

## Action plan update – Significant Governance Issues reported in the 2016/17 Annual Governance Statement

Key Improvement Area (as per 2016/17 AGS)	Actions for Implementation (as per 2016/17 AGS)	Responsibility and Implementation Date (as per 2016/17 AGS)	Progress Update – as at 26 February 18	RAGB Rating - Outcome	RAGB Rating - Arrangements
<p><b>Improvement Notice issued by the Secretary of State for Education (30th September 2016)</b></p> <p>Ofsted’s <i>“Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board”</i>, in July 2016 found significant weaknesses in each area reviewed.</p>	<p>In response to the Ofsted findings an Improvement Plan has been established and delivery of the same is underway with oversight provided by the Improvement Board which is independently chaired.</p> <p>The board convenes monthly to consider its progress against the Ofsted recommendations and monitor the impact of the delivery of the improvement plan.</p> <p>Additional oversight for the improvement plan is provided by the Council’s Children and Families Committee.</p> <p>The Leader of the Council has also committed to the setting up of a Leader’s Task Force to ensure oversight of the improvement plan.</p>	<p>Director of Children’s Services</p> <p>March 2018</p>	<p>The refreshed improvement plan (approved by the improvement board in July 2017) has been in place since September 2017. Progress is reported monthly to the improvement board.</p> <p>Ofsted monitoring visits continue. The third Ofsted monitoring visit took place on the 30 and 31<sup>st</sup> of August. During this visit, inspectors focused on the progress made in improving support to care leavers. Additionally, inspectors reviewed the effectiveness of independent reviewing officers (IROs) and the quality and impact of auditing processes.</p> <p>The fourth monitoring visit took place on 11<sup>th</sup> and 12<sup>th</sup> December with a focus on children looked after. A copy of the Ofsted letter issued on 18/1/18 reporting the outcome of the December monitoring visit has been circulated with this report.</p> <p>Paul Boyce, Director for Children’s Services will make a presentation to the March ARMC.</p>	<p><b>Amber</b></p>	<p><b>Amber</b></p>

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<p><b>ICT Business Continuity Planning</b></p> <p>A greater focus is needed by business plan owners and relevant Directors to ensure business continuity plans are kept up to date and subject to supportive challenge and review by advisers in the business continuity and IT teams.</p>	<p>ICT are supporting the Business Continuity team to ensure effective Business Continuity Plans are being put in place, should a disruptive incident occur. ICT have recognised a marked improvement in the ownership of the IT element of the Council's business continuity plans over the last quarter.</p> <p>Six monthly and annual reviews are planned for all business critical plans.</p>	<p>Head of Community Safety and Transport Services / Acting Head of Digital</p> <p>September 2017 March 2018</p>	<p>Business Continuity plans are now in place for all identified critical services and are stored electronically on Resilience Direct (secure Cabinet Office hosted website). All plans have been subject to a walkthrough exercise with the Business Continuity &amp; Environment Officer (BCEO) supported by a representative from Digital.</p> <p>Plans should be tested by the plan owner every 12 months. The BCEO monitors this and attends selected tests on a rolling programme. The BCEO will continue to send reminders to plan owners to ensure that plans are kept up to date with a six monthly review.</p> <p>All plans are currently up to date. Since the January ARMC, the plan for CYPD Specialist Services has been revised and updated. It has been circulated to managers for review and will shortly be presented to CYPD's SLT for approval.</p>	<b>Green</b>	<b>Green</b>

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<p><b>ICT Resilience Planning</b></p> <p>A Scrutiny review in November 2016 identified that the Council's IT disaster recovery arrangements required further work and that the Council does not have a current, fit for purpose IT disaster recovery plan.</p>	<p>A working group is in place to monitor progress with the key project to relocate the Treasury Building Datacentre. It is planned that a comprehensive disaster recovery plan will be prepared following the successful completion of this project, scheduled to be completed by September 2017.</p> <p>The project remains on course for completion within the proposed timeline.</p> <p>The Council has successfully negotiated with Merseytravel to host the data centre and the network connection through the Mersey tunnel is in place. The tendering to relocate the data centre was won by SCC. The process to plan and then move the data centre to Merseytravel will shortly be underway.</p>	<p>Acting Head of Digital</p> <p>September 2017</p>	<p>As of the end of December, the corporate risk of having two datacentres in the same building has been addressed with services either running from Georges Dock (DC3) or the Treasury Building (DC1). The network issue that stopped all services running from DC3 has been resolved however Liquid Logic (Social Care) is still running from DC1 due to a separate technical issue. This has gone to the vendors to resolve. In a Disaster recovery situation Liquid Logic could run from DC3. The enhancement of the Disaster recovery capabilities in Treasury Building (DC1) is scheduled to be completed by the end of March.</p>	<p><b>Amber</b></p>	<p><b>Amber</b></p>

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<p><b>Compliance Absence Management :</b> Ensuring compliance with the Council's sickness absence policy remains a Significant Governance Issue for the 2016-17 AGS.</p>	<p>- An action plan has recently been agreed and is being delivered in response to the (internal) audit review. The action plan includes a focus on support and training for managers including targeting of identified groups. Additional work is being put in place to strengthen the organisational approach and ensure that all managers recognise their accountability and accept and discharge their responsibilities to comply with all aspects of the Council policy.</p> <p>HR are realigning resources to provide further dedicated support and monitoring of management actions in relation to absence.</p>	<p>Assistant Director: Human Resources and Organisational Development (AD HR&amp;OD).</p> <p>March 2018</p>	<p>A revised and updated action plan has been developed and was presented to SLT on 12 September 2017 and to Audit and Risk Management on 21 November 2017. This is centred around 5 key themes:</p> <ul style="list-style-type: none"> <li>- Leadership and Commitment</li> <li>- Training and Support</li> <li>- Performance and Compliance</li> <li>- Targeted Action</li> <li>- Health and Wellbeing</li> </ul> <p>At the request of Audit and Risk Management Committee, the Chief Executive is attending the Employment and Appointments Committee on 6 March to present a detailed report on absence, stress and mental health and discuss the Council's approach.</p> <p>The attendance plan agreed by SLT is being implemented. A new suite of management information reports have developed to support management of absence. These have improved management oversight.</p> <p>Specific areas have been identified for targeted action by Service managers supported by HR, who have re-allocated</p>	<p><b>Amber</b></p>	<p><b>Amber</b></p>

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			<p>some dedicated resources to this issue.</p> <p>Whilst it will take some time to be evidenced within the overall figures, this work has already seen some success in resolving some of the longest term cases and there is also evidence that cases are being progressed through the stages of the absence procedure quicker.</p> <p>A system of regular case conferences are in place with AD HR/OD, senior manager and line manager from relevant service areas is in place for long term, complex cases to ensure that the issue is being managed in accordance with policy.</p> <p>Training for line managers is currently being rolled out. Starting with managers in identified ' hotspot' areas this is designed to ensure managers are fully proficient with recording absence on the Council serve system, using absence MI and policy compliance. This commenced with a workshop for Senior Managers on 9 January 2018.</p> <p>At the last Audit and Risk Management Meeting, there was a specific comment</p>		

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			<p>about whether the Council employs mental health nurses. We don't directly employ any nursing or clinical staff but employees have access to a wide range of mental health and other specialist services via the Council's Occupational Health Service(e.g. Counselling, Cognitive Behaviour Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR.) Any employees with mental health issues can referred immediately. The Council meets the cost of all referrals. In addition, employee also have 24/7 access to 6 sessions of free telephone or face to face counselling via the Employee Assistance Programme.</p> <p>A workplace wellbeing strategy has been developed alongside the attendance action plan was launched on 15 Jan 2018.</p> <p>The absence projection for the financial year is currently around 10.78 days against a target of 10.75 days. Absence levels during the winter months are generally expected to higher than other seasons and this year we have seem a spike in flu cases and other sickness. This will be clearer when quarter 4 figures are available.</p>		
<b>Compliance</b>	- A project plan to adopt a	Assistant	There are two essential training (e-learning)	<b>Red</b>	<b>Red</b>

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<p><b>Essential Training</b> Compliance with supporting staff development through the provision of essential training remains a Significant Governance Issue for the 2016-17 AGS.</p>	<p>refreshed approach to the delivery of essential training in 2017-18 has been developed and is being implemented with a robust communication approach / monitoring to rapidly address noncompliance.</p> <p>In addition to the roll out of essential training for 2017-18 led by the Senior Leadership Team corporate ownership must be displayed by all management and staff to ensure routine compliance with training.</p> <p>There has been a complete refresh of the Ulearning portal, with a regular staff compliance report available to all managers. Essential training will subsequently be linked to appraisal accountability statements, to promote compliance across the organisation. This will in turn hold both staff and their</p>	<p>Director: Human Resources and Organisational Development (AD HR&amp;OD).</p> <p>March 2018</p>	<p>modules to be completed by all employees:</p> <ul style="list-style-type: none"> <li>- Responsibility for Information 2017 (by 31 October 2017);</li> <li>- Equality and Diversity in the Workplace (by 31 March 2018).</li> </ul> <p>62% of employees had completed the Responsibility for Information training module by the deadline of 31 October 2017.</p> <p>Some adjustments have been made to tailor the training for some groups where there are practical difficulties accessing the e-learning module. 83% of employees have now completed the training (this includes completion of e-learning module and alternative tailored training.)</p> <p>SLT and DMTs have / will be provided with details of non-completed training with follow-up action required.</p> <p>Specific training workshops targeted at line managers are due to be delivered by June 2018:</p> <ul style="list-style-type: none"> <li>- Stress management (due October – December 2017)</li> <li>- Performance management (January – June 2018)</li> </ul>		

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	managers accountable for the completion of the training program.		<p>HR Business Partners are meeting with relevant Senior Managers to discuss outstanding requirements for training in each area and agree follow up action. This will also be monitored by SLT. The Director of Corporate Resources and Reform took the matter to SLT on 13/12/17 for further action.</p> <p>The Accountability framework for managers and Council approach to essential training are being reviewed. These initiatives will help ensure that going forward all staff complete training assessed as essential for their role.</p>		
<p><b>Compliance - Contract Procedure Rules (CPR's)</b> Compliance with the Councils CPR's remains a Significant Governance Issue for the purposes of the 2016-17 AGS.</p>	<p>Development work is underway in 2017-18 to address this issue; a number of actions are being implemented. These include a new procurement model structure to be in place by September 2017. Additional training will be provided to officers and a targeted approach based on insight of areas of noncompliance put in place.</p>	<p>Head of Procurement March 2018</p>	<p>In November 2015 Members approved the existing CPR's. The CPR's went live on the 1 April 2016. A full review of the CPR's has been undertaken as this is required every two years. Recommendations for amendments will be presented for Member approval at the January 2018 ARMC. If approved they will be operational from the 1 April 2018. The recommendations will further enhance and support compliance.</p> <p>The Use of Procurement Rules Approval Documents (PRAD) from 1 April 2017 to the</p>	<b>Green</b>	<b>Green</b>

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			<p>30<sup>TH</sup> September 2017 has been reported to the November 2017 ARMC. At Members request all future report details will be reported showing highest value first.</p> <p>The new Corporate Procurement Structure has been finalised and is expected to be operational, allowing for the consultation process and recruitment process, from the middle of April 2018.</p>		

### Other Governance Issues

Other Governance Issue	Actions for Implementation (as per 2016/17 AGS)	Responsible officer Expected Delivery Date	Progress Update as at 15 Jan 18	BRAG Rating 'Outcome'	BRAG Rating 'Arrangements'
<b>Performance Appraisals</b>	(Not reported as a Significant Governance Issue in the 2016/17 AGS. Reported here for information).	Assistant Director: Human Resources and Organisational	90% of performance appraisals due by 31 October (all staff except CYPD) were completed by the deadline. 97% have been completed by 21 February 2018.	<b>Amber</b>	<b>Amber</b>

		Development (AD HR&OD).	<p>80% of all CYPD staff have completed appraisals by 21 Feb 2018 (deadline for CYPD staff is 31 March 2018). (Where HR are informed by managers that staff are not available for an appraisal, e.g. long term sickness or maternity, they will be excluded from the statistics for % of appraisals completed. When staff return and an appraisal becomes due they will be included in the reported statistics. Agency workers with line management responsibilities are included (as they need to appraise their own direct reports) but agency workers without line management responsibilities are not).</p> <p>HR Business Partners have met relevant Senior Managers to discuss outstanding performance appraisals and training in each area and agreed follow up action where appropriate. This is also being monitored by SLT.</p>		
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