

Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

Telephone 01572 722577

Email democraticservices@rutland.gov.uk

Ladies and Gentlemen,

A meeting of the **AUDIT AND RISK COMMITTEE** will be held in the Council Chamber, Catmose, Oakham, LE15 6HP on **Tuesday, 26th September, 2023** commencing at 7.00 pm when it is hoped you will be able to attend. The meeting will also be available to view via Zoom at: <https://us06web.zoom.us/j/89154704405>

Yours faithfully

Mark Andrews
Chief Executive

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/my-council/have-your-say/

A G E N D A

1. WELCOME AND APOLOGIES

2. MINUTES

To confirm the minutes of the Audit and Risk Committee held on 27th June 2023 and to receive an update on actions agreed in the minutes of the previous meeting.

(Pages 5 - 8)

3. DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any disclosable interests under the Code of Conduct and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4. PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of

the Public in accordance with the provisions of Procedure Rules 93 and 94.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

5. QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions received from Members of the Council in accordance with the provisions of Procedure Rule 95.

6. NOTICES OF MOTION

To consider any Notices of Motion from Members submitted under Procedure Rule 97.

7. HIGHWAYS PROGRESS

To receive a verbal update from the Strategic Director for Places.

8. LEVELLING UP FUND - GOVERNANCE FRAMEWORK

To receive Report No.143/2023 from the Strategic Director for Places and Strategic Director for Resources

(Pages 9 - 44)

9. INFORMATION GOVERNANCE ANNUAL REPORT 2022/23

To receive Report No.142/2023 from the Strategic Director for Law & Governance.

(Pages 45 - 72)

10. INTERNAL AUDIT UPDATE

To receive Report No.141/2023 from the Chief Internal Auditor.

(Pages 73 - 90)

11. STATEMENT OF ACCOUNTS

To receive a verbal update from the Strategic Director for Resources.

12. 2022/23 EXTERNAL AUDIT PLAN

To receive Report No. 144/2023 from the Strategic Director for Resources (To Follow).

13. REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA)

To receive a verbal update from the Strategic Director of Resources.

14. ANY OTHER URGENT BUSINESS

To receive items of urgent business which have previously been notified to the person presiding.

15. DATE OF NEXT MEETING

Tuesday, 5th December 2023.

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DISTRIBUTION

MEMBERS OF THE AUDIT AND RISK COMMITTEE:

Councillor K Payne (Chair)

Councillor R Ross (Vice-Chair)

Councillor S Lambert

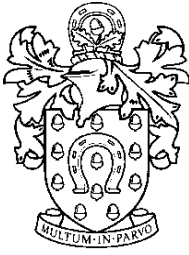
Councillor R Payne

Councillor R Powell

Councillor L Stephenson

Councillor A West

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Rutland County Council

Catmose Oakham Rutland LE15 6HP

Telephone 01572 722577 Email governance@rutland.gov.uk

Minutes of the **MEETING of the AUDIT AND RISK COMMITTEE** held in the Council Chamber, Catmose, Oakham, LE15 6HP on Tuesday, 27th June, 2023 at 7.00 pm

PRESENT: Councillor K Payne (Chair) Councillor R Ross (Vice-Chair)
Councillor A MacCartney Councillor T Smith
Councillor L Stephenson Councillor H Edwards

ABSENT: Councillor R Powell

OFFICERS PRESENT: Kirsty Nutton Strategic Director for Resources
Rachel Ashley-Caunt Chief Internal Auditor
Andrew Merry Head of Finance
Paul Harvey Grant Thornton
Andrew Merry Head of Finance
David Ebbage Democratic Services Officer
Penny Sharp Strategic Director of Places

IN ATTENDANCE: Councillor K Corby
Councillor A Johnson Portfolio Holder

1 WELCOME AND APOLOGIES

Apologies were received from Councillors R Powell and S Lambert. Councillor H Edwards attended the meeting as the representative for Councillor S Lambert.

2 MINUTES

Consideration was given to the minutes of the meetings held on 21 March 2023.

It was moved by Councillor K Payne and seconded that the minutes of the 21 March meeting be approved.

RESOLVED

- a) That the minutes of the meetings held on 21 March 2023 be **APPROVED**.

3 APPOINTMENT OF VICE-CHAIRMAN

Nominations were invited for the position of Vice Chair of the Audit and Risk Committee for the Municipal Year 2023-24.

Councillor L Stephenson proposed, and this was seconded, that Councillor R Ramsay be Vice-Chairman to the Audit and Risk Committee. There were no other nominations. Upon being put to the vote this was unanimously carried.

RESOLVED

- a) That Councillor R Ramsay be **APPOINTED** Vice-Chairman of the Audit and Risk Committee for the municipal year 2023-24.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions deputations or questions had been received.

6 QUESTIONS WITH NOTICE FROM MEMBERS

No questions with notice from Members had been received.

7 NOTICES OF MOTION

No notices of motion had been received.

8 STATEMENT OF ACCOUNTS 21/22 AND 22/23

Report No.92/2023 was introduced by Andrew Merry, Head of Finance.

The report updated the committee on the latest position on the statutory Statement of Accounts (SoA) 2021/22 following the delays in finalising the external audit. It confirmed the position of the Councils draft Statement of Accounts for 2022/23 and the next steps required to take this from a draft document to finalising and finally it outlined the process for the Annual Governance Statement which forms part of the Statement of Accounts documents once considered and approved by this Committee.

RESOLVED

That the Committee:

- a) **NOTED** the process for the draft 2022/23 Statement of Accounts and external audit.
- b) **NOTED** the progress update on the 2021/22 Audit Accounts.
- c) **NOTED** the timescales for the Annual Governance Statement.

9 ANNUAL INTERNAL AUDIT REPORT AND OPINION 22/23

Report No.91/2023 was introduced by Rachel Ashley-Caunt, Chief Internal Auditor.

The report included a copy of the Annual Report which included the detailed Opinion on the Council's control framework for 2022/23 and the basis for this opinion.

The report also included details of the delivery of the Internal Audit Plan for 2022/23 and achievement of the service's performance indicators. The team had delivered 100% of the agreed assignments from the Internal Audit Plan for the year and performed well against expected standards and customer feedback.

RESOLVED

That the Committee:

- a) **NOTED** the Annual Internal Audit Report and Opinion for 2022/23.

10 INTERNAL AUDIT PROGRESS REPORT

Report No.90/2023 was introduced by Rachel Ashley-Caunt, Chief Internal Auditor.

The report provided the Committee with a copy of the 2023/24 annual Internal Audit plan and provided an update on the progress made in delivering the 2023/24 planned assignments.

It was requested by the Chair and agreed by officers that an update on the assurances and governance framework of the Levelling Up Fund (LUF) would come to the next meeting.

It was moved by Councillor A MacCartney and seconded that the recommendations be approved. Upon being put to the vote, the motion was unanimously carried.

RESOLVED

That the Committee:

- a) **NOTED** the Internal Audit update report (Appendix A).
- b) **APPROVED** the proposed amendment to the 2023/24 Internal Audit plan to postpone the audit of Adult Social Care Data Quality and reallocate the 12 audit days to a follow up audit of Home to School Transport.

11 REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA)

Kirsty Nutton, Strategic Director for Resources verbally confirmed to the Committee that there had been no use of the provisions of the Regulation of Investigatory Powers Act since the last update.

12 STRATEGIC RISK REGISTER

Report No.89/2023 was introduced by Kirsty Nutton, Strategic Director for Resources.

The Risk Register had been reviewed and updated as at June 2023. The dashboard at Appendix A summarised the key movements since it was last presented at Audit and Risk in September 2022. The full register was included in Appendix B to the report.

RESOLVED

That the Committee:

- a) **NOTED** the content of the updated Strategic Risk Register (Appendices A and B) and the actions underway to address the risks.

13 ANY OTHER URGENT BUSINESS

There were no items of urgent business.

14 DATE OF NEXT MEETING

Tuesday, 26th September 2023.

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The Chair declared the meeting closed at 8.10pm.

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AUDIT AND RISK COMMITTEE

26 September 2023

LEVELLING UP FUND GOVERNANCE ARRANGEMENTS

Report of the Strategic Director for Places and Strategic Director for Resources

| | | |
|--------------------------------|---|--|
| Strategic Aim: | A Special Place Sustainable Lives Health and Well A Modern and Effective Council | |
| Exempt Information | No | |
| Cabinet Member(s) Responsible: | Cllr G Waller – Leader of the Council Cllr A Johnson - Portfolio Holder for Resources | |
| Contact Officer(s): | Penny Sharp, Strategic Director for Places | Telephone: 07973 854906 email: PSharp@Rutland.gov.uk |
| | Ingrid Hooley – Head of Sustainable Economy and Place | Telephone: 01572 720923 email: ihooley@rutland.gov.uk |
| | Kirsty Nutton, Strategic Director for Resources (S151) | Telephone: 01572 758159 email: KNutton@Rutland.gov.uk |
| Ward Councillors | N/A | |

DECISION RECOMMENDATIONS

That the Committee:

1. Considers the governance arrangements for the Levelling Up Fund (LUF) and that the arrangements provide the Committee with assurance for the management of the LUF Programme.

1 PURPOSE OF THE REPORT

- 1.1 This report is presented to the Audit and Risk Committee following from the Committee to consider the governance arrangements put in place for the management of the Rutland Melton Levelling Up Fund administration and delivery of the programme.
- 1.2 This report brings the governance approach developed by Officers in accordance with the Council's project management framework, and approved by Cabinet on 12 September 2023 to be considered under the Committee's following terms of reference:

6.3 Regulatory Framework –

- b) To monitor the effective development and operation of risk management and corporate governance in the Council
- e) To consider the Council's arrangements for corporate governance and agreeing necessary actions to ensure compliance with best practice.
- f) To consider The Council's compliance with its own and other published standards and controls.

6.5 Accountability Arrangements –

- a) To report to those charged with governance on the committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks; financial reporting arrangements, and internal and external audit functions.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 In March 2022, the Department for Levelling Up Housing and Communities (DLUHC) launched Round 2 of Levelling Up Fund (LUF). This was a competitive capital grant funding programme for investment in infrastructure to support local communities to 'level up' through: regenerating town centre and high streets; upgrading local transport and highways; and investing in cultural and heritage assets.
- 2.2 With Cabinet approvals in place, Rutland County Council and Melton Borough Council submitted a joint bid and were successful with £23m of funding secured. The bid focussed on addressing shared issues in rural market town economies. This aligned with the MP constituency area reflecting the need for MP support as a gateway requirement for LUF applications.
- 2.3 Rutland County Council is the Lead Local Authority with agreement the function is undertaken on a full cost recovery basis and with a formal agreement between the two local authorities governing the working arrangements including a partnership governance structure.
- 2.4 On the 12 September 2023 Cabinet approved governance approach for the programme and approval to commission works supporting all communications needs through competitive tendering via an appropriate framework.
- 2.5 The overall governance framework for the Rutland and Melton LUF Programme is made up of a number of components as follows:
 - the Memorandum of Understanding
 - the Assurance Framework
 - the 'Back to Back' Agreement
 - the Council's Corporate Management Framework.
- 2.6 The programme has a Board established including corporate and political leadership

across both authorities. Governance and Terms of reference of the programme and Board were agreed at a Board meeting on 27 July 2023.

2.7 The projects within the LUF Programme are listed below:

| |
|---|
| <p>Rutland County Council projects:</p> <ol style="list-style-type: none">1. Medi-tech digital innovation centre – <i>a commercially operated enterprise centre focused on developing health and care technologies to benefit residents and the wider population.</i>2. Mobi hub integrated transport - <i>addressing issues with connectivity and accessibility between market towns and services, particularly health. The funding will provide a new integrated transport hub (a ‘mobi-hub’) for public transport and active travel.</i>3. Enhanced digital visitor experience – <i>for the recent internationally significant finds of the Ichthyosaur and the roman mosaic</i> |
| <p>Melton Borough Council projects:</p> <ol style="list-style-type: none">4. The Stockyard - <i>development of food production units and events space</i>5. The Theatre - <i>to refurbish the main auditorium and backstage facilities, making the space more accessible</i> |

3 LEVELLING UP FUND (LUF) – RCC GOVERNANCE STRUCTURE

3.1 The Council’s LUF governance structure is provided in the appendices:

- Appendix A - LUF Programme Governance
- Appendix B - LUF Executive Programme Board Terms of Reference
- Appendix C - LUF Delivery Board Terms of Reference
- Appendix D - LUF PID (Programme Initiation Document)
- Appendix E - LUF RAID (Risks, Actions, Issues and Decisions) Log

4 CONSULTATION

4.1 There are no consultation requirements for this report specifically. Consultations will be undertaken in respect to the delivery of the activity undertaken for the programme in accordance with the governance arrangements outlined in the appendices.

5 ALTERNATIVE OPTIONS

5.1 There are a variety of options for any Governance approach to complex capital programmes which have been considered. The approach approved by Cabinet on has been discussed and agreed with all partners involved in delivery of the programme, it has been approved by the Board and meets the requirements of the grant.

6 FINANCIAL IMPLICATIONS

6.1 The original LUF programme funding profile is summarised in the table below:

| | Grant £000 | Match £000 | Total £000 |
|---------------------------------------|-----------------------|-----------------------|-----------------------|
| Medi-Tech Digital Innovation Centre | 5,792 | 1,200 | 6,992 |
| Enhanced digital Visitor Experience | 2,000 | - | 2,000 |
| Integrated Transport | 3,000 | - | 3,000 |
| Total Project with RCC as Lead | 10,792 | 1,200 | 11,992 |
| Melton Town Centre Regeneration | 12,159 | 2,035 | 14,194 |
| Total LUF Programme | 22,951 | 3,235 | 26,186 |

6.2 With submission of the signed agreement to DLUHC and the quarterly return for the previous financial year, DLUHC have released £4,205,953 of LUF to Rutland County Council facilitating a cash positive position.

6.3 All costs of the programme are being met within the funding envelope.

7 LEGAL AND GOVERNANCE CONSIDERATIONS (MANDATORY)

7.1 The commissioning, procurement and implementation of the Rutland elements of the LUF programme will be in accordance with the Council's Constitution, including the Contract Procedure Rules and Financial Procedure Rules. Cabinet and/or Council (whichever is appropriate in the circumstances) will be involved at key gateways to approve implementation of projects and limit any financial exposure.

7.2 During the development and assessment of the Rutland and Melton LUF bid specialist legal advice was obtained on the Subsidy Control implications of the bid – specifically on compliance with the Subsidy Control rules contained within the Subsidy Control Act 2022 (Note: the Subsidy Control regime has replaced the previous rules on State Aid). It was a DLUHC requirement of all bidders to provide assurance that any grant would be compliant with the Subsidy Control rules and would not distort the competitive market. DLUHC has requested all successful bidders to provide fresh assurance and for that reason the Council's legal advice is currently being refreshed, although there is no reason to believe the updated advice will depart from the original advice.

7.3 The cost of legal advice for the programme is funded through the programme with no additional pressure on the Council's revenue position.

7.4 Legal advice on the tendering and award will be sought at the appropriate stages of the procurement process.

8 DATA PROTECTION IMPLICATIONS

8.1 A Data Protection Impact Assessments (DPIA) has not been completed for because there are no risks/issues to the rights and freedoms of natural persons.

9 EQUALITY IMPACT ASSESSMENT

9.1 An Equality Impact Assessment (EqIA) has not been completed because there are no identified risks/issues for equalities or protected groups.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 No direct implications arising from this report.

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 There are no direct implications arising from this report.

11.2 For Rutland the LUF investment will leverage capital investment and commitment from health partners and will complement the Council's Transformation Programme and the Health and Care Collaborative workstream. For further considerations see previous LUF reports to Cabinet and Council, links provided in section 13.

12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

12.1 The governance structure for the Rutland and Melton LUF programme is provided in the appendices. The governance structure has been set up to ensure the correct decision are being made and communicated.

12.2 The commissioning, procurement and implementation of the Rutland elements of the LUF programme will be in accordance with the Council's Constitution, including the Contract Procedure Rules and Financial Procedure Rules. Cabinet and/or Council (whichever is appropriate in the circumstances) will be involved at key gateways to approve implementation of projects and limit any financial exposure.

12.3 The Internal Audit plan has been amended to allocate audit days for assurance review into the LUF programme.

13 BACKGROUND PAPERS

13.1 Additional background information and Council papers:

[Council, 27 March 2023 – Rutland and Melton Levelling Up Fund Grant, Item 20](#)

[Cabinet, 12 September 2023 – Levelling Up Fund – Governance and Communications, Item 6](#)

14 APPENDICES

14.1 Appendix A - LUF Programme Governance

14.2 Appendix B - LUF Executive Programme Board Terms of Reference

14.3 Appendix C - LUF Delivery Board Terms of Reference

14.4 Appendix D - LUF PID (Programme Initiation Document)

14.5 Appendix E - LUF RAID (Risks, Actions, Issues and Decisions) Log

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

Appendices A – E as per the Cabinet Report 12 September 2023

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**Melton
Borough
Council**



LUF Executive Programme Board - Terms of Reference

| | |
|-----------------|---|
| Document Owner: | Penny Sharp, Strategic Director – Places Rutland County Council |
| Author: | Ingrid Hooley Head of Sustainable, Economy and Place Rutland County Council |
| Version: | V0.03 |
| Date: | Aug 2023 |
| Classification | NOT PROTECTIVELY MARKED |

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Document Control, Approval and Distribution

Version Control

This document should be updated with any amendments:

| Version | Date | Notes |
|---------|----------------|---|
| 0.01 | June 2023 | Document Created |
| 0.02 | 24 July 2023 | Discussed and revised at Board 26 July 2023 |
| 0.03 | 25 August 2023 | Final version for Cabinet |

Document Approval

This document requires the following approvals:

| Sponsor Approval | Name | Date |
|------------------|------|------|
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| | | |

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|------|--------|------|
| | Email | |

Introduction

The purpose of this terms of reference document is to state the responsibilities of the Levelling Programme Delivery Board who will be providing support, guidance and leadership through acting as an advisory group to the Cabinet.

Purpose of the Executive Board is:

1. To provide overall strategic direction for the LUF Programme and its constituent Projects including:
 - Mobihub and related Transport
 - Meditech Centre
 - Visitor Economy
 - Stockyard
 - Theatre in Melton
2. To ensure sufficient and adequate processes and resources are put in place to secure, forecast, monitor and assure Programme funding and expenditure in accordance with RCC audit and assurance processes and the Department for Levelling UP Homes and Communities MoU and Assurance Framework.

Membership & Chairing

The Chair is Mark Andrews, Rutland County Council (RCC) Chief Executive and SRPO. If the Chair is to be absent from a meeting, the Chair will appoint another board member to chair the meeting. Membership of the group has been agreed by the Chair, Group Leaders and Portfolio Holder. The composition of this group and team members who are required to attend, will be done so by invitation.

The membership will be comprised of:

- Chair - RCC Chief Executive (as Accountable Body)
- Melton Chief Exec
- Rutland and Melton Leaders
- Rutland & Melton Economic Portfolio holders
- LUF Programme Manager – TBC
- Programme Leads Rutland & Melton
- Communications Lead – TBC
- Finance/S151 Leads Rutland & Melton

Standing attendees include:

- Programme Support
- Programme Manager

Other Council officers, representatives from external agencies and external advisers may attend board meetings if invited by the Chair.

Members may send named deputies by exception. Meeting papers will be shared with the members of the group and nominated deputies.

The Hed of Sustainable Economy will support the provision and running of this group.

Frequency of the Executive Programme Board

Quarterly or more frequently if required.

Attendance at meetings may be in person or by video call or conference call.

The board shall have full power to regulate the frequency and procedures for its meetings and any sub-committees.

Responsibilities of the Executive Programme Board

The main responsibilities of the board are to:

- i. Confirm and communicate the vision for the Rutland and Melton LUF Programme and how the vision is to be achieved.
- ii. Be accountable for the successful delivery of the LUF Programme.
- iii. Authorise individual projects in the Programme to continue at each decision point. Programme Board has the delegated authority to authorise at each decision point.
- iv. Create an environment where the board can plan, agree and implement the measures necessary for the LUF programme to be successful.
- v. Provide visible leadership and support to champion the programme throughout the wider organisation, delivery partners and with relevant stakeholders.
- vi. Set the direction for the programme and approve the baseline programme milestones, costs, scope, quality and target benefits.
- vii. Define acceptable levels of risk (tolerances) for the programme and its constituent projects.
- viii. Ensure that the programme delivers within agreed boundaries of cost, timescales, organisational impact and benefits realisation.
- ix. Resolve strategic risks, issues and conflicts as necessary to ensure progress.
- x. Coordinate allocated project resources and resolve conflicting resourcing demands.
- xi. Ensure that processes and procedures are in place to deliver value for money and that procurement decisions are taken in accordance within agreed delegated authorities.
- xii. Ensure that appropriate resources are made available when required, escalating risks and issues as necessary.
- xiii. Oversee Programme communications and stakeholder management.
- xiv. Oversee all LUF Programme reporting and compliance with the LUF MoU and in accordance with RCC procedures.
- xv. Escalate issues to the appropriate body (Cabinet, Council, DLUHC).
- xvi. Approve end project reports and reviews including lessons learned.
- xvii. Responsible for overseeing the post-contract conditions for the programme.

Agendas & Minutes

The Chair in consultation with the other board members shall determine the dates and agenda for the meetings of the board.

Notices and agendas shall so far as reasonably practicable be circulated at least 3 clear business days in advance to the persons attending the meeting together with the minutes and actions from the preceding board meeting.

The minutes and actions of the meetings of the board shall be circulated promptly to all members of the board.

Quorum

The quorum shall consist of 50% of the board members. Minimum of 1 political member from each council.

Escalation Path

The programme is being managed jointly by both Councils with Rutland as the Accountable Body with overall responsibility to DLUHC. Rutland CC is the signatory on a Memorandum of Understanding with DLUHC and has a Back to Back agreement with Melton BC reflecting this.

The LUF Executive Programme Board includes Political Leaders and portfolio holders from both Councils allowing decisions on normal programme variations, in turn reflecting the DLUHC Project Adjustment Request (PAR) process where changes to finances, outputs and outcomes below 30% variance are treated as minor and do not require escalation.

Key Decisions, including procurement routes will be made by each Cabinet. Major issues (above 30% variance to the programme) to be raised / escalated to each Cabinet and emergency meetings to be called where necessary.

Issues impacting the milestones, financial forecasting and timeline of the programme will be reflected in normal quarterly returns to DLUHC and escalated to DLUHC outside of the Quarterly return process, as agreed with the Board if above 30% variance.

The LUF Programme Manager will escalate variances to the Directors and Board when above 10% change to project finances, outcomes and/or outputs.

DLUHC will allow Accountable Bodies to make decisions locally (rather than referring to the Department through the PAR process) on project changes that relate to up to 30% change in funding profile and up to 30% change in output and outcomes. This is provided the project remains materially the same (see further guidance Project Adjustment Request (PAR) changes: Town Deals, Levelling Up, and Future High Street Funds - GOV.UK (www.gov.uk)). Changes which exceed these thresholds will need to be referred to the Department through the PAR process in the usual way. DLUHC will not be able to consider any increase to agreed funding allocations.

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Rutland County Council

Levelling Up Fund –

Governance Structure

Document Owner: Penny Sharp -
Rutland County Council

Authors: Ingrid Hooley
Rutland County Council

Version: V0.05

Date: 25 August 2023

Classification NOT PROTECTIVELY MARKED

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Document Control, Approval and Distribution

Version Control

This document should be updated with any amendments:

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| 0.01 | May2023 | First Draft |
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| 0.03 | 24 July 2023 | Approved for Board |
| 0.04 | 10 August 2023 | Board revisions & Logos added |
| 0.05 | 25 August 2023 | Final for Cabinet |

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| Amends required | Mark Andrews | 13 July 2023 |
| | | |

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| LUF Board | Board Meeting | 26 July 2023 |

Introduction

This document outlines the governance structure for the Melton and Rutland Levelling Up Fund Programme. The governance of the project is important as it allows the project to ensure the correct decisions are being made and communicated accordingly.

Project Details

£23m of funding has been awarded to Rutland County Council and Melton Borough Council to help boost the local economy and improve connectivity following a successful joint bid for the Government's Levelling Up Fund.

Oakham and Melton Mowbray are historic market towns with huge potential for economic growth. This funding will focus on realising the economic potential of both areas by supporting five key projects focusing on economic innovation, cultural destinations, health science and mobility.

In summary, the 5 projects are:

1. The Medi-Tech Centre – a business and training innovation R&D centre to be built at Rutland Memorial Hospital;
2. The Mobi Hub centre – a public transport and travel hub, incorporating office and business space and facilities to be built adjacent to the hospital site in Rutland;
3. Investment in the cultural and visitor economy in Rutland and development of a digital visitor experience of a Roman Villa and an Ichthyosaur;
4. The Stockyard – investment in event space and the food and drink sector in Melton Mowbray;
5. Investment in the Cultural sector through improvements to the Theatre at the Melton College Campus.

At the heart of Rutland's vision is to maximise the potential of the health sector and improve the area's mobility through the development of a new digital innovation facility and Mobi-Hub at the Rutland Memorial Hospital site.

The Council will also use the funding to support the economic regeneration of the area by the introduction of a mobile, digital visitor experience that makes the most of Rutland's unique cultural assets.

The Rutland Memorial Hospital site proposals accommodate a £3.5m, 1000m² facility, providing lab and light assembly space for the development of medi-tech level clinical trials, a Continuous Professional Development centre for clinicians working in the area and a training base for students involved in relevant disciplines at the local universities, including medical schools and schools of nursing.

This investment will build on the well-established understanding at Health Education England (now a core part of NHS England and Improvement), that the antidote to the skills shortages, at the heart of rural health inequalities, lies in the development and training of people in rural settings themselves.

The facility will also be a community health related hub, including a café and housing health trainers and potentially care workers developing their business on a self-employed basis.

Further funding will be used at the Rutland Memorial Hospital site as the County Council plan to implement a £6.5m, 500m² travel anchor Mobi-Hub. The Mobi-Hub will be supported by a Demand Responsive Transport system based on the Bus Service Investment Plan approach developed by Rutland Council and extended to cover the Melton Borough area linking the overall package of Levelling Up investments. It will focus on two routes, which have been developed through evidence led analysis, with further refinement to be completed. This service aims to enable people to access work, learning and services more fully across the two market towns

Rutland will also use the funding to include a £2m investment in the creation of a mobile, digital visitor experience to view two of the area's unique heritage treasures - the largest Ichthyosaur fossil in Europe and the remains of a stunning 4th Century Roman Villa with an exceptional mosaic. Neither of these assets can currently be displayed easily to the public directly, however this funding will enable the council to create the virtual models, storage and touring facilities to enable the finds to be showcased.

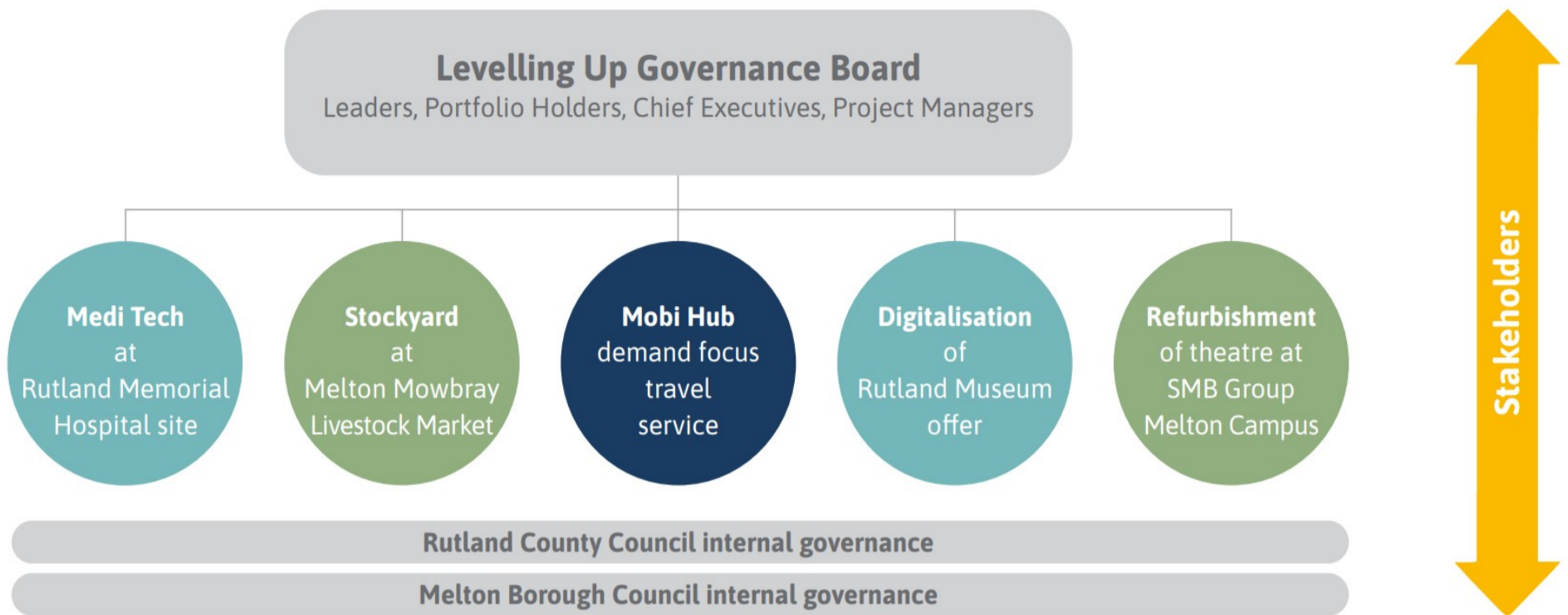
Melton Borough Council will use the funding to develop over 2500sqm of flexible food and drink production units, creating a food and drink innovation showcase in the heart of Melton Mowbray. The Stockyard will also include a support service to help small or upcoming local producers develop and grow in the Rural Capital of Food.

In addition, the funding will be used to deliver a multifunctional event space at the stockyard which could host exciting events and activities throughout the year, bringing additional footfall and attracting repeat visitors to the area.

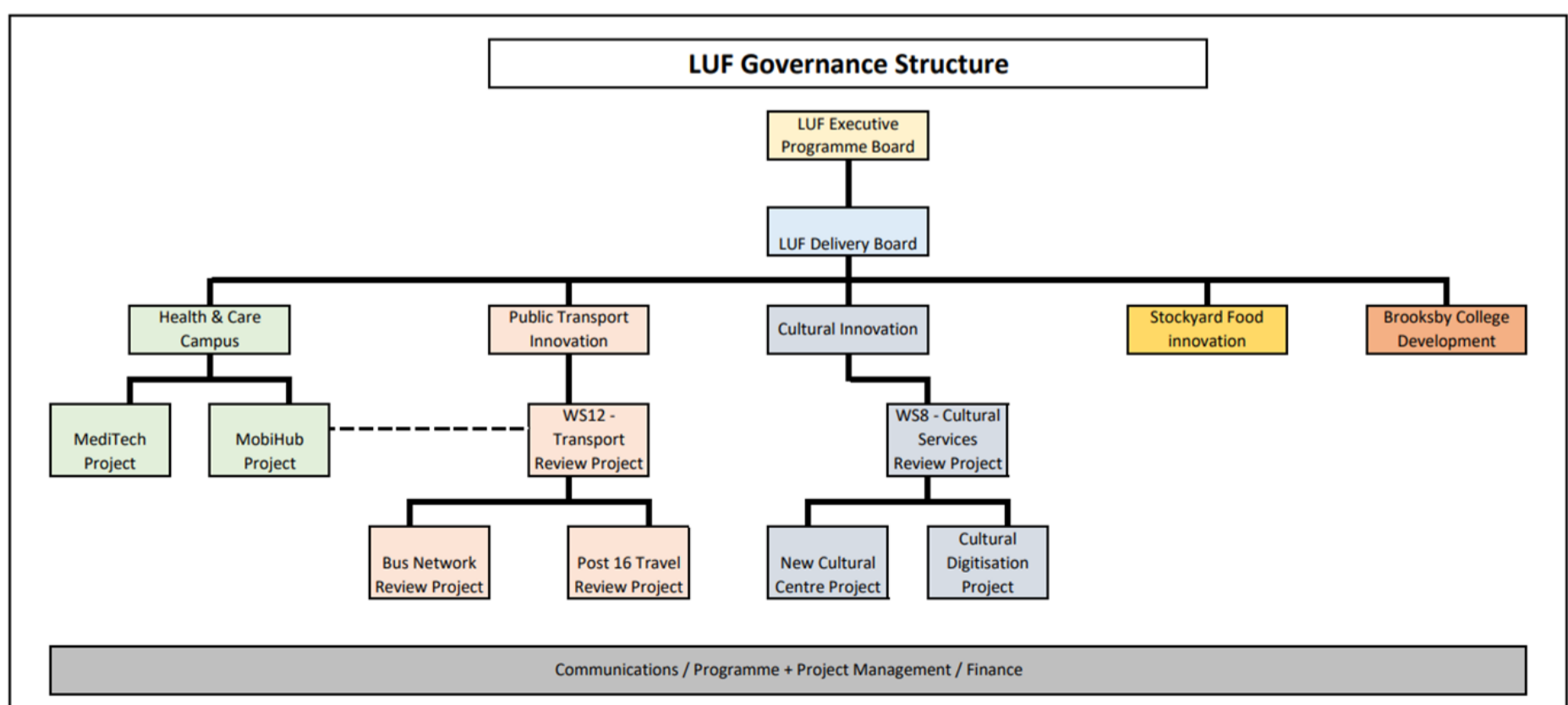
Complementing this activity, £2m of improvements will be made to the theatre on SMB groups Melton campus. These improvements and upgrades will make the space more accessible and ensure it is able to secure and attract larger scale commercial events more often to provide a regular calendar of activity that will, alongside the stockyard, support the town centre and its burgeoning evening economy.

The Governance Structure:

GOVERNANCE STRUCTURE



| Governing Body | Responsibilities (in relation to the project) |
|--|--|
| Rutland and Melton Executive Delivery Board | Steers and has ultimate responsibility for partnership working across the two authorities facilitating Rutland to fulfil its obligations as the lead delivery body for LUF, bringing the Leaders, CEOs and Section 151 Officers from both authorities together to make key decisions about implementation. |
| Rutland and Melton LUF Executive Programme Implementation Team | Coordinates the work on a day to day basis of the project teams which have been deployed across both local authority areas. |
| Project Teams | Operational group to deliver the projects within the programme managing actions, issues and risks. |
| Cabinet | Formal Council governance body to provide decisions on project progress |
| Council | Formal Council governance body to provide decisions on project progress, outside of the remit of Cabinet (as per the Project Management Framework) |
| SMT | Senior Management Team to provide support/guidance on operational risks and issues, ensuring blockers to progress are removed and to provide decision making function |
| Scrutiny | Scrutiny to be used as part of the formal decision making process where they require further review of the work being done |



**RUTLAND AND MELTON LEVELLING UP FUND PROGRAMME
EXECUTIVE GOVERNANCE MEMBERSHIP**

| JOB TITLE | LUF GOVERNANCE ROLE | ORGANISATION | NAME | EMAIL |
|--|---|------------------------|---------------------|--|
| LUF Executive Programme Board | | | | |
| Chief Executive | Chair of Executive Programme Board | Rutland County Council | Mark Andrews | mandrews@rutland.gov.uk |
| Leader | | Rutland County Council | Cllr Gale Waller | GWaller@rutland.gov.uk |
| Portfolio Holder for Economic Development | | Rutland County Council | Cllr Gale Waller | GWaller@rutland.gov.uk |
| Portfolio Holder for Finance | | Rutland County Council | Cllr Andrew Johnson | ajohnson@rutland.gov.uk |
| Strategic Director – Places | Programme Sponsor (Accountable Body) | Rutland County Council | Penny Sharp | psharp@rutland.gov.uk |
| Director of Resources – s151 Officer | First Line of Defence (FLOD) – Accountable Body | Rutland County Council | Kirsty Nutton | knutton@rutland.gov.uk |
| Head of Sustainable Economy and Place | Programme Lead (Rutland) | Rutland County Council | Ingrid Hooley | ihooley@rutland.gov.uk |
| Chief Executive | Programme Sponsor (Melton) | Melton Borough Council | Edd de Coverley | edecoverly@melton.gov.uk |
| Leader | | Melton Borough Council | Cllr Pip Allnatt | pallnatt@melton.gov.uk |
| Portfolio Holder for Town Centre, Growth & Prosperity | | Melton Borough Council | Cllr Sharon Butcher | sbutcher@melton.gov.uk |
| Portfolio Holder for Finance, Property & Services | | Melton Borough Council | Sarah Cox | scox@melton.gov.uk |
| Director of Growth and Regeneration | | Melton Borough Council | Pranali Parikh | PParikh@melton.gov.uk |
| Director of Resources – s151 Officer | Finance Lead (Melton) | Melton Borough Council | Dawn Garton | DGarton@melton.gov.uk |
| Assistant Director – Regeneration and UKSPF Delivery | Programme Lead (Melton) | Melton Borough Council | Lee Byrne | LByrne@melton.gov.uk |
| LUF Programme Manager | Programme Manager for Rutland and Melton | Rutland County Council | TBC | |
| Executive Support Officer | Executive Delivery Board Support | Rutland County Council | Julie Old | jold@rutland.gov.uk |
| FREQUENCY OF MEETINGS | | | | |
| Quarterly Meeting Schedule: Quarterly Monitoring Returns Board Meetings - 2 nd week after Quarter End (July; October; January; April) Progress Review Board Meetings – Mid-point between Quarterly Return Board Meetings (Aug/Sept; Nov/Dec; Feb/Mar; May/Jun) | | | | |

| LUF Delivery Board | | | | |
|---|---|------------------------|----------------|--|
| Strategic Director – Places | Programme Sponsor (Accountable Body) Chair | Rutland County Council | Penny Sharp | |
| Head of Sustainable Economy and Place | Programme Lead (Rutland) | Rutland County Council | Ingrid Hooley | |
| Head of Finance | | Rutland County Council | Andrew Merry | |
| Capital Finance Officer | | Rutland County Council | Laura Daughtry | |
| Director of Growth and Regeneration | | Melton Borough Council | Pranali Parikh | |
| Assistant Director – Regeneration and UKSPF Delivery | Programme Lead (Melton) | Melton Borough Council | Lee Byrne | |
| Head of Finance | Finance Lead (Melton) | Melton Borough Council | TBC | |
| TBC | Project Manager (Rutland Meditech) | Rutland County Council | TBC | |
| TBC | Project Manager (Rutland Mobi Hub) | Rutland County Council | TBC | |
| TBC | Project Manager (Cultural & Visitor Economy) | Rutland County Council | TBC | |
| TBC | Capital Programme Manager/ QS support (Rutland) | Rutland County Council | TBC | |
| Head of Culture and Registration | Project Lead (Cultural Digitisation) | Rutland County Council | Robert Clayton | |
| Head of Safe and Active Public Realm | Project Lead (Transport) | Rutland County Council | Angie Culleton | |
| Senior Transport Manager | Project Manager (Transport) | Rutland County Council | Emma Odabas | |
| TBC | Project Manager (Melton Stockyard) | Melton Borough Council | TBC | |
| TBC | Project Manager (SMB Theatre) | Melton Borough Council | TBC | |
| LUF Programme Manager | Programme Manager for Rutland and Melton | Rutland County Council | TBC | |
| Executive Support Officer | Executive Delivery Board Support | Rutland County Council | Julie Old | |

FREQUENCY OF MEETINGS

Monthly and Quarterly meeting to coincide with Board

Meeting Schedule: TBC

Quarterly Progress Review Meetings – two weeks in advance of Executive Delivery Board Meetings

LUF Delivery Board - Terms of Reference

| | |
|-----------------|---|
| Document Owner: | Penny Sharp, Strategic Director – Places Rutland County Council |
| Author: | Ingrid Hooley Head of Sustainable, Economy and Place Rutland County Council |
| Version: | V0.01 |
| Date: | Aug 2023 |
| Classification | NOT PROTECTIVELY MARKED |

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Document Control, Approval and Distribution

Version Control

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| Version | Date | Notes |
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Document Approval

This document requires the following approvals:

| Sponsor Approval | Name | Date |
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Document Distribution

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| Name | Method | Date |
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| | Email | |

Introduction

The purpose of this terms of reference document is to state the responsibilities of the Levelling Delivery Board who will be providing the support and guidance to enable the projects to be delivered.

Purpose of the Delivery Board is:

1. To provide support for the LUF projects including:
 - Mobihub and related Transport
 - Meditech Centre
 - Visitor Economy
 - Stockyard
 - Theatre in Melton
2. To ensure sufficient and adequate processes and resources are put in place to ensure project delivery is possible on time and within scope and budget.
3. To remove any blockers to progress, review and mitigate risks and to escalate any problems that may arise.

Membership & Chairing

The Chair is Penny Sharp, Rutland County Council (RCC) Director of Place. If the Chair is to be absent from a meeting, the Chair will appoint another member to chair the meeting. Membership of the group has been agreed by the Chair. The composition of this group and team members who are required to attend, will be done so by invitation.

The membership will be comprised of:

- Chair – RCC Director of Place
- Melton Director of Place
- Rutland Programme Lead – Head of Sustainable Economy
- Melton Programme Lead – Assistant Director of Regeneration and UKSPF
- Rutland Finance/S151 Lead
- Melton Finance/S151 Lead
- LUF Programme Manager
- Communications Lead

Standing attendees include:

- Programme Support

Other Council officers, representatives from external agencies and external advisers may attend board meetings if invited by the Chair.

Members may send named deputies by exception. Meeting papers will be shared with the members of the group and nominated deputies.

The Head of Sustainable Economy will support the provision and running of this group.

Frequency of the Executive Programme Board

Monthly or more frequently if required.

Attendance at meetings may be in person or by video call or conference call.

The board shall have full power to regulate the frequency and procedures for its meetings and any sub-committees.

Responsibilities of the Executive Programme Board

The main responsibilities of the board are to:

- i. Provide the basis for the successful delivery of the LUF Programme.
- ii. Progress individual projects in the Programme to continue at each decision point, which then go to the Programme Board who has the delegated authority to authorise at each decision point.
- iii. Create an environment where the board can plan, agree and implement the measures necessary for the LUF projects to be successful.
- iv. Provide visible leadership and support to the projects throughout the each organisation, delivery partners and with relevant stakeholders.
- v. Set the direction for the projects and approve the baseline project milestones, costs, scope, quality and target benefits.
- vi. Define acceptable levels of risk (tolerances) for the projects.
- vii. Ensure that the projects delivers within agreed boundaries of cost, timescales, organisational impact and benefits realisation.
- viii. Help resolve strategic risks, issues and conflicts as necessary to ensure progress or escalate as necessary.
- ix. Help coordinate allocated project resources and avoid conflicting resourcing demands.
- x. Ensure that appropriate resources are made available when required, escalating risks and issues as necessary.
- xi. Plan projects communications and stakeholder management.
- xii. Approve end project reports and reviews including lessons learned.
- xiii. Responsible for overseeing the post-contract conditions for the projects.

Agendas & Minutes

The Chair in consultation with the other board members shall determine the dates and agenda for the meetings of the board.

Notices and agendas shall so far as reasonably practicable be circulated at least 3 clear business days in advance to the persons attending the meeting together with the minutes and actions from the preceding board meeting.

The minutes and actions of the meetings of the board shall be circulated promptly to all members of the board.

Quorum

The quorum shall consist of 50% of the group members. Minimum of 1 Director.



Melton
Borough
Council



Rutland
County Council

LUF Programme – Project Initiation Document (PID)

Document Owner: Penny Sharp – Director for Place RCC
Rutland County Council

Author: Ingrid Hooley Head of Sustainable,
Economy and Place
Rutland County Council

Version: V0.01

Date: Aug 23

Classification NOT PROTECTIVELY MARKED

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Document Control, Approval and Distribution

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Introduction

On the 19th January 2023, HM Government announced the outcome of the LUF competition. The Council were successful with their bid for Rural Innovation in Place – Levelling Up Proposition for Rutland and Melton. Subsequently, a MOU has been agreed covering the funding commitments from DLUHC and the delivery, financial expenditure, agreed milestones, reporting and evaluation, communications and branding expectations between the parties.

This Project Initiation Document (PID) will outline the programme details, what it intends to deliver and by when. This will provide a high level overview of the programme which will be shared and agreed by both parties. It will then form the basis for the development of the subsequent projects.

Project Details

| | |
|-------------------|--|
| Programme | Levelling Up Fund (LUF) Programme |
| Background | <p>To many, Rutland and Melton represent quintessential “Middle England”. This simplistic label misses the key challenges which signature rural communities like ours face. These include: skewed demographics, poor access to services, limited consumer choice, challenged small towns, higher energy costs, an outflow of younger people seeking work and a net inflow of older people often retiring into the area. These issues which are often masked by the small scale and relative remoteness of places like Oakham and Melton have a negative impact on local aspirations, local business competitiveness and social mobility.</p> <p>There is a long tradition of innovation in rural places like ours. We propose to harness the natural entrepreneurial talents of the local community to bring a 21st Century vision to Oakham, Melton and our wider hinterland. A vision which recognises that small places have real economic potency now that people can work and interact remotely.</p> <p>We plan to build the post-modern development of the area on the enduring sectors of food and health. Linking the economic potential of the two key settlements through a Demand Responsive Transport scheme we have a vision which will lever the collective economic heft of 100,000 people giving us the dynamic capacity on a distributed basis of a small high impact city, like Warwick, Lincoln, Salisbury or Durham.</p> <p>In addition to a distinctive sectoral focus, there is the broader cultural context of Melton and Rutland being the home to global and world renowned award-winning brands in the Rural Capital of food and drink, a unique, modern and high quality educational theatrical facility to support the next generation of theatre workers contributing to the UKs position as a leader in this arena, and we also have internationally significant local treasures including the largest “sea dragon” fossil in Europe and a fabulous recently discovered Roman Villa and Mosaic. High quality</p> |

| | |
|----------------------------------|--|
| | <p>and uniqueness is clear in the offer within both areas and Capitalising on these “treasures” to drive footfall, sharpen external interest in our area and make it attractive to investors to create significant opportunities across the wider area is a defining feature of our proposals.</p> |
| <p>Project Objectives</p> | <ul style="list-style-type: none"> • Creating the optimum environment for our residents and visitors alike to live their best lives, achieving their full potential. • Creating the spaces for the population to exercise its skills locally – through new and contemporary learning and research space. • Enabling more high growth businesses which pay higher wages – through new enterprise and innovation facilities which build local agglomeration effects. • Creating the travel connections to drive up the performance of the area – giving people local carbon travel solutions enabling them to maximise their economic potential, connecting market towns and the rural hinterland to reduce rural isolation and improve accessibility to services • Maximising the cultural assets and offer of the area. • Through making the centre a hub of health innovation driving out health improvements which address the rural health inequalities in the area. • Enhancing pride of place in rural communities |
| <p>Activities / Scope</p> | <p>Food Innovation Showcase - Development of the stockyard site for events infrastructure, food and drinks production units and supporting business support and tourism related activities by working with current operators of the market and existing tenants. The events capacity and tourism pull of this intervention is bolstered by the inclusion of the Theatre at SMB Group - Melton Campus.</p> <p>Health and Digital Innovation Showcase - Development of a new digital innovation facility anchored around health at the Oakham Hospital Site supporting the creation of high growth digital businesses.</p> <p>Mobility Showcase - Enhancing access, through the development of an e-enabled, community directed approach to demand focus travel, based on a Mobi-Hub, headquartered at the Oakham Hospital Site but providing links across the whole geography harnessing the economic potential of over 100,000 people.</p> <p>Tourism Showcase - Developing a tourism industry around recent major cultural discoveries – the Rutland Ichthyosaur and the Rutland Mosaic – to create a new digital visitor experience showcasing the globally significant recent archaeological finds in Rutland and driving awareness of Rutland. This will compliment significant work to drive food and drink tourism to Melton as well as the cultural and artistic events that take place at the Melton theatre to expand the reach of our attractions across the wider region and beyond</p> |

| | |
|--|---|
| <p>Deliverables</p> | <p>New food units plus event space of c2000m² and a new theatre offer fully let and thriving.</p> <p>New Meditech research facility of c1000m², which will include innovation space fully let with new local digital jobs.</p> <p>New travel hub of c500m², providing significant enhanced local mobility.</p> <p>159 new jobs and £10.2m GVA increase through the Food aspects of the Cattle Marker Cluster.</p> <p>6 jobs and 20,000 visitors linked to the digitized heritage and visitor offers connected with the Cattle Market and Mobile Heritage.</p> <p>40,000 residents with health improvements.</p> <p>20 meditech/digital businesses attracted.</p> <p>10% increase in the number of sustainable business related to the DRT.</p> |
| <p>Timing</p> | <p>The timings for each of the four projects will vary, but the overall timeline for the delivery of the LUF Programme is by the end of 2024/25. However, a possible years extension to the end of 2025/26 is being considered by DLUHC.</p> |
| <p>Exclusions</p> | <p>Anything outside of the details in the bid will be excluded as part of the programme unless agreed with DLUHC as an exception.</p> |
| <p>Dependencies & Assumptions</p> | <p>Dependencies</p> <ul style="list-style-type: none"> • Between Rutland and Melton councils working together to deliver the programme • On the funds agreed with DLUHC as part of the bid • Receipt of the fund in a timely manner as will be detailed in the quarterly returns to DLUHC <p>Assumptions</p> <ul style="list-style-type: none"> • Funding will be available for the projects as detailed in the bid • The governance structures will be acted upon across the whole programme • Resources will be made available to deliver the projects • Reporting requirements from DLUCH will be acted upon in a timely manner and information provided by both parties as required |
| <p>Resources</p> | <p>Each of the four projects will be fully resourced, from existing staff within Rutland and Melton, supplemented by external resources to ensure the full complement of resources are available to deliver the programme successfully.</p> |

| | |
|-----------------------|--|
| Estimated Cost | <p>Mobi-Hub and Meditech facility:</p> <ul style="list-style-type: none"> • Meditech Building £2,258,660 • Lab Fit Out £1,250,000 • Mobi-Hub Building £1,263,900 • External Works £842,400 • Prelims £600,000 • Risk/Contingency (12.5%) £776,879 • Rutland Museum (Cutting Edge Digitisation of Assets) £2,000,000 <p>Total £8,991,839</p> <p>Food innovation Showcase</p> <ul style="list-style-type: none"> • Stockyard Market £12,000,000 • Theatre at Melton Campus (SMB group) £2,193,451 <p>Demand Responsive Transport (Covering Melton and Rutland): £3,000,000</p> <p>Total £26,185,290</p> |
|-----------------------|--|

Programme Name: LUF

Risk & Issues

Last Reviewed: 11 Aug 2023

Risk refers to the combined likelihood the event will occur and the impact on the project if it does occur

| ID | Date Raised | Risk or Issue Description | Risk | Likelihood | Impact | Severity | Mitigation or Action Plan | Residual Risk | Risk | Likelihood | Impact | Severity | Owner | Risk Review Date | Status | Date Closed |
|------------|-------------|---|------|------------|--------|----------|---|---|------|------------|--------|----------|------------------------------|------------------|--------|-------------|
| LUF-RI-001 | 20/03/23 | Discord amongst delivery partners | R | 2 | 4 | 8 | A clear delivery programme will structure the work and minimise the scope for misinterpretation of issues and deliverable. If there are ongoing issues mediation will be deployed by an independent third party. | In the eventuality that this fails the legal agreements between the Accountable Body and the delivery partners will govern the agreement of the final way forward | R | 1 | 3 | 3 | Penny Sharp / Pranali Parikh | | Open | |
| LUF-RI-002 | 20/03/23 | Challenges to the management capacity of the programme delivery activities | R | 4 | 4 | 16 | The breadth of the partnership, comprising two authorities with associated other supporting third party organisations should enable these challenges to be managed. | Management capacity could become an issue at any point. | R | 2 | 3 | 6 | Penny Sharp / Pranali Parikh | | Open | |
| LUF-RI-003 | 20/03/23 | Individual project failure | R | 2 | 4 | 8 | The programme management structure will enable the development of issues of this gravity to be identified and ameliorative actions put in place to mitigate impact as it develops. | This should enable projects to proceed however in the eventuality of terminal issues arising detailed liaison with DLUHC will be put in place as a means of mitigating impact. | R | 1 | 3 | 3 | Penny Sharp / Pranali Parikh | | Open | |
| LUF-RI-004 | 20/03/23 | Cost over-runs due to inflation | R | 5 | 4 | 20 | The planned programme management approach and detailed monitoring of project delivery should provide a good opportunity to manage this risk. | In the eventuality that this situation nonetheless arises a detailed process of value engineering the project will be implemented. | R | 4 | 3 | 12 | Ingrid Hooley / Lee Byrne | | Open | |
| LUF-RI-005 | 20/03/23 | Individual project sponsor failure | R | 4 | 4 | 16 | The detailed liaison by accountable officers with individual projects will enable delivery failure to be identified and mitigated. | The funding agreement provides the basis for ensuring appropriate accountabilities and scope to identify alternative suppliers or in extremis close down projects if there are ultimately no alternative options. | R | 2 | 3 | 6 | Ingrid Hooley / Lee Byrne | | Open | |
| LUF-RI-006 | 20/03/23 | Failure to deliver contracted outputs | R | 3 | 5 | 15 | A well honed programme management and clear accountabilities provides scope for this issue to be identified early and managed effectively. | In the eventuality that the situation is significant and cannot be resolved there is scope for clawback in conjunction with the proposed funding agreement. | R | 2 | 4 | 8 | Ingrid Hooley / Lee Byrne | | Open | |
| LUF-RI-007 | 20/03/23 | Failure to meet spending profile | R | 4 | 5 | 20 | The programme management function backed by the ultimate sanction of clawback within the funding agreements for the delivery of the individual aspects of each project provides the protection required for this risk to be managed effectively. | Close working with both S151 officers and finance teams will reduce this risk further. | R | 2 | 3 | 6 | Ingrid Hooley / Lee Byrne | | Open | |
| LUF-RI-008 | 20/03/23 | Failure to secure release of land for new build. LPT do not support the development of facilities on the RMH site | R | 3 | 5 | 15 | Timely engagement with LPT and background briefing to Alicia Kerns our MP. | Through the integration of LPT as part of the delivery team this will reduce the risk. | R | 2 | 3 | 6 | Ingrid Hooley / Lee Byrne | | Open | |
| LUF-RI-009 | 04/08/23 | Failure to obtain sufficient funds for each quarter from DLUHC due to stringent finance reporting | R | 3 | 4 | 12 | Work with RCC and MBC finance teams to plan and record finances accurately, but with sufficient contingency. | Clarity in reporting to identify funds required will reduce the risk. | R | 2 | 2 | 4 | Kirsty Nutton / Dawn G | | Open | |
| LUF-RI-010 | 07/08/23 | Difficulty in recruitment across the programme for key roles to deliver the projects | R | 3 | 4 | 12 | Development of a resources plan to understand the whole complement of staff/resources required from which a recruitment plan to be created. | Recruiting the right people could still pose a risk which will be difficult to mitigate | R | 2 | 3 | 6 | Penny Sharp / Pranali Parikh | | Open | |
| LUF-RI-011 | 07/08/23 | Lack of resilience and resource in team impacts ability to deliver programme of works | R | 3 | 4 | 12 | Oversight and project managers with required skills and experience employed to ensure smooth running of all aspects of projects and programme. Additional resource being secured on a permanent basis to provide oversight and day to day management as a full time fixed term post. | Staff turnover could still be an issue and this risk is still present. | R | 1 | 2 | 2 | Ingrid Hooley / Lee Byrne | | Open | |
| LUF-RI-012 | 07/08/23 | Change in political outlook/aspiration within each organisation has the potential to dramatically impact the programme or works and desired outputs. | R | 2 | 3 | 6 | LUF Exec board has clearly defined TORs which should manage how the political aspirations of each organisation impact the deliverability of each others programme. Internal work ongoing through relevant governance processes which should minimise any changes to political leadership should they arise. | Member turnover could still be an issue and this risk is still present. | R | 1 | 2 | 2 | Penny Sharp / Pranali Parikh | | Open | |
| LUF-RI-013 | 07/08/23 | This is also the case should political leadership across both MBC and RCC have a disagreement in regards to the programme which is not able to be easily mitigated against due to its political nature. | R | 2 | 3 | 6 | LUF Exec board has clearly defined TORs which should manage how the political aspirations of each organisation impact the deliverability of each others programme. Internal work ongoing through relevant governance processes which should minimise any changes to political leadership should they arise. | Members could still operate outside of the agreed ToR and issues could arise. | R | 1 | 2 | 2 | Penny Sharp / Pranali Parikh | | Open | |
| LUF-RI-014 | 11/08/23 | Failure for Planning permission to be given across all projects in the programme | R | 2 | 5 | 10 | Work closely with RCC and MBC planning departments to get as much advice as possible to make the applications successful | Decisions by planning committees could still not provide the outcome required | R | 2 | 5 | 10 | Ingrid Hooley / Lee Byrne | | Open | |
| LUF-RI-015 | 11/08/23 | Potential for negativity / reputational impact on the work being carried out as part of the LUF programme | R | 2 | 3 | 6 | Proactive comms planning and stakeholder engagement will help with taking the public through the delivery process for the LUF programme | Risk of negative response from the public if there are issues with the programme | R | 1 | 3 | 3 | Penny Sharp / Pranali Parikh | | Open | |

| | | | | | | | | | | | | | | |
|------------|----------|---|---|---|---|---|---|---|---|---|---|---|---------------------------------|------|
| LUF-RI-016 | 11/08/23 | Securing assurance of payments from S151 officer to ensure payment in a timely manner from RCC to MBC | R | 1 | 4 | 4 | Clarity around the information required and accuracy of the data submitted as part of the DLUHC return will ensure a smooth payment process | Potential for change in reporting requirements from DLUHC | R | 1 | 2 | 2 | Penny Sharp | Open |
| LUF-RI-017 | 11/08/23 | Impact of constituency boundary changes to Melton and Rutland | R | 3 | 2 | 6 | Risk to be monitored | - | R | 3 | 2 | 6 | Penny Sharp / Pranali Parikh | Open |
| LUF-RI-018 | 11/08/23 | Change in national Government policy or approach to LUF | R | 2 | 4 | 8 | Risk to be monitored | - | R | 2 | 4 | 8 | Penny Sharp / Pranali Parikh | Open |

Programme Name: LUF

Actions

Last Reviewed: 2023

Any actions that have been captured across the various meetings taking place

| ID | Date Raised | Workstream | Action Description | Owner | Due Date | Response | Status |
|----|-------------|------------|--------------------|-------|----------|----------|--------|
| | | | | | | | |
| | | | | | | | |

NB - Actions at a programme level will be recorded in the LUF Exec Programme Board Meeting or the LUF Delivery Board Meeting

Programme Name: LUF

Decisions

Last Reviewed: 25 Jul 2023

| ID | Decision Description | Location | Decision Date | Importance |
|-----------|--|---------------------|----------------------|-------------------|
| LUF-D-001 | Increase the term of the programme to 2025/2026 (still to be confirmed) | Meeting with DLUHC | 25/07/23 | High |
| LUF-D-002 | Back-to-back agreement has been developed and signed | | | High |
| LUF-D-003 | RCC and MBC have agreed to the MOU with DLUHC | | 20/03/23 | High |
| LUF-D-004 | MBC Council agreed to accept the LUF monies | MBC Council Meeting | 23/03/23 | High |
| LUF-D-005 | RCC Council agreed to accept the LUF monies | RCC Council Meeting | 27/06/23 | High |

Programme Name: LUF

Dependencies

Last Reviewed: 04 Aug 2023

| ID | Date Raised | Dependency Description | Projects Impacted | Actions | Comments | Importance |
|-------------|-------------|--|--------------------|---|---|------------|
| LUF-DEP-001 | 04/08/23 | Confirmation of Site Preference for Mobihub & Meditech Centre | Mobihub / Meditech | Look at the broader implications linked to the wider LUF Delivery Board to lead use of the site – growing into a mini-health masterplan | | High |
| LUF-DEP-002 | 04/08/23 | Agreement of MoU with BEIS | Mobihub / Meditech | RIBA 2 Checklist to be confirmed | Key aspect of the overall programme management approach | Low |
| LUF-DEP-003 | 04/08/23 | SoS decision on RMH Land usage | Mobihub / Meditech | Work with Alex Baker | PS/IH/LB/PP to work with MPs | High |
| LUF-DEP-004 | 04/08/23 | Agree Operational Relationship with LPT | Mobihub / Meditech | Partnership MoU with health bodies | IH/PS to liaise with Jo Clinton/Steve | Medium |
| LUF-DEP-005 | 04/08/23 | Achievement of Planning Permission and Letting of Build Tender | Mobihub / Meditech | Successful planning application(s) | Chosen delivery body to lead on this with input from IH | High |
| LUF-DEP-006 | 04/08/23 | Agreement of operational routes and consistency with LTP | Mobihub | Confirm that the two routes set out in the application are the ones we intend to run with and enter into a dialogue with Melton and Leicestershire as core partners | AC to lead | High |
| LUF-DEP-007 | 04/08/23 | Operating Agreement with Leicestershire CC | Mobihub | Negotiate with Leicestershire CC | PS to lead | Medium |
| LUF-DEP-008 | 04/08/23 | Asset Review | Cultural Review | Revisit the nature and focus of the investment taking account of the asset review process | PS to lead with RC input | High |

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COMMITTEE

26 September 2023

INFORMATION GOVERNANCE ANNUAL REPORT 2022/23

Report of the Strategic Director for Law & Governance

| | | |
|--------------------------------|--|---|
| Strategic Aim: | All | |
| Exempt Information | No | |
| Cabinet Member(s) Responsible: | Cllr G Waller, Portfolio Holder for Law & Governance | |
| Contact Officer(s): | Angela Wakefield, Strategic Director of Law & Governance, Monitoring Officer | 01572 758220 awakefield@rutland.gov.uk |
| | Dave Cousens, Information Governance Coordinator | 01572 758265 dcousens@rutland.gov.uk |
| Ward Councillors | All | |

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the information contained in this report.

1 PURPOSE OF THE REPORT

- 1.1 This annual report provides an overview of the Council’s activity in respect of how it has discharged its responsibilities in matters relating to Information Governance, including information regarding Compliments, Comments and Complaints over the last financial year from 1 April 2022 to 31 March 2023

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Council has statutory obligations to meet as set out in legislation including dealing with Freedom of Information Requests, Environmental Information Regulations Requests, Subject Access Requests, Data Incidents and Complaints. More information is provided in each section.
- 2.2 The statistics were recorded prior to the establishment of the current directorates and therefore reflect the previous structure.

3 FREEDOM OF INFORMATION

3.1 OBLIGATIONS AND LEGISLATION

- 3.1.1 The Freedom of Information Act 2000 and The Environmental Information Regulations 2004 impose an obligation on public authorities to provide public access to certain information held by them. On receipt of a valid request for information, the authority must comply with that request as required by the Act, unless an exemption can be applied.
- 3.1.2 Anyone has a right to request information from a public authority. Our three separate duties when responding to these requests are:
- To tell the requester whether we hold any information falling within the scope of their request;
 - To provide that information; and
 - To respond to the request within 20 working days.

3.2 STATISTICS FOR 2022/23

- 3.2.1 During FY 2022/23, a total of 1396 FOI/EIR requests were received with 97% responded to within the statutory timescale. This compared to 1468 the previous year with 99% responded to within the statutory timescale. A breakdown of the statistics into directorates is shown at Appendix 1.1.
- 3.2.2 Officer time spent responding to FOI/EIR Requests is shown at Appendix 1.2. The average time per month the FOI Team took to process an FOI/EIR request during FY 2022/23 was 93 hours per month. A reduction of 2 hours compared to the previous year per month. A breakdown of the statistics is shown at Appendix 1.2.
- 3.2.3 The difference in average time taken per FOI between 2021/22 and 2022/23 is 6 minutes. Extrapolated to all 923 FOIs received means 92 hours of Officer/FOI Team time was saved.
- 3.2.4 If a requester is unhappy with an FOI/EIR response, they can request an internal review. If they remain unhappy following the internal review, the matter can be referred to the Information Commissioners Office (ICO). During 2022/23 only 3 internal reviews were processed. This was a reduction of 66% compared to the previous year where 9 internal reviews were processed. A breakdown of the statistics is shown at Appendix 1.3.

3.3 OVERALL ASSESSMENT AND LESSONS LEARNED

- 3.3.1 The Council's FOI performance remains good, with processes and procedures in place to ensure we remain compliant. During 2022/23 we received and responded to 923 FOI's and only 3 internal reviews, with no corrective action required from the ICO. This compares to 2021/22 where we received 862 FOIs with 9 internal reviews, with none requiring corrective action required from the ICO.
- 3.3.2 Training and development within the Information Governance team to administer the FOI process is ongoing with regular FOI webinar training attended by staff. Having experienced staff in place allows for repeat requests and frequently

requested information to be identified, this will support the reduction of officer time responding to requests as the FOI team can respond directly.

4 COMPLIMENTS, COMMENTS & COMPLAINTS

4.1 OBLIGATIONS AND LEGISLATION

4.1.1 The Council has an obligation to provide the public with a clear route to make a formal complaint should they wish to do so. Our complaint policies and procedures were reviewed in 2020 and remain fit for purpose. Individual policies for Adults and Children's Services are available to ensure that complaints are dealt with in accordance with legislation to safeguard individuals. The Council's policies can be found on the Council's [website](#).

4.1.2 The Council is committed to providing a high-quality service to everyone we deal with. To do this, we need individuals to give us any feedback on our service, and to tell us when we get things right or wrong.

4.1.3 When individuals do complain or make comments then we take them seriously, deal with them as quickly as possible and learn from them so that we can continuously improve our service.

4.2 COMPLIMENTS – STATISTICS FOR 2022/23

4.2.1 A compliment can be defined as customer feedback, which tells the Council that it has provided a service well, or how helpful a member of staff has been.

During 1 April 2022 to 31 March 2023, the Council registered 145 compliments from customers. This is a decrease of 52 compliments compared to the same period in 2021/22 where 197 compliments were received. A breakdown of compliments into Directorates and departments can be found at Appendix 1.4..44

4.2.2 It is always encouraging to see visibility of the good work that is being delivered by the Council and it will remain a topic for discussion with departments to encourage and promote sending compliments in for central collation.

4.2.3 Early Help. SEND and inclusion, Culture, and Customer Services/Blue Badges received the highest number of compliments, with the majority relating to helpful staff members and excellent service provided.

Comments

4.2.4 A comment can be defined as an idea, suggestion or opinion on how the Council could improve its services.

4.2.5 The comments received have been reviewed with no themes identified. All comments are forward to the relevant Head of Service to be assessed and actioned where appropriate.

4.2.6 From 1 April 2022 to 31 March 2023 the Council registered 28 Comments from customers; this is an increase of 255% of the total comments received compared to the same period in 2021/22 where 11 comments were received.

4.2.7 Of the 28 comments received, 17 were in relation to the leisure contract currently

held by Stevenage Leisure Ltd (SLL) to operate the Catmose Sports Centre in Oakham. A breakdown of comments into Directorates can be found at Appendix 1.5.

Complaints

- 4.2.8 A complaint can be defined as dissatisfaction with any service provided by the Council.

During 1 April 2022 to 31 March 2023, the Council registered 58 complaints from customers. This is a decrease of 11 complaints compared to the same period in 2021/22 where 69 complaints were received. A breakdown of complaints into Directorates and departments can be found at Appendix 1.6.1

Complaints Upheld

- 4.2.9 Of the 58 complaints registered during 1 April 2022 to 31 March 2023, 13 were upheld (this means that the service believes that there was a failing that could have been avoided, or something went wrong).

- 4.2.10 This is a decrease of 9% of total complaints upheld compared to the same period in 2021/22 with 69 complaints registered and 22 upheld. A significant improvement has been achieved in the reduction of complaints received during 1 April 2022 to 31 March 2023. Number of Complaints Received v Upheld broken into directorates is shown at Appendix 1.6.2.

4.2.11 Lessons learned and improvements implemented

- 4.2.11.1 Most complainants want to make sure what happened to them doesn't happen to someone else. Our complaints process should help to find the root causes of problems and make improvements to systems and processes where they haven't worked properly. This can include changing policies and procedures, or training staff.

- 4.2.11.2 The following lessons have been learned and improvements implemented to ensure that Rutland County Council gets it right the next time:

4.2.11.3 Places

- 4.2.11.4 Planning - Review of the performance of the planning department in assessing a planning application. Case officer reports and recommendations are to be made clearer to ensure that the weight given to any material planning consideration is clear. Undertake a yearly design review of developments to ensure that the Council is maintaining a high standard of design when approving development.

- 4.2.11.5 Planning - Screening Opinion - Further guidance to be provided to officers on how to complete the assessment matrix. Parishes will also be notified in future about Screening Opinions prior to issuing a planning application decision.

4.2.11.6 People

- 4.2.11.7 Childrens Social Care - Non-resident parent not informed of the outcome of social care intervention and the safety plan for the family. Learning from this complaint discussed with the whole team during team meeting. All parents with parental responsibility (resident and non-resident) are now informed in writing about the council's involvement and plan for the children.
- 4.2.11.8 SEND - Clear guidance not provided on transition arrangements. In future when a child has been out of school for a period of time, EP's will advise on a transition programme as part of the EHCP, ensuring that transition arrangements are embedded into the legal document.
- 4.2.11.9 Resources
- 4.2.11.10 Revenues & Benefits – Council Tax Liability taxpayer disagreed with decision not to award a single person discount. Improve information on our website regarding eligibility for discounts.

4.3 The Local Government and Social Care Ombudsman Complaints (LG&SCO)

- 4.3.1 The LG&SCO looks at complaints about Councils in a fair and independent way. All decision statements are published on their website.
- 4.3.2 The Ombudsman sends an Annual Review Letter to all councils. The letter provides a summary of the complaints that the Ombudsman has received regarding the Council, if complaints have been upheld and any remedies/actions recommended by the Ombudsman. The Council's Statutory Complaints Officer will review this information upon receipt to ensure all actions have been implemented and are embedded in our ways of working.

A breakdown of complaints received from the LG&SCO broken into Directorates is shown at Appendix 1.6.3.

- 4.3.3 Of the 9 complaints registered from 1 April 2022 to 31 March 2023, 3 were upheld by the LG&SCO; 5 complaints were closed after initial enquiries and 1 not upheld. This is an increase of 8% of total complaints upheld compared to the same period in 2021/22, when 8 complaints were registered and 2 upheld.
- 4.3.4 One complaint upheld was remedied by a procedure or policy change/review; one by way of an apology and financial redress for avoidable distress / time and trouble; And the last by way of apology and financial redress for avoidable distress / time and trouble and completion of a financial assessment and review.
- 4.3.5 The Council has met deadlines when responding to LG&SCO enquiries, requesting extensions prior to deadline dates with justified reasons.
- 4.3.6 Typically, we spend 2 hours administering and responding to a complaint. However, this is dependent on the complexity of the issues raised.

5 SUBJECT ACCESS REQUESTS (SAR)

5.1 Obligations and legislation

- 5.1.1 The UK General Data Protection Regulation (UK GDPR) enables individuals the right to access any personal data an organisation holds on them. This is known as

a Subject Access Request (SAR).

5.2 Statistics for 21/22

- 5.2.1 During 1 April 2022 to 31 March 2023, the Council registered 24 SARs, compared with 41 in same period in 2020/21. 38 Requests were completed in accordance with the statutory timescale of one calendar month. 3 were extended to 3 months due them being complex or numerous.
- 5.2.2 SARs can be complex to process as they often involve multiple data subjects' personal data within each record. This gives rise to the need for detailed redaction of each record to ensure that disclosure is accurate. Each request may include hundreds of records. 3 of the SARs received in 2022/23 were significantly complex and sizeable; the largest being 4,000 pages.
- 5.2.3 Typically, it takes a SAR with 500 pages 5 days to process. The average number of pages per SAR was 600 pages.
- 5.2.4 During 1 April 2022 to 31 March 2023 the Council registered 1 complaint received from the Information Commissioners Office (ICO) regarding a SAR, compared to 1 in 2021/22. A SAR was not initially logged with Information Governance. The SAR was subsequently processed following ICO direction and responded to within the statutory guideline. A breakdown of SARs received broken into Directorates is shown at Appendix 1.7.

5.3 Overall assessment and lessons learnt

- 5.3.1 The Council has met all obligations.
- 5.3.2 The Information Governance team undertake all redaction to allow the services to concentrate on frontline services.
- 5.3.3 The redaction process is completed electronically, rather than using hardcopies to avoid the transportation of hardcopy personal data and to reduce costs.
- 5.3.4 Requesters are provided with the final response either by secure email or on a USB stick thus making savings on paper, printing and postage.
- 5.3.5 Departments have been reminded of the importance to immediately notify Information Governance of any requests for personal data in the first instance.

6 DATA BREACHES AND REFERRALS TO THE INFORMATION COMMISSIONER'S OFFICE (ICO)

6.1 Obligations and legislation

- 6.1.1 A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.
- 6.1.2 Not every data breach needs to be reported to the ICO. The Data Protection Officer (DPO) and/or Senior Information Risk Owner (SIRO) review every breach to

consider the likelihood and severity of the risk to people's rights and freedoms. If it is likely there will be a risk, the Council will report breaches to the ICO. By law the Council has 72 hours from the time of notification of the breach to report breaches that meet the threshold to the ICO.

6.2 Statistics for 22/23

- 6.2.1 From 1 April 2022 to 31 March 2023, the Council registered 21 data breaches. This is an increase of 50% compared to the same period in 2020/21 where 14 data breaches were logged.
- 6.2.2 During 2022/23, the Council reported 2 data breaches to the ICO. This is the same number compared to the same period in 2021/22. In both cases, personal data had been shared. In one case the ICO's decision was that no further action was required. In the other case, the ICO directed that an action plan be completed explaining the steps that Rutland County Council intends to take to prevent this situation from happening again and improving information rights more widely. This was implemented by way of sending "All Staff" emails to all employees from our Communications Team raising GDPR and data security awareness; reviewing data security procedures and processes; putting in place better security measures for handling children's special category data.
- 6.2.3 On average, the officer time taken to investigate a data breach in its entirety is 2 days. Depending on the severity of the breach, this can be longer.

6.3 Overall assessment and lessons learnt

- 6.3.1 The theme of breaches that occurred in 2022/23 is when sending emails and the use of the 'blind copy' function. Staff have been reminded through "All Staff" emails that outgoing emails to multiple external recipients should be sent using 'blind copy' so that email addresses are hidden from view.

7 DATA PROTECTION

7.1 Training

- 7.1.1 There is no requirement set out in the GDPR regarding data protection training for staff, however, principle 7 of the GDPR states that 'Data Controllers (the Council) are responsible for the compliance with the principles and must demonstrate this to data subjects and the regulator'.
- 7.1.2 To ensure our compliance, all new starters and elected members are required to complete mandatory GDPR eLearning training as part of their induction. Thereafter, all staff and elected members complete a GDPR refresher eLearning module after their first year at the Council. This is a rolling programme of training with completion monitored by the DPO.
- 7.1.3 Regular "All Staff" emails are promulgated raising awareness of data protection. The following areas being covered:

- Data Breaches – Minimising the risk.
- How to disable the auto complete function on Outlook.

Notifying Information Governance of any personal data shared in error.
Email Chains.
Subject Access Requests

7.2 Policy Reviews

- 7.2.1 The Council is required to have policies on Data Protection and Document Retention; these are published on the Council's website.
- 7.2.2 The review of the Council's Data Protection Policy, RIPA Policy, Document Retention and Records Disposal Policy are to be reviewed in May 2024, May 2025 and May 2024 respectively.

7.3 Transparency Code

- 7.3.1 The Council has statutory obligations to publish data as required by the Local Government Transparency Code 2014. Publishing under this code gives the public access to information about local authorities' assets, contracts and financial spend as well as providing detail on senior officer's roles and salaries.
- 7.3.2 The quarterly update of this information typically takes officers 2 hours to complete with the quarter 1 update taking significantly longer as more information is required to be published at this point.
- 7.3.3 There were no new requirements to the published data in 2022/23.

7.4 Regulation of Investigatory Powers Act 2000 (RIPA)

- 7.4.1 The Council has not exercised its RIPA powers since the last report to the Committee earlier this year.

8 CONSULTATION

- 8.1 No formal consultation is required.

9 ALTERNATIVE OPTIONS

- 9.1 The Committee is asked to note the report. There are no alternatives.

10 FINANCIAL IMPLICATIONS

- 10.1 There are no financial implications arising from this report.

11 LEGAL AND GOVERNANCE CONSIDERATIONS

- 11.1 There are no legal and governance issues arising from the recommendations in this report.
- 11.2 The key legal issues are noted in each section and the report shows how we have complied with relevant legislation.

12 DATA PROTECTION IMPLICATIONS

- 12.1 A Data Protection Impact Assessments (DPIA) has not been completed because

there are no risks/issues to the rights and freedoms of natural persons.

13 EQUALITY IMPACT ASSESSMENT

13.1 An Equality Impact Assessment (EqIA) has not been completed because there are no service, policy or organisational changes being proposed.

14 COMMUNITY SAFETY IMPLICATIONS

14.1 There are no community safety implications.

15 HEALTH AND WELLBEING IMPLICATIONS

15.1 There are no health and wellbeing implications.

16 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

16.1 To ensure the Committee has been updated on Information Governance activity.

17 BACKGROUND PAPERS

17.1 There are no additional background papers to the report.

18 APPENDICES

18.1 Appendix A - Information Governance Annual Report 2022-23 Statistics

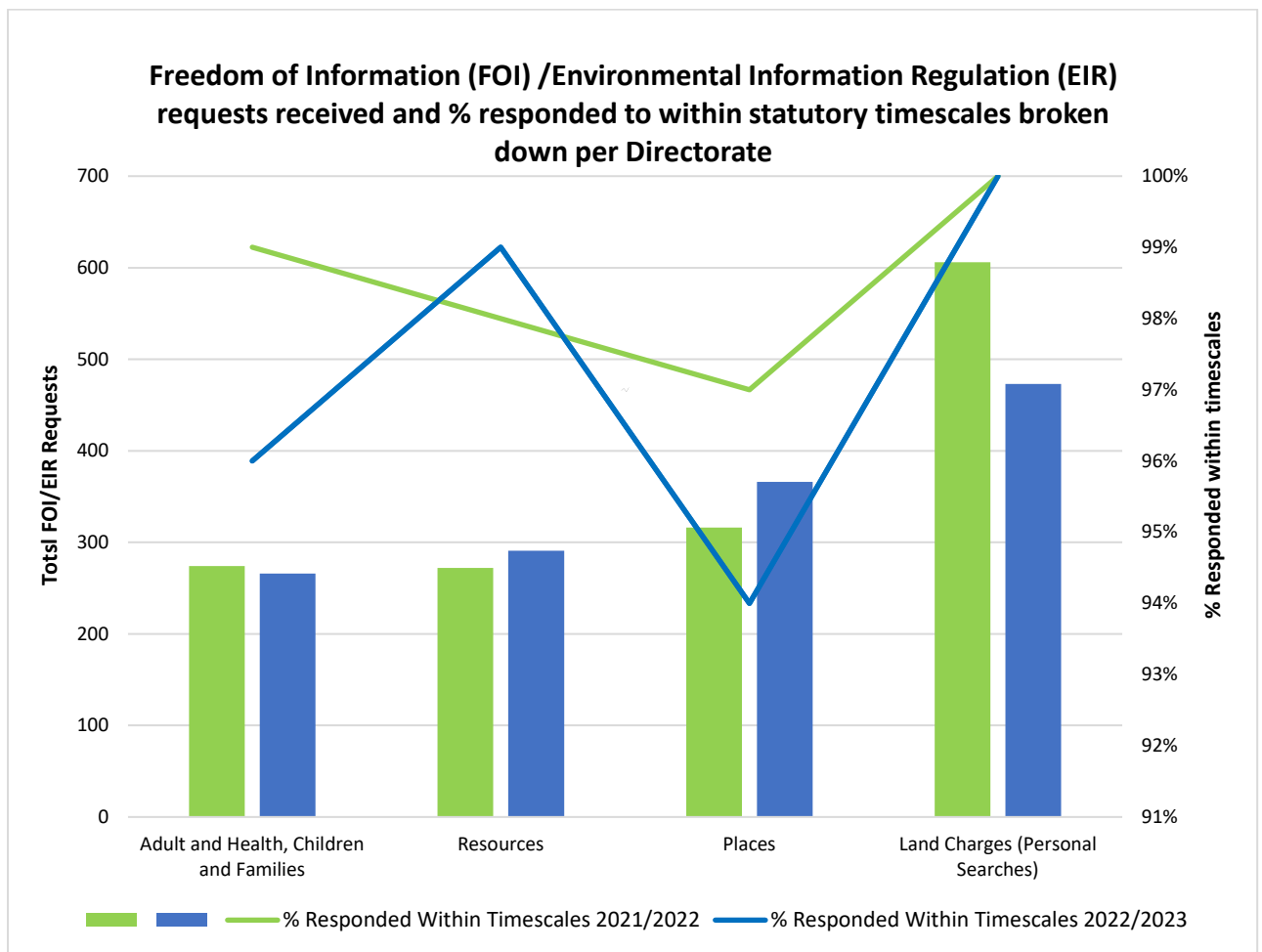
A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

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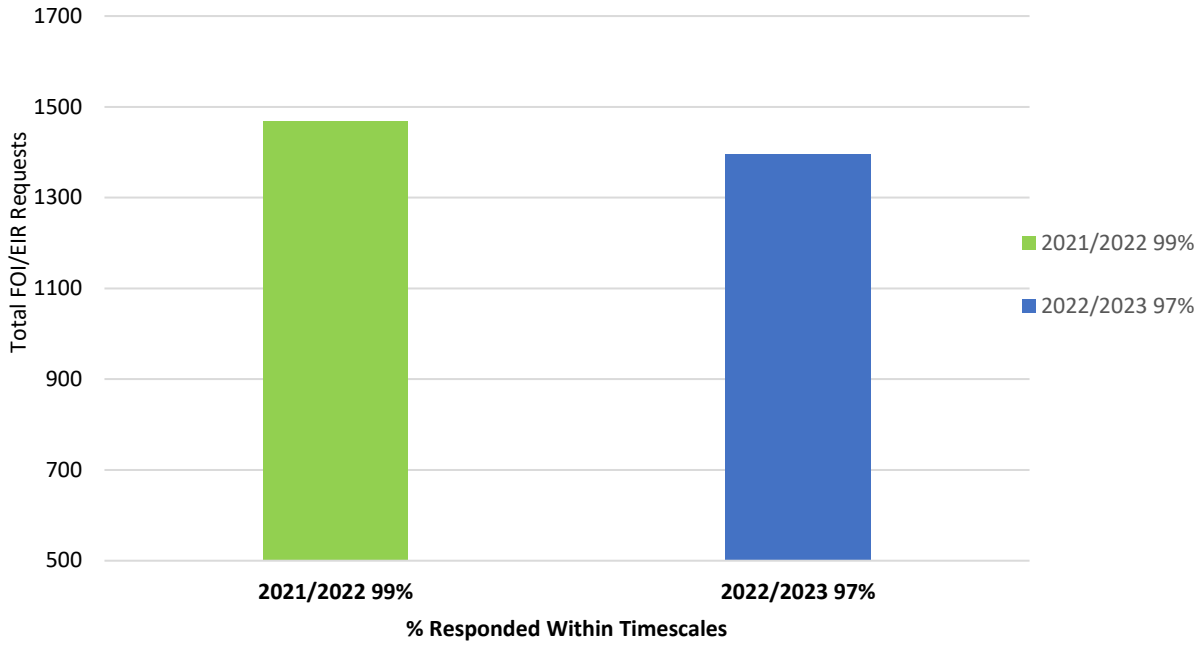
Information Governance Annual Report 2022-23 Statistics

Freedom of Information / Environmental Information Regulations Requests

1.1



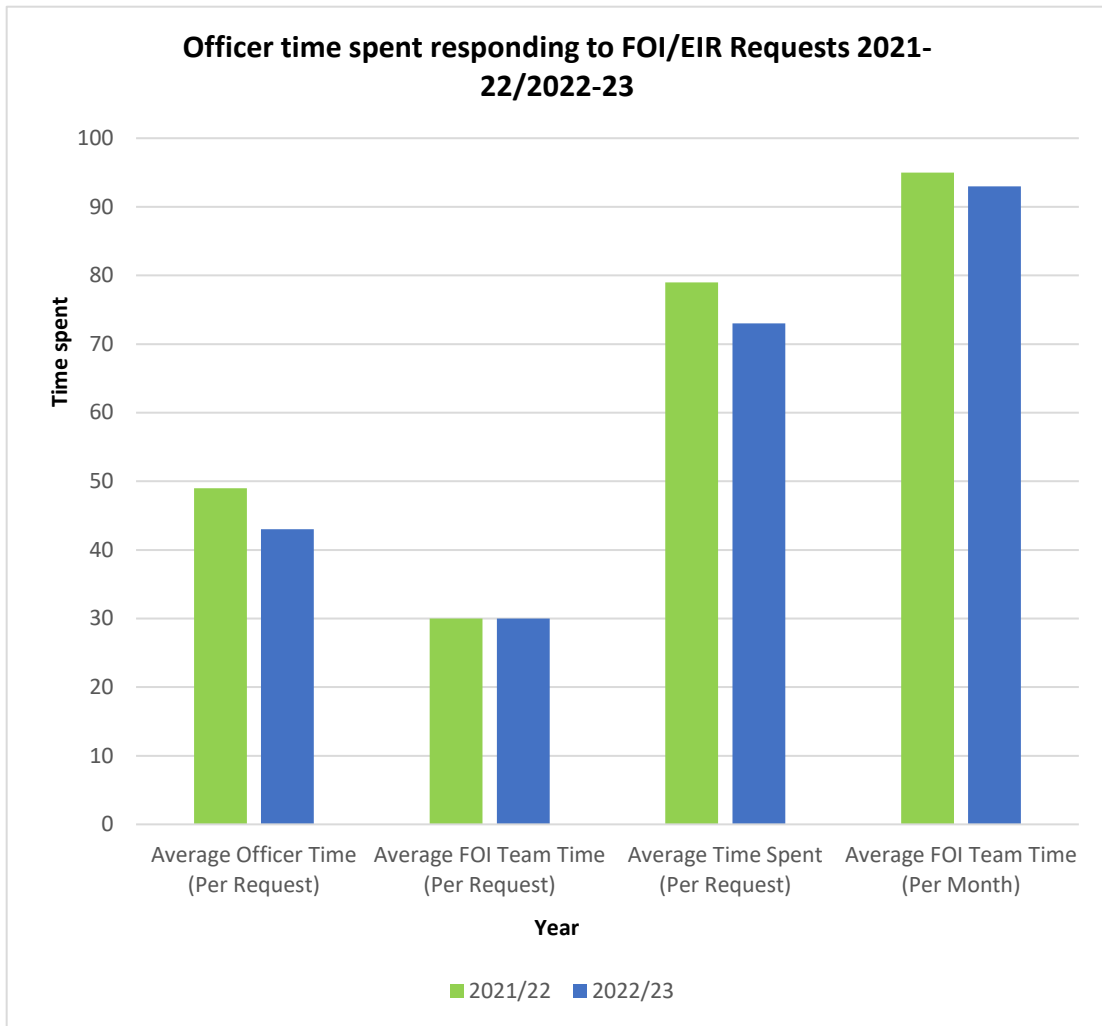
Total Freedom of Information/Environmental Information Regulations requests received and % responded to within statutory timescales



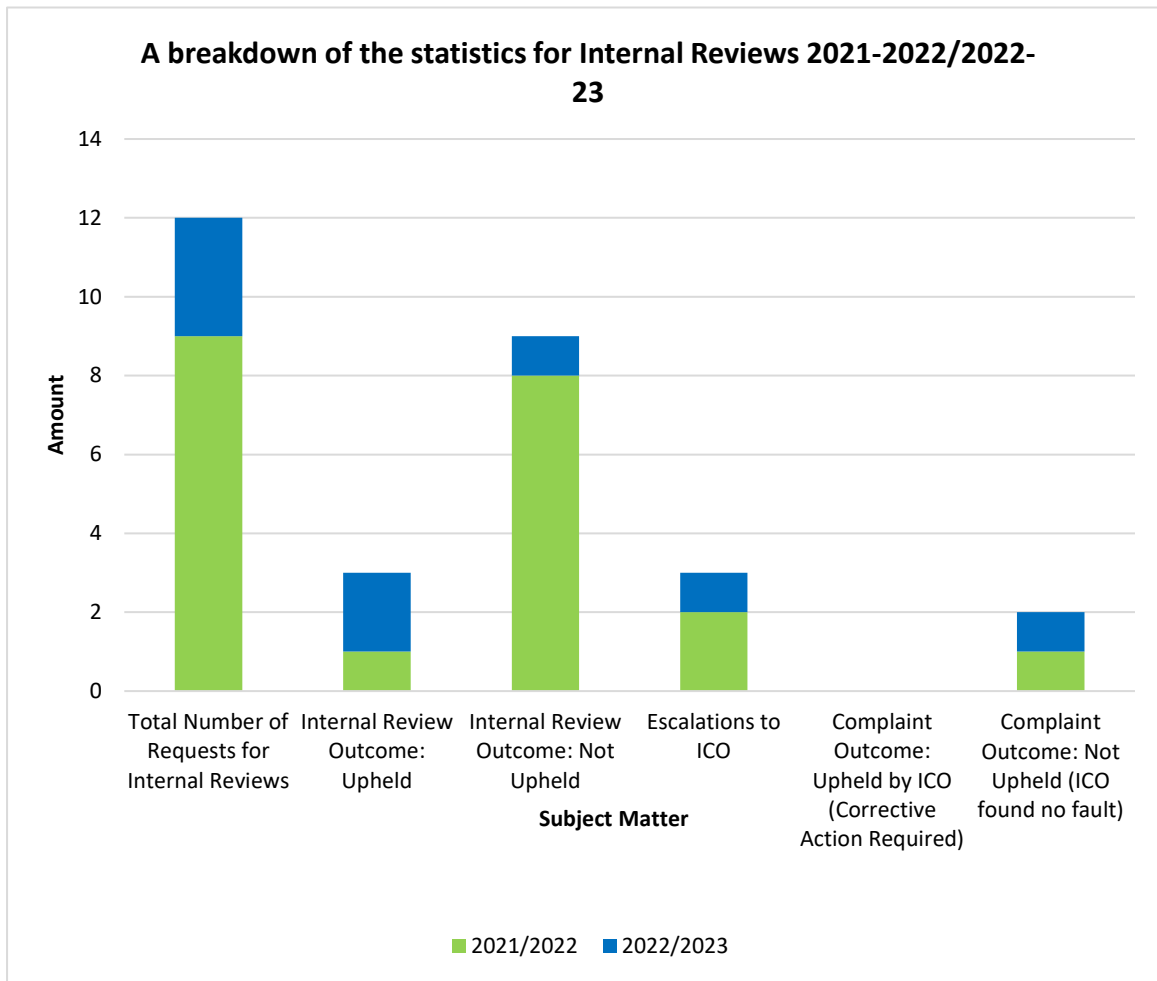
Number of FOIs and EIRs Comparison 2021-22/2022-23



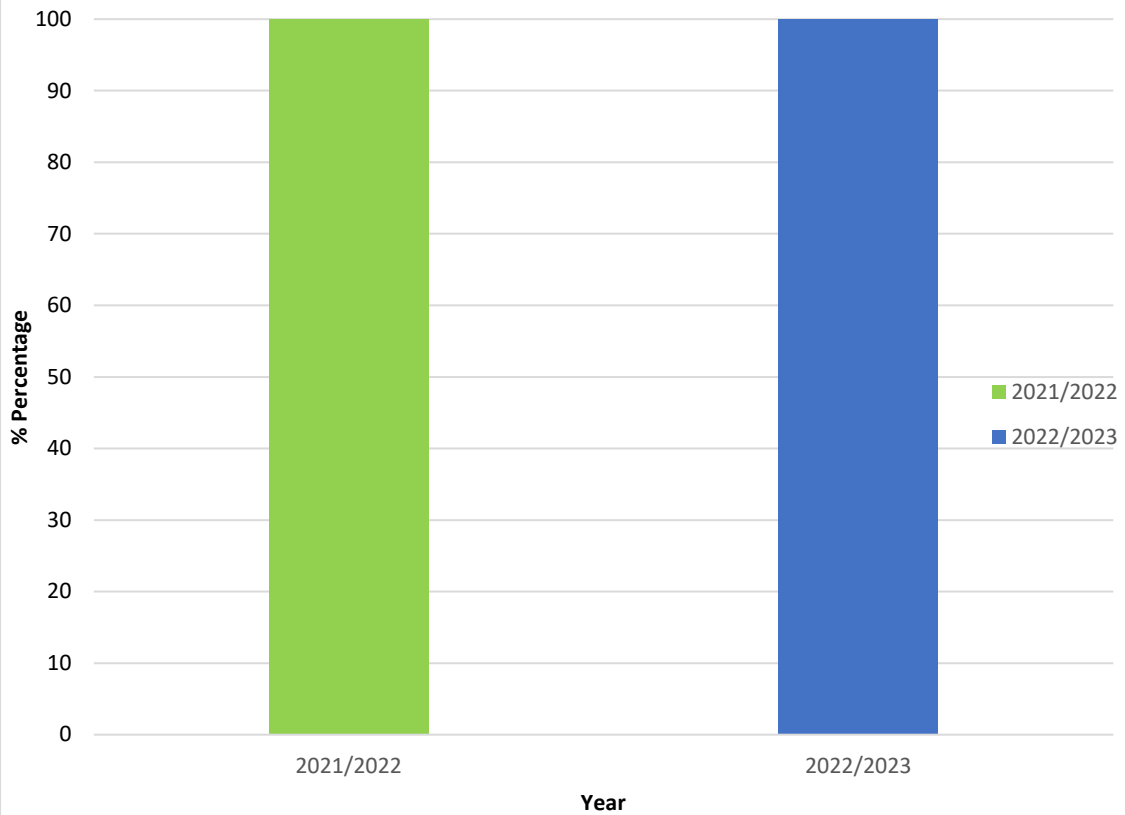
1.2



1.3 Internal Reviews

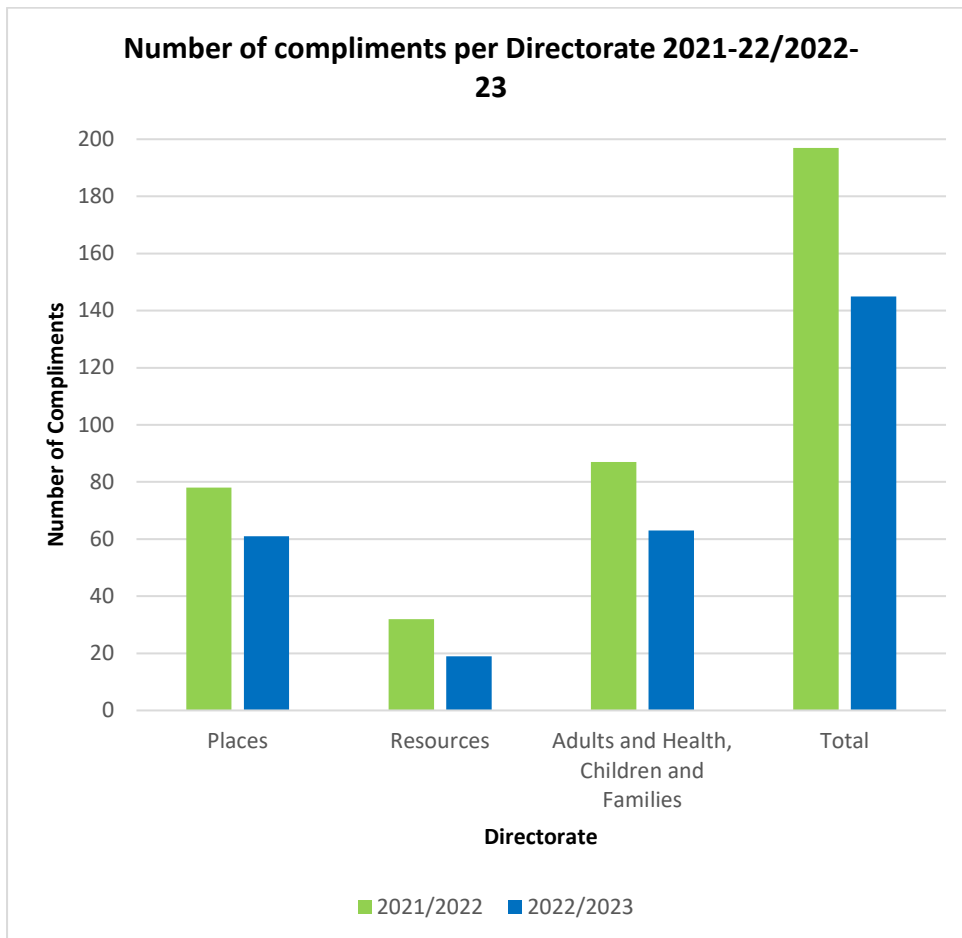


% Internal Reviews completed within timescales 2021-2022/2022-23

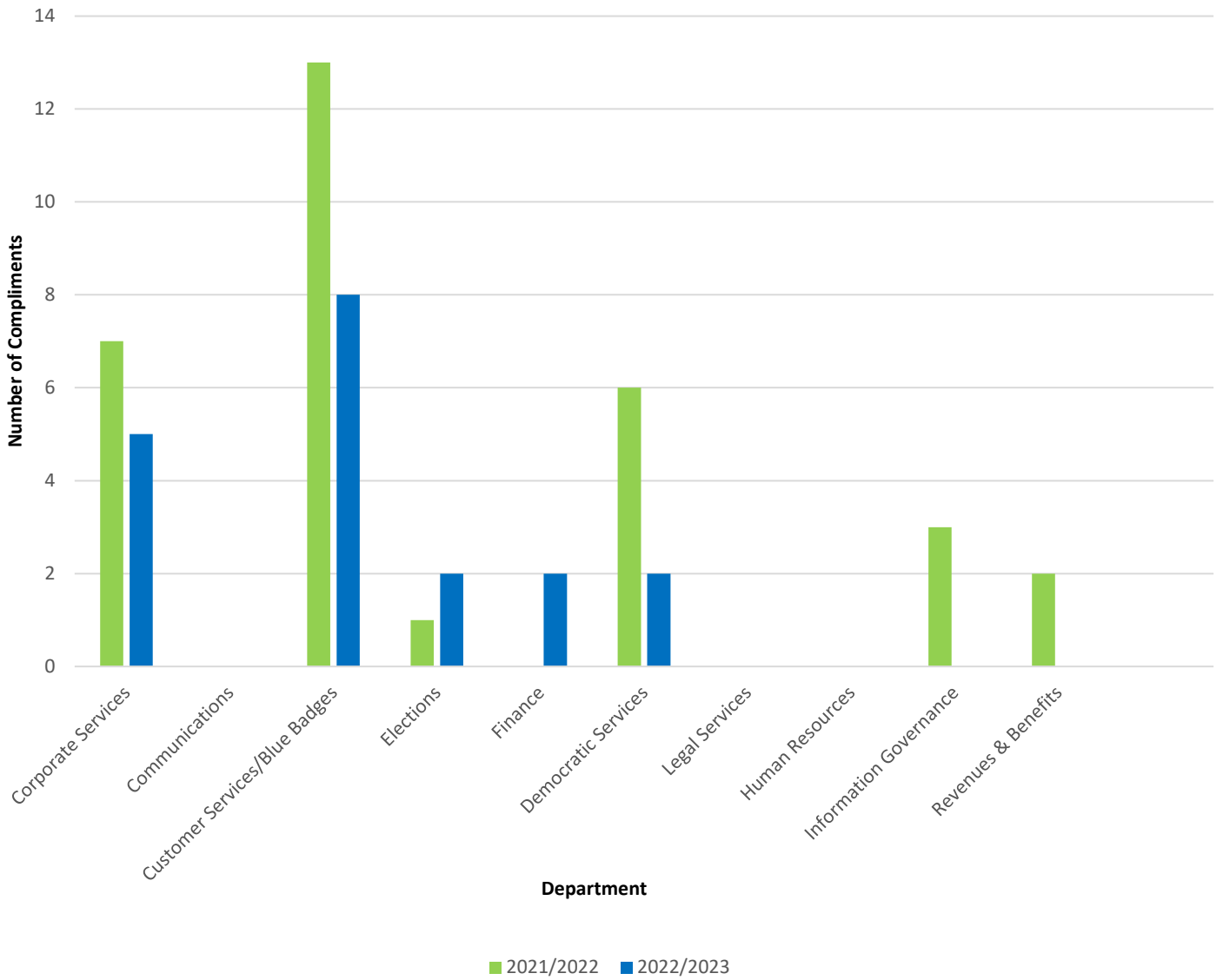


1.4 Compliments

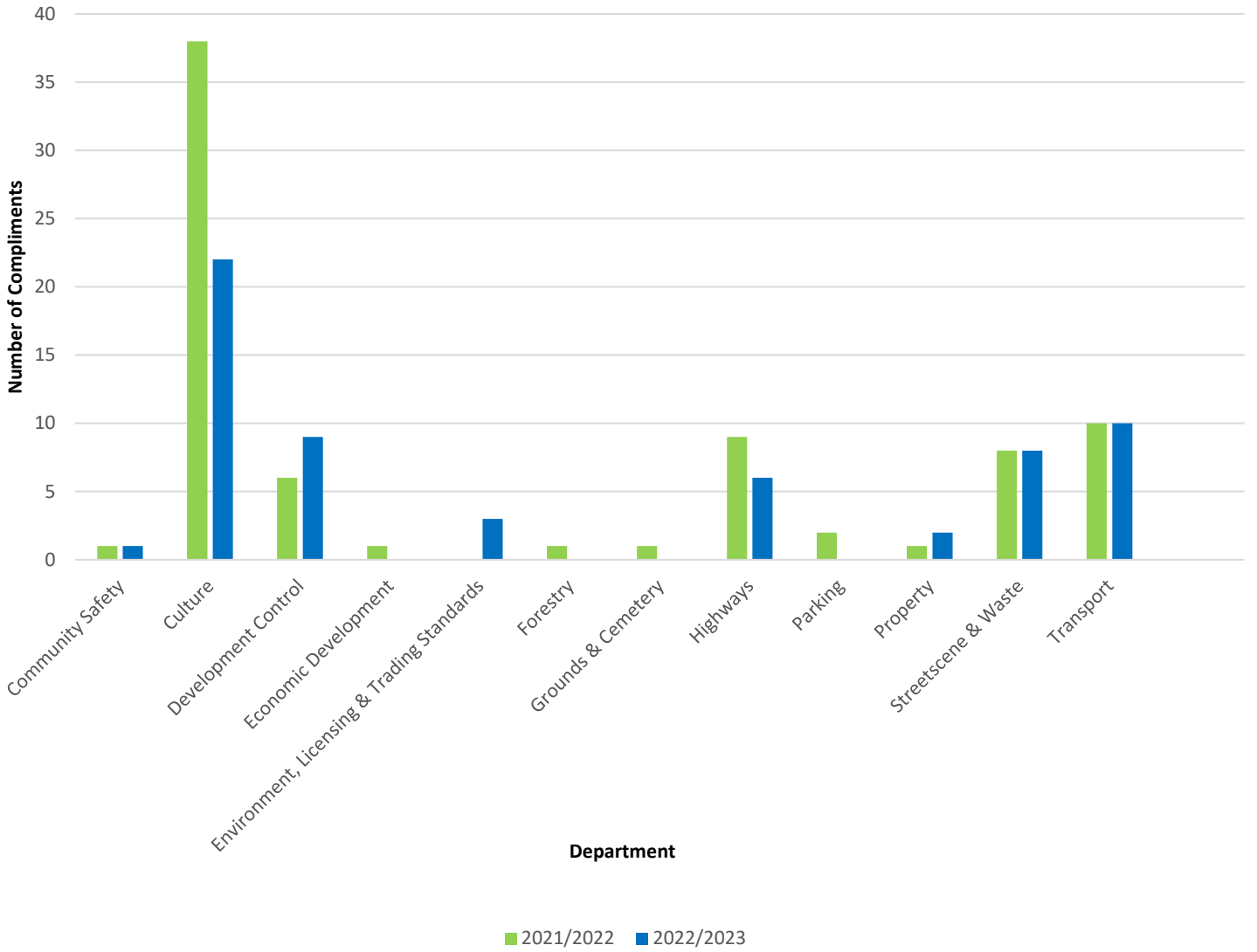
A breakdown of compliments into Directorates and departments is shown below:



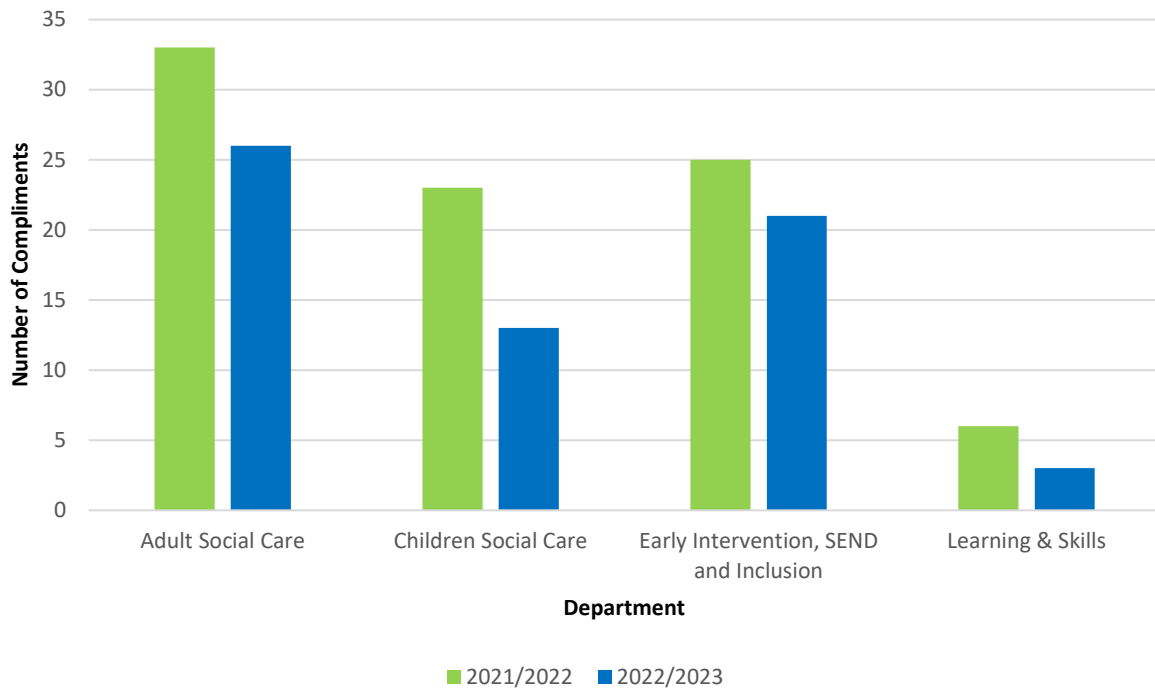
Breakdown of Compliments per Department in the Resources Directorate 2021-2022/2022-23



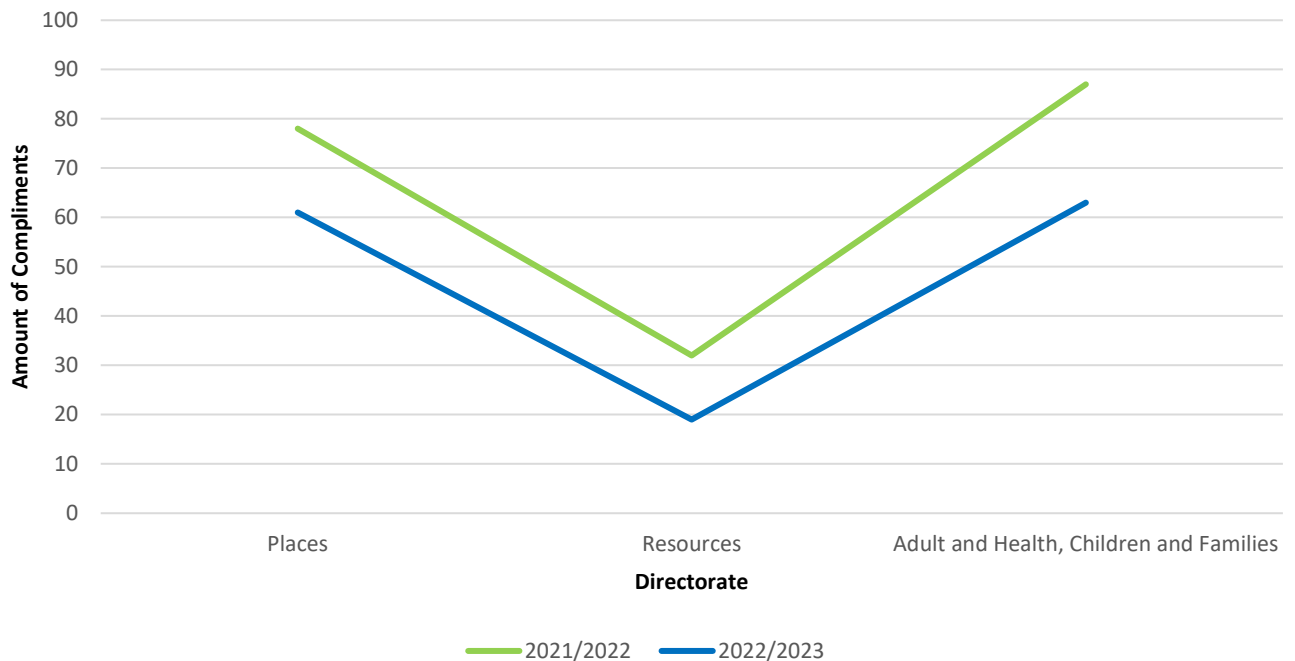
Breakdown of Compliments per Department in the Places Directorate 2021-2022/2022-23



Breakdown of Compliments per Department in the Adult and Health, Children and Families Directorate 2021-2022/2022-23

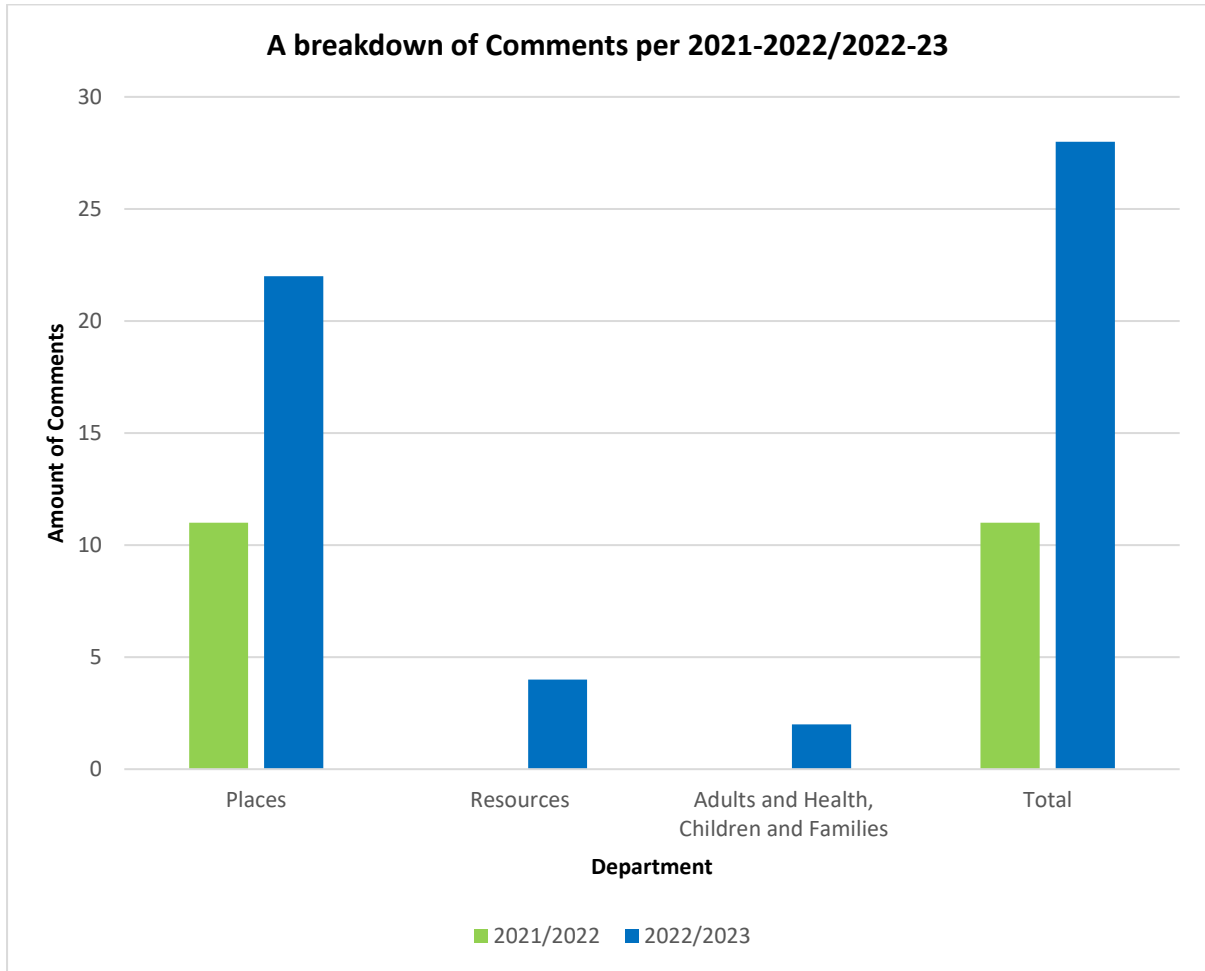


Total Compliments per Directorate 2021-2022/2022-23



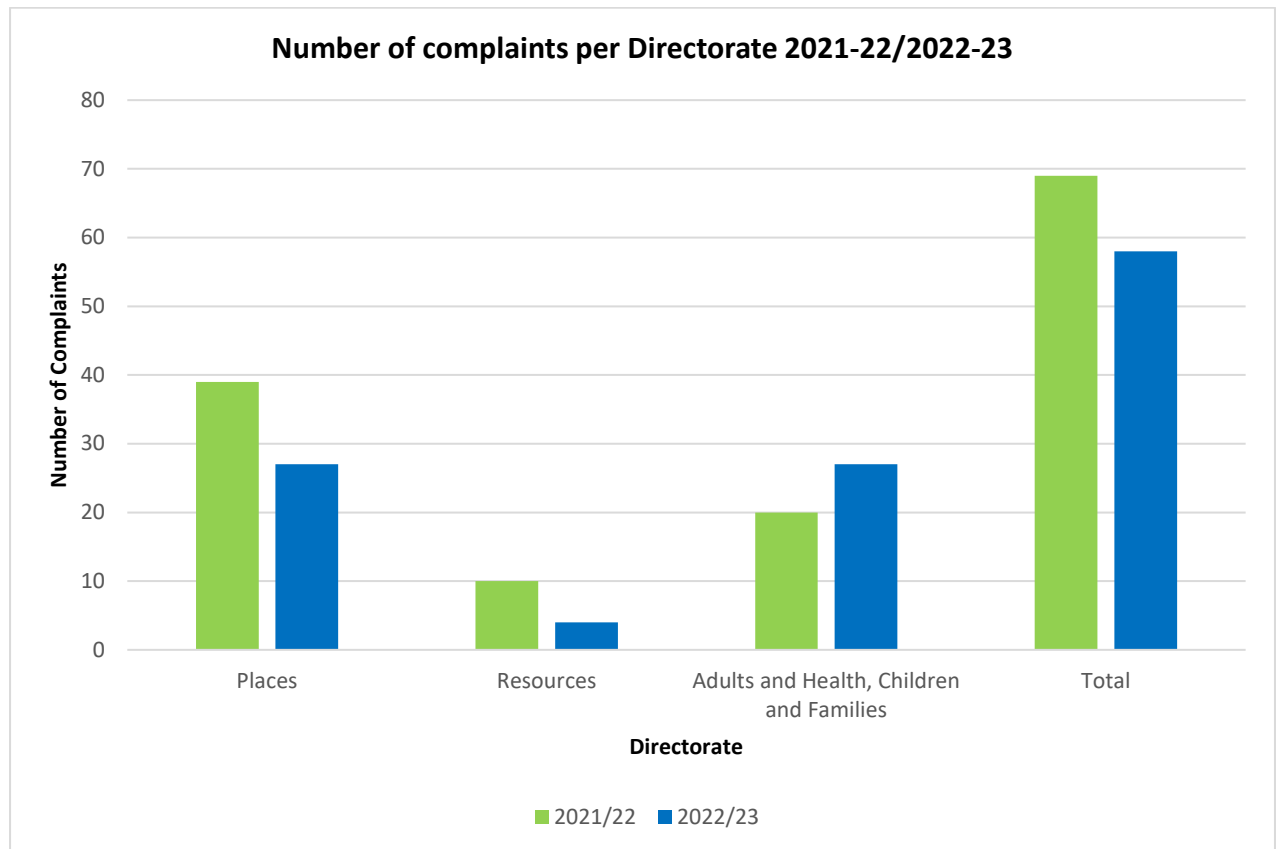
Comments

1.5 A breakdown of comments into Directorates is shown below:

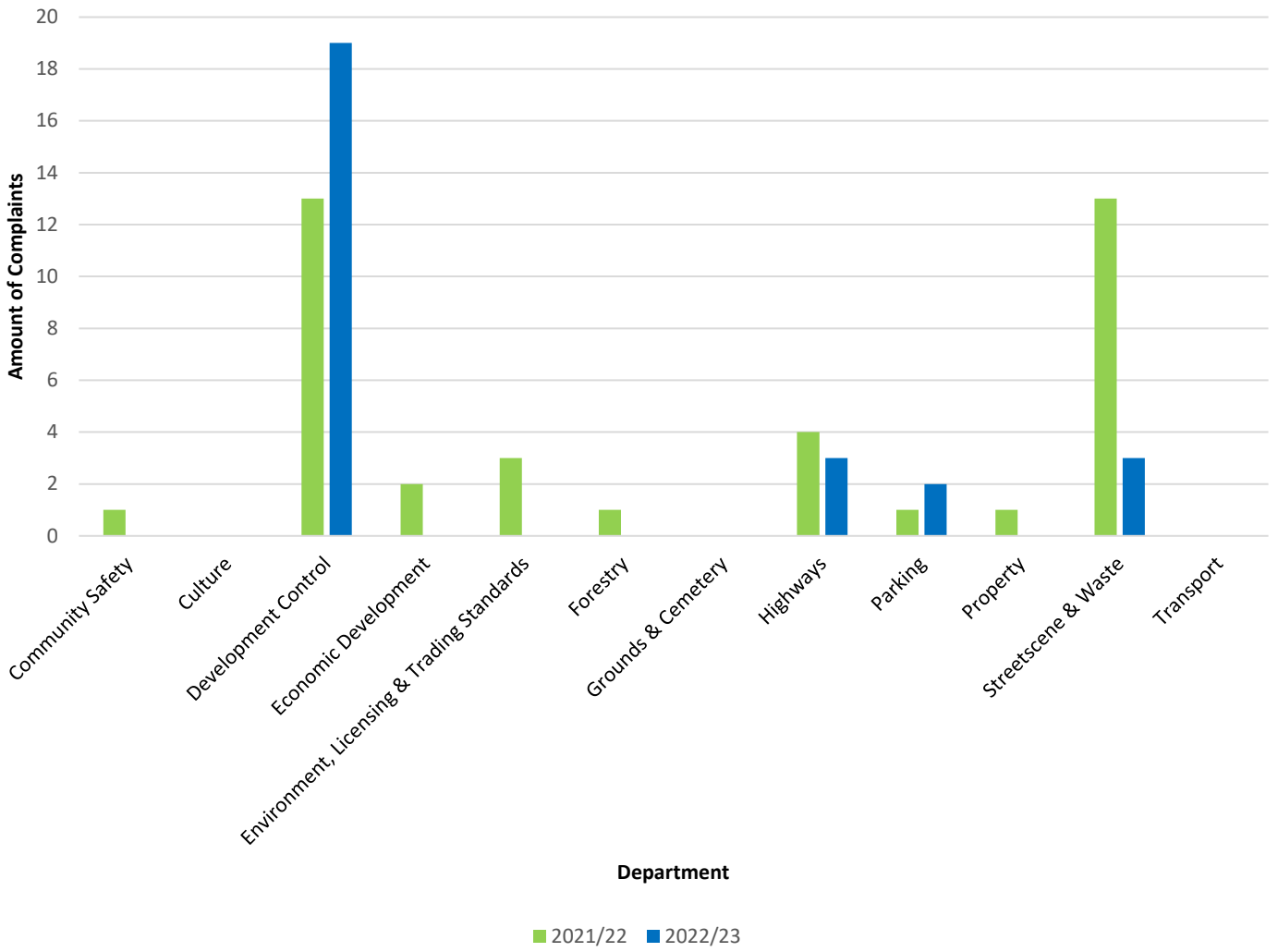


Complaints

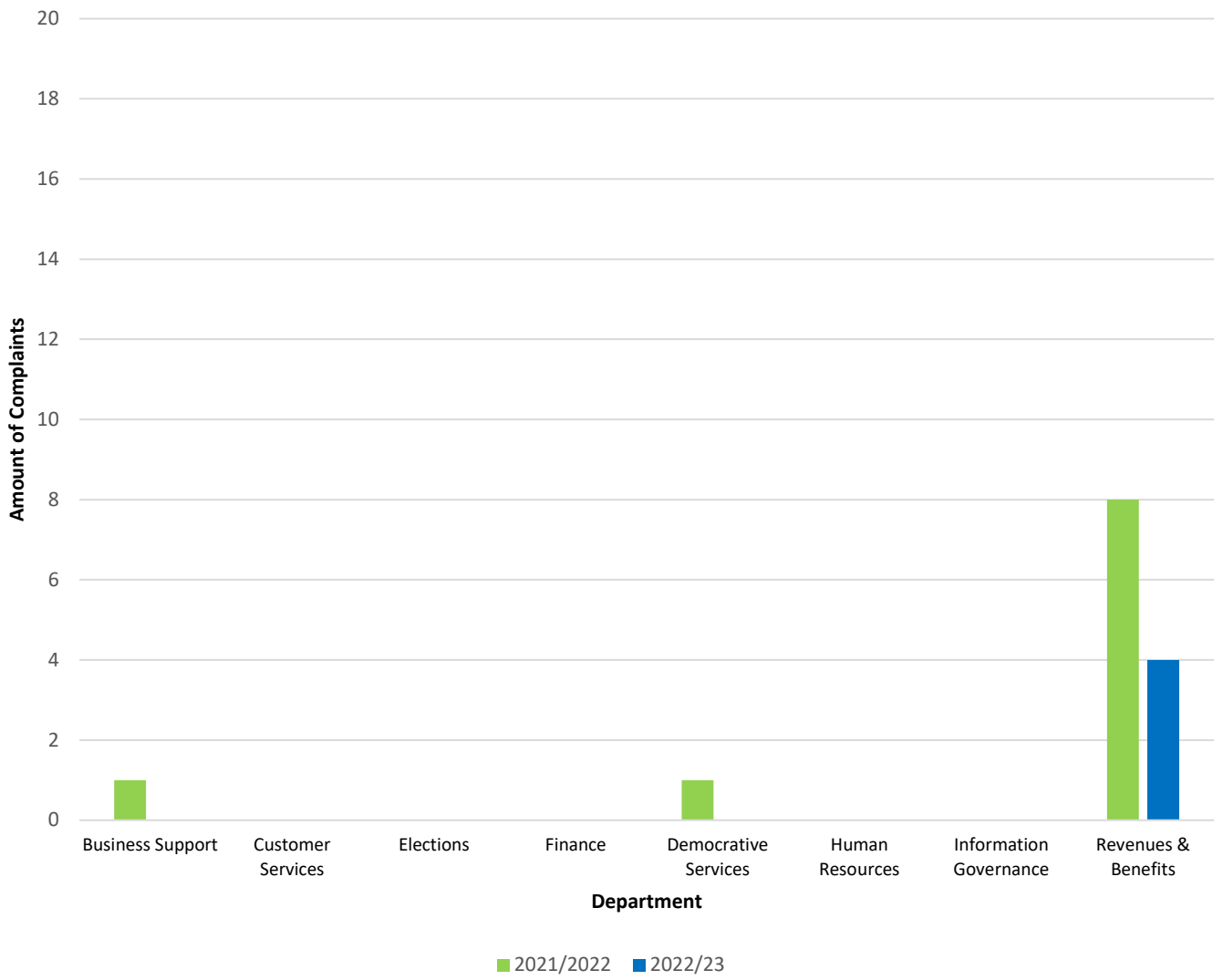
1.6.1 A breakdown of complaints into Directorates and departments is shown below:



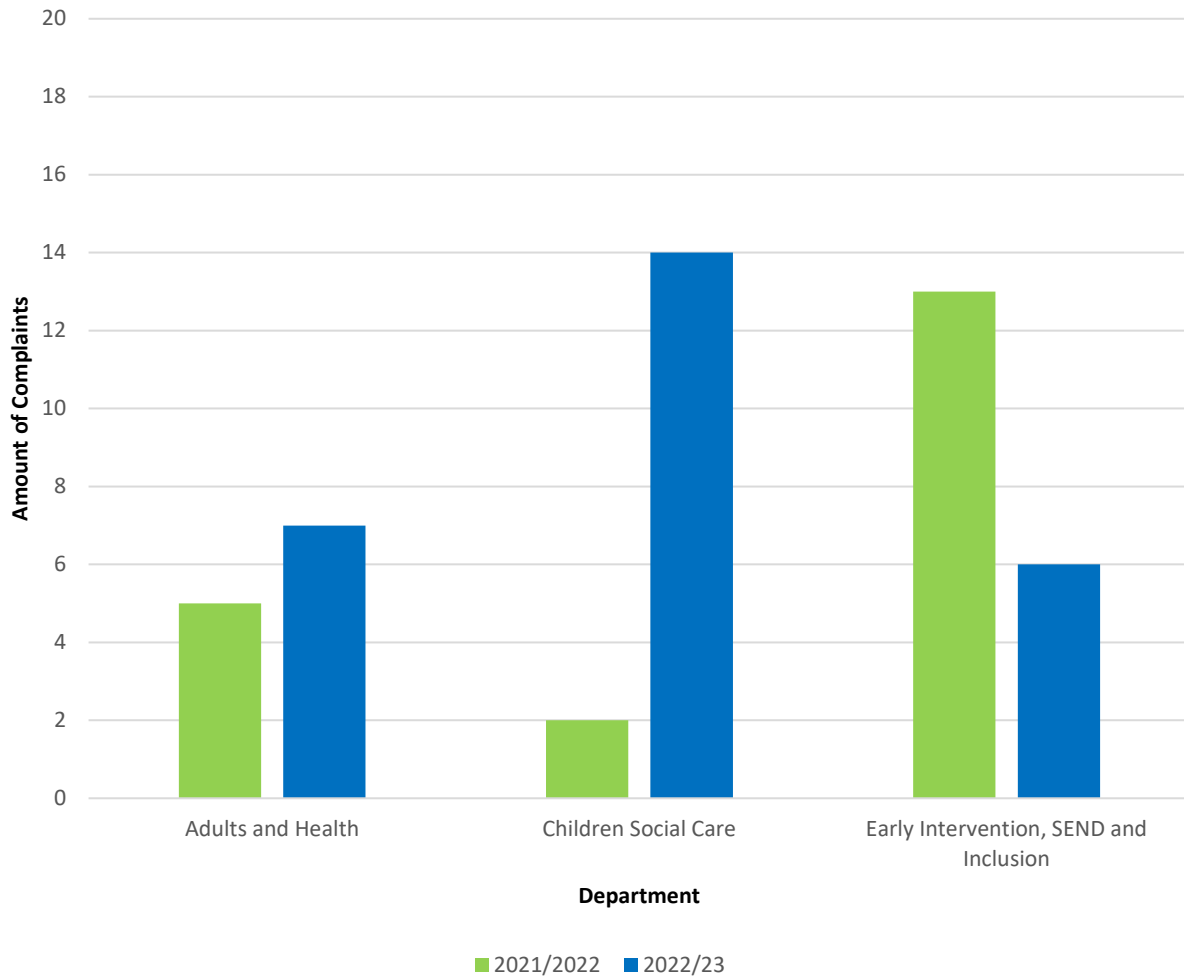
Complaints per Department in the Places Directorate 2021-2022/2022-23



Complaints per Department in the Resources Directorate 2021-2022/2022-23

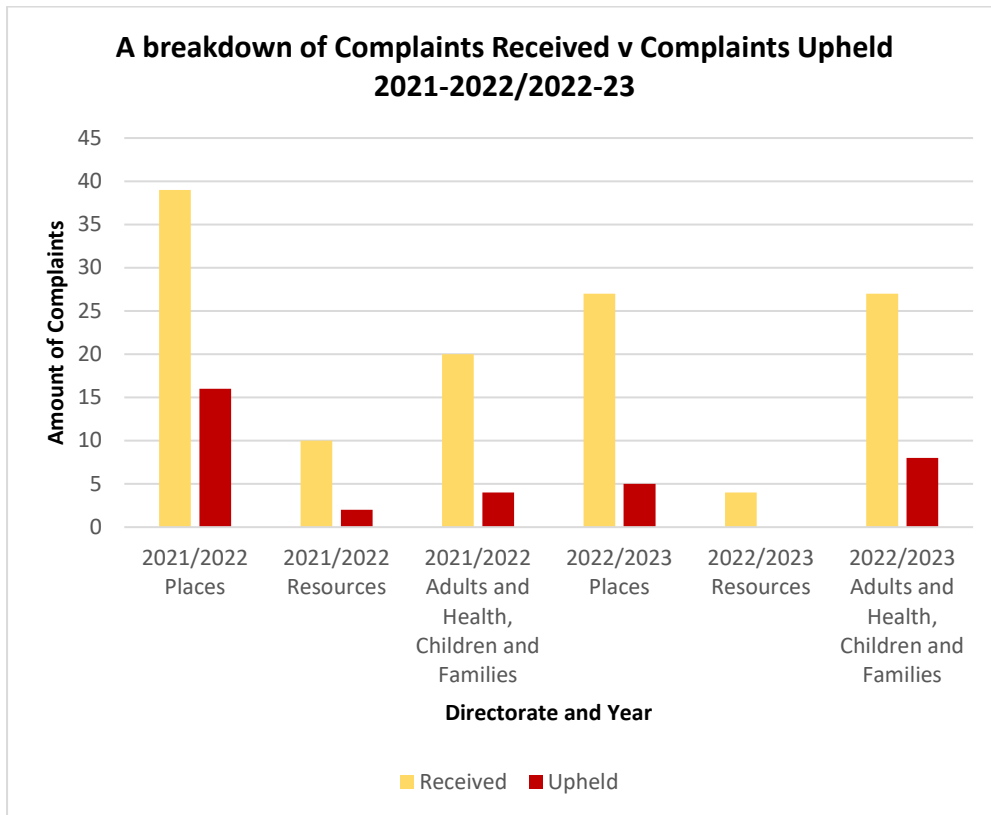


Complaints per Department in the Adults and Health, Children and Families Directorate 2021-2022/2022-23



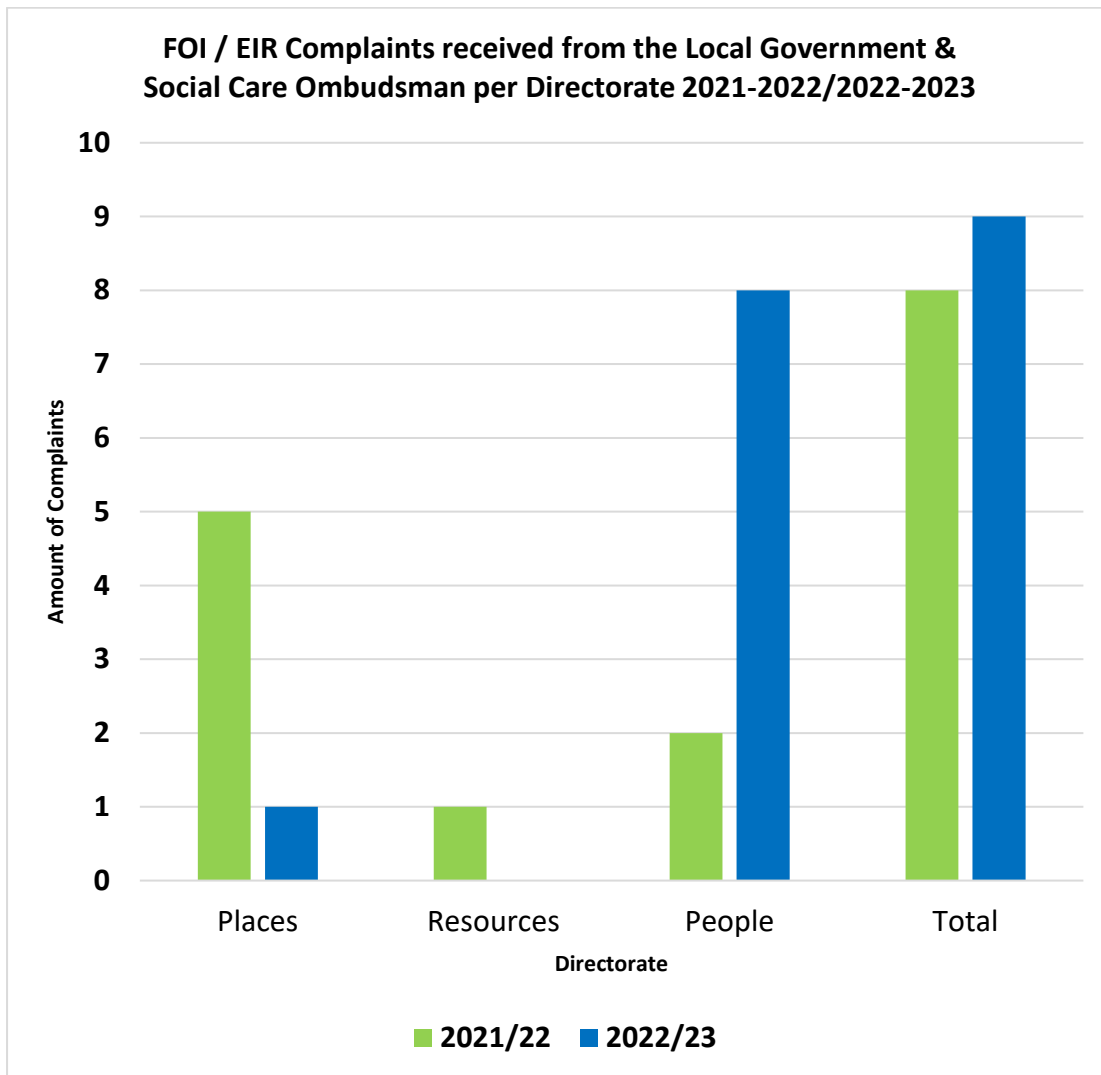
Complaints Upheld

1.6.2 A breakdown of complaints received v upheld into Directorates is shown below:



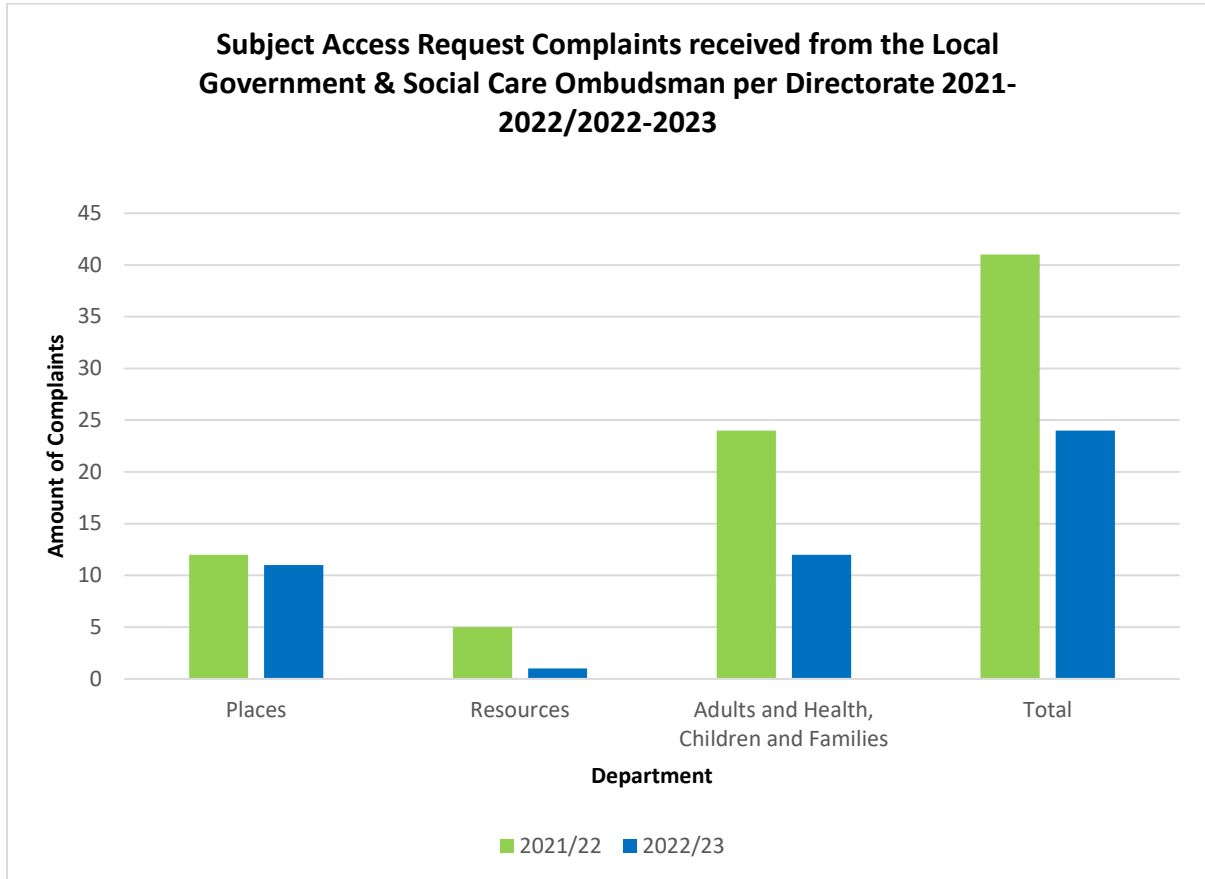
Complaints received from the LG&SCO

1.6.3



Subject Access Requests

1.7



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AUDIT AND RISK COMMITTEE

26 September 2023

INTERNAL AUDIT UPDATE

Report of the Chief Internal Auditor

| | | |
|--------------------------------|--|---|
| Strategic Aim: | All | |
| Exempt Information | No | |
| Cabinet Member(s) Responsible: | Cllr A Johnson, Portfolio Holder for Resources | |
| Contact Officer(s): | Rachel Ashley-Caunt, Chief Internal Auditor | Tel: 07799 217378 rashley-caunt@rutland.gov.uk |
| Ward Councillors | N/A | |

DECISION RECOMMENDATIONS

That Committee:

1. Notes the Internal Audit update report (Appendix A).
2. Approves an amendment to the Internal Audit Plan 2023/24, to postpone the planned audit of Special Educational Needs and Disabilities (SEND) and reallocates the 15 days to assurance work on the Levelling Up Fund programme.

1 PURPOSE OF THE REPORT

- 1.1 To provide an update on the progress made in delivering the 2023/24 Internal Audit plan.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Delivery of Internal Audit plan

- 2.1.1 The 2023/24 Internal Audit plan was approved by the Audit and Risk Committee in March 2023, in line with the Public Sector Internal Audit Standards. The development of the plan was informed by consultation with the Committee and senior management and was designed to provide risk based coverage.

- 2.1.2 The progress made to date in delivering the 2023/24 audit plan is set out in Appendix A. At the time of reporting, 32% of the planned assignments are underway. The outcomes of completed audits will be reported to the Audit and Risk Committee throughout the financial year.

2.2 Implementation of Recommendations

- 2.2.1 Internal Audit request that officers provide updates on all open audit actions on a monthly basis.
- 2.2.2 There are 21 actions which are overdue for completion. There is currently two action rated as 'High' priority which have been overdue for implementation by more than three months – as such, full details of these actions are provided in Appendix C.

2.3 Review of the Internal Audit Plan coverage

- 2.3.1 The Internal Audit plan must remain subject to regular review throughout the financial year, to ensure that it continues to focus on the Council's key risks and adds the best possible value.
- 2.3.2 The Internal Audit plan for 2023/24 does not currently include any allowance for Internal Audit work relating to the Levelling Up Fund (LUF). Given the values and risks associated with this programme, there would be value in engaging Internal Audit as part of the assurance framework. There is already an assurance framework in place, and any Internal Audit work will seek to complement the existing assurances. A meeting has taken place between the Chief Internal Auditor and lead project officers and s151 officers for both Rutland County Council and Melton Borough Council, to scope potential Internal Audit assurance work during 2023/24. This will require audit days from the 2023/24 Internal Audit plan and an amendment to existing coverage.
- 2.3.3 Given the recent Ofsted inspection on Special Educational Needs and Disabilities (SEND), it is considered that this provides a source of independent assurance over SEND in 2023/24 and reduces the value of an Internal Audit review. As such, it is recommended that the 15 days allocated within the Internal Audit Plan for an audit on SEND be postponed to 2024/25 and the days in 2023/24 be re-allocated to assurance on the LUF project – including joint assurance work with Melton Borough Council.

3 CONSULTATION

- 3.1 No formal consultation required.

4 ALTERNATIVE OPTIONS

- 4.1 The Committee is asked to note the report. No alternative options are proposed.

5 FINANCIAL IMPLICATIONS

- 5.1 There are no financial implications directly arising from this report.

6 LEGAL AND GOVERNANCE CONSIDERATIONS

- 6.1 The Audit and Risk Committee is responsible for oversight of the work of Internal

Audit including approving the annual Audit Plan and satisfying itself that the plan provides assurance over the Council's control framework and key risks. It is also responsible for gaining assurance that internal audit is complying with internal audit standards.

6.2 There are no legal implications arising from this report.

7 DATA

7.1 A Data Protection Impact Assessment (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.

8 EQUALITY IMPACT ASSESSMENT

8.1 There are no equality implications

9 COMMUNITY SAFETY IMPLICATIONS

9.1 There are no community safety implications

10 HEALTH AND WELLBEING IMPLICATIONS

10.1 There are no health and wellbeing implications.

11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

11.1 The latest update report, provided in Appendix A, includes the 2023/24 Internal Audit plan and progress made to date. The Committee plays an important role in the oversight of Internal Audit work.

12 BACKGROUND PAPERS

12.1 There are no additional background papers to the report.

13 APPENDICES

13.1 Appendix A: Internal Audit Update Report

13.2 Appendix B: Implementation of Audit Recommendations

13.3 Appendix C: 'High' priority recommendations overdue by more than three months

13.4 Appendix D: Customer satisfaction questionnaire responses

13.5 Appendix E: Limitations and responsibilities

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Rutland County Council

Internal Audit Update

September 2023

Introduction

- 1.1 Internal audit has been commissioned to provide 360 audit days to deliver the 2023/24 annual audit plan and undertake other work commissioned by the client.
- 1.2 The Public Sector Internal Audit Standards (the Standards) require the Audit and Risk Committee to scrutinise the performance of the internal audit team and – of equal significance – to satisfy itself that it is receiving appropriate assurance about the controls put in place by management to address identified risks to the Council. This report aims to provide the committee with the information, on progress in delivering planned work and on performance of the Internal Audit service, which it requires to engage in effective scrutiny.

Performance

2.1 Will the Internal Audit Plan for 2023/24 be delivered?

Internal Audit is set the objective of delivering at least 90% of the plan to draft report stage by the end of March 2024. At the time of reporting, work is underway or complete on 32% of planned assignments. A further 14% is in planning stages.

2.2 Are audits being delivered to budget?

Internal Audit is on target to deliver the Audit Plan within the 360 days budget. Any overruns on individual assignments are typically managed within the overall budget.

2.3 Are clients satisfied with the quality of the Internal Audit assignments?

Customer satisfaction questionnaires are issued on completion of audits - two completed feedback forms have been returned during the year to date. The outcomes are summarised in Appendix D and rated the service as 'Outstanding'.

2.4 Based upon recent Internal Audit work, are there any emerging issues that impact on the Internal Audit opinion of the Council's Control Framework?

Since the last meeting of the Audit and Risk Committee, final reports have been issued in relation to the following audits from the 2023/24 Audit Plan: **Quality assurance in Children's Social Care, Adult Safeguarding and Disabled Facilities Grants verification for 2022/23**. None of the audit reviews have resulted in assurance opinions of less than Moderate Assurance and none have been assessed a 'High' organisational risk.

2.5 Are clients progressing audit recommendations with appropriate urgency?

Since the last Audit and Risk Committee meeting, 20 audit actions have been closed as implemented. At the date of reporting, there are 21 audit actions which remain overdue for implementation – two of the overdue actions are of a 'high priority' rating and over three months overdue. See Appendix B and Appendix C for further details.

2.6 **Are any amendments to the Internal Audit plan required at this time?**

The Internal Audit plan must be subject to regular review throughout the financial year, to ensure that it continues to focus on the Council's key risks and adds the best possible value.

The Internal Audit plan for 2023/24 does not currently include any allowance for Internal Audit work relating to the Levelling Up Fund (LUF). Given the values and risks associated with this programme, there would be value in engaging Internal Audit as part of the assurance framework. There is already an assurance framework in place, and any Internal Audit work will seek to complement the existing assurances. A meeting has taken place between the Chief Internal Auditor and lead project officers and s151 officers for both Rutland County Council and Melton Borough Council, to scope potential Internal Audit assurance work during 2023/24. This will require audit days from the 2023/24 Internal Audit plan and an amendment to existing coverage.

Given the recent Ofsted inspection on Special Educational Needs and Disabilities (SEND), it is considered that this provides a source of independent assurance over SEND in 2023/24 and reduces the value of an Internal Audit review. As such, it is recommended that the 15 days allocated within the Internal Audit Plan for an audit on SEND be postponed to 2024/25 and the days in 2023/24 be re-allocated to assurance on the LUF project – including joint assurance work with Melton Borough Council.

Table 1: Progressing the annual audit plan

KEY
Current status of assignments is shown by ●

| Assignment | Budget | Actual | Not Started | Planning | Field Work Underway | Field Work Complete | Draft Report | Final Report | Control Environment | Compliance | Org Impact | Comment |
|--|--------|--------|-------------|----------|---------------------|---------------------|--------------|--------------|---------------------|------------|------------|-------------|
| Financial systems | | | | | | | | | | | | |
| Creditors | 15 | - | ● | | | | | | | | | Q4 |
| Payroll | 15 | - | ● | | | | | | | | | Q4 |
| Local taxation | 15 | - | ● | | | | | | | | | Q4 |
| Corporate governance and counter fraud | | | | | | | | | | | | |
| Risk management (consultancy support and real time assurances) | 18 | 4 | | | ● | | | | | | | All year |
| Ethical governance – advisory support | 10 | - | ● | | | | | | Advisory | | | As required |
| Contract Procedure Rules compliance | 8 | - | ● | | | | | | | | | Q4 |
| Key corporate controls and policies | | | | | | | | | | | | |
| Information governance | 15 | 12 | | | | ● | | | | | | Q2 |
| Cyber security | 15 | 1 | | ● | | | | | | | | Q3 |
| Budgetary control | 10 | - | ● | | | | | | | | | Q3 |

| Assignment | Budget | Actual | Not Started | Planning | Field Work Underway | Field Work Complete | Draft Report | Final Report | Control Environment | Compliance | Org Impact | Comment |
|---|--------|--------|-------------|----------|---------------------|---------------------|--------------|--------------|---------------------|------------|------------|-----------------------|
| Grant claim verification | 17 | 8 | | | ● | | | | | | | DFG 2022/23 completed |
| Corporate Objective: Protecting the vulnerable | | | | | | | | | | | | |
| Quality assurance in Children's Social Care | 12 | 11 | | | | | | ● | Moderate | Moderate | Low | Q1 |
| Early years providers | 15 | 5 | | | ● | | | | | | | Q2 |
| Continuing healthcare funding | 15 | 2 | | | ● | | | | | | | Q3 |
| Home to school transport | 12 | - | ● | | | | | | | | | Q3 |
| Posterger | 12 | 1 | | ● | | | | | | | | Q3 |
| Adult safeguarding | 12 | 12 | | | | | | ● | Good | Moderate | Low | Q1 |
| Corporate Objective: Vibrant communities | | | | | | | | | | | | |
| Private sector housing enforcement | 12 | - | ● | | | | | | | | | Q3 |
| Special educational needs and disabilities (SEND) | 12 | - | ● | | | | | | | | | Q4 |
| Corporate Objective: Delivering sustainable development | | | | | | | | | | | | |
| Local plan development | 15 | - | ● | | | | | | | | | TBC |
| Highways maintenance contract procurement | 12 | 1 | | ● | | | | | | | | Q3 |

| Assignment | Budget | Actual | Not Started | Planning | Field Work Underway | Field Work Complete | Draft Report | Final Report | Control Environment | Compliance | Org Impact | Comment |
|---|------------|-----------|-------------|----------|---------------------|---------------------|--------------|--------------|---------------------|------------|------------|-------------|
| Corporate Objective: Customer focused services | | | | | | | | | | | | |
| Transformation – advisory support | 15 | - | ● | | | | | | Advisory | | | As required |
| Commissioning of leisure services | 12 | 9 | | | | | ● | | | | | Q1 |
| Other Assurances | | | | | | | | | | | | |
| Client Support (Committee support, training, client liaison, advice/assistance, follow ups) | 35 | 11 | | | | | | | | | | |
| Internal Audit Management & Development | 31 | 10 | | | | | | | | | | |
| TOTAL | 360 | 87 | | | | | | | | | | |




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Notes

At the completion of each assignment the Auditor will report on the level of assurance that can be taken from the work undertaken and the findings of that work. The table below provides an explanation of the various assurance statements that Members might expect to receive.




| Compliance Assurances | | |
|-----------------------|--|--|
| Level | Control environment assurance | Compliance assurance |
| Substantial ● | There is a sound system of internal control to support delivery of the objectives. | The control environment is operating as intended with no exceptions noted which pose risk to delivery of the objectives. |
| Good ● | There is generally a sound system of internal control, with some gaps which pose a low risk to delivery of the objectives. | The control environment is generally operating as intended with some exceptions which pose a low risk to delivery of the objectives. |
| Moderate ● | There are gaps in the internal control framework which pose a medium risk to delivery of the objectives. | Controls are not consistently operating as intended, which poses a medium risk to the delivery of the objectives. |
| Limited ● | There are gaps in the internal control framework which pose a high risk to delivery of the objectives. | Key controls are not consistently operating as intended, which poses a high risk to the delivery of the objectives. |
| No ● | Internal Audit is unable to provide any assurance that a suitable internal control framework has been designed. | Internal Audit is unable to provide any assurance that controls have been effectively applied in practice. |

Organisational Impact

| Level | | Definition |
|---------------|---|--|
| High |  | The weaknesses identified during the review have left the Council open to a high level of risk. If the risk materialises it would have a high impact upon the organisation as a whole. |
| Medium |  | The weaknesses identified during the review have left the Council open to medium risk. If the risk materialises it would have a medium impact upon the organisation as a whole. |
| Low |  | The weaknesses identified during the review have left the Council open to low risk. This may have a low impact on the organisation as a whole. |

Category of Recommendations

The Auditor prioritises recommendations to give management an indication of their importance and how urgent it is that they be implemented. By implementing recommendations made managers can mitigate risks to the achievement of service objectives for the area(s) covered by the assignment.

| Priority | | Impact & Timescale |
|---------------|---|---|
| High |  | Requires actions to avoid exposure to substantial risks in achieving objectives for the area. |
| Medium |  | Requires actions to avoid exposure to significant risks in achieving objectives for the area. |
| Low |  | Action recommended to enhance control or improve operational efficiency. |

Appendix B: Implementation of Audit Recommendations

| | High priority recommendations | | Medium priority recommendations | | Low priority recommendations | | Total | |
|--|-------------------------------|------------|---------------------------------|------------|------------------------------|------------|--------|------------|
| | Number | % of total | Number | % of total | Number | % of total | Number | % of total |
| Actions due and implemented since last Committee meeting | 1 | 25% | 12 | 45% | 7 | 70% | 20 | 48% |
| Actions due within last 3 months, but <u>not implemented</u> | 1 | 25% | 6 | 22% | 1 | 10% | 8 | 20% |
| Actions due <u>over 3 months</u> ago, but <u>not implemented</u> | 2 | 50% | 9 | 33% | 2 | 20% | 13 | 32% |
| Totals | 4 | 100% | 27 | 100% | 10 | 100% | 41 | 100% |

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Appendix C: High priority audit recommendations overdue by more than three months

| Audit Title and Year | Service Area | Outstanding Action | Status Update | Officer | Original Date | Revised Date (if provided) |
|--------------------------|--------------|--|---|---------------------------|---------------|----------------------------|
| Asset Management 2021/22 | Places | <p>Tenancy schedule</p> <p>An up to date record of all properties, current tenants and terms should be consistently maintained. This should enable:</p> <ul style="list-style-type: none"> • Forward planning for tenancies reaching the end of their term; • Budget forecasting of expected income reflecting exact details of current leases/licences and income due; • Consistent information in the case of changes in personnel or planned absence of key officers. <p>It is acknowledged that manual spreadsheet records introduce an element of risk and a bespoke system for maintained all property records may assist in this, subject to a cost benefit analysis.</p> | <p>Contractor has rectified issues with the system.</p> <p>Further testing planned for Aug 2023.</p> <p>Delayed due to small team needing to divert resources (staff/time) to other urgent work of reorganising use and occupation at Catmose and implementation of compliance works to ensure Catmose safe for use and occupation.</p> | Head of Property Services | 30/09/2022 | September 2023 |
| Asset Management 2021/22 | Places | <p>Remedial actions</p> <p>The central record (above) should link to a clear action tracker for all remedial</p> | Contractor has rectified issues with the system. | Head of Property Services | 31/03/2023 | September 2023 |

| Audit Title and Year | Service Area | Outstanding Action | Status Update | Officer | Original Date | Revised Date (if provided) |
|----------------------|--------------|--|--|---------|---------------|----------------------------|
| | | actions arising from inspections. This should be subject to monitoring and review as part of staff supervisions/team meetings, as appropriate, or automate the generation of works orders. | Further testing planned for Aug 2023. Delayed due to small team needing to divert resources (staff/time) to other urgent work of reorganising use and occupation at Catmose and implementation of compliance works to ensure Catmose safe for use and occupation. | | | |

Appendix D: Customer satisfaction questionnaire responses

At the completion of each assignment, the Auditor issues a Customer Satisfaction Questionnaire to each client with whom there was a significant engagement during the assignment. The Director and the Service Manager receive a CSQ for all assignments within their areas of responsibility. The standard CSQ asks for the client's opinion of four key aspects of the assignment. The 2 responses received during the year to date are set out below.

| Aspects of Audit Assignments | N/A | Outstanding | Good | Satisfactory | Poor |
|----------------------------------|-----|-------------|------|--------------|------|
| Design of Assignment | - | 2 | - | - | - |
| Communication during Assignments | - | 2 | - | - | - |
| Quality of Reporting | - | 2 | - | - | - |
| Quality of Recommendations | - | 2 | - | - | - |
| Total | - | 8 | - | - | - |

Appendix E: Limitations and responsibilities

Limitations inherent to the internal auditor's work

Internal Audit undertakes a programme of work agreed by the Council's senior managers and approved by the Audit and Risk Committee subject to the limitations outlined below.

Opinion

Each audit assignment undertaken addresses the control objectives agreed with the relevant, responsible managers. There might be weaknesses in the system of internal control that Internal Audit are not aware of because they did not form part of the programme of work; were excluded from the scope of individual internal assignments; or were not brought to the consortium's attention. As a consequence, the Audit and Risk Committee should be aware that the audit opinion for each assignment might have differed if the scope of individual assignments was extended or other relevant matters were brought to Internal Audit's attention.

Internal control

Internal control systems identified during audit assignments, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgement in decision making; human error; control processes being deliberately circumvented by employees and others; management overriding controls; and unforeseeable circumstances.

Future periods

The assessment of each audit area is relevant to the time that the audit was completed in. In other words, it is a snapshot of the control environment at that time. This evaluation of effectiveness may not be relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulatory requirements or other factors; or
- the degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management; internal control and governance; and for the prevention or detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

Internal Audit endeavours to plan its work so that there is a reasonable expectation that significant control weaknesses will be detected. If weaknesses are detected additional work is undertaken to identify any consequent fraud or irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected, and its work should not be relied upon to disclose all fraud or other irregularities that might exist.

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