

## READING BOROUGH COUNCIL

### REPORT BY STRATEGIC DIRECTOR OF FINANCE

TO:	AUDIT & GOVERNANCE COMMITTEE		
DATE:	25 January 2018	AGENDA ITEM:	7
TITLE:	Annual Governance Statement 2016/2017 - Updated Action Plan		
LEAD COUNCILLOR:	Councillor Lovelock	PORTFOLIO:	AUDIT & GOVERNANCE
SERVICE:	FINANCE	WARDS:	N/A
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#### 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. Further reports were presented in September and November 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.

#### 2. RECOMMENDED ACTION

- 2.1. 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 from September showed pressures emerging in 2017/18 and mitigating actions were put in place. 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). This work is well underway, with the first report to Policy Committee on 15 January and the next on 19 February with proposals to deliver a balanced budget and MTFS.</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	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 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</p>

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	process						<p>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 interim lead of the Delivery Unit left in December and transition to a permanent post holder has taken place.</p> <p>The first 9 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>Since September 2017, relevant officers have been asked to send reconciliations to the Finance Service each within 1 month of the month end. After chasing, all but Housing Rents had been received to the end of November at the time of writing. Review of the reconciliations received has highlighted various historic transactions that need clearing, and that is currently being progressed. Most services have also submitted procedure notes, which are being reviewed. On initial inspection, they generally appear to be sensible outlines of the reconciliation work required. Not all the reconciliations currently balance, and those not in balance are in discussion between the Head of Finance and relevant staff doing the reconciliation</p> <p>A simplified schedule is also being</p>

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							prepared for periodic consideration 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 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. Key monitoring piece of work is LAC Modelling and the development of the MOSAIC system.	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.  The accounts closure process has impacted the process of the introduction of further improvements. Now closure has been completed the improvements can gather pace again.	June       September 2017	Partly achieved, further improvements depend upon Team resourcing       Started in July but slower progress than anticipated	Director of Finance	Temporary Senior Accountant has been with the team for some time.  DMT now demonstrate a strong understanding and ownership of budgets within the Directorate Performance Meetings.  Finance assists decision making with DMT by providing robust, accurate and timely information to assist in the process.  There is improved budget monitoring and clear 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. This data analysis has been fed into developing the 2018/19 budget and the MTFS to seek to ensure that it is robust.  A strategy has now been developed for SEND to be implemented and to reduce the pressure on the High Needs budget.  Finance has improved the monitoring for schools with deficits and are implementing

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							loan agreements.
5.	Further develop the financial culture of the Council	<p>A revised budget management handbook will be made available and it is planned to have some training sessions to launch and embed it.</p> <p>CMT will further scrutinise financial information and seek to lead by example in terms of the culture.</p>	<p>Revised handbook was published in April 2017.</p> <p>Training sessions are being planned for November 2017.</p> <p>CMT already scrutinises finance and performance information, but will undertake more intense investigation to ensure that expenditure is delivered in line with the budget.</p>	<p>April 2017</p> <p>November 2017</p> <p>June 2017 (first monitoring for 2017/18)</p>	<p>Complete</p> <p>In planning</p> <p>Commenced</p>	Director of Finance	<p>Training for all budget managers then took place in week commencing 6 November; 142 budget managers were trained over the ten available sessions and additional sessions are planned to cover more managers and further develop financial understanding</p> <p>The planned restructure of the Finance Service will also prepare for a different cultural environment where there is more self-service by budget managers; implementation of the structure will commence in late January/early February 2018.</p> <p>Further initiatives around procurement and budget savings emphasises the need for all managers to engage in financial matters.</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 actions are required to seek to ensure that, overall, spend remains within budget. Ongoing discussion about the MFS and savings requirements further engages managers in the financial debate.</p>

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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	Monitored monthly at CSIB.  Key headlines are that of 39 actions 10 are rag rated as green i.e. making good progress; 16 are amber i.e. some delays with mitigation and 13 are red i.e. out of timescale or presenting risk. All red actions have clear plans and are being actively worked and tracked.
7.	Replacement of agency and interim staff with permanently employed staff	Staff in post on permanent appointments wherever possible	Recruitment Drive underway in Children's Services to attract and retain SW and management staff. In other areas, initial scoping work has been done and there would be little in the way of realisable savings.	30 September 2017	In progress	Head of Legal and Democratic Services	Since the recruitment drive was launched in June 2017, there have been 38 staff recruited, with 3 of them due to start in February or March. Eleven of these are people who have been working with RBC through Agencies. This shows that they are continuing to be encouraged to convert to directly employed. There have been 6 internal appointments.  Of the 38, 22 are managers - 7 Service Managers, 11 Team Managers and 4 Assistant Team Managers.  There are still 28 Social Workers to be recruited. A recruitment campaign is about to launch targeting experienced Social Workers. Some of the new starters have given feedback on their experience of the recruitment and induction process. This has been mainly very positive and the feedback is to be built on to improve the experiences for future recruits.

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							<p>Learning &amp; Workforce Development(LWD) 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. The progress will be reviewed by LWD.</p> <p>Reflective supervision training is being delivered. This aims to develop the managers and front line staff and assist in retaining the permanent staff.'</p>
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  October 2017 for medium and low priority	Actions underway - all short term target dates met	Financial Systems Manager	<p>All of the three Priority 1 (Red) 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>- All user input journals are now subject to a review process by Senior Finance Staff to ensure that journals are correct, and appropriate working papers are attached within Fusion. Until 8<sup>th</sup> January 2018, this was performed externally to Fusion, but since this date a Fusion based system of approval has been implemented which gives a full audit trail of actions performed on a journal (item 2 on report). This process was approved by Internal Audit prior to being implemented.</li> <li>- Internal Audit have been provided with</li> </ul>

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							access to Fusion data table contents (item 4 on report)  Internal Audit is due to undertake a follow up review shortly.
8b.	Internal Controls: <i>Accounts Payable</i> - detailed action plan in response to Internal Audit findings to be completed and delivered	<p>Specialist Payments Team Change Manager to be appointed.</p> <p>Change Manager to review AP Audit Management Action Plan and complete Management Response, Response Person and Target Date</p> <p>Create detailed supporting implementation plan that addresses all points raised and integrates solutions with introduction of upcoming supplier portal</p>	<p>Interim Accounts Payable Change Manager Appointed</p> <p>Documents reviewed by Change Manager and commented</p> <p>Summary top level run through completed with Accounts Payable team</p> <p>Balance of actions o/s</p>	<p>5 June 2017</p> <p>8 June 2017</p> <p>9 June 2017</p> <p>9 June 2017</p>	<p>Recruitment Completed Manager in Post</p> <p>Completed</p> <p>Known remedial actions will be factored into (currently in draft) audit milestone plan</p> <p>Completed</p>	<p>Director of Finance</p> <p>Accounts Payable Change Manager</p>	<p>Post holder continues to make a positive impact.</p> <p>Full Audit Response submitted to IA with all Amber then Green tasks prioritised (no red). Audit response reviewed and accepted by Internal Audit.</p> <p>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. Much of which has now been delivered.</p> <p>There is a milestone report that contains</p> <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> <p>From this report 18 actions are fully completed 14 actions are in varying degrees of progress 5 actions previously deprioritised in favour of other business priorities have been</p>

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							<p>rescheduled live with end Jan or Feb delivery dates.</p> <p>8 task are on hold due to FFF or awaiting completion of scheduled feeder work to facilitate last step.</p> <p>Main areas of focus at this time are the completion of the FFF process</p> <p>Implementation of the new procurement process (now defined)</p> <p>The rollout of the supplier portal and the reporting on productivity achieved (and impact of ongoing issues with scanning solution).</p>
8c.	Internal Controls: <i>Bank Reconciliation</i> - regular completion of timely reconciliations throughout the year	<p>A revised properly structured procedure will be 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>Considerable work was done to identify the weaknesses of the existing process (substantially by the Treasury &amp; VAT officer, under the guidance of the then Interim Chief Accountant</p> <p>This has identified the need to</p>	Process in place from July with suitable "back entries" for months up to July 2017	<p>Work in Progress.</p> <p>Work has proceeded more slowly than the aspiration because officers involved have had to deal with other work, notably external audit queries</p> <p>There was</p>	Head of Finance	<p>A revised Bank Reconciliation Process has been designed, and the system supplier (Civica) was on site implementing changes to facilitate moving to the new simplified process for various days in January. A member of the Interim shutdown team has been looking at the process to help identify (process) anomalies which need to be resolved for the proposed new process to be successful.</p> <p>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. As payments are in the main originated within RBC (through the Oracle Fusion Payments module or Payroll), we should therefore have control at transaction level.</p>

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			change the		also a considerable delay getting dates from the system supplier to make system changes		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. With regard to historic reconciliations, we know there are some historic unreconciled items to clear, so the legacy unreconciled balance can be removed. A verbal update on the work with Civica should be available at the meeting.
8d.	Internal Controls: <i>Information Governance &amp; data protection</i> Improve governance structures to mitigate risk of breach of data protection legislation	Revised procedures, improved training and awareness	Ongoing training to staff and improved breach reporting procedures has meant that more mitigation is 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	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 staff who work at offsite locations.  Working with Learning and Development to further develop E-learning packages covering Information Governance including the GDPR which is due to rolled out to all staff to complete at the end of January. Further face to face training will also be available to staff.  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. Further information sessions have been added to inform staff the next stages they need to complete.  A short presentation to Senior Leadership

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							<p>Group means they are now aware of the scale of changes introduced by the GDPR. Dates have been provided to SLG for information sessions to inform them of the next steps the service areas need to take.</p> <p>All contracts with suppliers, contractors and providers will need varying in line with the GDPR</p> <p>On online process is in development for staff to complete Privacy Notices and Data Protection Impact Assessments for processing activity to ensure compliance for GDPR. Future coms will follow instructing staff how to complete the process.</p> <p>New software (Data leakage protection), to detect inappropriate email content, is imminent</p> <p>Document marking software is already in place</p>
8e.	Internal Controls: <i>Subject Access Requests</i> Under the Data Protection Act 1998, individuals have a right to access information held about them. A consistent policy	Different routes of access have been merged into a single route, which will be co-ordinated and monitored via Legal Service  A new policy and procedure has been implemented and key	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	<p>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.</p> <p>Internal Audit review is shortly to commence.</p>

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	and procedure should be applied to subject access requests.	officers are being trained by Legal Services					A need for additional resources has been identified and managers in DEECHS are pursuing this
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	<p>A range of process and procedure improvements have been implemented to increase in internal controls and safeguards.</p> <p>Choice of courier used is to be reviewed.</p> <p>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.</p>	31 Dec 2017	Complete	Head of Customer Services	<p>Internal controls and process improvements in place.</p> <p>Royal Mail courier contract is now in place, with transition completed by the due date of 31 Dec 2017</p> <p>Information asset owners engaged and consulted on proposed changes to processes and supplier.</p> <p>Internal Audit follow up review is underway.</p>

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8g.	Internal Controls: <i>Accounts receivable</i> 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.  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/s services would forward details of potential invoices to Income & Recovery for the team to then raise centrally.  This could have several potential advantages for the Council and could improve the efficiency and	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 has been developed and the centralisation of invoices is planned to be in place by the end of May.

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			effectiveness of income collection and recovery. This proposal is to be further investigated and presented to CMT for discussion in the near future.				
8h.	Internal Controls: <i>Nursing &amp; residential care packages</i> > Improve audit trails to provide better evidence of placement decisions made by the Adult Funding Panel	Alternative support options are considered and tried in some cases before requests for long 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	These are clearly recorded; an audit of the panel proformas and decision log will be completed to ensure compliance with the process annually.	Ongoing	Green	Director of Adult Care & Health Services	<p>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 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. Up to 10.1.18 84% of cases were diverted following the Call Centre intervention during November and December.</p> <p>The Department has established a pre-funding eligibility and risk 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 and risk Panel</p>
				Ongoing	Amber		

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	Improve procedures to ensure care packages are reviewed annually to comply with statutory review process	<p>who contribute to the decision making process.</p> <p>Reviews are recorded in MOSAIC, this generates a review date. Managers run reports from MOSAIC to monitor performance and compliance.</p>	<p>Review project in place to support compliance with reviews. Reports run for managers to review evidence of performance.</p>				<p>also provides information of the current market availability to ensure workers are well informed to consider effective commissioning options.</p> <p>An Eligibility and Risk Panel meets 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>Extra Care is the first consideration where a resident requires a significant level of support as a preference in promoting independence in the community rather than residential care. Eleven people were admitted to ECSH as an alternative to residential care in this time period.</p> <p>142 cases were considered in November and December which after consideration of eligibility the total cost committed was £23,352.</p> <p>All Direct Payments from 1<sup>st</sup> January 2018 are being provided a Pre-Paid Card and at the time of review existing service users will be moved to a pre-paid card. This will enable tracking of expenditure on line, and enables unspent budgets to be recouped easily.</p> <p>Summary The Director is establishing a Governance Framework and has created a Performance</p>

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							and Finance Board and a Quality Board to ensure robust accountability of the standards of practice and funding allocations. The first meetings will take place in Feb 18.
8i.	Internal Controls: <i>Corporate Governance</i> 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	The Officers Code of Conduct will be reviewed and updated to ensure it reflects current practice and requirements Review Code of Corporate Governance  Use of NetConsent to roll out key policies and procedures	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	New Code of Conduct sent via Netconsent from 1/12/17  In addition new Anti-Fraud and Money Laundering Policies have been drafted and approval processes are underway, ultimately ending with Policy Committee in February 2018.  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.
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	Risk action plan updated for 2017/18. Directorate risk registers programmed in for quarterly discussion at DMTs. Strategic Risk Register programmed	1 <sup>st</sup> April 2017  31 Dec 2017	Complete  Ongoing	Director of Finance	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. Further sessions have been arranged for March 2018.  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, facilitated by the Council's insurers took place in on for 28 Nov 2017, to ensure the risk register is focusing on

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			<p>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>the Council's most strategic risks</p> <p>The new format will be presented to CMT on the 16 and then to A&amp;G on the 25 Jan 2018.</p> <p>2 of 4 directorate risk registers have been reviewed for Q3 and the remaining 2 are scheduled for review in Jan 2018.</p>
8k.	<p>Internal Controls: <i>Compliance</i></p> <p>An appropriate set of governance arrangements exist yet these are not followed rigorously which then allows weaknesses in internal controls</p>	<p>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>	<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</p>	<p>May 2017</p> <p>September 2017</p>	<p>Developing and ongoing</p> <p>Requires planning</p>	<p>Director of Finance</p>	<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. The recently implemented Directorate Steering Groups are reviewing overall performance and adherence to standards and will start to have some impact in 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 internal audit team will follow up progress through targeted reviews (e.g. financial system reviews) and governance audits when preparing the 2017/18 annual</p>

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			due course.				governance statement (AGS). Any outstanding actions will be carried forward into the 2017/18 AGS.
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	<ul style="list-style-type: none"> <li>Information message sent on 28/11/17 confirm CoC has been updated and will be sent via Netconsent to staff from the beginning of December. 30 days to show staff have read and understood it</li> <li>E-mail sent on 28/11/17 to Heads of Services and PA's with the new spreadsheet and process for recording gift, hospitality and interests</li> <li>The new register of interests will be monitored quarterly at DMTs and published accordingly</li> </ul> <p>A short questionnaire to be added to the learning pool which confirms staff understand key conduct obligations including gifts, hospitality and interests</p>
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</p>

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							<p>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. The use of business objects software is also being investigated.</p>