APPENDIX 1
GOVERNANCE ACTION PLAN UPDATE - August 2017

Process area	REF:	Original action plan reference number:	Revised action plan	Action Priority	RESPONSIBLE OFFICER	DATE BY	IMPLEMENTATION STATUS	% COMPLETE	ON-TRACK RAG STATUS	RESPONSIBLE OFFICER UPDATE AS AT 31.08.17
A. RISK MANAGEMENT	1	No change	• Risk Policy and Framework to be reviewed by Management Board	H	Governance & Risk Manager	31.08.17	Not Implemented	0%	G	Not actioned. New policy to be submitted for review to MB in August 2017.
	2	No change	• Risk Policy (including risk appetite) to be reviewed by Audit Committee	H	Governance & Risk Manager	30.09.17	Partially Implemented	80%	G	The revised risk policy is included as part of the refreshed risk management strategy exercise and the revised policy as a part of this exercise cannot be submitted to the Audit Committee until it next meets which is in September. A new deadline of 30.09.17 is therefore proposed for this action. Interim work to be completed by 18th August to include the risk management policy and strategy. LTP will be handed over to the interim HR Manager for implementation during September 2017.
	3	No change	• Governance monitoring arrangements to be in place with updates taken to the Audit Committee	H	Governance & Risk Manager	30.09.17	Partially Implemented	65%	G	Regular updates of the LTP and GAP and performance on the annual audit plan are in place. An outstanding area is still indicated to be the regular and quantified reporting of NBC performance to the Audit Committee on the implementation of audit recommendations by the due date. It is expected that the framework to do this and the beginning of reporting in this area will be in place and with regular reporting starting in the autumn of 2017.
	4	No change	• Refresh and cascade the risk management strategy and framework	H	Governance & Risk Manager	31.08.17	Partially Implemented	80%	G	Interim work to be completed by 18th August to include the risk management policy and strategy. LTP will be handed over to the interim HR Manager for implementation during September 2017. Delay due to last interviews not completed in July.
	5	No change	• Schedule of risk related policies to be approved by Management Board	H	Governance & Risk Manager	31.08.17	Partially Implemented	80%	G	Update of the risk management strategy will bring together in one place/Framework all relevant and current policies, eg directorate responsibilities, the risk policy, risk escalation and Risk Appetite sub-documents. Completion date 18.08.17. Interim work to be completed by 18th August to include the risk management policy and strategy. LTP will be handed over to the interim HR Manager for implementation during September 2017.

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	6	11,12,16	Generate a training plan for key officer and member groups to include • Management Team • Heads of Service • Project Managers • Members - Cabinet • Audit Committee members Specialist risk management training to become mandatory for all officers involved in projects. This to apply to current and future projects. Specialist training, workshops to be arranged and delivered with external and internal resources and in consultation with the Council's internal auditors Establish and embed risk management surgeries	H	Governance & Risk Manager	30.09.17	Partially Implemented	15%	G	Proforma Training and Development form devised and to date plans put in place for x3 Hds of Service and x1 Director. It is considered that due to the relatively large number of senior officers and Members to be accessed and interviewed for training plans that the initial deadline of 30.07.17 was overly optimistic when set. It is therefore proposed that a new revised and more realistic deadline of 30.09.17 (to recognise the August holiday period) is put in place for this action. Project risk management to be strengthened. Training will be developed as part of the licence to practice programme. Linking in with the governance and risk function projects will, as part of this specialist training, identify how we expect people to use risk as a tool in a project environment both on a project level and a day to day level dealing with assets. The objective of this training will be to create a risk-based and risk-led approach in project management Training plan interviews are being compiled by Neale Burns. Estimated completion of plans by 18th August.
B. REVIEW ALL CURRENT PROJECT PROCESSES	7	No change	Post-implementation review of the operation and effectiveness of the Executive Programme Board since its establishment in late 2016	H	Director of Regeneration, Enterprise and Planning	30.09.17	Partially Implemented	TBC	TBC	The review of other EPB is in the early stages.
	8	8,9,10,20	Identify and log all projects currently live and in the pipeline. Perform reviews of each project for feasibility and governance assurance. Ensure all relevant projects to go through a gateway or similar process, including a) Categorise and apply rigorous but proportionate methodologies and documentation. b) Requirement for a Project Initiation Document (PID), minuted project/programme meetings and a full risk assessment c) Programmes/projects will be required to be maintained on central paper records with clear documented minutes of meetings and professional advice received.	H	Borough Secretary	30.09.17	Partly Implemented	20%	G	A register will be produced and maintained centrally and reviewed by Management Board. The Northampton Alive Programme Register has been prioritised. The IT Programme Register is complete. Further work is required to prioritise the projects within housing. Further work is required to align each of the programme registers to ensure that they are corporately prioritised. The Register will identify the high impact and high value projects as at the register date. Enterprise Zone (EZ) aspects completed with assets and projects dimension remaining outstanding. This work will further build into the establishment of a projects universe spreadsheet to track all projects at the Council. Gateway reviews established for Vulcan, Delapre, Greyfrairs and Northampton Museum & Art Gallery Expansion. Reviews commencing August 17th for Museum project.

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	9	13,14,15, 24	Risk reporting to be reviewed ensuring that there is an effective cascade and tracking of risk through governance arrangements Refreshed monitoring and tracking process ie project/service risks may also become a corporate risk Clarity on risk exception reporting process. Corporate, service and project risks are to be reviewed monthly.	H	Borough Secretary	31.12.17	Partly Implemented	20%	G	This went live with the team at the MB presentation on 25.05.17. However it is to be noted that the extended period of stakeholder consultation required in this area, eg with Executive Programme Board (EPB), Cabinet, Scrutiny will extend full completion of the action to the end of Q4. The management of risk will be defined within the corporate risk strategy and at a more detailed level within the Corporate Programme and Project Management Framework document. A key improvement to be made to current processes is the clear escalation of risks from one level to another (project up to programme up to corporate and the same for cascade downwards). Risk registers for each directorate to be reviewed at the Corporate Governance and Support Officer Programme to ensure any corporate risks are escalated.
C. PROGRAMME & PROJECT SUPPORT	11	18, 21	• Develop and Implement enhanced Corporate project and Programme Management Framework and arrangements. To include a Corporate Governance & Support Officer Programme Board; Northampton Alive Officer Programme Board and an Efficiency/MTFS Officer Programme Board. Include within the Framework the requirement for regularly reporting back to Cabinet on all projects is in place.	H	Director of Regeneration, Enterprise and Planning	31.09.17	Not Implemented	0%	G	Programme Boards operational; Northampton Alive, Corporate Governance & Support Officer & Efficiency & MTFS Officer Board. Review of efficiency to be undertaken. Programme and Project management framework work will be developed and implemented at a corporate level and the present structure/configuration of Boards will also be considered. To be included within the Programme and Project Management Framework. Reporting position is that management board feed into the EPB on an exception basis. Regular reporting of significant projects should normally be to Management Board. Corporate Project Management Framework policy and procedures started August 2017
	13	22	• Each project/programme to require the completion of a declaration of interests form by each participant (member or officer or advisor) and to be maintained as part of the project governance documentation	H	Director of Regeneration, Enterprise and Planning	30.09.17	Not Implemented	0%	G	Policy for Employees Code of Conduct includes the declaration of interest. Meeting with Legal set up on 29 June 2017 to look at potential revisions of the document and to develop a declarations of interest for non employees such as interim/consultants. A review of the current process will also be undertaken by legal. The output from this review will include a declaration of interest process for projects and programmes of work for both employees and interim positions. An employee declaration of interest register is currently maintained by democratic services To be included in the Corporate Project Management Framework documentation.
	14	23	• Mandatory Training programme on project programmes and major projects competencies to be completed as part of the Licence to Practice Programme and to be written into staff contracts	H	Governance & Risk Manager	31.12.17	Not Implemented	0%	G	Major programme and programme management module included in LTP as a high-priority module. Mandatory training element will be progressed in line with roll-out of the LTP.
D. DUE DILLIGENCE (Incl. loans to 3rd parties)	15	25	• Establish a due diligence and compliance manual	H	Chief Financial Officer	31.12.17	Partly Implemented	50%	A	1. First stage (Loans Checklist) fully completed (95%). Second stage (production of the Manual itself) is being progressed internally but the methodology/approach is not decided yet may need a discussion on whether there is a need for some external/consultancy support to complete the Manual - Still to be completed.

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E. INTERNAL AUDIT RECOMMENDATIONS	17	27	• Assess delivery of all internal audit recommendations since June 2013 where not already delivered.	H	Finance & Strategic Business Partners	30.06.17	Partly-Implemented	95%	G	Extensive data cleansing has taken place to ensure that all internal audit recommendations still open on TrAction have been re-examined and followed up to ensure they have been actioned. The open findings have reduced from 115 to 16 up to year ending 2015/16, with robust system now in place to follow up when a new audit is carried out and actions are checked before the expiry date.
	19	29, 30	Set and monitor client-side target in 2017/18 for the full 100% implementation of all agreed internal audit recommendations by the due date (TrAction) Report progress on delivery of internal audit recommendations to Management Board and Audit Committee	H	Chief Financial Officer	30.09.17	Partly-Implemented	50%	G	Target to be established at the next Audit Committee as part of setting IA and EA plans for 17/18 with subsequent reporting of progress against target to be included as an Annex to the existing IA report in place. Currently one staff member is following up on all TrAction audits, and working with Heads/ Directors of Service to ensure that Audits are responded to in a timely fashion. Reporting of recommendations will be incorporated as part of updates to the Audit Committee.
F. EFFECTIVE DECISIONS - CABINET CLEARANCE PROCESS	22	35	• Deliver training on Equality Impact Assessments	H	Leadership Support	30.10.17	Partially-Implemented	25%	G	Equalities training included/captured in the Licence to Practice Programme to be rolled out/completed during 17/18.
	24	37	• Ensure there is the requirement for frontloading of full information at the Cabinet clearance stage in place	H	Chief Executive	Nov-17	Partially Implemented	70%	A	Cabinet report guide for 17/18 published and implemented. Dates defined for cabinet reporting and the process to follow prior to the meetings for report clearance.
	30	43	• Monitoring of Cabinet decisions, implementation and compliance, included delegated decisions. To include regular reporting to the leader and audit committee.	H	Borough Secretary	TBC	TBC	TBC	TBC	TBC
	31	44	Delivery of the Licence to Practice Organisational Development and Training Plan to address key governance areas to improve governance skill-sets and capacity	H	Borough Secretary	31.12.17	Partly Implemented	20%	G	23 modules or courses identified. Course Schedule (Incl.learning objectives) completed for all modules. Consideration of the framework and approach to commission and procurement of the modules is now underway. The preferred option of securing a strategic partnership with CIPFA to deliver the majority of the modules is now being actively progressed. Cathie Wright taken over training plan from August 2017.
	32	45	Exception reporting (to MB, Audit Committee and the Governance and Support Officer Group GSOG) to be in place across all key governance action plan areas, including the Plan itself and other key initiatives such as Licence to Practice, the implementation of agreed audit recommendations and review against compliance with CIPFA/SOLACE guidelines and also within the risk management framework in relation to the escalation of significant risks	H	Borough Secretary	30.12.17	Partly Implemented	50%	G	"On-Track" traffic light system in place on the Governance Action Plan for the implementation of the actions by the due date. Summary reports (to headline any exceptions) in place to MB and the Audit Committee. Summary report yet to be put in place for the GSOG and risk escalation to be addressed via the review of the risk management strategy

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G. GOVERNANCE	33	46, 47	• Carry out fundamental review of all current NBC governance arrangements against the CIPFA/SOLACE 2016 standard. ˙ full gap analysis and action plan to address any identified weaknesses ˙ Update the local code with annual reporting against the code to Audit Committee External validation report of progress against the standard	H	Governance & Risk Manager	30.09.17	Partially Implemented	80%	A	Four of the five self-assessment questionnaires have been completed. The Governance and Risk Manager also completed the questionnaire based on evidence collated to demonstrate how NBC are compliant against the standard. Although initial results have been complied, the final questionnaire needs to be completed before a conclusion can be reached and presented to the CE. Report to be extracted from results of self-assessment meetings above.
	34	48	Ensure There are adequate processes (incl. planning, engagement and best practice processes) in place in 17/18 to produce the Annual Governance Statement (AGS) in a timely manner	H	Governance & Risk Manager	30.03.18	Partially Implemented	20%	G	Lessons learned exercise in progress and on-going on the 16/17 AGS in conjunction with Finance to identify areas for potential improvement including processes and presentation
H. FINANCIAL GOVERNANCE	45	59	• Mandatory Training covering all aspects of financial management is in place to raise financial awareness	H	Chief Finance Officers	30.09.17	Partly Implemented	75%	A	Financial Management Training was undertaken in March and 28 out of 34 (82%) of NBC Managers who were invited, attended. The "licence to practice" programme is under development and a further round of finance training will be undertaken as part of that. This will include not only those who were unable to attend in March, but also a refresh for those who were.
	46	60	• Effective Whistleblowing arrangements are in place	H	Borough Secretary	31.08.17	Partially Implemented	95%	G	Policy approved at full cabinet 21/06/2017. External provider selected and currently agreeing T's & C's with the legal team. Imminent implementation.
	47	61	• All HR policies and procedures to be reviewed	H	HR Business Partner	30.09.17	Partially Implemented	95%	A	Policies are now reviewed and going through the approval and assessment where necessary for EIA. It is hoped that all the new documents will be processed and completed by 30th September 2017 and will be designated for an annual review.
I. OTHER	48	62	• Review Officer and Member Hospitality policy and guidance and publish guidance	H	Borough Secretary	30.09.17	Partially Implemented	75%	G	**Officers -** The Employees' Code of Conduct contains the requirements in relation to registration of personal interests and gifts/hospitality by officers. It also contains the associated forms. This document has been reviewed by the Borough Secretary's Department. It will be considered by the Standards Committee's Working Group on 3rd July 2017. It is due to be referred from the Working Group to Standards Committee for consideration on 20th July 2017. In the meantime, the current Employees' Code of Conduct is still in place online and contains guidance about gifts and hospitality. **Members -** A new guidance document for Members on acceptance and declaration of gifts and hospitality has been prepared on behalf of and in consultation with the Monitoring Officer. This draft document will also be considered by the Standards Committee's Working Group on 5th July and the Standards Committee itself on 20th July. If approved by the Committee it will be brought to the attention of all Members.