

Audit Committee – 1 December 2008

Annual Governance - Six Month Update on Effectiveness

Summary of report

This report sets out progress on implementing the findings from the review of effectiveness of the annual governance framework 2007/8 reported as part of the annual statement of accounts and an update on governance/internal control activity to date in working towards assessing the current effectiveness of the framework and controls in place to support it.

Recommendations:

1. To receive, consider and note the progress in implementing findings from the annual governance effectiveness review 2007/8 and note the work to date to assess the effectiveness of the current (2008/9) effectiveness of the framework.



James T. Walsh – Chief Financial Officer

26 November 2008

Background

The Authority is responsible for ensuring that the financial management of the council is adequate and effective and that it has a sound system of governance, including internal control and financial control, which facilitates the effective exercise of its functions and which includes arrangements for the management of risk. The council is required to obtain assurances that its governance framework and internal control system is operating effectively in all areas of corporate governance.

The council is further required to publish a statement formally acknowledging that it has maintained effective internal control, including effective internal financial control, during the course of the financial year. The statement should include financial management, arrangements for the management of risk, and include its corporate governance arrangements. In addition, the authority must conduct an annual review of the effectiveness of its governance framework including its systems of internal control and internal audit.

Audit Committee received and approved the 2007/8 AGS in June 2008 alongside the pre-audit annual statement of accounts and again in September following completion of the audit following which an unqualified opinion on the accounts was received. A number of governance strengths were identified, along with a number of weaknesses.

It is good practice to review the internal control framework more than once at the end of each financial year, therefore this report is intended to provide an update on progress in implementing actions arising from the 2007/8 AGS alongside further audit and other activity to date to monitor and report on the effectiveness of internal controls and governance.

Resource and Legal Considerations

Council's must produce an AGS in line with the Accounts and Audit Regulations 2003, as amended 2006 and in a timely fashion on an annual basis. The approved AGS forms part of the presented to Audit Committee for approval.

Performance Management and Risk Management Issues

Performance Management

Effective performance management is key to ensuring an effective system of internal control is maintained and promotes good service. Senior managers can support the framework and the assurance gathering process by ensuring that systems and processes are in place within each directorate, including ensuring directorate, service plan, project and individual risk registers, risk assessment and project registers are in place and regularly reviewed and service complaints are responded to and used to drive improvement. In addition, senior officers within each directorate should promptly implement agreed internal and external audit recommendations within the timescale planned and proactively report progress to the Head of Internal Audit. Assurance statements are required from Executive Directors and Assistant Directors to identify areas where systems require improvement and require the ED/AD to confirm that action is in place to deal with under performing areas.

Risk Management

The key aspect of the system of internal control is the identification of key risks to the organisation and key controls needed to mitigate these risks. Risk management is an integral part of the control and governance framework. Risks and actions to mitigate are reported frequently to senior officers and councillors, including CMT, Cabinet and Audit Committee.

Equality implications

None relating directly to this report.

Consultation

The report is prepared in consultation with the Chief Finance Officer (CFO), the Head of Internal Audit and senior officers.

Review of Effectiveness of Governance Arrangements, including the System of Internal Audit and the System of Internal Control 2007/8

The 2007/8 AGS identified no areas of significant internal control weakness, however it did identify a number of control weaknesses which require improvement. These are outlined in **Appendix 1** along with progress on implementation.

A Local Code of Governance was considered and approved by Audit Committee on 3 April 2008 and by Standards Committee on 16 June 2008. A general awareness/training programme is to be scheduled to ensure all staff and stakeholders are aware of corporate governance issues and its requirements.

Background Papers

Local Code of Governance

Audit and Accounts Regulations 2003, amended 2006.

2007/8 Annual Governance Statement.

CIPFA/SOLACE Delivering Good Governance in Local Government: Framework.

Various CIPFA Guidance.

Author:

Vicky Buckley, Head of Corporate Finance - ☎ 01922 652349,

✉ buckleyv@walsall.gov.uk

Key Recommendations of the Review of the Effectiveness of the System of Internal Control and Internal Audit 2007/8 and Progress to Date

Key recommendation	Progress
<p>The target for implementation of Internal Audit's recommendations is set at 90%. Performance against this target has been below 80% during the year. Internal Audit has identified instances where recommendations claimed, by service management, to be implemented are, in fact, outstanding. This limits the effectiveness of the Audit Committee's monitoring of the internal control environment.</p>	<p>A report was presented and approved by CMT and subsequently to Audit Committee on 1 September identifying actions to ensure implementation of recommendations is improved. This is being monitored and will be reported to Audit Committee on a regular basis.</p>
<p>Audit Committee should undertake a formal self-assessment of their effectiveness and review their training requirements as a result and identify any technical training needs. A revised training plan should then be implemented.</p>	<p>This was undertaken at the October meeting and the actions from that are attached at Appendix 2.</p>
<p>The findings of the review of internal audit (April 2008 Audit Commission report) require implementation.</p>	<p>Many of these actions continue to be developed and improved and feature as part of the ongoing work of internal audit including:</p> <ul style="list-style-type: none"> • Corporate and strategic risk included in audit plan audit; • Ensuring directorate management teams aware of our services, • Internal audit website, • Advice database; • Ipm reviews include reference to CIPFA excellent internal auditor publication • Audit manual updates. • Specific attention is being given or to be given to customer surveys and developing a protocol between internal audit and Grant Thornton.
<p>Audit Committee should review the effectiveness of the governance framework, including internal controls more than annually to provide fuller assurance prior to year end.</p>	<p>This progress update is part of the actions to address this. In addition, regular reports are prepared and reported to the Committee on risk management, internal audit and financial performance activity, which adds to the assurance process.</p>
<p>Partnership working and accountabilities is an area that requires strengthening across the council.</p>	<p>This is in hand and a partnership toolkit has been developed and will be rolled out over the remainder of the year.</p>

Key recommendation	Progress
<p>The findings of the Interim Audit (June 2008 Grant Thornton) require implementation. These include:</p> <ul style="list-style-type: none"> • Service management should be reminded of the importance of implementing Internal Audit recommendations. • The implementation of Internal Audit recommendations should be monitored at a senior level, within the council and reported to the Audit Committee. Where recommendations have not be implemented within agreed timescales, enquiries should be made to explain the delay and, if necessary, service management called to account. • The Council should implement access restrictions within the ORACLE financial reporting system to prevent senior finance officers from posting journals. • The Council should ensure that future minutes of the Audit Committee's consideration of the financial statements record the substance of the discussion. • The Council should prioritise the introduction of business continuity plans and a disaster recovery process for all of its IT systems. The disaster recovery plan should be tested on a regular basis (ideally each year) and should clearly define what areas are to be given priority in the event of a disaster. 	<p>The first 2 bullets have been addressed via the CMT/Audit Committee report.</p> <p>This is not possible with the current version of Oracle. A business case review is currently taking place to determine an upgrade and this issue will be raised in the review. We are currently developing exception reports to monitor access and postings in the meantime.</p> <p>This has been addressed.</p> <p>A Corporate business continuity Strategy and plan will be in place by March 2009 and a solution in place by March 2010.</p>
<p>An audit protocol between the new external auditors, Grant Thornton, and internal audit should be established.</p>	<p>This is currently being developed.</p>
<p>Audit Committee were due to undertake a workshop outside of their normal work programme to review their risks, which was planned for 7/8, however did not take place. This should be planned into their work programme. A revised training plan should then be implemented.</p>	<p>This took place in September and a report produced which is due to be considered at the meeting in December. A revised training plan will follow.</p>

Key recommendation	Progress
<p>Although delegations substantially follow CIPFA terms of reference, they exclude some areas such as external audit linkages. Delegations should be reviewed and revised where appropriate.</p>	<p>This was picked up also during Audit Committees self-assessment undertaken in October and is in train.</p>
<p>Consideration needs to be given towards Audit Committee receiving all external audit and inspection reports as they all link on internal control in some way.</p>	<p>The committee's work programme has been adjusted and now includes these.</p>
<p>Corporate Assessment 2008 (June) Progress of actions arising from the recommendations of the Corporate Assessment 2008 in so far as they relate to governance, should be reported to Audit Committee.</p> <p>Areas for improvement include:</p> <ul style="list-style-type: none"> • Improving voluntary sector infrastructure and relationships to improve capacity to contribute to delivery • Partnerships with voluntary and community sectors are less robust • Ambitions do not fully recognise the needs of a growing above-average older people population • High sickness absence impacts on capacity to deliver and the council is not managing sickness effectively. • Strategic workforce planning is underdeveloped. • Capacity of council to deliver its objectives because ICT Legal and HR support is underdeveloped. <p>Scrutiny was highlighted as making a good contribution in some areas, but further development is needed. Its overall impact is variable and not consistently effective in focusing on underperformance or actively challenging the executive.</p>	<p>The corporate assessment action plan is currently being finalised for presentation to members.</p>
<p>Inspections and Annual Audit and Inspection Letter (AAIL)</p> <p>A number of recommendations were made.</p>	<p>Progress was formally reported to Audit Committee on 13 October 2008. This is contained in Appendix 3.</p>

Key recommendation	Progress
<p data-bbox="164 194 730 264">Other Annual Governance Statement Issues</p> <ul data-bbox="164 271 834 1518" style="list-style-type: none"> <li data-bbox="164 271 834 450">• Whilst the payroll and employment systems follow up audit reported significant assurance, a number of Improvements are required in some procedures. <li data-bbox="164 456 834 703">• System weaknesses were identified in some services including local area agreements, coroner service, mental health and learning disability teams, primary schools, contractors final accounts/system work and computer reviews. <li data-bbox="164 710 834 965">• One area of weaknesses specifically mentioned in the AGS relates to final contractor accounts. 12 accounts were reviewed and 6 were given a limited or no assurance rating and considered to have been poorly managed. Suggestions for improvement were agreed by managers. <li data-bbox="164 972 834 1330">• Whilst internal and external audit has indicated that there are adequate IT controls in place overall, limited assurance was reported for ICT change management, acquisition and disposal of information assets, IT governance and Oracle CRM. Managers have agreed all recommendations and indicated actions have been or will be implemented by agreed deadlines. <li data-bbox="164 1337 834 1518">• One unplanned late overspend position was reported which has led to a review of use of codes and I-proc in that area and action being taken to ensure full compliance in the future. 	<p data-bbox="853 271 1445 450">Follow up work on these areas is being undertaken by internal audit as part of their annual plan. Any concerns in these areas or failure of managers to follow up will be notified to the committee.</p>

Complete Self-Assessment – Measuring the Effectiveness of the Audit Committee

Issue	Yes	No	N/A	Comments
Terms of Reference				
Have the Committee's terms of reference been approved by full council?	Yes			
Do the terms of reference follow the CIPFA model?		Not Fully		It was agreed that the terms of reference needed to be updated as it did not fully reflect the good practice suggested terms of reference. This is to be updated asap during the next update to the Constitution.
Internal Audit Process				
Does the Committee approve the strategic audit approach and the annual programme?	Yes			
Is the work of internal audit regularly reviewed	Yes			
Are summaries of quality questionnaires from managers reviewed?		No		Quality questionnaires are distributed and manager's feedback is sought. Response rates are varied. Results will be added to the Head of Internal Audits quarterly reports presented to the committee.
Is the annual report, from the head of audit, presented to the committee?	Yes			

Issue	Yes	No	N/A	Comments
External Audit Process				
Are reports on the work of external audit and other inspection agencies presented to the committee?	Yes			Progress reports also brought on actions plans implemented to address external audit and inspection report recommendations.
Does the committee input into the external audit programme?	Yes			Audit Committee receive and comment on the draft external audit plan.
Function				
Does the committee ensure that officers are acting on and monitoring action taken to implement recommendations?	Yes			This has been a specific priority for the committee in respect of manager’s responses to internal audit reports. A report was presented to Audit Committee identifying further robust action to ensure managers implement recommendations. This will be monitored and reported back to the committee regularly.
Does the committee take a role in overseeing:				
• Risk management strategies	Yes			
• Internal control statements	Yes			
• Anti-fraud arrangements	Yes			
• Whistle-blowing strategies	Yes			In respect of anti-fraud and whistle-blowing, details are reported to the committee. Standards Committee have key overseeing roles in respect of these 2 areas.

Issue	Yes	No	N/A	Comments
Membership				
Has the membership of the committee been formally agreed and a quorum set?	Yes			
Is the chair free of executive or scrutiny functions?		No		The chair of Audit Committee is also a member of scrutiny. A discussion was held on this and it was noted and agreed that there were distinct differences in the functions and that the chair is mindful of these differences in executing his role.
Are members sufficiently independent of the other key committees of the council?	Yes			
Have all members' skills and experiences been assessed and training given for identified gaps?		In part		All elected members have, through OD, a training plan and 121 and there is a buddy system in place. All new members have an induction. In addition, specific regular briefings and training is provided on the functions of the Audit Committee – risk management, annual accounts, etc. It was noted that there was no specific induction for new audit committee members or specific access to OD or the buddy system for independent members. The Head of Corporate Finance will undertake to produce an induction pack and discuss access to training and development for independent members, with OD.

Issue	Yes	No	N/A	Comments
Can the committee access other committees as necessary?	Yes			
Meetings				
Does the committee meet regularly?	Yes			
Are separate, private meetings held with the external auditor and the internal auditor?		No		No scheduled meetings are held, however the committee has full and open access to the external auditor and therefore can meet with them if required.
Are meetings free and open without political influences being displayed?	Yes			
Are decisions reached promptly?	Yes			
Are agenda papers circulated in advance of meetings to allow adequate preparation by members?	Yes			
Does the Committee have the benefit of attendance of appropriate officers at its meetings?	Yes			The Deputy Chief Finance officer (Head of Corporate Finance) attends each meeting as does the Head of Internal Audit. Other officers attend as required.

Issue	Yes	No	N/A	Comments
Training				
Is induction training provided to members?		No		This is to be developed. However, briefings and awareness and training sessions are provided as required.
Is more advanced training available as required?	Yes			
Administration				
Does the authority's S151 officer or deputy attend all meetings?	Yes			The deputy attends each meeting.
Are the key officers available to support the committee?	Yes			These include Executive and/or Assistant directors, the Risk Manager and Head of HRD and others as required.

Progress Update: Annual Audit and Inspection Letter (AAIL)

Audit Commission Assessment Area	Areas for Improvement (AFI)	Progress Report
<p>Corporate Performance Assessment 2007</p> <p>The following service blocks were identified as a score of 2 out of 4:</p> <ul style="list-style-type: none"> • Culture • Housing • Social care (adults): providing adequate services but capacity for improvement is uncertain (judged a 1 star service by CSCI) 	<ul style="list-style-type: none"> • Performance Indicators • Supporting people (see below) • Evaluation of healthier lifestyles initiatives so council is confident of their impact • Better engagement of partners to ensure better access to a range of services and support • Systems of governance and project management need strengthening 	<p>Our Direction of Travel (DoT) submission for this year is to be submitted on 3 October and will be followed by field work being conducted by the Audit Commission who are scheduled on site late October to complete this. Current prediction for DoT is 'improving well/ improving adequately'. Our CPA score for 2008, and outcome of DoT, is expected in February 2009.</p> <p>A progress update on culture was provided to Audit Committee at their last meeting. Further detail on SP is below.</p> <p>The following is an update on social care:</p> <ul style="list-style-type: none"> • Following criticism of the quality and pace of improvement of adult's social care services in CSCI's statutory letter following Walsall's 2007 Annual Review Meeting, and in the Audit Commission's Annual Audit and Inspection letter, a comprehensive action plan was agreed with the CSCI Business Relationship Manager in January 2008. This includes the issues of evaluation of healthier lifestyles initiatives, engagement of partners, and systems of governance and project management. • Discussion between relevant officers and CSCI resulted in the welcome offer of assistance and resources from the Department of Health Care Services Efficiency

Delivery (CSED) and Care Services Improvement Partnership (CSIP).

- A formal meeting at the Department of Health between Paul Snell – Chief Inspector (CSCI), the Chief Executive (Paul Sheehan), the Cabinet Portfolio Holder and the Executive Director, Social Care and Inclusion, and a subsequent meeting with CSCI resulted in agreement to prioritise specific areas of work. The agreed priorities are:
 - Assessment and care management process and procedures
 - Implementing the Personalisation Agenda
 - Commissioning for quality outcomes
 - Services for carers
- Work was undertaken to refine the outcome measures in the plan, better to measure and demonstrate the impact of the improvements on the experiences of and outcomes for users of our social care services. The enhanced action plan was presented to CSCI and CSIP at the regular business meeting on 14 May, where the changes received positive feedback.
- The assistance and resources from CSED are being translated into business cases for the specific activities listed above. CSED presented their outline business cases to officers on 8 July. These comprised:
 - Development of an Access Centre
 - Enhancement of public information and website
 - Brokerage
 - Personalisation
 - Commissioning
 - Web-based commissioning
 - Re-ablement
 - Organisational design and infrastructure
 - Processes, documentation and performance

- management
- Retail equipment model
- Development of third sector
- Their proposals will lead to changes to a number of the work streams in the action plan.
- Of the 34 work streams, 23 are programmed for completion by December 2008 and are either already complete or are on target. The others are either components of longer term programmes, or are awaiting the production and approval of detailed business cases by the People First team, which is now fully operational.

Supporting People programme Inspection:

Assessed as poorly administering the programme with uncertain prospects for improvement although acknowledgement that firm action was being taken since (September 2007) to improve the position

- Commissioning body leadership
- Relationships with service providers
- The review programme was not carried out in a consistent/thorough manner and did not sufficiently address vfm/ineligible services
- Service user involvement underdeveloped and users not involved in governance or monitoring services. Information on website is limited
- Performance management underdeveloped and information not shared
- Permanent team recruited (replacing temporary team) to address AFIs
- The improvement towards excellence plan produced from inspection report has been endorsed at CMT, scrutiny and cabinet (DEC 07)
- Reporting on progress is comprehensive. Monthly monitoring of all the actions in the improvement towards excellence plan is done by the SP team. This is fed into quarterly performance monitoring at strategic housing performance board. This is then fed into SCI performance board and then to health and social care scrutiny and also is part of the performance report to CMT. This is also reported as part of the performance reporting done to the SP core strategy group and the SP commissioning body. Which ensures the plan is monitored by all our partners.
- The team are making good progress against all actions. A number of targets have slipped, however there are no reported causes for concern. In addition, the Audit Commission undertook an 'advice and assistance' audit in June which has been used to refresh the action plan.

- In addition to the above, The AD has bi monthly meetings with the Audit Commission and CLG on progress against the action plan. The next one is in November. A further update on progress will be provided after this meeting.

**Use of Resources 2007:
Financial reporting (score of 3)**

- All working papers should be made available to auditors at start of process
- 2 significant error in accounts
- senior officer review revealed an adjustment needed to fixed assets prior to accounts being authorised
- Annual report should be made part of the final accounts process to ensure prompt production and consultation process should be expanded to ensure report meets needs of public
- Action taken to address this and all papers were available for auditors at start of 2007/8 process
- 1 adjusted error with no impact on reserves
- Annual report produced alongside statement of accounts
- Unqualified opinion given on accounts on 18 September 2008 in respect of 2007/8

**Use of Resources 2007:
Financial Management (score of 3)**

The identified AFIs are recommended to the council in seeking to achieve best practice (score of 4)

- Embed process whereby annual report is main vehicle for demonstrating how financial plans and strategies have contributed to the achievement of corporate objectives
- Provide accrued budget reports and balance sheets quarterly (rather than just year end)
- Executive should review its effectiveness and leadership with regard to financial management
- Annual report produced alongside annual accounts
- Partially accrued accounts provided quarterly: fully accrued planned as part of the Finance Direct project (oracle financials upgrade)
- Best practice being sought concerning last AFI

**Use of Resources 2007:
Internal Control (score of 3)**

- Development of a partnership risk register
- Key financial system (payroll) assessed as poor
- Partnership group set up and draft register and toolkit established. This is expected to be finalised within the next few weeks and rolled out across the council.
- All key financial systems now assessed as adequate.

- Demonstration that arrangements to prevent and detect fraud and corruption are fully embedded
- The intranet site contains details of guidance which allows staff to report concerns (whistleblowing) and audit are about to issue a fraud awareness paper re-iterating what is on our website and stressing some important day to day safeguards. These will be publicised council wide.

Increasing Bus Use in the West Midlands

The overall long term decline in bus use has continued (despite number of significant schemes to improve the infrastructure): numbers fell by 11% between 2000/1 and 2005/6

A range of integrated and sustained actions are needed to address decline: a clear and comprehensive agreement on way forward, owned by all partners, is lacking. 3 main AFIs identified:

- Partnerships: effectiveness of strategies for improvement of services is limited by lack of shared understanding and ownership by key agencies involved in delivery
- Leadership: difficult due to multiple organisations involved and not consistently provided
- Performance management: procedures for target setting, monitoring and taking effective remedial action are not sufficiently robust. Issue of why schemes to increase use are not having predicted impact has not been regularly or rigorously addressed.

- Even though Centro identified an 11% fall in bus passenger numbers across the West Midlands between 2000/01 and 2005/06, person trips by bus into Walsall Town Centre in the morning peak (07:30 – 09:30) between 2001 and 2005 actually increased by 6.9%. A recent survey in 2007 did show that levels had dropped back to those in 2001. However, this survey was done during significant disruption works to our town centre road networks, resulting in a 12% reduction in overall person trips into the town centre within the morning peak period. The modal share of bus trips into the Town in the morning peak in 2007 actually increased by 1% from 2005 and by over 5% since 1999.
- During 2007 and 2008, the following bus routes serving communities within Walsall have been enhanced through Voluntary Partnership Agreements between Centro and National Express West Midlands:
 - 934 Birmingham to Pheasey
 - 993 Birmingham to Streetly
 - 997 Birmingham to Walsall
 - 377 Walsall to Sutton
- The partnership involves upgrading the routes through state-of-the-art buses, increased frequencies, better shelters with improved cleaning regimes and Real Time Information. Surveys in December 07 on the 377 service identified a 10% increase in passenger numbers from the same period in 2006.
- The success of these partnerships has encouraged their roll out to other routes in Walsall, including the 51 service between Birmingham and Walsall Town Centre, which has

recently received £1.3m of engineering improvements in the Walsall section alone through the Bus Showcase and Red Route initiatives, delivered jointly by Centro and Birmingham, Sandwell and Walsall Councils.

- Walsall Council has also worked successfully with Centro and Walsall's Local Strategic Partnership (LSP) in delivering a number of bus-based projects to improve people's ability to access jobs and opportunities, particularly those most deprived communities within the borough.
- The Work wise initiative, which provides free travel for people attending interviews and new jobs, has been running in Walsall since 2004 and has consistently exceeded its target in issuing travel passes to employment over that time. Work wise recently won the Guardian Public Service Award under the Service Delivery – Transport section. It was also mentioned as an exemplar of good practice by Rt Hon. Rosie Winterton MP, Minister of State for Transport, in a speech at the National Royal Town Planning Institute and TRICS Conference: 'New Directions in Transport Planning.
- We are also working with Walsall Community Transport (CT), Centro and the LSP in supporting the Route Rider scheme that provides a dedicated service by Walsall Community Transport that links the Blakenall and Bloxwich New Deal Area to key employment areas in Aldridge and Green Lane. Patronage has been growing since its inception in July 2007. The success of this scheme is encouraging its expansion to support other deprived areas of the borough.
- Walsall Council has also been leading a partnership looking at future transport priorities for Walsall, which included The Council's Regeneration Scrutiny Panel appraising this work and inviting views from key partners including Centro and public transport operators. This has

identified improvements to bus interchange facilities within Walsall Town Centre as being critical to the future growth and development of the town. Investigations into options for these enhancements are now being driven forward through a partnership approach.

Audit of User and Carer Engagement in Learning Disability (LD) service and Young Adults Disability Service (YADS)

- Identify barriers and facilitators to inclusion of people with communication impairment and developing practical ways to promote involvement
- Work has been undertaken through a user friendly survey to establish what mechanisms people prefer for communication.
- All board presentations are created in one format which is an agreed easy read accessible format
- Paperwork is produced ahead of partnership board meetings in 3 different formats to support different communication needs
- A poster is displayed at each meeting outlining agreed rules for communicating during the meetings
- Only accessible venues are used for meetings
- The partnership board website enables clear communication across learning disability partnership board
- A training session is being undertaken in October 2008 to share the learning from the directorate on communication needs of disabled people with corporate council staff, to enable wider council services to provide accessible information for users and carers.
- Clarify relationship between various partnership structures and roles and representation of users and carers
- An updated terms of reference and membership has been completed for all advisory groups and the LDPB board this review is on target to be complete by April 2009.
- A new constitution and membership were developed; the role of the chair is under review, with a move towards an independent chair being appointed.
- A review was undertaken of the healthy communities and vulnerable adult's board, a new board structure was agreed and a revised engagement process

introduced in June 2007 inclusive of communication routes for users and carers.

- Review effectiveness of communication pathways to and from users and carers
- A review of the Learning Disability partnership board function is underway, communication pathways, approaches and work plans are being developed for each advisory group and feedback into the board is being structured
- Work has been undertaken with the Physical and Sensory impairment partnership board to examine the ways they work
- An away day for the PSI board was held to learn from other boards experience,
- Plans are in place to adopt different ways of working to continue to improve the board progress overall, ensuring learning from the review in Learning Disability partnership board to enable adoption of better communication pathways for all board members.
- Develop a performance management approach that has a clear planning framework to prioritise user and carer activity; identifies how work will be managed, monitored and delivered; establishes and evaluates outcomes for initiatives that will make an impact
- A new user engagement policy has been designed and is due to be fully launched in November 2008. This policy sets out the agreed framework and standards for all Social Care and Inclusion staff to use when communicating and engaging with our customers. This will ensure all of our communication and engagement activity is effective, co-ordinated and consistent.
- User and carer engagement activity is now recoded on viewfinder, a partnership web based database to ensure it is managed effectively, linked to actual service changes and evaluated.
- Evaluation of outcomes from a user perspective is being piloted through the pacesetters programme, using a range of techniques for participatory evaluation. Work will be undertaken in 2008/9 to test these tools and consider how it can be best used to further review outcomes for service users.

<p>Audit of Performance Management in Social Care</p> <p>Can Walsall Social Care and Inclusion Directorate rely on the information it collects to plan and modernise services, with particular reference to the PARIS information system?</p>	<p>SCI cannot wholly place reliance on the information it collects to plan and modernise services. PARIS not used consistently and difficult to ensure all information is entered</p> <ul style="list-style-type: none"> • Recognition needed that not merely an ICT system, but facilitator for business transformation • Staff need to understand how to use it, what progress has been achieved, provide clarity as to what it can and cannot do, re-emphasise need to make effective use of it, and ensure important data is entered 	<ul style="list-style-type: none"> • Appointment of full time programme manager for PARIS: The Paris Team is currently undergoing a two part review in conjunction with ICT, Part 1, team structure, Part 2, Paris application. An interim manager is in place pending the review outcome. • Re-launched training programme: Training has been reviewed and new user and refresher training are completed on a monthly basis, with additional floor walking in each team on a monthly basis, as well as specific one to one sessions. • Improved governance: A report template has been introduced; further detailed work on governance is being undertaken as part of the review. The development of checklists for all staff and procedures/process being embodied into Paris is currently being developed. • Better interfacing with financial management systems: A review by ICT of finance systems (Nurrcis/Fiscom) has been completed with an improvement plan put in place.
<p>Public Interest report issued September 2007 regarding Employment Tribunal case. AAIL acknowledged that action was being taken to address the identified weaknesses</p>	<p>Separate report issued identifying a number of weaknesses with HR and legal procedures.</p>	<p>The report was considered by Council on 27 September 2007 and an action plan implemented. All actions arising from this apart from the following have now been implemented:</p> <ul style="list-style-type: none"> • Grievance policy: currently being finalised • Legal retention strategy (due by Dec 08)
<p>Grant Claims</p>	<p>Problems were again encountered with the claim for Sure Start grant funded services, which are administered by the Council's education partner, and the housing benefit grant claim. However:</p> <ul style="list-style-type: none"> • these were significantly fewer 	<p>Additional testing of housing benefit data and cells has been carried out as a result of this audit.</p> <p>Sure start claims were also subject to a separate audit and an action plan implemented.</p> <p>Grant claims are currently being audited at this point in time and progress on implementation and success or otherwise of</p>

- than issues raised in previous years; and
- officers have clearly taken action to address many of the problems we had previously identified.

these in relation to the recommendations will be reported to Audit Committee once the audits are complete.

Corporate Assessment (CA)

Once the CA is published, its recommendations should form a key part of actions the council needs to take

At the start of 2008 the council was assessed by two teams of external inspectors, a corporate assessment (CA) led by the Audit Commission and a joint area review (JAR) led by Ofsted. The conclusions of those reviews were announced in June 2008. The Audit Commission concluded that the council is performing well, that our priorities reflect the needs of service users and local communities, and that there is a sustained focus on value for money, with an overall score of 3 (out of 4), maintaining the council's previous score, but based upon more challenging criteria. The JAR found that our services for children were 'good' with 'good capacity to improve'. In response to these inspections areas for improvement identified in the JAR have been embedding into existing plans utilising the performance information management system (PIMS).

In terms of CA recommendations the initial action plan is going to Cabinet on 22 October and the inspection report and plan will then be presented to Audit Committee.