GOVERNANCE ISSUES ACTION PLAN 2015/16

Significant Governance Issues

Governance Issue	Outcome required Target Date Actions to achieve outcome How this will be monitored	Responsible officer	Progress Update	BRAG Rating - 'Outcome'	BRAG Rating - 'Arrangements'
2015/16 AGS The Council has identified that further action is required to address organisational and managerial compliance with certain Council processes and procedures, including performance appraisals, absence management, contract procedure rules and essential training.	**Performance Appraisals** <u>Outcome required</u> Compliance with Council processes and procedures. Target 100% PA by 31 March 2017 including CYP <u>16/17 Actions Planned</u> Ongoing awareness-raising communications Ongoing monthly monitoring reports to SLT and regular reports available for SMs <u>Performance measures to monitor compliance</u> % of performance appraisals completed and registered in reporting year – managers / employees. Additional analysis of problem areas as needed.	SLT Head of Human Resources and Organisational Development	<u>Latest Performance measures – 22/12/16</u> <u>Managers</u> Business Services – 97.8% Children's Services – 89% Delivery Services - 99.40% Strategic Hub – 98.3% Transformation – 75% (3/4) Total – 97.0% <u>All Staff</u> Business Services – 95.4% Children's Services – 67.6% Delivery Services – 95.7% Strategic Hub – 93.7% Transformation – 62.5% (10/16) Total – 90.9%	Amber	Green
	Absence Management <u>Outcome required</u> Compliance with Council processes and procedures.	SLT	Working days lost per FTE 1/4/16- 31/10/16 (run 14/12/16) (compared to same period last year) Business services - 3.74 (4.01) Children's services - 6.32 (7.32) Delivery services - 7.1 (7.31)	Amber	Green

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	16/17 Actions Planned Ongoing support for DMTs – including training, serious case reviews Development of Health and Well-being strategy Performance measures to monitor compliance: Number of working days / shifts lost due to sickness absence compared to profiled target, and comparative figures for similar authorities.	HoHR/OD	Strategic - 2.93 (4.63) Transformation - 3.6 (2.43) Total 6.21 (6.71) Target for 7 months 16/17 = 6.13 Forecast full year 10.94, compared to full year 15/16 of 11.83 and target for 16/17 (Operational Health report) of 10.75.		
	Contract Procedure Rules <u>Outcome required</u> Compliance with Council processes and procedures <u>16/17 Actions planned</u> New e/learning module 'Understanding Procurement Process' mandatory for all managers complete by 31/3/17 Revised structure to be in place by 31 March 17 <u>Performance measures to monitor compliance :</u> % of managers completed mandatory training (Target 100% by 31/3/17	SLT Head of Procurement	. E/ learning released for use on 31/10/16. 15% of managers completed training as at 16/12.	**Amber**	**Green**

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	Consent given by Procurement to waiver the application of Contract Procedure Rules in respect of contracts with value in excess £50k (PRAD 1 – CPR Exception) - total applications received by Procurement - % approved by Procurement Approval by Assistant Director of Finance (ADF) to Contract extension (PRAD 2) - total applications received by ADF - % approved by ADF Approval by ADF to Contract Variation / overspend (PRAD 3) - total applications received by ADF - % approved by ADF Notice to proceed with Contract award – total value in excess £500k (PRAD 4) - total submitted by Commissioning officer - total approved by appropriate Director (as per Procurement system)		As at 16/12/16 PRAD 1 - Received 52. Approved 65% PRAD 2 - Received 23. Approved 100% PRAD 3 - Received 8. Approved 100% PRAD 4 - Received 12. Approved 12		
	Essential Training <u>Outcome required</u>	HoHR/OD	<u>Latest Performance - as at 3/11/16</u> <u>Managers</u> Responsibility for Information – 96%	**Amber**	**Green**

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	Compliance with Council processes and procedures. Target 100% of managers completed mandatory training by 31/3/17 16/17 Actions Planned Ongoing awareness-raising communications Ongoing monthly monitoring reports to SLT Performance measures to monitor compliance % of management and employees completing 2016/17 corporate mandatory training by 31 March 2017		Risk Management – 22% Attendance Management – 11% Managing Reasonable Adjustments (released 30/9/16 – 1.7% Understanding Procurement Processes (released 30/10/16) - 0% (Nov 16) Managing Performance & Capability – available from 1/17 (As at 1/1/17 – overall 26% completion) Employees - as at 3/11/16 Responsibility for Information – 78% Risk Management – 15% Equality & Diversity – 10% (As at 1/1/17 – overall 37.5% completion) Actions:- Mandatory modules outlined in Performance Appraisal and Intranet Training page. Email reminder to managers 8/11/16, for cascading to employees. Reminders in monthly Managers Brief since May 16 Regular news story on Intranet. Communications Strategy to be developed with Sally Dunbar		
Improvement Notice issued by the Secretary of State for Education (30th September 2016) to address areas for improvement identified in the report of the inspection of services for children in need of	Outcome required To address all the areas for improvement identified in the report of the inspection of services for children in need of help and protection, children looked after and care leavers and the review of the effectiveness of the local safeguarding children board	Director of Children's Services	Improvement Board created and meets monthly. The Improvement Board has met on 4 occasions at the time of this report. An Independent Chair for the Improvement Board has been appointed, Eleanor Brazil, as has an Independent DfE Advisor, Tony Crane. The Improvement Plan, agreed by the Board,	**Amber**	**Amber**

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help and protection, children looked after and care leavers and the review of the effectiveness of the local safeguarding children board published by Ofsted on 20 September 2016	published by Ofsted on 20 September 2016 <u>Actions to achieve outcomes</u> Create an Improvement Board with Independent Chair to oversee: • The development of an Improvement Plan to deliver appropriate and sustainable improvement • The implementation of the improvement plan with monthly progress reports • Data, analysis and recommendations supported by evidence of impact of improvements on the quality of practice and experience of children and families <u>How will this be monitored</u> Advisers from the Department for Education will undertake reviews of progress against the improvement agenda at least every six months. Ofsted will undertake quarterly monitoring visits to review progress against the recommendations		was submitted to the Department for Education and Ofsted on the 23rd December 2016 which addresses how the recommendations made by Ofsted and the Requirement of the Improvement Notice will be met Actions completed since July 2016:- • Recruitment process underway for the Deputy Director post - interviews in early January; • Recruitment process underway for nine Senior Management posts • Established the First Response Team at the integrated front door, increased capacity so initial Child Protection investigations are carried out in a timely manner; • Secured an Independent LSCB Chair; • Interim additional capacity established in the IRO Service which has reduced caseloads to required levels; • Co-located an HR Team in Children's Services to oversee the recruitment of staff; improve sickness management; co-ordinate staff development; • Implemented the Coaching & Mentoring Audit Programme underpinned by the new Performance Management & Quality Assurance Framework; • Agreement to recruit additional Personal Advisers to ensure every care leaver has access to dedicated support and advice;		

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			• Confirmed Social Work Practice Standards to reset the bar for the quality of practice; rolling out management standards in January; • All strategy meetings on new cases are implemented on time with police involvement within the integrated front door; • LSCB is overseeing work on thresholds, working groups underway to inform big events scheduled for January; • Performance clinics now in place with managers and performance reports developed to support practice, in particular around Care Leavers, and the improvement journey. • LSCB activity includes clear expectations of compliance requirements for notifying the LADO; greater independence of the LSCB and sub groups through increased partner chairing; statutory notifications procedure in place;		

Other Governance Issues

Governance Issue	Outcome required Actions to achieve outcome How this will be monitored	Responsible officer Expected Delivery Date	Progress Update	BRAG Rating 'Outcome'	BRAG Rating 'Arrange-ments'
ICT Business Continuity and Resilience Plans The Council has identified weaknesses in its business continuity arrangements, which may be susceptible due to the Council not having in place robust ICT business continuity plans. The Council must ensure that these plans are in place for its identified critical services to ensure these services can function effectively in the event of an incident.	Outcome required Robust ICT business continuity plans in place for all business critical systems. 16/17 Actions Planned See progress update. Performance measures to monitor compliance % of desk top review of business plans completed by business continuity and IT leads.	Chief Information Officer / Head of Corporate and Community Safety (HCCS)	HCCS has received business plans for all 30 identified critical services. Plan owners responsible for contacting Business Continuity and Environment Officer (BCEO) to arrange for desk-top review by BCEO and IT lead. Update 31/10/16 Desk top reviews performed by BCEO for 5 critical services with dates arranged for a further 3 and no IT resource identified to support desk top reviews. Update 29/11/16. 2 IT officers now identified to support reviews. Desk top reviews completed – 5 by BCEO, 2 by BCEO & IT. Dates arranged for 2 further reviews. ICO looking to bring in additional consultancy support for undertaking Business Impact Assessments. Key outstanding actions – - plan owners to agree dates with BCEO / IT for desk-top reviews.	Amber	Amber
ICT Business Continuity and Resilience Plans - continued The Council has identified the need to strengthen its ICT resilience and respond	Outcome required Robust plans in place for ICT Resilience, including data centres. 16/17 Actions Planned See progress update	Chief Information Officer	The findings of the scrutiny review panel set up to review the Council's IT disaster recovery arrangements were reported to Cabinet on 7/11/16. The report noted that at present Wirral does not have a current fit for purpose IT disaster recovery plan. A 'number of projects in progress are expected to greatly increase the IT	Amber	Amber

to risks related to the current location of its data centres	**Performance measures to monitor compliance** Success will be monitored and measured against the project plans to be developed by the partners who win the contract to deliver the work. Reported to Cabinet that expected alternative data centre location will be set up by April 2017.		resilience of the Council and mitigate risks associated with a catastrophic failure'. Cabinet approved the recommendations, including IT Services to develop and document a comprehensive IT Disaster Recovery Plan. CIO to report on progress to future Cabinet. Planned implementation of the recommendations by Sept 2017. Contract has been signed with Merseytravel to house one of the Council's two data centres (primary and back-up) currently located in Treasury Building. ITS Currently developing the specification for the refurbishment and improvement of the TB data hall and procuring specialist datacentre building company. Next steps include developing specification for the move and re-commissioning of the data centre equipment and procuring specialists to project manage.		
2016/17 Inspections Information Commissioner's Office	**Outcome required** Improved assurance over information governance areas reviewed by ICO **16/17 Actions planned** Action Plan in place to implement agreed recommendations **Performance measures to monitor compliance** All agreed high and medium priority recommendations implemented within agreed timescale	Chief Information Officer	ICO audit reviewed 2 areas - Subject Access requests and Records Management. Both assessed as limited assurance. Draft Action Plan included recommendations for Records Management and for subject access request. Target date for implementation of actions primarily 31 March or 30 April 2017 and work currently underway. Recommendations to be presented in excel (for ease of viewing/reporting), RAG rated and prioritised. Discussed as single agenda item at the IDG Group on 6/12/16. Council to report progress, including evidence, to ICO in May 2017.	**Amber**	**Amber**