# **BRIDGEND COUNTY BOROUGH COUNCIL**

# **REPORT TO AUDIT COMMITTEE**

## 6 SEPTEMBER 2018

# **REPORT OF THE CHIEF EXECUTIVE**

## AUDIT REPORT – HEALTHY ORGANISATION REVIEW – ACTION PLAN

#### 1. Purpose of report

1.1 The purpose of this report is to present to Members the completed Action Plan in respect of the Healthy Organisation Review which was presented to Audit Committee at their meeting held on 28<sup>th</sup> June 2018.

#### 2. Connection to corporate improvement objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate priority/priorities:
  - Smarter use of resources ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

#### 3. Background

- 3.1 As a consequence of resourcing issues within the Internal Audit Shared Service (IASS) during 2017/18, it was necessary to commission a number of reviews to be undertaken by an external provider. The South West Audit Partnership was therefore contracted to undertake a Healthy Organisation Review on five of the eight core functions of the Council.
- 3.2 The review was part of the 2017/18 Internal Audit Risk Based Plan and was undertaken on behalf of the Internal Audit Shared Service.

## 4. Current situation/proposal

- 4.1 The outcome of the Healthy Organisation Review was presented to Audit Committee at their meeting held on the 28<sup>th</sup> June 2018. Members were notified by the Interim Head of Finance that the Council's Corporate Management Board would focus on the high risk areas of the review and that these would be incorporated into an Action Plan.
- 4.2 Coporate Management Board have subsequently met and attached at **Appendix A** is the Action Plan for Members information and consideration.

## 5. Effect upon policy framework and procedure rules

5.1 There is no effect upon the policy framework and procedure rules.

## 6. Equality Impact Assessment

6.1 There are no equality implications arising from this report.

## 7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

## 8. Financial implications

8.1 Effective Audit planning and monitoring are key contributors in ensuring that the Council's assets and interests are properly accounted for and safeguarded.

#### 9. Recommendation

9.1 That Members give due consideration to the content of the Action Plan to ensure it addresses those key areas requiring attention.

## Darren Mepham Chief Executive 6<sup>th</sup> September 2018

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## **Background Documents**

None

# Healthy Organisations Audit

# ACTION PLAN

| Theme  | Area for Attention  | Action   | Owner                        | Due date<br>/Completed |
|--|---|--|------------------------------|------------------------|
| Governance –<br>Effective Working<br>Relationships | Feedback mechanisms should be<br>put in place to measure the<br>effectiveness of member/ officer<br>relations.  | There is standing provision for<br>feedback and early warning<br>any issues with officer /<br>member relationships through<br>the regular meetings of all<br>group leaders with the chief<br>executive   | Chief Executive              | completed              |
|  | The Corporate Induction Framework<br>should be updated to refer to the<br>Constitution and its associated<br>Codes of Conduct.  | <ul> <li>The following will be updated to reflect the Constitution and its associated Codes of Conduct:</li> <li>Corporate Induction Framework</li> <li>Corporate Induction E-Learning Module</li> <li>Corporate Induction Workbook</li> </ul> | Nikki Flower,<br>L&D Manager | 28 September '18       |
| Governance –<br>Code of Conduct                    | There is a Whistleblowing policy,<br>but it requires updating as well as<br>broader communication to all<br>Council staff and for the update to<br>be published publicly. | Completed?   | Monitoring<br>Officer        | Completed              |
| Governance –<br>Transparency                       | The Council should regularly<br>publish Freedom of Information<br>requests and responses on their<br>website.   | This is under consideration but<br>currently is not considered a<br>priority. Publication requires<br>translation into Welsh and the<br>council is therefore prioritising  | Monitoring<br>Officer        | No date set            |

|  |   | the most important information for publication (via the website)   |                           |               |
|--|---|--|---------------------------|---------------|
| Governance –<br>Induction and<br>Development   | The mandatory training list for<br>members should be updated to<br>include GDPR.  | Completed  | Monitoring<br>Officer     | Completed     |
| Governance -<br>Communication/<br>Stakeholder<br>Consultation<br>Governance -<br>Communication | <ul> <li>The Communications, Marketing<br/>and Engagement Team Plan should<br/>be updated to include the following:</li> <li>how officers (or members) should<br/>handle a situation if they are<br/>approached for comment on a<br/>major issue, which could impact<br/>on the reputation of the Council.</li> <li>how officers (or members) should<br/>engage and communicate with<br/>various stakeholders.</li> </ul> | Agreed   | Communications<br>Manager | End Nov 18    |
|  | The Communications, Marketing<br>and Engagement Team Plan<br>should be separated from an<br>overarching Communication<br>Strategy.  | Agreed   | Communications<br>Manager | End of Nov 18 |
| Risk<br>Management -<br>Strategy   | Steps should be taken to ensure the<br>Risk Management Strategy is<br>understood at all levels of the<br>Council, and not just at Senior<br>levels.   | The Council has reviewed<br>arrangements for incident<br>reporting and communication<br>and publicity on those<br>arrangements is to be<br>combined with general<br>awareness raising of the<br>council's approach to Risk | Section 151<br>Officer    | ongoing       |
| Risk<br>Management –<br>Appetite/<br>Transparency  | To improve the guidance to staff<br>further, the Council should consider<br>setting a numerical risk appetite<br>value, which could be included<br>within the risk management policy's  | We agree with this<br>recommendation. CMB have<br>also asked that the numerical<br>assessment of risks to be<br>standardised around a 5x5 grid   | Section 151<br>Officer    | End Jan 18    |

|   | risk matrix to act as a visual aid to<br>staff when considering risks. This<br>numerical risk appetite value should<br>be taken to Audit Committee as part<br>of the current corporate risk register<br>review schedule.  | <ul> <li>this is more intuitive and in<br/>line with industry norms</li> </ul>   |  |            |
|---|---|--|--|------------|
| Risk<br>Management–<br>Decision Making  | The standard report to members<br>pro- forma should be updated to<br>include a section regarding the<br>assessment of risk.<br>Current and residual risk scores<br>should be provided within the risk<br>section.   | There are practical concerns<br>about doing this. However the<br>audit report notes that the<br>council already identifies risk<br>assessment at business case<br>stage. Business cases are<br>presented to members where<br>they are asked to make a<br>decision and this is a more<br>practical way to address the<br>issue identified | n/a  | n/a        |
| Risk<br>Management -<br>Transparency  | The corporate risk assessment<br>should be shared with other local<br>authorities and bodies.   | The corporate risk register is<br>published on the council<br>website (though we have<br>deferred the latest iteration in<br>order to reduce translation<br>costs and the next revision will<br>be translated)   | Section 151<br>Officer   |            |
| Commissioning<br>and Procurement<br>– Strategy/<br>Transparency/<br>Policies and<br>Procedures. | Although we understand there are<br>plans to update them, the current<br>Adult Social Care Commissioning<br>Plan and Procurement Strategy<br>include no reference to the present<br>Priorities of the Council or the Public<br>Contract Regulations 2015, which<br>has an impact on transparency. | Both Plans have been updated   | Director of<br>Social Services<br>and Wellbeing<br>Monitoring<br>Officer | Completed  |
| Commissioning and Procurement   | Arrangements should be made to ensure there is sufficient corporate   | Following the directorate level restructure and creation of a  | Monitoring<br>Officer  | March 2019 |

| –<br>Strategy   | oversight of Commissioning across the Council.  | New Chief Executives<br>Directorate, a series of reviews<br>are under way. Procurement /<br>Commissioning is scheduled<br>for the 4 <sup>th</sup> quarter of 2018/19  |   |                |
|---|---|---|---|----------------|
| Commissioning<br>and Procurement<br>– Commissioning<br>Intentions | Commissioning Intentions should be<br>publicly available for all areas of the<br>council where commissioning takes<br>place, and not just Adult Social<br>Care.   | As above although largely this<br>has already been addressed<br>by the publication of the<br>contracts register   | Monitoring<br>Officer                                   | March 2019     |
| Commissioning<br>and Procurement<br>–<br>Value for Money          | Ensure that there are adequate<br>performance monitoring, supplier<br>support and management<br>arrangements in place to address<br>potential issues of the Waste<br>Management Services supplier<br>being able to fully meet their<br>contract requirements.                                     | Such arrangements are in place and in use.  | Director of<br>Communities                              | Completed      |
| Commissioning<br>and Procurement<br>–<br>Supplier<br>Management   | The authority can identify their 'Key<br>suppliers' via the Corporate<br>Contracts Register, but should<br>consider creating either a central<br>document, or separate Directorate<br>documents, identifying key suppliers<br>in their areas in terms of value, risk<br>and business criticality. | Directorates dynamically<br>assess risk associated with<br>main contractors or suppliers.<br>However more detailed<br>assessments of a response to<br>failure will be identified in the<br>next refresh of business<br>continuity plans | Emergency<br>planning Officer<br>(coordination<br>only) | Jan – Mar 2018 |
|   | Consider inclusion within Directorate<br>Business plans of a Key Suppliers<br>List in terms of criticality and risk,<br>with clear steps (or 'action cards') to<br>follow in the event that a supplier<br>becomes unavailable.  | As above  |   |                |

|   | The Business Continuity Plans for<br>the Communities Directorate and for<br>the ICT Service Group require<br>update.   | The ICT Business Continuity<br>Plan was due for update by<br>June this year. However this<br>was deferred due to the<br>relocation of the primary<br>datacentre from Sunnyside<br>House to Raven's Court as this<br>will require a major rewrite of a<br>large section of the ICT BCP.<br>The relocation is due mid<br>December 2018   | Group manager<br>ICT | Jan 2019  |
|---|--|--|----------------------|-----------|
| Project<br>Management –<br>Lessons Learned      | Information on the success of<br>projects should be collated centrally<br>so than corporate oversight of can<br>be maintained over the outcome of<br>completed projects. | Following the creation of the<br>Chief executives Directorate<br>the corporate arrangements for<br>project management have<br>been reviewed. A number of<br>time consuming and low value<br>added processes have been<br>removed however a quarterly<br>digest of projects is reported to<br>CMB and the projects team<br>have clear escalation routes to<br>alert CMB to any major<br>problems with projects – either<br>individually or as a programme | Chief Executive      | Completed |
| Project<br>Management –<br>Supporting<br>Change | The project initiation documentation<br>templates could require additional<br>information in relation to cultural<br>change and the likely impact upon<br>staff.         | The template has been<br>updated to include this prompt<br>– however we adopt a<br>proportionate and scalable<br>approach to project<br>management and don't require<br>rigid completion of all possible<br>considerations for every<br>business case  | Chief Executive      | Completed |

| Project      | Providing additional feedback   | A number of additional           | Chief Executive | Completed |
|--------------|---------------------------------|----------------------------------|-----------------|-----------|
| Management – | mechanisms to staff may make    | feedback mechanisms have         |                 |           |
| Supporting   | proposals to change be better   | been implemented such as the     |                 |           |
| Change       | received, as recommended within | staff survey and staff briefings |                 |           |
|              | the 2017/18 Ethics audit.       | by the Leader and Chief          |                 |           |
|              |                                 | Executive                        |                 |           |