel noted the contents of the Report to those Charged with Governance for 2021/22 and approved the management responses.

**Annual Audit Letter 2021/22**

The Panel considered the following report:

**“1.0 Purpose of Report/Summary of Main Issues**

**1.1 As an independent auditor of the Council, the Local Government Auditor seeks to examine that the Council has managed its affairs having regard to a combination of economy, efficiency and effectiveness and that public money is properly spent or in the case of income properly accounted for. The Annual Audit Letter is issued under Regulation 17 of the Local Government (Accounts and Audit) Regulations (Northern Ireland) 2015. The Regulations require the Council to publish this Annual Audit Letter as soon as reasonably possible.**

**2.0 Recommendation**

**2.1 The Audit and Risk Panel is asked to note the comments and review the Annual Audit Letter.**

**3.0 Main Report**

**1. Financial Statements**

**The Local Government Auditor has noted no financial adjustment to the draft accounts as a result of her audit work. The accounts for the 2021/22 year were given an unqualified opinion.**

**2. Proper Arrangements**

**The Local Government Auditor is required to satisfy herself that proper arrangements have been made for securing economy, efficiency and effectiveness in the use of resources.**



The Local Government Auditor has confirmed that she is satisfied that the council has proper arrangements in place.

**3. Annual Governance Statement**

The Local Government Auditor has indicated that the Annual Governance Statement reflects compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021-22, it also complies with proper practices as specified by the Department for Communities, and it is not misleading or inconsistent with other information from the audit.

**4. Absenteeism**

The annual rate of absenteeism has shown an increase of 5.47 days from 2020/21. Covid related absences had a significant impact in 2021/22. If Covid related absences were excluded, the year end figure of 16.33 days for 2021/22, would reduce to 12.99 days. The main causes of long-term absence are due to stress/depression/anxiety and musculo-skeletal related conditions.

Average number of days sickness absence per full time employee						
2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
10.3	12.44	13.72	13.71	13.58	10.86	16.33

The robust, fair and consistent management of attendance continues to be a key priority for Belfast City Council.

**5. Performance Improvement**

Due to the pandemic, the requirement to publish an improvement plan for 2020-21 was set aside. As a result, the audit of the 2020-21 self-assessment report did not include a review of performance of improvement objectives for that year. The Local Government Auditor's Annual Improvement Report for 2021-22 was published on 31 March 2022 and concludes that the Council met its statutory duties in relation to publication of the 2020-21 self-assessment report and 2021-22 Annual Improvement Plan. Given the impact of the pandemic on council services, however, the Local Government Auditor was unable to conclude on an assessment of whether the council was likely to meet their performance improvement responsibilities under legislation for the 2021-22 year.

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**6. Outlook**

**The Local Government Auditor has highlighted the ongoing impact of the Covid 19 pandemic.**

**Financial and Resource Implications**

**None**

**Equality or Good relations/Implications/  
Rural Needs Assessment**

**None.”**

The Panel noted the contents of the Annual Audit Letter for the Council for 2021/22.

**Audit, Governance and Risk Services  
Progress Report – September to December, 2022**

The Panel considered a report providing an update on the work which had been completed by Audit, Governance and Risk Services from September to December, 2022.

The Audit, Governance and Risk Services Manager reported that six assurance audits/reviews had been completed during that period and drew the Panel’s attention to two in particular, namely, Absence Management and Information Governance, which had received an audit opinion of ‘Major Improvement Needed’.

In terms of Absence Management, significant issues had been identified in relation to the management of the Employee Counselling and Occupational Health contracts, ongoing non-compliance with the Attendance Policy and a lack of an up-to-date Health and Wellbeing Strategy and related action plan. Three high priority and three medium priority actions had been agreed in order to address these issues.

In relation to Information Governance, management had explained that a lack of staff resources had been the main cause of delays in the implementation of actions to manage this risk. The Unit had been required to concentrate on reactive work, such as supporting management in responding to requests for information under the Freedom of Information, Data Protection, and Environmental Information Regulations, as well as providing ad hoc advice, rather than taking forward proactive policy development and communications, oversight, compliance audits and training which would be required to reduce the level of risk. It was pointed out that a member of staff had since agreed to return to the Unit on a temporary basis.

Ms. Fahy stressed the importance of ensuring that the audit recommendations relating to Information Governance were implemented as soon as possible.

The Audit, Governance and Risk Services Manager then updated the Panel on three areas which had received an audit opinion of ‘Some Improvement Needed’, namely Fuel, Waste Management (Operations) and Belfast Waterfront and Ulster Hall and pointed

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out that, in terms of progress against the 2022/23 Internal Audit Plan, 68% of assignments had been completed or were in progress.

He went on to inform the Panel that management in the City and Neighbourhood Services Department had, during the course of the quarterly meeting with Audit, Governance and Risk Services, highlighted delays to the development of a Waste Management Strategy by the Department of Agriculture, Environment and Rural Affairs and its impact upon the review and update of the Councils Strategy. Consequently, in order to derive value from the internal audit process, management had requested that the planned audit of the Waste Management Strategy, which had been included in the 2022/23 internal audit plan, be deferred until a future year.

The Panel was then provided with an update on the assurance and advisory work which Audit, Governance and Risk Services had undertaken around the new Advanced Accounting System, the Planning Portal and HR Payroll System. Information was provided also on audits which were currently in progress, investigations/fraud risk awareness and on the National Fraud Initiative.

The Audit, Governance and Risk Services Manager then provided details of the advisory and other work which had been undertaken in support of management and confirmed that reports on an updated Raising Concerns (formerly Whistleblowing) Policy and on the outcome of the bi-annual recommendations monitoring exercise, which had been undertaken in October/November, would be presented to the Panel later in the meeting.

Finally, he drew the Panel's attention to the action plan which had been formulated to address the recommendations made by On Board Training and Consultancy Limited following its External Quality Assessment of the Service, in line with Public Sector Internal Audit Standards, and review of Risk Management in the Council. It was the intention that the recommendations would be implemented by June, 2023.

After discussion, the Panel:

- i. noted the contents of the report;
- ii. approved the proposal to postpone the internal audit of Strategic Waste Management to a future audit plan; and
- iii. approved the action plan to address the recommendations made by On Board Training and Consultancy Limited in response to its review of compliance with the Public Sector Internal Audit Standards.

**Update on Recommendations Monitor**

The Audit, Governance and Risk Services Manager reminded the Panel that it required assurance on a regular basis that agreed audit recommendations were being implemented.

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Accordingly, he submitted for its consideration a report providing an update on the implementation of agreed audit actions, following the most recent recommendations monitoring exercise, which had included a review of all audit recommendations open as at the end of September.

He explained that previous recommendations monitor exercises had tended to focus only on those actions which had passed their original implementation date. In the most recent exercise, Audit Governance and Risk Services had examined all actions, regardless of priority or due status, in order to provide management and Members with a more holistic representation of all open audit actions across the Council. It also enabled the Service to present a more complete analysis of actions which had been implemented, as well as those which remained outstanding at the completion of this exercise.

The Audit, Governance and Risk Services Manager informed the Panel that 89 agreed actions could now be closed, representing an implementation rate of 25%. Whilst there had been a slight decrease on the previous period, this was broadly in line with the average implementation rates witnessed over a period of time.

He went on to point out that Audit, Governance and Risk Services had seen evidence of strong implementation of open actions in a number of areas across the Council, but in particular:

- SAP Replacement Project – 9 implemented actions
- HR Payroll Project – 10 implemented actions
- Income / Accounts Receivable – 5 implemented actions
- Gifts, Hospitality and Conflicts of Interest – 16 implemented actions
- Estates Management – 4 implemented actions.

In terms of the implementation of audit actions Council-wide:

- four Departments, namely, City and Organisational Strategy, Finance, Legal and Civic Services and Place and Economy had achieved implementation rates above the Council average;
- the majority of implemented actions (76%) related to actions which had been finalised in the last three years (2020-2022);
- of the actions which remained open, 29% were high priority. Most of the high priority actions which remained open (55%) had been agreed in audit reports which were more than three years old; and
- 83% of actions which remained open were overdue for implementation.

The Audit, Governance and Risk Services Manager confirmed that the implementation of audit recommendations continued to be impacted by wider events within the Council, with the implementation of major IT projects, some of which were experiencing delays, ongoing Service and Departmental reviews, resourcing issues and competing priorities being frequently cited as issues causing delays to implementation.

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Despite this, management continued to express its commitment to implementing outstanding audit actions and had provided revised implementation dates for their implementation. Following briefings with Departmental Management Teams across the Council over the summer period, management had asked to be provided with more frequent information on the current position of open audit actions within their Department.

In terms of the timing of the next Recommendations Monitor, many of the outstanding audit actions were due to be fully implemented during 2023 and Audit, Governance and Risk Services would put in place a new process to provide each Department with quarterly information on open actions. In order to allow this process to fully embed and to ensure that management was given sufficient time to demonstrate improvement in implementation rates as a result, it was proposed that the next full validation exercise be undertaken in summer 2023, with the outcome being reported to the Panel in September, 2023.

Ms. Fahy highlighted the importance of management agreeing realistic dates for the implementation of audit recommendations and ensuring that those dates were adhered to.

The Panel noted the information which had been provided and requested that Audit, Governance and Risk Services continue to emphasise the importance of the timely implementation of agreed audit actions.

**Update on Corporate Risk  
Management – Quarter 2 2022/23**

The Head of Audit, Governance and Risk Services submitted for the Panel's consideration a report on the Corporate Risk Dashboard, which summarised the key updates from the risk review for the quarter ending 30th September, 2022. The report provided also an update on compliance with the Risk Strategy, based on assurance statements completed by senior management for the quarter and on business continuity management arrangements.

The Panel:

- i. noted the corporate risk management dashboard and update for the quarter ending on 30th September and approved the proposal to close the corporate risk on Organisational and Operational Recovery, given the current operational status of the Council;
- ii. noted the assurances from senior management regarding compliance with the Risk Strategy, based on the assurance statements for quarter-end September 2022;
- iii. adopted the proposal that the Directors of Finance, Human Resources and Marketing and Corporate Communications complete assurance statements in future;

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- iv. agreed that the Head of Digital Services and the Head of Commercial and Procurement Services also complete assurance statements from the quarter ending 31st December 2022, pending the recruitment of a Director of Corporate Services; and
- v. noted the current position regarding the review and update on business continuity plans for the critical services.

**External Review of Risk Management Arrangements**

The Panel was reminded that On Board Training and Consultancy Limited had, following a quotation exercise in March, been appointed to undertake an assessment of the extent to which Audit, Governance and Risk Services complied with the Public Sector Internal Audit Standards.

The Head of Audit, Governance and Risk Services explained that the company had, as part of this assessment, undertaken a high-level review of the Council's risk management arrangements, which had found that the arrangements for the management of risks were well developed, noting that:

- the form and content of the Risk Management Strategy was excellent;
- gap analysis and the report to the Audit and Risk Panel provided good evidence of the level of the Council's compliance with the requirements of the revised Orange Book and commitment to adopting best practice;
- the Corporate Risk Dashboard was an excellent development; and
- Corporate Risk Reviews undertaken by Audit, Governance and Risk Services were of a very high standard and provided the Council with good quality assurance on the management of corporate risks.

Seven recommendations for improvement had been made, which centred around:

- developing clearer guidance on the risk management process;
- implementing the areas for improvement identified in the gap analysis, along with three other areas, namely, undertaking a formal review of risk culture, formally incorporating horizon scanning into the risks identification and review process and undertaking an annual review of the risk management framework;
- developing of the risk appetite statement further; and

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- determining the most appropriate way to widen out assurance on the Councils risk management framework from solely corporate risks to also include risks facing Departments and Services.

The Head of Audit, Governance and Risk Services confirmed that Audit, Governance and Risk Services would consider each of these recommendations and submit a worked-up action plan to the meeting of the Audit Assurance Board and the Audit and Risk Panel in March, 2023.

Given the time which it would take to determine the best approach to implementing these areas for improvement, Audit, Governance and Risk Services would defer the annual review and update of the Risk Management Strategy and the Business Continuity Management Strategy until after the action plan to implement the areas for improvement had been agreed in March.

The Panel noted the information which had been provided.

**Policing and Community Safety Partnerships  
Assurance Review – August 2022**

(Mr. D. Sales, Director of Neighbourhood Services and Mr. J. Girvan, Lead Officer – Community Provision: Community Safety, attended in connection with this item.)

The Director of Neighbourhood Services reminded the Panel that Audit, Governance and Risk Services had, in August, 2022, completed an internal audit of the Policing and Community Safety Partnerships. The audit had provided an opinion of 'Major Improvement Needed' and had made five recommendations, of which two were high priority and three medium priority.

He explained that the issues which had been identified in year 2021/22 had been due to significant resourcing difficulties in the Policing and Community Safety Partnerships Team, with approximately 60% of the Unit's staffing complement having been vacant throughout parts of the financial year, due to either long-term absence or vacant posts.

The Lead Officer – Community Provision: Community Safety confirmed that all agreed audit actions had now been fully implemented and provided a high-level update of the work which had been completed. He advised the Panel that documentation on completed projects would not be added to the 2021/2022 Project files, as this would entail a disproportionate level of resources. That decision had been approved by the Joint Committee.

The Panel noted the information which had been provided.

**Raising Concerns Policy**

The Audit, Governance and Risk Services Manager reminded the Panel that Raising a Concern occurred when an individual disclosed information about suspected danger, wrongdoing or illegality which was in the public interest. The individual raising the concern was usually not personally affected by the danger, wrongdoing or illegality.

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He explained that the Head of Audit, Governance and Risk Services was responsible for the Council's Raising Concerns Policy, previously known as Whistleblowing, until such time as a Director of Corporate Services had been recruited. Audit, Governance and Risk Services was responsible for the maintenance of the Policy and its associated arrangements and reviewed it annually to ensure that it reflected current legislation and best practice.

During 2021/22, the Service had undertaken a comprehensive review of the Council's whistleblowing arrangements, following a self-assessment exercise against the Northern Ireland Audit Office's Raising Concerns Good Practice Guide. Whilst the existing arrangements had been found to be generally in line with that Guide, several areas in the Policy needed to be reviewed and updated. A number of changes had been made, including:

- amending the terminology from whistleblowing to raising concerns;
- ensuring that the new policy considered other policies, such as Safeguarding and Modern Slavery;
- highlighting how raising concerns was of benefit to the Council;
- setting out how data would be managed, in line with the Data Protection Act and General Data Protection Regulations;
- introducing a timeframe of seven days for formally responding to concerns raised;
- providing guidance for members of the public on raising concerns;
- providing a dedicated raising concerns e-mail address and contact details for two Raising Concerns Champions within Audit, Governance and Risk Services; and
- improvements in the way in which Audit, Governance and Risk Services oversaw how concerns are handled and addressed.

He drew the Panel's attention to the revised policy and confirmed that it had been approved by both the full Joint Negotiating and Consultative Committee and the Corporate Management Team. Officers from Audit, Governance and Risk Services had, over the summer months, attended various Departmental Management Team meetings to raise awareness of the Policy and had highlighted key changes and roles and responsibilities for Departments. The Service had since drafted an implementation plan to ensure that the revised policy was communicated to all relevant stakeholders, which included:

- updating current process documents for logging, tracking, monitoring and reporting on cases;



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- developing of a new case register;
- agreement on key messages to be communicated to all internal stakeholders including:
  - clarification of the nature of the issues that should be raised under the policy;
  - roles and responsibilities of key stakeholders; and
  - the introduction of the new templates to better streamline the process;
- agreement, in consultation with the Marketing and Corporate Communications Unit, on the approach to external communications and how / where best to deliver the message;
- the creation of a new generic email address to where concerns can be directed; and
- the identification of any training or support requirements.

The Audit, Governance and Risk Services Manager concluded by pointing out that the Service was working currently with the Marketing and Corporate Communications Unit to develop the appropriate internal and external communications to support the roll out of the Policy. Once the policy had been communicated internally, the focus would turn to communicating it externally, via the council's website.

In response to suggestions made by Ms. Fahy, he confirmed that consideration would be given to ensuring that the communications and implementation plan would take account of the phrase "good faith reporting" and how the Council would take reasonable steps rather than "fulfil its responsibility" to ensure that staff were not harassed, victimised or otherwise disadvantaged when raising a concern.

The Panel approved the revised Raising Concerns Policy and the arrangements for implementing and communicating the Policy across the Council.

**Audit and Risk Panel Self-Assessment against  
Good Practice and Effectiveness**

The Head of Audit, Governance and Risk Services informed the Panel that an updated version of the Chartered Institute of Public Finance and Accountancy's 2018 publication on "Audit Committees: Practical Guidance for Local Authorities and Police" had been issued in October.

The publication set out guidance on the function and operation of audit committees and represented best practice. The guidance had been updated to reflect recent legislative changes in Wales and new expectations in England, following the Redmond Review of the effectiveness of external audit and transparency of financial reporting in

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local authorities, as well as professional developments. It included also additional guidance and resources to support audit committee members, emphasised the importance of audit committees and recognised that they were a key component of governance.

She explained that Audit, Governance and Risk Services had completed an initial assessment of:

- the Audit and Risk Panel's effectiveness against the Chartered Institute of Public Finance and Accountancy's best practice; and
- the impact and effectiveness of the Audit and Risk Panel.

In line with previous years, this initial assessment had found the Panel to be broadly in compliance with best practice. Audit, Governance and Risk Services would, she confirmed, ensure that the next training session for the Audit and Risk Panel would promote consideration and discussion on the effectiveness of the Panel against the good practice questions contained within the updated Chartered Institute of Public Finance and Accountancy Guidance.

The Panel noted the information which had been provided.

**Peter Coll KC Report – Update on  
Progress of Action Plan**

The Panel noted the contents of a report providing a quarterly update on the progress of the agreed actions arising from the recommendations contained within Section 6 of Mr. Peter Coll KC's independent investigation into events at Roselawn Cemetery on 30th June, 2020, of which six had yet to be completed.

(Mr. J. Tully, Director of City and Organisational Strategy, attended in connection with the following two items.)

**Performance Assessment Quarter 2 2022/23**

The Panel considered the following report:

**“1.0 Purpose of Report**

**1.1 This purpose of this report is to present the Quarter 2 status update on progress made against activities contributing to the Improvement Objectives contained within the 2022-23 Improvement Plan.**

**2.0 Recommendation**

**2.1 The Panel is asked to note the Q2 status update on the 2022-23 Improvement objectives.**

**3.0 Main Report**

**3.1 Background**

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Part 12 of the Local Government (NI) Act requires councils to agree improvement objectives on an annual basis and publish these in the form of an Improvement Plan. BCC's Improvement Plan 2022-23 was agreed by the Council in June 2022 and contained the Council's commitment to securing continuous improvement as well as delivery of 5 Improvement Objectives.

- 3.2 The Act also requires that progress be monitored and reported in an annual assessment of performance. For this, we produced a 2021-22 year-end performance assessment report which was submitted to the September meeting of the Audit and Risk Panel. This assessment was later published [online](#) ahead of the September 30<sup>th</sup>, as required by legislation.

**BCC Improvement Plan 2022 / 23**

- 3.3 The Strategic Policy and Resources Committee agreed in June to approve the Improvement Plan for 2022/23. The Improvement plan does not include everything that council plans to do that year, but instead focuses on a smaller set of key improvement priorities, as informed by resident priorities and evidenced by need. The Plan for 2022/23 includes five improvement objectives as set out below;

3.4

	<b>Our services</b>
	We will continue to adapt and improve our services
	<b>Our communities</b>
	We will work to support our communities, helping them to become stronger, healthier and more resilient
3.5	<b>Our economy</b>
	We will work collaboratively to support businesses, jobs and inclusive growth
	<b>Our environment</b>
	We will champion climate action; protect the environment and improve the sustainability of Belfast
	<b>Our city</b>
	We will continue to support our city to recover and innovate in a safe, inclusive and sustainable way

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The 2022/23 Improvement Plan was subsequently published on the Council website by 30th June in order to meet the statutory deadline.

- 3.6 The mid-year report on progress made against activities contributing to the Improvement Objectives contained within our 2022-23 Improvement Plan has been circulated. It sets out the key milestones and provides a summary of activity under each objective. The report also includes the most up to date position in relation to the performance indicators included within the plan.
- 3.7 Progress against all the objectives is in the most part on target with only a few milestones that have been slightly delayed, ragged amber or red, with the explanations for the delays contained within the report. A further report on progress will be presented to the panel at the end of quarter 3.
- 3.8 The Panel should note that the Guidance accompanying the legislation advises that what we learn about our performance in these reports should be used to:
- Help inform the content of our next Corporate Improvement Plan (due 30th June 2023) in terms both of ongoing activity and other actions that may address any shortfalls in the current Plan and;
  - Form the basis of our next *Year-End Performance Assessment Report* which must be made available to the Local Government Auditor by 30th September 2023.

**Arrangements for Performance Improvement 2022-23**

- 3.9 As the Panel is aware the 2022-23 NIAO audit and assessment of the Council's improvement activity is due to be completed by November 2022 and NIAO has advised that final reports would be received by November 2022. This will be presented to the Panel in the next report.

**Financial and Resource Implications**

- 3.10 Audit fees will be calculated on the basis of the time spent by the NIAO on Belfast's audit, the Panel will be updated once information has been received on this.

**Equality and Good Relations/  
Rural Need Implications**

- 3.11 None associated with this report."

The Panel noted the contents of the report.

**Performance Improvement – Northern Ireland Audit Office**  
**Performance Audit and Assessment Report 2022/23**

The Panel considered the following report:

**“1.0 Purpose of Report**

- 1.1 The purpose of this report is to update the Panel on progress to comply with the performance improvement duty, as laid out in Part 12 of the Local Government (NI) Act 2014 in relation to the 2022-23 Audit.

**2.0 Recommendation**

- 2.1 The Panel is asked to approve the Belfast City Council Audit and Assessment report 2022-23

**NIAO Audit and Assessment 2021 - 22**

- 3.1 The Panel should note that the timeline for the Auditors fieldwork for 2022-23 has returned to the normal schedule since Covid and the NIAO audit and fieldwork has taken place from August to October 2022. The Performance Unit completed the Audit Self -Assessment report in September and have been working to supply the relevant information to the NIAO during September and October.

**Audit Opinion**

- 3.2 The Local Government Auditor (LGA) has certified the performance arrangements with an unqualified audit opinion, without modification and certifies an improvement audit and improvement assessment has been conducted. The LGA also states that, as a result, she believes that the Belfast City Council (the Council) has discharged its performance improvement and reporting duties, including its assessment of performance for 2021-22 and its 2022-23 improvement plan, and has acted in accordance with the Guidance.

**Proposal for Improvement**

- 3.3 The LGA has made no formal recommendations and just one proposal for improvement (detailed in the attached appendix) which the Council will work towards addressing and the Panel will be updated at the next meeting. Proposals for improvement are matters that may assist the Council in meeting its performance improvement responsibilities.
- 3.4 The proposal for improvement recommended for BCC states that the ‘Council should ensure that the Self-Assessment

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report includes sufficient detail to provide the reader with a full understanding of Council's performance'. Further details are included along with the detailed observations within Annex B of the Appendix which had been circulated. The Council will work to respond accordingly to this proposal in its 2022-23 Performance Assessment.

**Financial and Resource Implications**

- 3.5 Audit fees will be calculated on the basis of the time spent by the NIAO on Belfast's audit, For the Council, it is estimated that this will cost £25,000 this year. As far as possible we will prepare all materials in advance to keep costs as low as possible.

**Equality and Good Relations Implications**

- 3.6 None associated with this report."

23. The Panel approved the Belfast City Council Audit and Assessment report 2022-

**Date of Next Meeting**

The Panel noted that its next meeting would take place at 12.30 p.m. on Tuesday, 7th March.

Chairperson