

2015/16 GOVERNANCE ISSUES ACTION PLAN

Significant Governance Issues

Appendix 1

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'
<p>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.</p>	<p>Performance Appraisals</p> <p><u>Outcome required</u> Compliance with Council processes and procedures. Target 100% PA by 31 March 2017 including CYP</p> <p><u>16/17 Actions Planned</u> Ongoing awareness-raising communications Ongoing monthly monitoring reports to SLT and regular reports available for SMs</p> <p><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.</p>	<p>SLT</p> <p>Head of Human Resources and Organisational Development</p>	<p><u>Latest Performance measures – 31/1/17</u></p> <p><u>Managers</u> Business Services – 97.8% Children’s Services – 87.3% Delivery Services - 99.0% Strategic Hub – 100% Transformation – 75% (3/4) Total – 96.7%</p> <p><u>All Staff</u> Business Services – 95.3% Children’s Services – 68.7% Delivery Services – 95.4% Strategic Hub – 94.3% Transformation – 81.35% (13/16) Total – 90.9%</p> <p>Awareness-raising ongoing. Monthly monitoring by SLT currently taking place.</p>	Amber	Green
	<p>Absence Management</p> <p><u>Outcome required</u> Compliance with Council processes and procedures.</p>	<p>SLT</p>	<p>Working days lost per FTE 1/4/16- 31/12/16 (as at 22/2/17) (compared to same period last year) Business services - 5.21 (5.4) Children’s services - 8.11 (10.1) Delivery services - 9.22 (9.44)</p>	Amber	Green

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	<p><u>16/17 Actions Planned</u> Ongoing support for DMTs – including training, serious case reviews Development of Health and Well-being strategy</p> <p><u>Performance measures to monitor compliance:</u> Number of working days / shifts lost due to sickness absence compared to profiled target, and comparative figures for similar authorities.</p>	HoHR/OD	<p>Strategic - 5.47 (6.57) Transformation - 13.03 (2.29) Total 8.15 (8.82) Target for 9 months 16/17 = 8.04</p> <p>Forecast full year 10.96, compared to full year 15/16 of 11.85 and target for 16/17 of 10.75. (Operational Health report)</p>		
	<p>Contract Procedure Rules</p> <p><u>Outcome required</u> Compliance with Council processes and procedures</p> <p><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</p> <p><u>Performance measures to monitor compliance:</u> % of managers completed mandatory training (Target 100% by 31/3/17)</p>	SLT Head of Procurement	Completion of mandatory training – see section below.	Amber	Green

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	<p>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)</p> <ul style="list-style-type: none"> - total applications received by Procurement - % approved by Procurement <p>Approval by Assistant Director of Finance (ADF) to Contract extension (PRAD 2)</p> <ul style="list-style-type: none"> - total applications received by ADF - % approved by ADF <p>Approval by ADF to Contract Variation / overspend (PRAD 3)</p> <ul style="list-style-type: none"> - total applications received by ADF - % approved by ADF <p>Notice to proceed with Contract award – total value in excess £500k (PRAD 4)</p> <ul style="list-style-type: none"> - total submitted by Commissioning officer - total approved by appropriate Director (as per Procurement system) 		<p>As at 17/2/17</p> <p>PRAD 1 - Received 86. Approved 62%</p> <p>PRAD 2 - Received 23. Approved 100%</p> <p>PRAD 3 - Received 8. Approved 100%</p> <p>PRAD 4 - Received 12. Notification sent to Procurement – no Procurement approval required.</p>		
	<p>Essential Training</p> <p>Outcome required</p>	HoHR/OD	<p><u>Latest Performance - as at 1/2/17</u> <u>Managers</u> Responsibility for Information – 96%</p>	Amber	Green

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	<p>Compliance with Council processes and procedures. Target 100% of managers completed mandatory training by 31/3/17</p> <p><u>16/17 Actions Planned</u> Ongoing awareness-raising communications Ongoing monthly monitoring reports to SLT</p> <p><u>Performance measures to monitor compliance</u> % of management and employees completing 2016/17 corporate mandatory training by 31 March 2017</p>		<p>Risk Management – 34% Attendance Management – 20% Managing Reasonable Adjustments 15% Understanding Procurement Processes 15% Managing Performance & Capability – available from 1/17</p> <p><u>Employees - as at 1/2/17</u> Responsibility for Information – 80% Risk Management – 24% Equality & Diversity – 27%</p> <p>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. SLT monthly monitoring. Change of approach to be recommended for 17/18 with mandatory training targets per module per month which experience (see responsibility for information) achieves results.</p>		
Improvement Notice issued by the Secretary of State for Education (30 th September 2016) to address areas for improvement identified in the report of the inspection of services for children in need of help and protection,	<p><u>Outcome required</u> 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 published by Ofsted on 20</p>	Director of Children's Services	<p>The first Ofsted Monitoring Visit took place on the 25th & 26th January 2017. The focus of this monitoring visit was the 'Front Door' including arrangements for Contacts, Referrals and Assessments in addition to reviewing action taken to address workforce, capacity and performance issues identified in the July 2016 Inspection.</p> <p>The outcome letter provided to the authority,</p>	Amber	Amber

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<p>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</p>	<p>September 2016 <u>Actions to achieve outcomes</u> Create an Improvement Board with Independent Chair to oversee:</p> <ul style="list-style-type: none"> • 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 <p><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.</p> <p>Ofsted will undertake quarterly monitoring visits to review progress against the recommendations</p>		<p>but which will not be published by Ofsted confirms progress in these areas which includes:-</p> <ul style="list-style-type: none"> • There is a clear and coherent process for contacts and referrals which has been developed in partnership with all key stakeholders. This has led to improvements at the 'front door'. • Decision making in the MASH on contacts is timely, with none seen that were awaiting a decision for longer than one day. Decisions taken in relation to thresholds for intervention were more robust than at the time of the inspection. • Inspectors did not find any missed opportunities to intervene in the lives of vulnerable children in the cases that they considered. • Clear and largely successful efforts are made to ensure that strategy discussions between partners are timely, and police partners now contribute effectively to discussions. • Increased resources have enabled senior leaders to introduce clearer arrangements for setting and maintaining high standards of social work practice. • Improvements in the use of performance information. • Most cases of children at risk of harm are dealt with promptly and effectively. This is an improvement since the last inspection. 		

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			<p>Ofsted also confirmed areas for further development which form a part of the Improvement Plan which include:</p> <ul style="list-style-type: none"> • The quality of assessments • Management oversight <p>Significant actions completed since January 2017:-</p> <ul style="list-style-type: none"> • Recruitment completed for the post of Deputy Director, the successful candidate commences in post on 1st May • Recruitment to Senior Management posts underway with appointments made to 3 posts. • Managers Practice Standards issued. • Right Service, Right Time Conferences delivered during January and February, with more planned, focusing on Thresholds, assessment tools and revised arrangements at the MASH. • Strengthening Families, Enhancing Futures identified as a model to support practice delivery 		

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 'Arrangements'
<p>ICT Business Continuity and Resilience Plans</p> <p>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.</p>	<p><u>Outcome required</u> Robust ICT business continuity plans in place for all business critical systems.</p> <p><u>16/17 Actions Planned</u> See progress update.</p> <p><u>Performance measures to monitor compliance</u> % of desk top review of business plans completed by business continuity and IT leads.</p>	<p>Chief Information Officer / Head of Corporate and Community Safety (HCCS)</p>	<p>HCCS has received business plans for all 30 identified critical services. Plan owners are responsible for contacting Business Continuity and Environment Officer (BCEO) to arrange for desk-top review by BCEO and IT lead.</p> <p>Update 20/2/17. 2 IT officers now identified to support reviews. 8 desk top reviews completed – 5 by BCEO and 3 by BCEO & IT. Dates arranged for 2 further reviews. Desk top reviews yet to be scheduled for 20 critical services. (CIO looking to bring in additional consultancy support to train managers in Business Impact Assessments. It is the opinion of the HCCS that council has already completed business impact analyses for all systems and that there is no requirement for external assistance to train managers).</p> <p>Key outstanding actions –</p> <ul style="list-style-type: none"> - Business plan owners for outstanding 20 critical services to agree dates with BCEO / IT for desk-top reviews. 	Amber	Amber
<p>ICT Business Continuity and Resilience Plans -</p>	<p><u>Outcome required</u> Robust plans in place for ICT Resilience, including data centres.</p>	<p>Chief Information Officer</p>	<p>The findings of the scrutiny review panel set up to review the Council's IT disaster recovery arrangements were reported to</p>	Amber	Amber

<p>continued</p> <p>The Council has identified the need to strengthen its ICT resilience and respond to risks related to the current location of its data centres</p>	<p><u>16/17 Actions Planned</u> See progress update</p> <p><u>Performance measures to monitor compliance</u> 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.</p>		<p>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 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.</p> <p>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.</p> <p>The fibre-optic work to connect the Council's network and the Merseytravel data centre has been completed. The Digital team has received all the supporting design documents needed to allow it to develop the procurement specification needed to identify a partner to manage the movement of equipment from the Treasury Building to the Merseytravel data centre, including the reinstallation and commissioning of the</p>		
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2016/17 Inspections Information Commissioner's Office	<p><u>Outcome required</u> Improved assurance over information governance areas reviewed by ICO</p> <p><u>16/17 Actions planned</u> Action Plan in place to implement agreed recommendations</p> <p><u>Performance measures to monitor compliance</u> All agreed high and medium priority recommendations implemented within agreed timescale</p>	Senior Information Risk Owner	<p>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 IGD Group on 6/12/16. Council to report progress, including evidence, to ICO in May 2017. SIRO confirmed progress is on track (20/2/17).</p>	Amber	Amber