

**READING BOROUGH COUNCIL**  
**REPORT BY DIRECTOR OF FINANCE**

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| TO:              | AUDIT & GOVERNANCE COMMITTEE                                |              |                            |
| DATE:            | 21 NOVEMBER 2017  | AGENDA ITEM: | 4                          |
| TITLE:           | Annual Governance Statement 2016/2017 - Updated Action Plan |              |                            |
| LEAD COUNCILLOR: | Councillor Lovelock   | PORTFOLIO:   | AUDIT & GOVERNANCE         |
| SERVICE:         | FINANCE   | WARDS:       | N/A                        |
|                  | Peter Lewis   | TEL:         | 0118 9373263               |
| JOB TITLE:       | Director of Finance   | E-MAIL:      | Peter.lewis@reading.gov.uk |

## 1. EXECUTIVE SUMMARY

- 1.1 The Council is responsible for ensuring that financial management is adequate and effective and that there is a sound system of internal control, which facilitates the effective exercise of the Council's functions. It is also essential that there are effective arrangements for the management of risk.
- 1.2 The Accounts and Audit Regulations require local authorities to prepare and publish an Annual Governance Statement (AGS) each financial year, which accompanies the Authority's financial statements. This was presented to the Audit and Governance Committee in July 2017 along with an action plan to address the governance challenges identified. A further report was presented in September 2017, updating the Committee on the actions taken to that date.
- 1.3 This report updates the Committee on the further progress made against the action plan; the details are appended. Discussions are underway with the Chief Auditor to identify how he can, in future, offer assurance to the Committee about progress being made and when it would be appropriate to sign off the actions.

## RECOMMENDATION

It is recommended that the Committee considers, and comments on, the progress being made against the action plan and also indicates any further requirement for information to assure themselves of continued improvements.



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| No.   | Management Action   | How implemented   | Progress   | Due date  | Status   | Responsible Officer       | Monitoring Comments   |
| 1.  | Prepare and agree a robust and deliverable Medium Term Financial Strategy for the period 2017/18 to 2019/20   | Development of a robust MTFS for 2017/18 to 2019/20   | Revised MTFS being presented to Policy Committee on 17 July 2017, with further work on robustness and delivery planned                   | July 2017 | Reports prepared for Committee showing balanced positions for 2017/18 and 2018/19. More work required to balance 2019/20 | Director of Finance       | <p>A revised and more robust budget for 2017/18, including a MTFS to 2020, was presented to, and agreed by, the Policy Committee in July 2017. There is now in place a robust savings monitoring regime overseen by the Delivery Unit and the Corporate Programme Delivery Group.</p> <p>Budget monitoring is showing pressures emerging in 2017/18 that need to be mitigated. These pressures will have an impact in 2018/19 and beyond so additional work is required to prepare the refreshed 2018/19 budget and MTFS (extended to 2020/21) ready for consideration by members in early 2018.</p> <p>In addition a Corporate Plan for 2018-21 is being developed in parallel with the budget preparations.</p> |
| 2.  | Prepare and deliver a robust savings monitoring programme to ensure that savings are delivered and/or adjusted according to a strong governance process | Implementation of a more robust budget and savings monitoring regime overseen by the Corporate Programme Delivery Group | Corporate Programme Delivery Group now oversees robust savings monitoring regime. Changes to the proposals are monitored and controlled. | May 2017  | Implemented and now embedding  | Head of Customer Services | <p>There is a process for robust savings monitoring overseen by the Delivery Unit and the Corporate Programme Delivery Group (CPDG). This has been in place since May 2017 and has been improved each month. There is now more independent investigation into each saving by the Delivery Unit and more</p>   |

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|   |   |   |  |   |                                  |   | <p>scrutiny at CPDG and at the individual Directorate Steering groups. This has driven up the standard of scrutiny and the quality and regularity of information being supplied from directorates. There is a clear expectation that where savings cannot be delivered then mitigating actions are put forward.</p> <p>The recent Internal Audit review of this area was encouraging with only minor recommendations.</p> <p>The first 6 months review of progress on savings shows a positive trend upwards in delivery of existing savings.</p> |
| 3.  | Put in place a robust regime for the reconciliation of control accounts on an ongoing basis | EY recommended that a centrally held list of reconciliations should be kept, so this should be implemented by creating (and keeping up to date) such a list | Most reconciliations have been done to 31 March 2017 but the list has not yet been established | List in place and status recorded of all reconciliations by 31 Aug 2017 | In progress - list being started | Head of Finance (with Chief Technical Accountant) | <p>Relevant Officers have been instructed to send reconciliations to the Finance Service each month from September 2017 onwards within 1 month of the month end. The initial systems covered by this are the Council Tax, Business Rates, Housing Rent and General Debt Income streams and Payroll Expenditure. An initial review of the reconciliations received has identified various historic reconciliation issues that the Finance Service will be working with relevant colleagues to resolve</p>  |

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|   |   |   |  |  |  |                     | or clear from the accounts and reconciliation to ensure that the overall process becomes robust and any historic imbalances have been addressed. The reconciliation processes will be reviewed and where necessary more fully documented. In addition, the same process will include the Council's VAT Control Account, some key Oracle Fusion Controls and the most significant Grant Control Accounts, as well as Banking related processes (see 8c below). The schedule will be periodically considered by Senior Finance Managers and the Officer Due Diligence Group. |
| 4.  | Ensure that Children's Services has an appropriate level of resources and that there are processes in place to monitor the resource allocated to the service and the achievement of service improvements required | Additional resources have been added to the Finance Team supporting Children's Services. This includes the appointment of the Interim Directorate Accountant from the end of November 2016, secondment of the Senior Analyst to the | DCEEH DMT have a clearer understanding of the Children's Services budgets and the implementation of the MTFs for Children's Services was completed with the full involvement of DMT.<br><br>The accounts closure process has impacted the process of the introduction of further improvements. Now | June<br><br><br><br><br><br><br><br><br>September 2017 | Partly achieved, further improvements depend upon Team resourcing<br><br><br><br><br><br><br><br><br>Started in July but | Director of Finance | New temporary Senior Accountant has now been appointed increasing the level of resources within Team.<br><br>DMT now demonstrate a strong understanding and ownership of budgets within the Directorate Performance Meetings.<br><br>Finance assists decision making with DMT by providing robust, accurate and timely information to assist in the process.<br><br>There is improved budget monitoring and clear  |

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|   |  | <p>Team from March 2017 and now access to an Interim Senior Analyst. This was to enable improved monitoring of the Children's Services budgets. As well as overall improvements to monitor budgets and improving the relationship between Children's Services and Finance.</p> <p>Key monitoring piece of work is LAC Modelling and the development of the MOSAIC system.</p> | closure has been completed the improvements can gather pace again.   |  | slower progress than anticipated   |                     | <p>understanding of Children's Services budgets and key high risk areas, and the factors impacting on these areas. The LAC monitoring of CSE children and the activity data are now used in the budget monitoring process. Recent changes in the type of cases being dealt with have introduced another cost factor that is now being analysed for impact.</p> <p>The current level of LAC placements, taking account of these new factors, will be profiled to assess the impact on future years of the MTFS.</p> <p>A strategy has now been developed for SEND to be implemented and to reduce the pressure on the High Needs budget.</p> <p>Finance has improved the monitoring for schools with deficits and are implementing loan agreements.</p> |
| 5.  | Further develop the financial culture of the Council | A revised budget management handbook will be made available and it is planned to have some training sessions  | <p>Revised handbook was published in April 2017.</p> <p>Training sessions are being planned for November 2017.</p> | <p>April 2017</p> <p>November 2017</p> | <p>Complete</p> <p>In planning</p> | Director of Finance | The budget manager training pilot took place on 18 October and was well received. Training for all budget managers then took place in week commencing 6 November; 142 budget managers were trained over the ten available  |

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|   |  | to launch and embed it.<br><br>CMT will further scrutinise financial information and seek to lead by example in terms of the culture.                | CMT already scrutinises finance and performance information, but will undertake more intense investigation to ensure that expenditure is delivered in line with the budget. | June 2017 (first monitoring for 2017/18) | Commenced   |   | <p>sessions.</p> <p>The planned restructure of the Finance Team will also prepare for a different cultural environment where there is more self-service by budget managers; consultation on the new structure commenced on 2 November 2017.</p> <p>Detailed scrutiny of the budget position for 2017/18 takes place monthly at CMT meetings; Directorate Steering Groups sessions now present the opportunity for more detailed scrutiny. Remedial action are required to seek to ensure that, overall, spend remains within budget.</p> |
| 6.  | Children's Services: Meet the objectives within the Learning and Improvement plan for Children's Services following the Ofsted Inspection in June 2016 | A detailed action plan has been prepared, that is overseen by an independently chaired Improvement Board (CSIB) reporting quarterly to ACE Committee | Actions are being delivered in accordance with various action plans and monitoring regimes.   | Various to 31/3/18 and beyond            | In progress | Director of Children's, Education & Early Help Services | <p>Monitored monthly at CSIB.</p> <p>Key headlines are that of 39 actions 21 are rag rated as green i.e. making good progress; 9 are amber i.e. some delays with mitigation and 9 are red i.e. out of timescale or presenting risk. All red actions have clear plans and are being actively worked and tracked.</p>  |
| 7.  | Replacement of agency and interim staff with permanently   | Staff in post on permanent appointments wherever   | Recruitment Drive underway in Children's Services to attract and retain SW and  | 30 September 2017                        | In progress | Head of Legal and Democratic Services                   | Since the recruitment drive was launched in June 2017, there have been 28 staff recruited, with 4 due to start in November. Six of   |

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|   | employed staff    | possible        | management staff. In other areas, initial scoping work has been done and there would be little in the way of realisable savings. |          |        |                     | <p>these are people who have been working with RBC through Agencies. This shows that they are now encouraged to convert to directly employed. There have been 4 internal appointments. Of the 28, 5 are Service Managers, 9 are Team Managers and 1 is an Assistant Team Manager.</p> <p>Still to be recruited at the end of October are:</p> <ul style="list-style-type: none"> <li>• 3 Team Managers</li> <li>• 3 Assistant Team Managers</li> <li>• 2 Higher Specialist Social Worker</li> <li>• 29 Social Workers</li> </ul> <p>Learning &amp; Development is a key focus with managers having individual development plans and a Talent Programme being developed. All the permanent Service Managers have recently undergone a Skills Assessment with an external partner, Learning &amp; Workforce Development and the Service Consultant.</p> <p>Reflective supervision training is being delivered. These aim to develop the managers and front line staff and assist in retaining the permanent staff.</p> |



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| 8a.   | Internal Controls: <i>General Ledger</i> - detailed action plan in response to Internal Audit findings to be completed and delivered. | Action Plan has been drafted for review setting out in detail how each recommendation will be addressed in the short and medium term | Actions contained within the action are being progressed; the highest priority recommendations are being addressed in the shortest timescale | August 2017 for high priority<br><br>October 2017 for medium and low priority | Actions underway - all short term target dates met | Financial Systems Manager | <p>Two of the three Priority 1 issues have now been fully addressed:</p> <ul style="list-style-type: none"> <li>- a daily log of interface files process is kept and reviewed; originating teams are informed of daily file values (item 1 on report)</li> <li>- internal audit have been provided with access to Fusion data table contents (item 3 on report)</li> </ul> <p>The final Priority 1 issue related to the control of journals and this has been thoroughly investigated. The principle that a different control arrangement is required has been agreed by the Head of and Director of Finance. An interim process by which all non-interface journals are viewed by a panel of senior finance staff prior to posting into the ledger is in place. Work is actively being under taken in conjunction with Oracle to implement a process of journal control and view within Fusion itself.</p> <p>Internal Audit is due to undertake a follow up review shortly.</p> |
| 8b.   | Internal Controls: <i>Accounts Payable</i> - detailed action plan in response to Internal Audit findings to be                        | Specialist Payments Team Change Manager to be appointed.   | Interim Accounts Payable Change Manager Appointed  | 5 June 2017   | Recruitment Completed Manager in Post              | Director of Finance       | <p>Postholder making a positive impact.</p> <p>Full Audit Response submitted to IA with all Amber then Green tasks prioritised (no red).</p>  |

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| No.   | Management Action  | How implemented  | Progress   | Due date                                       | Status   | Responsible Officer             | Monitoring Comments   |
|   | completed and delivered  | Change Manager to review AP Audit Management Action Plan and complete Management Response, Response Person and Target Date | Documents reviewed by Change Manager and commented<br><br>Summary top level run through completed with Accounts Payable team | 8 June 2017<br><br>9 June 2017                 | Completed<br><br>Known remedial actions will be factored into (currently in draft) audit milestone plan<br>Completed | Accounts Payable Change Manager | Audit response reviewed and accepted by Internal Audit.<br><br>Ongoing review to identify any further (non-audit) AP process improvements. This work has currently identified a further 8 areas for change to enhance or streamline existing processes.<br><br>There is a milestone report that contains <ul style="list-style-type: none"> <li>• All AP Remedial audit actions agreed upon.</li> <li>• The Supplier Portal implementation Project actions.</li> <li>• The Invoice Scanning Project Implementation actions</li> </ul> From this report<br>11 Actions are now fully completed 3 Actions commenced<br>15 actions are in varying degrees of progress<br>Main areas of focus at this time are the rollout of the supplier portal and the scanning automation. |
| 8c.   | Internal Controls: <i>Bank Reconciliation</i> - regular completion | A revised properly structured procedure will be  | Considerable work was done to identify the weaknesses of the existing process  | Process in place from July with suitable "back | Work in Progress.<br><br>Work has  | Head of Finance                 | A revised Bank Reconciliation Process has been designed, and some necessary system and processing changes ordered to  |

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|   | of timely reconciliations throughout the year                                     | <p>put in place to complete the bank reconciliation, with proper "walk through" possible</p> <p>Bank account reconciliation completed in timely way and reviewed by a senior officer on a monthly basis, within the month</p> | <p>(substantially by the Treasury &amp; VAT officer, under the guidance of the then Interim Chief Accountant</p> <p>This has identified the need to change the</p> | entries" for months up to July 2017 | proceeded more slowly than the aspiration because officers involved have had to deal with other work, notably external audit queries |                                     | <p>enable us to be able to regularly complete a balanced bank reconciliation. These changes will require work by our Civica System supplier and an early December date for this is planned. In the meantime we continue to successfully check daily that all receipts in the bank account are processed by the Civica (cash) system, so we know we do not have unallocated cash receipts.</p> <p>As RBC predominantly initiates payments through the Oracle Fusion Payments module or Payroll, we should therefore have control at transaction level. The new bank reconciliation process essentially brings these together, and allows for the "timing differences" to reconcile the Oracle Fusion bank position with the actual bank account.</p> <p>With regard to historic reconciliations, we are clearing known unreconciled items so that the historic unreconciled balance is removed.</p> |
| 8d.   | Internal Controls: <i>Information Governance &amp; data protection</i><br>Improve | Revised procedures, improved training and awareness   | Ongoing training to staff and improved breach reporting procedures has meant that more mitigation is   | Dec 17                              | In progress  | Head of Legal & Democratic Services | Ongoing face to face Data Protection training currently being delivered to all staff. Teams who process and hold sensitive data a high priority. A need to target  |

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|   | governance structures to mitigate risk of breach of data protection legislation |                 | in place. Work is underway to ensure that the Council is compliant with the new General Data Protection Regulation (GDPR) when it comes into force in May 2018 |          |        |                     | <p>staff who work at offsite locations.</p> <p>Working with Learning and Development to further develop E-learning packages Covering Information Governance including the GDPR.</p> <p>The GDPR project team are working through the changes to be introduced and a data audit survey has been rolled out to all staff. The project team have started to hold monthly drop in sessions for staff to help awareness of the new regulation.</p> <p>A short presentation to Senior Leadership Group means they are now aware of the scale of changes introduced by the GDPR.</p> <p>All contracts with suppliers, contractors and providers will need varying in line with the GDPR</p> <p>New software (Data leakage protection), to detect inappropriate email content, is imminent</p> <p>Document marking software is already in place</p> |

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| 8e.   | Internal Controls: <i>Subject Access Requests</i><br>Under the Data Protection Act 1998, individuals have a right to access information held about them. A consistent policy and procedure should be applied to subject access requests.   | Different routes of access have been merged into a single route, which will be co-ordinated and monitored via Legal Service<br><br>A new policy and procedure has been implemented and key officers are being trained by Legal Services | Training has been delivered to key service areas and teams who are likely to come in contact with SARs.   | 31 March 17 | Complete    | Head of Legal & Democratic Services | The new procedure is working well with all routes of access being co-ordinated by Legal Services. The GDPR imposes new requirements on local authorities dealing with SARs and we will need to make amendments to our processes in light of this.<br><br>Internal Audit review is shortly to commence.                           |
| 8f.   | Internal Controls: <i>Electronic Document &amp; Records Management</i> - Internal processes to collect and manage the transportation of paper documents for scanning must provide sufficient guarantees that documents will be safely accounted for and protect the Council from the risk of data loss | The Business Systems Support Team is progressing with the work to redesign the overall service provision including the arrangements for the secure transfer of hard copy documents  | A range of process and procedure improvements have been implemented to increase in internal controls and safeguards.<br><br>Choice of courier used is to be reviewed.<br><br>Individual information Asset Owners will need to periodically assure themselves that arrangements for transfer of documents are appropriate for the nature of the data they include. | 31 Dec 2017 | In Progress | Head of Customer Services           | Internal controls and process improvements in place.<br><br>Royal Mail courier contract is now in place, with transition to be completed by the due date of 31 Dec 2017<br><br>Information asset owners engaged and consulted on proposed changes to processes and supplier.<br><br>Internal Audit follow up review is underway. |

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| 8g.   | Internal Controls:<br><i>Accounts receivable</i><br>All services raise invoices promptly and provide sufficient details on invoices to improve collection performance | Refreshed procedures are being written up to accurately reflect the procedures we have in place for raising, monitoring and chasing of unpaid invoices.<br><br>These procedures will be re-launched and shared with other service areas, to ensure the quality of information provided on invoices is improved. | We are currently working on a proposal to recommend with the validation from internal audit, a significant change to the way invoices are being raised currently. Whereby directorates/services would forward details of potential invoices to Income & Recovery for the team to then raise centrally.<br><br>This could have several potential advantages for the Council and could improve the efficiency and effectiveness of income collection and recovery. This proposal is to be further investigated and presented to CMT for discussion in the near future. | 31 January 2018 for the review | In progress | Head of Customer Services / Head of Finance | This project has now commenced with a series of workshops to set out the new process and determine which areas of invoicing might benefit from change. A detailed project plan is in place and options will be presented to CMT for discussion at the end of November. |
| 8h.   | Internal Controls:<br><i>Nursing &amp; residential care packages</i><br>> Improve audit trails to provide   | Alternative support options are considered and tried in some cases before requests for long   | These are clearly recorded; an audit of the panel proformas and decision log will be completed to ensure compliance with the   | Ongoing                        | Green       | Director of Adult Care & Health Services    | The Department has introduced a formalised short term intervention team at the social care front door to manage demand. This team focusses on providing timely interventions such as assistive   |

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|   | <p>better evidence of placement decisions made by the Adult Funding Panel</p> <p>Improve procedures to ensure care packages are reviewed annually to comply with statutory review process</p> | <p>term placements are made, an example being the rehab beds at The Willows. There is a clear audit trail for those individuals presented at panel, out of panel decisions also have an audit trail - these decisions relate mainly to hospital discharges. Evidence for placement and justification for decision is clearly recorded. The panel has representation from commissioning who contribute to the decision making process.</p> <p>Reviews are recorded in MOSAIC, this generates a review date.</p> | <p>process annually.</p> <p>Review project in place to support compliance with reviews. Reports run for managers to review evidence of performance.</p> | Ongoing  | Amber  |                     | <p>technology, equipment and rehabilitation services. This aims to prevent services users coming in to statutory services earlier than they need to including being placed too early in residential settings. The impact of this team will be closely monitored over the next quarter to understand the impact on service user numbers and budget.</p> <p>The Department has established a pre-funding eligibility panel process currently being introduced to maximise monitor the use of universal community options, assistive technology and Public Health commissioned services to support residents to remain at home as long as possible. The Pre Eligibility Panel also provides information of the current market availability to ensure workers are well informed to consider effective commissioning options. The Pre Eligibility Panel requires staff to complete a proforma referencing all the pre work they have completed for a case which is checked for quality and completeness prior to being formalised at Panel. and reduce reliance upon home care.</p> <p>A Resources Eligibility Panel meets</p> |

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|   |                   | Managers run reports from MOSAIC to monitor performance and compliance. |          |          |        |                     | <p>weekly, chaired by the Head of ASC or the DASS, to provide a robust approach to decision making in relation to eligibility and applying consistency in the approach to how care and support needs are met.</p> <p>132 cases were considered by the Panel from 23.8.17 to date which would have cost 35,675 per week, however after consideration of eligibility the total cost committed was 17,687, though this includes deferred cases.</p> <p>DMT have requested a number of priority performance indicator reports be prepared to enable maintaining of the timeliness of assessments and work throughout.</p> <p>A specialist Review Team has been created to support completion of Reviews and reduce reliance upon statutory services. The Team considered all universal community options, or where care and support is required through home care, then support through the use of Direct Payments is enabled to so the service user has control over their care and support.</p> <p>We are currently establishing data</p> |



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|   |   |  |   |                   |         |                                       | <p>collection on spreadsheets where this cannot be captured in Mosaic. 9 reviews completed since 01.09.2017 have elicited 35K FYE.</p> <p>Work is underway corporately/departmentally to review the Reports required from MOISAC to monitor and Manage the throughput of work.</p>   |
| 8i.   | Internal Controls: <i>Corporate Governance</i><br>Improve a number of corporate governance processes, update key documents and communicate to staff on starting employment with the Council or on a regular basis during their employment | <p>The Officers Code of Conduct will be reviewed and updated to ensure it reflects current practice and requirements</p> <p>Review Code of Corporate Governance</p> <p>Use of NetConsent to roll out key policies and procedures</p> | Code of Conduct currently being updated (June 2017). It will be considered at CMT before going on to LJF and Personnel Committee for formal approval. | 30 September 2017 | Ongoing | Head of Legal and Democratic Services | <p>A draft revised Code of Conduct has been finalised and will be put before CMT for approval before going to LJF and Personnel Committee following trade union agreement.</p> <p>Implementation of the new Code will be through Netconsent (software to track individual staff review to ensure compliance).</p> <p>In addition new Anti-Fraud and Money Laundering Policies have been drafted and approval processes are underway, ultimately ending with Policy Committee in January 2018.</p> <p>A revised Corporate Governance Code of Practice is yet to be drafted although it intended to be presented to the Audit and Governance Committee in April (or May) 2018.</p> |

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| 8j.   | Internal Controls: <i>Strengthen and embed the processes for the management of risk.</i> Current deployment is not robust enough for risk management to be a key influence in decision making | Develop the current directorate risk registers specifying the owner of each action   | <p>Risk action plan updated for 2017/18. Directorate risk registers programmed in for quarterly discussion at DMTs. Strategic Risk Register programmed in for quarterly review at CMT.</p> <p>Level 4 Risk Management training, supplied by Council's insurers being scheduled for senior officers.</p> | <p>1<sup>st</sup> April 2017</p> <p>31 Dec 2017</p> | <p>Complete</p> <p>Ongoing</p>                         | Director of Finance | <p>22 staff have been invited to Level 4 Risk Training and 19 have accepted, split between 2 courses on 30/10/17 and 15/11/17.</p> <p>New reformatted risk register has been agreed by CMT. The new format introduces risk appetite and aims to better inform those responsible for managing risks. A risk workshop has been arranged for 28 Nov 2017, which will be externally facilitated. Risk register in new format will be presented to CMT in early Jan and then to A&amp;G on 27 Jan 2018.</p> <p>All directorate risk registers have been reviewed quarterly (Q1 &amp; Q2), with the exception of DENS.</p> |
| 8k.   | Internal Controls: <i>Compliance</i><br>An appropriate set of governance arrangements exist yet these are not followed rigorously which then allows weaknesses in internal controls           | Attention will be paid to professional practice and compliance to drive up standards, as well as cultural change efforts in terms of the operation of the Council. | <p>Through the development of the AGS and actions plans such as this one, plus an appropriate focus on discipline and good governance then improvements will be made.</p> <p>More formal interventions in terms of organisational development will be required in due course.</p>                       | <p>May 2017</p> <p>September 2017</p>               | <p>Developing and ongoing</p> <p>Requires planning</p> | Director of Finance | <p>AGS action plan is now in place and is being actively monitored by the Due Diligence Group. Those responsible for the actions identified above are both implementing the actions and updating the action plan. Action leads are attending the Due Diligence Group on a periodic basis.</p> <p>The recently implemented Directorate Steering Groups are reviewing overall performance and adherence to standards and will start to have some impact in</p>   |

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|   |   |  |  |                 |         |   | <p>governance terms.</p> <p>Overall, the mood of the organisation is being changed through a range of interventions, including the Chief Executive staff briefings.</p> <p>The Chief Auditor is now considering how he might be able to offer assurance to the Director of Finance and the Audit and Governance Committee about the impact of the actions so that they can be signed off at future meetings.</p>  |
| 9.  | Develop a clear and consistent strategy or procedure for advising new and existing staff of their responsibility to declare interests and register gifts of hospitality | Designation of officers in each Directorate to hold registers. Recommunication of expectations on staff. | Each Director will be asked to nominate an individual in their area to hold the register. There will be communication and NetConsent approval to remind all staff of what to declare, why and to whom. | 31 October 2017 | Ongoing | Head of Legal, HR & Democratic Services | <p>Approval given at CMT for implementation. HR to:-</p> <p>a) update guidance notes in line with revised Code of Conduct and CMT report - guidance notes have been incorporated into Code of Conduct</p> <p>b) Draft short questionnaire which confirms staff understand key conduct obligations including gifts, hospitality and interests. To take no longer than 30mins to complete and a week will be given for completion otherwise computer access will be blocked.</p> <p>c) There will be an e-mail to staff communicating the fact it's going to happen and why.</p> <p>There will be appropriate</p> |

| Annual Governance Statement 2016/17 Implementation Plan |   |  |   |               |         |                           |  |
|---|---|--|---|---------------|---------|---------------------------|--|
| No.   | Management Action   | How implemented  | Progress  | Due date      | Status  | Responsible Officer       | Monitoring Comments  |
|   |   |  |   |               |         |                           | communications with staff and arrangements to implement this via NetConsent (software that monitors staff that have engaged with the policy). The new register of interests will be monitored quarterly at DMTs and published accordingly.   |
| 10.   | Align performance reporting processes to ensure CMT is fully sighted on organisational health and performance | New framework in place and embedded with regular review meetings scheduled for 2017/18 | Regular meetings are in place for reporting and performance however, it is proposed to review and refresh framework during 17/18. | End July 2017 | Ongoing | Head of Customer Services | <p>New meeting arrangements were put in place from 1/8/17. This includes new directorate steering groups which involve meetings of DMT's &amp; corporate senior management. New directors reports on performance have been put in place reporting into CMT.</p> <p>Meetings are in place; these focus attention on processes, systems and performance for each single directorate. Each director is held accountable for progress and performance. The Delivery Unit prepares the information in a consistent form.</p> <p>Proposals are being developed for the creation of a centralised performance and data function - to give insight to inform policy.</p> |