

PEOPLE MANAGEMENT – SAFE WORKING ENVIRONMENT

1st Line

Health & safety procedures in place.

Health & Safety Management System Arrangements were set out in a new document issued in December 2022.

Actions to meet BSI ISO 45003 standard on psychosocial risks to address mental health impacts such as social isolation following the pandemic, with some challenges such as accounting for external non-workplace influences.

2nd Line

Incidents have risen as staff returned from remote working but are still only about 70% of 2019/20 levels.

Reduction in the number of RIDDOR reportable incidents.

74.5% of staff satisfied with their health, safety and wellbeing at work, in 2022 survey.

A further fall in employer liability claims and related costs.

3rd Line

BSI ISO 45001 certification for the Occupational Health & Safety Management system renewed in Oct 2022 effective for the next 3 years.

BSI inspections identified one major issue and 12 minor issues, which is more than last year. Issues identified are being addressed, including the major issue.

No HSE fines or enforcement notices.



Opinion:
Green

Rationale:

Strong assurance is provided by the good processes within each line of assurance.

Developments & Actions:

- Continue with work on BSI ISO 45003 standard to address mental health impacts such as social isolation following the pandemic.

PEOPLE MANAGEMENT – STAFFING CAPACITY & STAFFING AFFORDABILITY

1st Line

Procedures in place including the Personnel Handbook.

Online training is well developed, with high usage (over 30,000 modules completed per year).

In progress are: Nottinghamshire Way (and Leadership Development Programme) for staff and managers, for a positive and inclusive culture.

Workforce Review to inform resourcing strategy to address recruitment and retention issues.

Hybrid Working Model to align with the Property Strategy.

2nd Line

Sickness levels have risen slightly (average 11.8 days in 2022, from 10.38 days in 2021).

Staff turnover at 12.2% has returned to pre-Covid levels.

Apprentices have increased further to 263. Five more graduate trainees were recruited in 2022.

Agency Staff costs as a % of Payroll peaked at 5.6% in 2021/22 and have now fallen to 5.0%. 21.4% of our established posts are vacant due to a number of recruitment issues. On top of that an average 10% of the employed workforce is unavailable due to leave or sickness absence.

3rd Line

3rd line assurances appear in the next slide below.



Opinion:
Amber

Rationale:

Different aspects of Resourcing and Retention Strategy need to be fully developed and implemented in order to address recruitment and retention issues across the Council.

Developments & Actions:

- Work is underway to develop Resourcing Strategy to have a workforce with the capability, capacity and ambition to deliver the Nottinghamshire Plan.

PEOPLE MANAGEMENT – STAFF SATISFACTION

1st Line

Positive feedback from Corporate Directors' assurance statements on effective induction for all staff.

Feedback from Corporate Directors' assurance statements on undertaking regular and effective EPDRs was Reasonable.

EPDR completion can only be measured if done on-line. This has increased notably but is still low compared to the number of staff with online access. The process is being revised to increase uptake.

2nd Line

2022 employee wellbeing survey reported positive satisfaction levels, similar to last year, with positive responses to new questions on hybrid working.

Improvement in gender pay gap, and between pay of highest and lowest/median paid employees, continuing a trend of recent years.

Diversity has increased, with the proportions declaring as BME, LGBT and Disabled rising, and the gender imbalance narrowing.

3rd Line

Disability Confident Leader awarded until September 2024.

Signed the Race at Work charter, as a public commitment to improving equality of opportunity in the workplace.

616 staff have signed the pledge to be an anti-racism ally.

299 staff have signed up to be Proud Allies, supporting LGBT colleagues.



Opinion:
Green

Rationale:

Positive assurance across several key areas.

Developments & Actions:

- Continue with the revision of the process to widen adoption of online EPDRs and gather qualitative and quantitative data from this.
- Undertake further wellbeing surveys to monitor progress.
- An Action Plan is being developed to improve race equality corporately based on the nine measures in the national Social Care Workforce Race Equalities Standards.

FINANCIAL MANAGEMENT – BUDGETARY CONTROL

1st Line

Corporate Directors' Annual Assurance Statements provide strong assurance that budgetary control procedures are complied with.

On 31st March 2022 Full Council approved a revised model of governance which was implemented on 12th May 2022.

Overview Committee undergo scrutiny and development of the Council's Budget proposals each year.

The 2022/23 Budget was approved by Full Council Feb 2022

2nd Line

Close in-year, monthly budget monitoring with due focus on volatile budgets. Net underspend (all departments) at period 11 of £1.5m. Forecast underspend in capital programme of £4.8m. Balanced budget agreed for 2023/24 and 2024/25.

Medium Term Financial Strategy (MTFS) shows cumulative budget shortfall of £31.7m over the next 4 years which is similar to that previously predicted.

3rd Line

Reasonable assurance from Internal Audit on budget forecasting procedures and financial resilience.

Substantial assurance from Internal Audit on Compliance with the CIPFA Financial Management Code (FM Code) – March 2022.

Budget consultation undertaken November 2022 – used to shape budget priorities.



Opinion:
Green

Rationale:

Significant budget challenge facing the Council. Budgetary control procedures are strong and focus on key priorities.

Developments & Actions:

- Significant savings will need to be identified in 2025/26 and 2026/27 based on current assumptions.

FINANCIAL MANAGEMENT – FINANCIAL COMPLIANCE

1st Line

Strong assurance that the Council's Standing Orders and Financial Regulations are complied with.

Changes to Governance arrangements has resulted in Finance reviewing and updating Financial Regulations in May 2022.

The Authority's constitution and financial regulations provide the framework of financial control over the Council's financial affairs.

2nd Line

Provision of timely and effective professional advice to front-line services.
Strong culture of compliance.

Monthly budget monitoring to CLT and Cabinet Member for Finance confirms good levels of compliance with core financial procedures, including budget monitoring.

3rd Line

Substantial assurance from continuous assurance reports carried out monthly by IA.

Substantial assurance from Internal Audit of FM Code March 2022.

Unqualified opinion from the External Auditor 2021/22.



Opinion:
Green

Rationale:
Strong assurance available from all three lines of defence.

Developments & Actions:

- An annual report to confirm continued compliance with the FM Code in light of the change in governance arrangements is now due.

FINANCIAL MANAGEMENT – FINANCIAL PRUDENCE

1st Line

High degree of assurance of compliance with the Treasury Management Framework and Investment Strategy.

Members consider treasury management planned and actual performance at least three times per financial year at Cabinet, firstly in the Strategy Report before the start of the year, Mid-Year Report and the Outturn Report after the year-end.

Performance against the Council's Prudential Indicators is regularly monitored to ensure that external debt remains within both the operational boundary and the authorised limit.

2nd Line

Strong compliance with the Council's Treasury Management Strategy. Monthly reporting to Finance Committee. Period 11 updates in the capital programme and cashflow forecasts identified reduced borrowing required.

Strong cashflow management and bank reconciliation procedures. Returns on prudent investments achieved in an increasingly challenging environment. Borrowing managed within the limits of prudential indicators. Monthly Pensions Fund Committee provide strategic insight to Pension Fund.

3rd Line

Internal audit review of Treasury Management function in 2018 provided reasonable assurance.

Positive assurance from Internal Audit of Financial Resilience and Continuous Audit.

Pension Fund Investments Audit 2021-61 – Feb 2023 – Substantial Assurance provided.

Independent Pensions Advisor reports identify vulnerabilities for pension fund.



Opinion:
Green

Rationale:

Prudent approach to addressing known financial challenges.

Developments & Actions:

- The Pensions Regulator performance report July 2022 has raised concerns across the LGPS Funds relating to data quality and the need for improvement.

FINANCIAL MANAGEMENT – VALUE FOR MONEY (VFM)

1st Line

Corporate Director assurance statements provide reasonable assurance that service provision is under ongoing review and opportunities to collaborate and aid VFM are being sought.

The MTFS includes approved savings options. In total £9.2m of savings have been identified.

VFM remains an integral part of the financial management processes adopted by the council.

2nd Line

The Council's Leadership Team control the delivery of the savings programme through a robust monthly budget management process. The focus has shifted to longer term changes.

Budget savings and efficiencies are reported monthly to Full Council.

The Capital Programme is driven by the desire to provide high quality, VFM public services, monitored by the Corporate Asset Management Group. (CAMG). Plans are approved through Cabinet.

3rd Line

External Auditors VFM opinion for 2021/22 was reported to G&E Committee on 3rd May 2023 and provides positive assurance.



Opinion:
Amber

Rationale:

Achievability of savings and VFM at a time when there are significant impacts from high inflation is challenging. The procurement vision to work in partnership needs to develop for VFM to be achieved.

Developments & Actions:

Procurement vision is to work together with colleagues, partners, local residents and suppliers to develop imaginative Commissioning, Procurement and Contract Management solutions that bring quality, value for money goods and services for the residents of Nottinghamshire and which also aim to deliver broader economic social and environmental outcomes.

The Council have committed to publishing a full review of all actions and measures to save money, and the impact/outcome achieved, at the end of 2022/23 in the Annual Report.

PERFORMANCE MANAGEMENT

1st Line

Performance and management benchmarking processes in place.

A Performance Management Policy and Procedure is in place.

The Planning & Performance Management Framework was refreshed and approved by Policy Committee in April 2019 but is currently being updated.

Reporting has changed to a Cabinet system.

2nd Line

The new Nottinghamshire Plan (2021-2031) has been introduced, objectives are monitored against the new performance management indicators and under the cabinet system.

All actions agreed on the Annual Delivery Plan are either completed or on track for completion. Performance is positive against the majority of key measures.

3rd Line

From the COVID Phase 1, 2 and 3 Internal Audit reports, 18/21 actions have now been implemented.



Opinion:
Amber

Developments & Actions:

- A Quality Assurance Framework is being developed for Adult Social Care and a Local Authority Self-Assessment and Information Return (LASAIR) for Quality Assurance, this was submitted for peer review by ADASS (East Midlands) in February 2023.
- The Performance Management Framework is in development, with the implementation of vital signs reports. Vital signs reports replace the performance reports to CLT and will also be shared with Cabinet.

Rationale:

Less performance reports are now reported to cabinet, as with the previous committee system. Planning and Performance Management Framework is still being updated.

COMMISSIONING & PROCUREMENT – STRATEGY AND RESOURCES

1st Line

Key Decisions – Strategic Commissioning Framework approved (Cabinet 9 March 2023)
Next 4 years joined up approach across Council services. Focus on meeting priority outcomes as set out in the Nottinghamshire plan - long-terms needs of population and coproduction.

Finance Cabinet Member briefings are held every two weeks.

Contracts register is available on procurement intranet page.

Online contract management toolkit provides guidance.

2nd Line

The Strategic Commissioning Framework includes eight principles to support the delivery of effective and efficient services over the short, medium, and longer-term.

A Cross-Programme Board has been established to challenge and steer the content and development of the Framework.

Strategic Insight Unit to analyse and report on the effectiveness of commissioning decisions.

3rd Line

Strategic commissioning was identified as an area of improvement by Newton Europe with a subsequent strategic commissioning implementation plan put in place. 85% of recommendations made have now been implemented with a further two recommendations in relation to training still in progress.



Opinion:
Amber

Rationale:

Early development of Strategic Commissioning Programme, Phase 2 has not yet started and 2024-2027 Strategy is not yet completed.

Developments & Actions:

- New procurement strategy for 2024 – 2027 not yet issued. Central Government is developing new regulations to become an Act by the end of the year, after which new strategy will be published.
- Phase 2 of the of the Strategic Commissioning Programme will be scoped and developed later in 2023.
- Developing a sustainable procurements policy statement to encourage a diverse base of suppliers, maximise community benefits through social contributions, promoting greater environmental sustainability, increase training and employment opportunities.

COMMISSIONING & PROCUREMENT – CONSISTENCY AND EFFECTIVENESS

1st Line

Standardised procurement templates and guidance are available on the shared drive and sign posted appropriately.

Commissioning tools and procurement best practice documents are centralised and available on the shared drive.

2nd Line

Strategically commissioned services – aligned to the Council Plan.

A self-assessment against Strategic commissioning competencies has been undertaken by departments which has informed the high-level training plan.

Financial Waivers are reported to Governance and Ethics Committee Annually. The last waiver report went to Committee in September 2022.

3rd Line

The Regional Commissioning Leads Group for Children's services meets fortnightly, and consists of operational and strategic matters.

ASCH commissioning has brought an external body in to look at contract management, this was linked with procurement to ensure consistency.

The last full Ofsted inspection of Nottinghamshire children's services resulted in a "Good" inspection outcome.



Opinion:
Amber

Rationale:

Commissioning tools and procurement best practice documents are available, However, e-learning, and other developments still in progress.

Developments & Actions:

- The Strategic Commissioning Framework will be rolled out with a supporting e-learning and development offer to ensure consistency of high standards in commissioning activity and compliance with revised Fin Regs.
- Use of the Strategic Insight Unit (SIU) to analyse and report on the effectiveness of our commissioning decisions.
- The internal audit of financial waivers is in progress.
- Introduction of electronic e-tendering portal Pro-Contract to embed e-procurement across the end-to-end process.

INFORMATION MANAGEMENT

1st Line

Corporate Directors' Annual Assurance Statements provide reasonable assurance around compliance with data protection requirements and substantial assurance in the Chief Exec's Dept. Mandatory Information Governance training is in place. Training is below 95% attainment rate required to achieve NHS Digital's DSP Toolkit.

There is a framework in place to help the 1st line, including Information Security Policies & Standards and the IGCSB.

There are detection processes in place which are based upon the application of appropriate industry standard practices.

There are regular reports to the Board and Committee.

2nd Line

Information management is monitored through the Information Governance & Cyber Security Board (IGCSB). The KPIs presented provide an overall assurance picture.

NCSC Self-assessment has identified a training need for RSEMB members, around Cyber Incident response.

Back-up and restoration processes have been implemented and regular testing of the completeness and effectiveness of restores process is in place.

IGCSB – Overarching options for improvement and suggested action plan have several remedial actions to improve areas with Amber or Red rated levels.

The Cyber Security Incident Response Plan (CIRP) and annual testing exercise process is in place.

3rd Line

NCC IA ICT Patching & Change Management report has provided positive assurances in relation to the maintenance of network and associated services.

Re-accreditation for Public Services Network (PSN) and Cyber Essentials (CE) are in progress.

The ICT Externally Hosted Security Questionnaire process is documented and in place. This provides a IT Security Audit of our suppliers and their supply chain with regular checks on Accreditation and company changes.



Opinion:
Amber

Rationale:
Mixture of positive and negative assurance in areas.

Developments & Actions:

- Cyber Essentials and PSN certification submission processes are in progress following the annual Cyber Security Penetration Testing
- A new Cyber Security Strategic Plan 2022-2025 is due to be introduced shortly
- Plans are in progress to address issues in recruiting and retaining specialist ICT Staff

PROPERTY ASSET MANAGEMENT

1st Line

New Property Services Policy Draft in place.

Corporate Property Vision and Corporate Property strategies established

Transformation Programme has strengthened the corporate landlord approach to the governance of the property estate.

Economic Development and Asset Management Committee has overall responsibility for the assets and the service delivery.

Property risks included in the Corporate Risk Register and managed by the Governance Team.

2nd Line

Asset Improvement Board in place.

Stock Condition Surveys are applying new specifications and KPIs for Legionella, Fire, Asbestos are all within targets

Repair response time below the 85% target (at 77%), but 83% completed on time

No reportable accidents and incidents and 9 safety inspections noted no significant issues

A Property Compliance Action Plan applies planning and monitoring to all property compliance and safety matters and a Compliance Dashboard is in place.

3rd Line

Recertification by BSI under ISO 45001

Independent External Valuations are being completed.

External Audit have tested the land and property valuation processes and have concluded in the Annual Accounts that they are appropriate.



Opinion:
Green

Rationale:
Positive assurances in areas.

Developments & Actions:

- Programme Board providing ongoing review and challenge to the use of Council Office Buildings following a Scrutiny committee review.
- Service Asset Management Plans to be started once staff have the capacity.
- Carbon Reduction Plan Being Progressed.
- Corporate Asset Strategy is being progressed.

TRANSFORMATION AND CHANGE

1st Line

Two new programmes were added to the existing four in the year – Adult Social Care Reform, and Adult Social Care Improvement.

Positive feedback from Corporate Directors' assurance statements on engagement with stakeholders for service changes and developments.

2nd Line

Of the six current programmes, two are on target, three are experiencing obstacles (delivery is probable), and one is at risk (delivery is feasible).

In addition, an underpinning programme on introducing a Strategic Commissioning Framework was completed this year.

Staff turnover in the Group is high at 34% and a Recruitment and Retention Task and Finish group has been set up to address this.

3rd Line

An internal audit review assessing the arrangements for Transformation and Change against NAO guidance was completed in the early stages of the current transformation model, and provided reasonable assurance.

Proposals for the approach to transformation were informed by work with the Council's transformation partner.



Opinion:
Amber

Developments & Actions:

- In 2023/24 efficiencies agreed in budget setting to be monitored through highlight reporting; and a method to be developed and introduced to monitor financial impacts, including budget pressure mitigation.

Rationale:

The portfolio of programmes has been added to in 2022/23. One has completed, and the others are in progress, although at varying levels of risk. Staff turnover is high. Financial reporting is to be developed.

RISK MANAGEMENT

1st Line

Assurance is provided that risk management procedures are being complied with.

A new risk reporting template is being developed to inform RSEMB on the movement of risk for each department.

Work is in progress to address the issues raised in the Zurich Municipal Risk Health Check

Risk Management Strategy and Policy are in the process of being updated and there is overall assurance on frontline compliance.

2nd Line

The Corporate risk register is being maintained to capture the latest risks and will be presented to RSEMB in a revised format.

Risk, Safety and Emergency Management Board (RSEMB) meet quarterly to capture key risks.

Six monthly updates on risk management to Governance & Ethics Committee need to be re-introduced.

3rd Line

British Standards Institution (BSI) awarded the Council ISO 45001 Safety Certification remains in place.

The External Health check by the Council's insurers identified scope for improvement in corporate risk management and risk maturity. However, further work is required to address these actions.



Opinion:
Amber

Developments & Actions:

- Progress continues to be made to address necessary improvements identified by the Zurich Municipal Risk Health Check.
- Departmental risk registers are currently under review and need to be confirmed by RSEMB and CLT.
- Work to develop the risk reporting template is progressing
- Work is continuing to address the need for additional staffing to oversee corporate risk management.
- Revision of the Council's Risk Management Strategy and Policy to be completed

Rationale:

The Zurich Municipal Health Check has identified gaps in risk management, but actions are being taken to mitigate them.