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# NOTICE OF MEETING

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## GOVERNANCE & AUDIT & STANDARDS COMMITTEE

FRIDAY, 1 FEBRUARY 2019 AT 10.30 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to 023 9283 4058  
Email: Vicki.plytas@portsmouthcc.gov.uk

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

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### Membership

Councillor Leo Madden (Chair)  
Councillor Simon Boshier  
Councillor John Ferrett  
Councillor Ian Lyon  
Councillor Hugh Mason  
Councillor Neill Young

### Standing Deputies

Councillor Jason Fazackarley  
Councillor David Fuller  
Councillor Ben Swann  
Councillor Tom Wood  
Vacancy

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(NB This Agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

**Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting, and must include the purpose of the deputation (for example, for or against the recommendation/s). Email requests are accepted.**

## AGENDA

- 1 **Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes from the meeting held on 2 November 2018 (including update on actions arising) (Pages 7 - 20)**

**RECOMMENDED that the minutes of the meeting held on 2 November 2018 be confirmed and signed by the Chair as a correct record.**

- 4 **2018/19 Audit Planning Report (Pages 21 - 58)**

External Auditor's Planning Report for information and noting.

- 5 **Audit Performance Status Report to 9 January 2019 (Pages 59 - 78)**

The purpose of the report is to update the Governance and Audit and Standards Committee on the Internal Audit Performance for 2018/19 to 9 January 2019 against the Annual Audit Plan, highlight areas of concern and areas where assurance can be given on the internal control framework.

**RECOMMENDED**

- (1) **That Members note the Audit Performance for 2018/19 to 9 January 2019.**
- (2) **That Members note the highlighted areas of control weakness from the 2018/19 Audit Plan.**

- 6 **Treasury Management Monitoring Report for the Third Quarter of 2018/19 (Pages 79 - 92)**

The purpose of the report is to inform members and the wider community of the Council's Treasury Management position, ie. its borrowing and cash investments at 31 December 2018 and of the risks attached to that position.

**RECOMMENDED:**

- (1) **That it be noted that there have been no breaches of the Treasury Management Policy 2018/19 in the period up to 31 December 2018**
- (2) **That the actual Treasury Management indicators as at 31 December 2018 set out in Appendix A be noted**

- 7 **Performance Management update - Q2, 2018-19 (Pages 93 - 342)**

The purpose of the report is to report significant performance issues, arising from Q2 performance monitoring, to Governance and Audit and Standards committee and highlight areas for further action or analysis.

**RECOMMENDED that the Committee is asked to**

- (1) Note the report**
- (2) Note the continued improvement in quality of reports from directorates;**
- (3) Agree if any further action is required in response to performance issues highlighted**
- (4) Note that reports for 2019/2020 will be provided in a streamlined format, as set out in section 4 of the report.**

**8 Data Security Breach Report (Pages 343 - 350)**

The purpose of the report is to inform the Committee of any Data Security Breaches and actions agreed/taken since the last meeting.

**RECOMMENDED that Members of the Governance & Audit & Standards Committee note the breaches (by reference to Appendix A) that have arisen and the action determined by the Corporate Information Governance Panel (CIGP).**

**9 General Data Protection Regulation Programme Report (Pages 351 - 354)**

The purpose of the report is to inform the Committee of the work already undertaken and ongoing to ensure the Council's compliance with the General Data Protection Regulations and Data Protection Act 2018.

**RECOMMENDED that Members of the Governance & Audit & Standards Committee note the actions taken.**

**10 Report on complaints received into alleged breaches of the Code of Conduct by Members of the Council for the calendar year 2018 (Pages 355 - 360)**

The purpose of the report is to update Members of the Committee in relation to complaints which have been progressed within the calendar year 2018 and which allege that Councillors may have breached the Code of Conduct.

**RECOMMENDED that Members of the Committee**

- (1) Note the report**

- (2) Consider whether any further action is required by them.

**11 Whistleblowing Report (Pages 361 - 364)**

The purpose of the report is to update Members of the Committee on the nature and handling of any whistleblowing concerns which have been raised in the past year.

**RECOMMENDED that Members of the Committee**

- (1) Note the report
- (2) Consider whether any further action is required by them.

**12 Constitution Part 4D - Protocol for Member / Officer relations (Pages 365 - 372)**

The purpose of the report is to ask Members to consider proposed changes to the current Member / Officer Protocol as set out in the Constitution, Part 4D.

**RECOMMENDED that Members**

- (1) Consider the proposed amendments as set out in the appendix: Paragraph 6: 'Officers and party political groups'.
- (2) Are asked to
  - (a) Recommend adoption by Full Council on 12 February 2019 to approve the proposed changes shown as track changes in the Appendix; and
  - (b) Agree that if approved by Full Council, the City Solicitor may make the proposed amendments to the Protocol for Member / Officer relations in Part 4D of the Constitution.

**13 Delegated Authority to City Solicitor to settle claims on behalf of the Council (Pages 373 - 376)**

The purpose of the report is to ask Members to consider proposed changes to the delegated authority granted to the City Solicitor to settle claims on behalf of the Council, as set out in the Constitution, Part 2 Responsibility for Functions, Delegation to Directors, delegation to City Solicitor.

**RECOMMENDED that Members**

**(1) Consider the proposed amendments set out in the report**

**(2) Are asked to**

- (a) Recommend adoption by Full Council on 12 February 2019 to approve the proposed increase to the delegated authority granted to the City Solicitor to £75,000 to settle claims on behalf of the Council; and**
- (b) Agree that if approved by Full Council, the City Solicitor may make the appropriate amendments to the Delegation to Directors in the Constitution.**

**14 Update on Equality impact assessment monitoring (Pages 377 - 388)**

The purpose of this information only report is to update the Committee on the Equality Impact Assessments undertaken in 2018.

**15 Date of Next Meeting**

The next meeting is scheduled for Friday 8 March 2019 at 10.30am.

Members of the public are permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting nor records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Whilst every effort will be made to webcast this meeting, should technical or other difficulties occur, the meeting will continue without being webcast via the Council's website.

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# Agenda Item 3

## GOVERNANCE & AUDIT & STANDARDS COMMITTEE

MINUTES OF THE MEETING of the Governance & Audit & Standards Committee held on Friday, 2 November 2018 at 10.30 am in The Executive Meeting Room - Third Floor, The Guildhall

(NB These minutes should be read in conjunction with the agenda for the meeting which can be found at [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk).)

### Present

Councillor Leo Madden (in the chair)

Councillor Ian Lyon  
Councillor Hugh Mason  
Councillor Neill Young

### Officers

Julian Pike, Deputy Head of Finance & Deputy S151 Officer  
Michael Lloyd, Directorate Finance Manager,  
Michael Lawther Deputy Chief Executive, City Solicitor and Monitoring Officer  
Paul Somerset, Deputy Chief Internal Auditor  
David Moorman, Senior Procurement Professional

#### 65. Apologies for Absence (AI 1)

Apologies for absence were received on behalf of Councillor Simon Bosher and Councillor John Ferrett.

The Chair, Councillor Leo Madden, welcomed everyone to the meeting and advised that it is being livestreamed and would be available to view on the website. The Chair then read out the housekeeping rules relating to evacuation procedures in the event of an emergency.

In response to a query about why Chris Ward, s151 officer did not attend this committee given his role on MMD, Julian Pike said that Chris Ward had asked him to attend as his deputy.

#### 66. Declarations of Members' Interests (AI 2)

There were no declarations of members' interests.

#### 67. Minutes of the Meeting held on 14 September 2018 (AI 3)

**RESOLVED that the minutes of the meeting held on 14 September be confirmed and signed by the Chair as a correct record.**

Matters Arising from the Minutes

- The Plymouth complaints figures would be included in future Ombudsman Complaints reports.
- The remaining briefing and meeting dates would be circulated to the committee as there were some new members.
- A Member of the Committee asked for more detail to be made available about transforming the IT network - such as the cost and also on outsourcing as the previous reply did not mention that or anything about exploring alternative ways of working.
- The City Solicitor agreed to find some dates during November for members to receive a briefing from Chris Ward on MMD.
- The performance management report was always in arrears so Members requested an update is provided a week before the meeting.
- Owing to a change of Chair the briefing that had been requested relating to Adults and Children's services had not taken place. Michael Lawther suggested that this could be re-arranged to take place at the next committee briefing so that members could put any questions direct to the officers.
- With regard to page 7 of the minutes regarding discharge of patients from hospital, the City Solicitor advised that he would arrange for Mr Andy Biddle to attend the next briefing session and also one of the systems interventions teams - again so that members could raise any queries direct.
- Members asked that a report be brought to the next meeting to update the Committee on General Data Protection Regulations - GDPR - and the City Solicitor agreed to invite Councillor Hugh Mason to one of the GDPR Board meetings. The City Solicitor said he would arrange for an all member briefing on GDPR if members would find that useful.
- With regard to the ORACLE system, Councillor Lyon still had concerns and the City Solicitor said he would invite him to attend a meeting to try to address any issues.
- With regard to capacity in the Internal Audit Team, it was confirmed that new software had led to efficiencies.
- With regard to scrutiny, the City Solicitor agreed to provide a briefing on the remit of this committee in relation to scrutiny.

**68. Audit Performance Status Report to 10 October 2018 (AI 4)**

(TAKE IN REPORT)

The Deputy Chief Internal Auditor, Paul Somerset, introduced the report which updates the committee on the internal audit performance for 2018/19 to 10



October 2018 against the annual audit plan, highlights areas of concern and areas where assurance can be given on the internal control framework. He advised that section 1 of the report provides a summary of progress to date for the 2018/19 planned audit activity. Appendix A of the report shows completed audits.

During discussion the following matters were raised

- With regard to schools, the Deputy Chief Internal Auditor explained that it was not a requirement for schools to have internal audits but they can buy-in these services from PCC. Often an audit is requested by schools in relation to specific issues. Internal audit offer their services both to academies and mainstream schools. If there is a serious concern PCC would go in to a school to carry out an audit.
- "Last implementation date" shows the latest time by which the actions will be completed. Members asked that this column should be renamed "deadline for implementation" and a month should be included as well as the year. This would enable the Committee to decide whether or not it was a reasonable time frame.
- In response to a query, with regard to mobile phones mentioned in Appendix A, it was confirmed that the procurement of mobile phones was centralised but that they are managed individually by coordinators across directorates and differences had been identified in the effectiveness of the management trail.
- Similarly in relation to travel and subsistence, although this is centralised through the Employee Benefits System (EBS), some actions - such as having to show driving licences to managers before hiring a car - varied in terms of how diligently they were adhered to across directorates.
- With regard to the reference in Appendix A to Modern Records, members noted that the last implementation date was between October 2018 and October 2020. Members asked for more details including whether there is a plan, whether it had been costed and when the actions are likely to be implemented. The City Solicitor agreed to provide that information to members.

The City Solicitor explained that the records were referred to as being "modern" in that they are not the archived record ie non historic.

Members thanked the officers for the revised format of the report which they found very clear.

**RESOLVED that members**

- (1) noted the audit performance for 2018/19 to 10 October 2018;**

- (2) noted the highlighted areas of control weakness from the 2018/19 audit plan.

## 69. Treasury Management Mid-Year Review 2018/19 (AI 5)

(TAKE IN REPORT)

Michael Lloyd introduced the report explaining that its purpose is to recommend some minor updates to the council's Minimum Revenue Provision (MRP) policy following discussions with the council's external auditors and to inform members and the wider community of the council's treasury management position at 30 September 2018. Mr Lloyd explained the recommendations set out in section 3 of the report and advised it is before this Committee for comment and noting and would be going to Cabinet and Council for decision.

During discussion a query was raised as to whether the contents of the report represented a policy change. Mr Pike advised that there is no change in relation to repayment of debt. He advised that previously there had been an omission from the policy as it did not provide for a situation where there was insufficient value in the property to repay any debt. He reiterated that PCC was not leasing an asset but was acquiring it. It would go onto the balance sheet as an investment property. The intention is to churn the properties ie only holding properties with good provenance and long leases.

During further discussion

- It was confirmed that in relation to Appendix C, there was just one external fund manager for corporate bond holdings as it was a relatively small portfolio.
- It was confirmed that Hampshire Community Bank (HCB) and MMD shares are not reported in the treasury management mid-year review as those shares were purchased using capital powers and not Treasury Management powers.
- In response to a request that members of this committee should have before it at every meeting sight of the balance sheet, Mr Pike said that the balance sheet is only produced on an annual basis as it would not be feasible to obtain the relevant financial details to enable this to happen more frequently. Mr Pike confirmed that individual portfolio holders receive reports on the capital expenditure on schemes. So for example the Resources Portfolio holder would receive details of capital expenditure relating to MMD and it would be up to the portfolio holder as to whether or not it was put on the agenda for the formal decision meeting. However the City Solicitor said that it was not envisaged that this information should come to Governance & Audit & Standards Committee meetings.

**RESOLVED that recommendations (i) to (iv) of the report as set out below be noted**

- (i) If the carrying (market) value of an investment property falls below the original value of unsupported borrowing incurred to acquire the investment property excluding fees and other associated costs, minimum revenue provision (MRP) will be charged over the residual life of the property on the shortfall between the current property value and the value of borrowing.**
- (ii) minimum revenue provision (MRP) be provided on equity shares over 25 years on an annuity basis.**
- (iii) It be noted that there have been no breaches of the Treasury Management Policy 2018/19 in the period up to 30 September 2018.**
- (iv) the actual Treasury Management indicators for September 2018 in Appendix A be noted.**

**70. Data Security Breach Report (AI 6)**

(TAKE IN REPORT)

The City Solicitor introduced the report which informs the committee of any data security breaches and actions agreed/taken since the last meeting. He referred members to Appendix A which is the extract from the incident log for October 2018. Two incidents had been reported to the Information Commissioners Office (ICO) - one had resulted in no further action being required and one had yet to be decided.

The City Solicitor advised that human error is at the root of most of the breaches and that ongoing training was in place to try to counteract this. During discussion

- It was confirmed that in relation to the incident where the Royal Mail had delivered an envelope to an incorrect address, this had been taken up with Royal Mail.
- The Corporate Information Governance Panel (CIGP) that meets with people across the council is the group that decides on action to be taken in relation to data breaches. So for example where several issues are identified as occurring within one department or where a common problem is identified across a particular group, the matter will be addressed in relation to that group as directed by the CIGP.

**RESOLVED that Members noted the breaches by reference to Appendix A that have arisen and the action determined by the Corporate Information Governance Panel (CIGP).**

**71. Compliance with the Gifts and Hospitality Protocol (AI 7)**

(TAKE IN REPORT)

The City Solicitor introduced the report which updates members on any issues regarding compliance with the gifts and hospitality protocol and to advise on remedies. During discussion

- Members said it was commendable that staff were diligent about recording gifts and hospitality received.
- It was confirmed that the policy was in place to avoid any accusations of undue influence.
- It was confirmed that each case is judged on its merits but in most cases the matter does not proceed to decision stage as officers tend to refuse gifts and hospitality unless to refuse would cause offence.
- A query was raised relating to page 57 of the documents pack, where reference was made to 3 people being invited to attend the SHIFT Awards 2017 event in London. Steve Groves refused the invitation but no information is given about whether Meredydd Hughes and Adam Hardwick accepted or refused. The City Solicitor said he would find out and report back whether or not the other two accepted

#### **RESOLVED**

**(1) that the committee considered whether or not to make any recommendations for change;**

**(2) that in the absence of any changes, the report is noted.**

**72. Consideration of the Political Balance Rules in relation to the Constitution of Sub-Committees considering complaints against members (AI 8)**

(TAKE IN REPORT)

The City Solicitor introduced the report which asks the committee whether it wishes to dis-apply the political balance rules in respect of its sub-committees which consider complaints against members and to agree that the same rules shall apply to the initial filtering panel. The City Solicitor went on to explain that the decision is one which only this committee can make and must be made without any of the members present voting against it.

**RESOLVED unanimously that the political balance rules are dis-applied in respect of Governance & Audit & Standards sub-committees which are considering complaints against members and also the same arrangement should apply in respect of initial filtering panel membership.**

**73. Proposed Change to Constitution Part 3: Rules of Procedure - Policy and Review Panels (Overview and Scrutiny) Procedure Rules (AI 9)**

(TAKE IN REPORT)

The City Solicitor introduced the report and explained the reason for the small change being suggested in paragraph 4.

The chair of the committee withdrew this item with the committee's agreement as they did not wish to propose any change.

**74. Revisions to the Statutory appointments section in the Constitution (AI 10)**

(TAKE IN REPORT)

The City Solicitor introduced the report explaining that the current statutory appointments includes under the Chief Executive's functions, the authority to deal with both the receipt of declaration of resignation of office and receipt of notice of casual vacancy from two local government electors in accordance with sections 84 and section 89 of the Local Government Act 1972 respectively. However, the statutory appointments function is silent on addressing other Councillor vacancy related issues which arise under sections 86 and 87 of the Act as detailed in section 3 of the report. He explained that the report requests that the statutory appointments set out in the recommendations to the report be recommended to full council as a constitutional change.

**RESOLVED that the Committee recommends to Council that the Constitution be amended to reflect the inclusion of the following.**

Local Government Act 1972 Section	Function	Responsible Officer
86	Declare vacancy in office	CX
87	Give public notice of a casual vacancy	CX

**75. Exclusion of Press and Public (AI 11)**

The Chair, Councillor Leo Madden, proposed that under the provisions of section 100A of the Local Government Act 1972 as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded for the consideration of the exempt appendices in item 12 on the grounds that the appendices contain information defined as exempt in part 1 of schedule 12A to the Local Government Act 1972. This was agreed.

**RESOLVED that the meeting move into exempt session for the consideration of the exempt appendices relating to item 12.**

The Chair explained that provision had been made on the agenda to consider the exempt appendices in item 12 in exempt session but that he would keep the meeting in open session during discussion of the non-exempt parts of the reports.

A discussion took place about whether it was necessary for Appendix 1 to be exempt. The City Solicitor agreed to review appendices marked as exempt for these procurement reports going forward. He also agreed to review after

the meeting whether Appendix A could be made open and published on the website with the other papers.

## **76. Procurement Management Information report (AI 12)**

(TAKE IN INFORMATION ONLY REPORT)

David Moorman, Senior Procurement Professional, introduced the report which was divided into 8 sections and which had 5 appendices.

He summarised each section of the report.

### **Section 1 - compliance with contract procedure rules**

This table reports on all invoices paid against purchase orders with a value of £5,000 or more in **July 2018**.

### **Section 2 - waivers awarded this quarter**

This table presents a summary of those contracts added to the contract register during Q2 2018/19 which have a waiver associated with them. Although broadly in line with previous reports, 40% of contracts are awarded on the back of a waiver. More detail on the 51 waivers is contained in Appendix 2.

### **Section 3: spend with waiver**

The table and graphs provide a breakdown by directorate of the actual spend during Q2 2018/19 on contracts which have waivers associated with them (regardless of when the waiver was approved).

### **Section 4: spend by contract size**

The graphs present the actual spend by directorate in Q2 2018/19, and how this is broken down into spend under high and medium value contracts.

### **Section 5: top 20 suppliers**

The table shows the council's top 20 suppliers and provides details of the nature and value of the contracts with them.

### **Section 6: suppliers paid over £100,000 in Q2 by directorate**

The tables show those suppliers who have been paid over £100,000 in Q2 2018/19 by directorate. They are arranged in descending order of value by directorate.

### **Section 7: supplier performance**

### **Section 8: Supplier Performance Monitoring**

This section shows contracts which have never had a KPI score and contracts that had not had a KPI score in 12 months.

During discussion

- Members commented that 40% of contracts were awarded on the back of a waiver which they did not believe was the "regular" way to award contracts

- .....
- Members asked for a detailed explanation of some of the figures included in section 5. In some cases (such as Knights Brown Construction Limited) the lifetime contract value figure was less than the value of spend in quarter 2 and members wanted to know why this should be. David Moorman and the City Solicitor undertook to provide an explanation to members.
  - Members asked whether in the case of Knights Brown Construction, the spend would be solely from PCC or as part of a wider contract with the Environment Agency. The City Solicitor undertook to find out and report back to members.
  - Members asked for an explanation of how the amount entered as the lifetime value of the contract was estimated. Is there a policy which governs this? For example on page 88, Comensura Ltd, HR Legal and Performance directorate, the value of spend in Quarter 2 is recorded as £939,227 with the lifetime of contract amount being entered as £10,000,000. The City Solicitor said he would find out and report back to members.
  - Members wanted to know more detail about section 2 waivers where they depart from the contract procedure rules - such as concerning obtaining 3 bids. There could be many reasons why 3 bids were not obtained - such as the market not being sufficiently interested in the contract to bid for the business. Members asked that such information should be included in future reports perhaps as an extra column in the first table.

At 12.50pm, the Chair advised that the business would move into exempt session to allow for discussion of the exempt appendices..

During exempt session, it was re-iterated that going forward anything marked exempt in the procurement information report should be reviewed by the City Solicitor or his deputy to confirm its exempt status. Mr Moorman said that care had to be exercised particularly with Appendix 1 to avoid the risk of legal challenge.

Mr Moorman provided explanations for non-conformance in Appendix 1 and advised that most would be addressed by means of introducing a waiver.

With regard to Appendix 4, members asked that an assessment of how the contracts were being performed should rest with more than one person - preferably one person more senior than the other.

Appendix 5 would always be exempt as it contained the confidential minutes of an internal meeting.

The meeting concluded at 1.00 pm.

Councillor Leo Madden  
Chair





## Appendix to Minutes dated 2 November 2018

The Chair of the Committee has asked for the following updates to be appended to the minutes of the meeting held on 2 November 2018.

### Email sent to Committee Members on 21 January 2019

#### Do Occupational Therapy shortages cause an issue with hospital discharge?

Portsmouth Hospital Trust employs OT staff to conduct initial assessments for people in acute hospital who are in need of support from an OT and these services are responsive and do not, (as a rule) hold up discharge unnecessarily. Portsmouth City Council and Solent NHS Trust employ OT in the community. Whilst there is often a waiting list for OT assessment, this does not usually impact on discharge from hospital.

#### ASC budget and a plan to address the overspend

ASC have drafted a strategy that has been briefed to the Cabinet and Leader of PCC and to staff and partners in the City. The strategy talks about the changes that ASC intend to make to the way it operates and has been submitted to the Committee. The last page of the strategy briefing links the changes to savings that aim to bring ASC into financial balance by the conclusion of the 2021/22 financial year.

### **Adult Services - Sustainability Strategy Summary - Plan on a page**

## Challenges and Shifts

Challenges	Strategic Shifts
<ul style="list-style-type: none"><li>▪ Money – reducing budget and significant overspend</li><li>▪ Quality – how do we drive up quality and ensure what we commission is what we need</li><li>▪ Outcomes – move to outcome focused commissioning and delivery with people at the centre</li></ul>	<ol style="list-style-type: none"><li>1. Position technology at the heart of the care and support offer</li><li>2. Shift and share responsibility with communities and allow people to have control</li><li>3. Target and focus PCC investment in effective reablement</li><li>4. Develop the health &amp; care market to focus on meeting individual care and support needs. Incentivising providers to deliver outcomes not traditional time and task functions</li><li>5. Bring together all PCC regulated services into one service area to enable quality and maximum effectiveness.</li></ol>

2 [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

## **Children's Social Care Plan on a Page and response to issues previously raised in connection with the overspend on Care Costs.**

### **Background and Context**

1. The Children and Families portfolio is currently projected to overspend in 2018-2019 by around 25%. The vast majority of the additional spend pressure relates to the costs of providing care for looked after children. We have many more looked after children in Portsmouth than historically has been the case, in line with a clear national trend. While the numbers of very young children taken into care has not increased, the numbers of older children and - particularly - teenagers has increased significantly. An increase in the need for more expensive external residential care has put particular pressure on the budget.
2. In 2016 a broad sustainability strategy was agreed by the Cabinet, with the overall title "Stronger Futures". There was a strong emphasis in that programme on developing more extensive, better targeted early help to reduce the number of referrals to statutory social care. The additional early help offer was created, by reshaping rather than adding to what remained a relatively small budget, and Ofsted judged the quality of the service to be good. It has also helped us to identify better children needing support so that fewer children are being referred straight to social care without being previously known to be vulnerable. It has not yet led to a reduction of referrals; arguably it has given us a better line of sight over real need given that in 2014 Ofsted found the council to "require improvement" because children who should have had social care support were not receiving it.
3. The service has now developed a second phase of the programme, "Stronger Futures 2". In addition to a continued focus on early help and prevention, the programme is designed to strengthen statutory child protection work by bringing in more support from adult services - following an evidence based model developed elsewhere in the country. It is also designed to make our care offer more sophisticated and effective (and in the process, where possible, less expensive).
4. The Stronger Futures 2 programme is set out on the page attached.

## Stronger Futures Phase Two: Governance and Work Packages

<b>Governance</b>	<b>Stronger Futures Excellent Early Help Board</b>	<b>Stronger Futures Excellent Family Practice Board</b>	<b>Stronger Futures Excellent Care Board</b>
<b>Work Packages</b>	<p>1a. Developing the Multi-Agency Teams (including integrated Early Help)</p> <p>1b. Clear and effective Social, Emotional and Mental Health Offer</p> <p>1c. Troubled Families Recovery Plan</p> <p>1d. Embedding Restorative Practice</p> <p>1e. Developing Community Capacity</p>	<p>2a. Portsmouth Family Safeguarding and Reunification Model (linked to MATs)</p> <p>2b. Implementing Strengthening Families practice in child protection</p> <p>2c. Early Help and Social Care Workforce Development Strategy</p> <p>2d. Care proceedings tracking and decision-making</p> <p>2e. Safeguarding young people from exploitation</p>	<p>3a. Improved care and pathway planning</p> <p>3b. Developing the care offer for LAC</p> <ul style="list-style-type: none"> <li>• Residential</li> <li>• Foster Care</li> </ul> <p>3c. Care leaver accommodation offer</p> <p>3d. Reform commissioning arrangements</p> <p>3e. Improved offer to children with disabilities</p>
<b>Headline Outcomes</b>	<ul style="list-style-type: none"> <li>• Reduction in safeguarding re-referrals</li> <li>• Increase in early help support across the system</li> <li>• Evidenced family progress leading to Troubled Families PBR claims</li> <li>• Reduction in referrals to CAMHS Single Point of Access</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in care proceedings</li> <li>• Reduction in repeat child protection plans</li> <li>• Reduction in protection plans lasting over two years</li> <li>• Reduction in care days</li> <li>• Increase in reunification</li> <li>• Workforce retention &amp; stability</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in out of city residential &amp; IFA placements</li> <li>• Maximisation of in-house residential options with reduced voids</li> <li>• Improved placement stability</li> <li>• Suitable accommodation options increased for care leavers</li> <li>• Improved support options for children with disabilities and their families</li> </ul>
<p><b>Restorative Portsmouth</b>  <b>Six Stronger Futures Outcomes for Families</b>  <b>Multi-agency and multi-disciplinary working</b></p>			

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Portsmouth City  
Council  
Audit planning report  
Year ended 31 March 2019

February 2019

1 February 2019



Portsmouth City Council  
Civic Offices  
Guildhall Square  
Portsmouth  
PO1 2BG

Dear Governance & Audit & Standards Committee Members

Audit planning report

We are pleased to attach our Audit Plan which sets out how we intend to carry out our responsibilities as auditor. Its purpose is to provide the Governance & Audit & Standards Committee with a basis to review our proposed audit approach and scope for the 2018/19 audit in accordance with the requirements of the Local Audit and Accountability Act 2014, the National Audit Office's 2015 Code of Audit Practice, the Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA) Ltd, auditing standards and other professional requirements. It is also to ensure that our audit is aligned with the Committee's service expectations.

This plan summarises our initial assessment of the key risks driving the development of an effective audit for the Council, and outlines our planned audit strategy in response to those risks.

This report is intended solely for the information and use of the Governance & Audit & Standards Committee and management, and is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss this report with you on 1 February 2019 as well as understand whether there are other matters which you consider may influence our audit.

Yours faithfully

Helen Thompson

For and on behalf of Ernst & Young LLP

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# Contents



Public Sector Audit Appointments Ltd (PSAA) issued the "Statement of responsibilities of auditors and audited bodies". It is available from the PSAA website (<https://www.psa.co.uk/audit-quality/statement-of-responsibilities/>). The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The "Terms of Appointment and further guidance (updated April 2018)" issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature.

This report is made solely to the Governance & Audit & Standards Committee and management of Portsmouth City Council in accordance with the statement of responsibilities. Our work has been undertaken so that we might state to the Governance & Audit & Standards Committee, and management of Portsmouth City Council those matters we are required to state to them in this report and for no other purpose.

To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Governance & Audit & Standards Committee, and management of Portsmouth City Council for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



01

# Overview of our 2018/19 audit strategy





# Overview of our 2018/19 audit strategy

The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the Governance & Audit & Standards Committee with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year.

## Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Misstatements due to fraud or error	Fraud risk	No change in risk or focus	As identified in ISA 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.
Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure	Fraud risk/ Significant risk	No change in risk; refocused	Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. We have assessed the risk is most likely to occur through the inappropriate capitalisation of revenue expenditure.
Valuation of Land and Buildings	Other risk	No change in risk or focus	The fair value of Property, Plant and Equipment (PPE) and Investment Properties (IP) represent significant balances in the Council's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.
PFI Accounting	Other risk	No change in risk or focus	The Council has four PFI arrangements, two of which are material to our audit. PFI accounting is a complex area, and a detailed review of these arrangements was undertaken by our internal specialist in 2016/17. We will review the accounting entries and disclosures in relation to PFI in detail in 2018/19, with a focus on any significant changes since the specialist's review.
Pension Liability Valuation	Other risk	No change in risk or focus	The Local Authority Accounting Code of Practice and IAS19 require the Council to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Hampshire County Council. Accounting for this scheme involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. ISAs (UK) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.

## Overview of our 2018/19 audit strategy

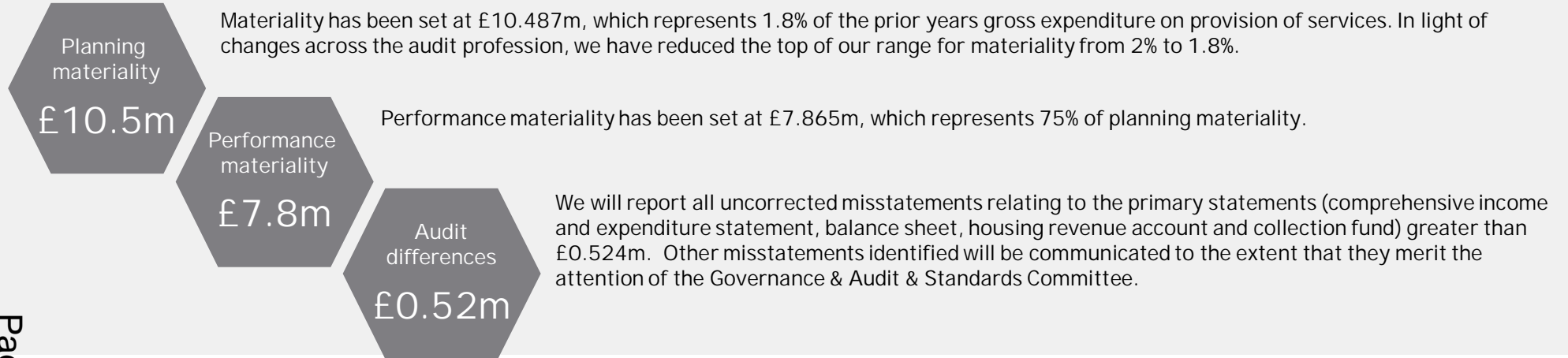
The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the Governance & Audit & Standards Committee with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year.

### Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Minimum Revenue Provision (MRP)	Other risk	Reduction in assessed risk; no change in focus	Local authorities are normally required each year to set aside some of their revenues as provision for capital expenditure financed by borrowing or credit arrangements. This provision is known as MRP. MRP is a real charge that impacts on the general fund and therefore the council tax financing requirement. The calculation of MRP is inherently complex.
New accounting standards	Other risk	Increase in risk or focus	The CIPFA Code of Practice for 2018/19 confirms that the local government bodies will implement International Financial Reporting Standard ("IFRS") 9 – Financial Instruments and IFRS 15 – Revenue from Contracts with Customers this year.

# Overview of our 2018/19 audit strategy

## Materiality



# Overview of our 2018/19 audit strategy

## Audit scope

This Audit Plan covers the work that we plan to perform to provide you with:

- Our audit opinion on whether the financial statements of Portsmouth City Council give a true and fair view of the financial position as at 31 March 2019 and of the income and expenditure for the year then ended; and
- Our conclusion on the Council's arrangements to secure economy, efficiency and effectiveness.

We will also review and report to the National Audit Office (NAO), to the extent and in the form required by them, on the Council's Whole of Government Accounts return.

Our audit will also include the mandatory procedures that we are required to perform in accordance with applicable laws and auditing standards.

When planning the audit we take into account several key inputs:

- Strategic, operational and financial risks relevant to the financial statements;
- Developments in financial reporting and auditing standards;
- The quality of systems and processes;
- Changes in the business and regulatory environment; and
- Management's views on all of the above.

By considering these inputs, our audit is focused on the areas that matter and our feedback is more likely to be relevant to the Council.



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# 02 Audit risks



## Our response to significant risks

We have set out the significant risks (including fraud risks denoted by\*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

Misstatements due to fraud or error\*

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### What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

### What will we do?

We will:

- Identify fraud risks during the planning stages.
- Enquire of management about risks of fraud and the controls put in place to address those risks.
- Understand the oversight given by those charged with governance of management's processes over fraud.
- Consider the effectiveness of management's controls designed to address the risk of fraud.
- Perform mandatory procedures regardless of specifically identified fraud risks, including testing of journal entries and other adjustments in the preparation of the financial statements.
- Review accounting estimates for evidence of management bias.
- Evaluate the business rationale for significant unusual transactions.

## Our response to significant risks (continued)

We have set out the significant risks (including fraud risks denoted by\*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure\*

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### Financial statement impact

We have assessed that the risk of fraud in revenue and expenditure recognition is most likely to occur through the inappropriate capitalisation of revenue expenditure. This would have the impact of reducing revenue expenditure and increasing additions to Property, Plant and Equipment.

### What is the risk?

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

We have assessed that the risk is most likely to occur through the inappropriate capitalisation of revenue expenditure, as there is an incentive to reduce expenditure which is funded from Council Tax.

### What will we do?

We will:

- Test PPE additions using lowered testing thresholds, to ensure they are appropriately supported by documentary evidence, and that the expenditure incurred and capitalised is clearly capital in nature; and
- Seek to identify and understand the basis for any significant journals transferring expenditure from non-capital codes to PPE additions or from revenue to capital codes on the general ledger at the end of the year.

## Other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures.

What is the risk/area of focus?	What will we do?
<p>Valuation of Land and Buildings The fair value of Property, Plant and Equipment (PPE) and Investment Properties (IP) represent significant balances in the Council's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgements and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Consider the work performed by the Council's valuer, including the adequacy of the scope of the work performed, their professional capabilities and the results of their work;</li> <li>• Sample test key asset information used by the valuers in performing their valuation (e.g. floor plans to support valuations based on price per square metre) and challenge the key assumptions used by the valuer;</li> <li>• Consider the annual cycle of valuations to ensure that assets have been valued within a 5 year rolling programme as required by the Code for PPE and annually for Investment Property. We will also consider if there are any specific changes to assets that have occurred and whether these have been communicated to the valuer;</li> <li>• Review assets not subject to valuation in 2018/19 to confirm that the remaining asset base is not materially misstated;</li> <li>• Consider changes to useful economic lives as a result of the most recent valuation; and</li> <li>• Test to confirm that accounting entries have been correctly processed in the financial statements.</li> </ul>
<p>PFI accounting The Council has four PFI arrangements, two of which are material to our audit. PFI accounting is a complex area, and a detailed review of these arrangements was undertaken by our internal specialist in 2016/17. We will review the accounting entries and disclosures in relation to PFI in detail in 2018/19, with a focus on any significant changes since the specialist's review in the previous year.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Review assurances brought forward from prior years regarding the appropriateness of the PFI financial models;</li> <li>• Review the PFI financial models for any significant changes, and if identified consider engaging relevant experts to review the models to ensure they are still working as expected;</li> <li>• Ensure the PFI accounting models have been updated for any service or other agreed variations and confirm consistency of current year models with prior year brought forward assurances; and</li> <li>• Agree outputs of the models to the accounts, including balances and disclosures for Assets, Liabilities, and Expenditure, and review the completeness and accuracy of disclosures.</li> </ul>



## Other areas of audit focus (continued)

### What is the risk/area of focus?

#### Pension Liability Valuation

The Local Authority Accounting Code of Practice and IAS19 require the Council to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Hampshire County Council. The Council's pension fund deficit is a material estimated balance and the Code requires that this liability be disclosed on the Council's balance sheet. At 31 March 2018 this totalled £386 million. The information disclosed is based on the IAS 19 report issued to the Council by the actuary to the County Council.

Accounting for this scheme involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. ISAs (UK) 500 and 630 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.

#### MRP

Local authorities are normally required each year to set aside some of their revenues as provision for capital expenditure financed by borrowing or credit arrangements. This provision is known as MRP. MRP is a real charge that impacts on the general fund and therefore the council tax financing requirement. The Council has amended its method for calculating MRP, using an annuity approach, which has resulted in reduced MRP charges in the short term and the calculation of a historic over-provision of MRP. The calculation of MRP is inherently complex and as such we have used an internal specialist to assist with our review of the Council's revised MRP calculations.

### What will we do?

We will:

- Liaise with the auditors of Hampshire County Council Pension Fund, to obtain assurances over the information supplied to the actuary in relation to Portsmouth City Council;
- Assess the work of the Pension Fund actuary (Aon Hewitt) including the assumptions they have used by relying on the work of PWC - Consulting Actuaries commissioned by the National Audit Office for all Local Government sector auditors, and considering any relevant reviews by the EY actuarial team; and
- Review and test the accounting entries and disclosures made within the Council's financial statements in relation to IAS19.

We will:

- Consider the completed outputs of the review by our internal specialist of the Council's MRP calculations commenced in 2017/18; and
- Use this to inform our assessment of the material accuracy of the Council's MRP estimate and historic overprovision

## Other areas of audit focus (continued)

### What is the risk/area of focus?

### What will we do?

#### IFRS 9 financial instruments

This new accounting standard is applicable for local authority accounts from the 2018/19 financial year and will change:

- How financial assets are classified and measured;
- How the impairment of financial assets are calculated; and
- The disclosure requirements for financial assets.

There are transitional arrangements within the standard; and the 2018/19 CIPFA Code of practice on local authority accounting provides guidance on the application of IFRS 9.

#### We will:

- Assess the Council's implementation arrangements that should include an impact assessment paper setting out the application of the new standard, transitional adjustments and planned accounting for 2018/19;
- Consider the classification and valuation of financial instrument assets;
- Review new expected credit loss model impairment calculations for assets; and
- Check additional disclosure requirements.

#### IFRS 15 Revenue from contracts with customers

This new accounting standard is applicable for local authority accounts from the 2018/19 financial year.

The key requirements of the standard cover the identification of performance obligations under customer contracts and the linking of income to the meeting of those performance obligations.

The 2018/19 CIPFA Code of practice on local authority accounting provides guidance on the application of IFRS 15 and includes a useful flow diagram and commentary on the main sources of LG revenue and how they should be recognised.

The impact on local authority accounting is likely to be limited as large revenue streams like council tax, non domestic rates and government grants will be outside the scope of IFRS 15. However where that standard is relevant, the recognition of revenue will change and new disclosure requirements introduced.

#### We will:

- Assess the Council's implementation arrangements that should include an impact assessment paper setting out the application of the new standard, transitional adjustments and planned accounting for 2018/19.
- Consider application to the authority's revenue streams, and where the standard is relevant test to ensure revenue is recognised when (or as) it satisfies a performance obligation; and
- Check additional disclosure requirements.



03

# Value for Money Risks





## Background

We are required to consider whether the Council has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

For 2018/19 this is based on the overall evaluation criterion:

"In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people"

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

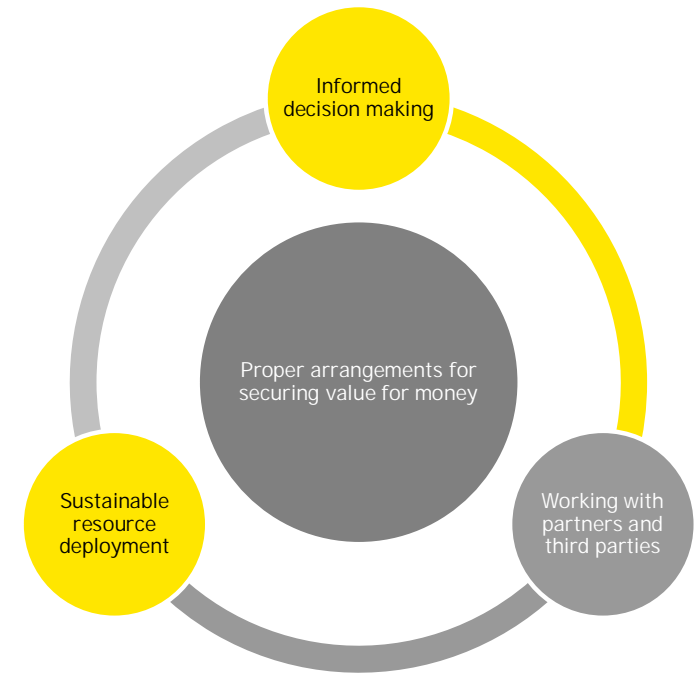
In considering your proper arrangements, we will draw on the requirements of the CIPFA/SOLACE framework for local government to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risks that we consider significant, which the Code of Audit Practice defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public"

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risks there is no requirement to carry out further work. We consider business and operational risks insofar as they relate to proper arrangements at both sector and organisation-specific level. In 2018/19 this has included consideration of the steps taken by Portsmouth City Council to consider the impact of Brexit on its future service provision, medium-term financing and investment values. Although the precise impact cannot yet be modelled, we anticipate that councils will be carrying out scenario planning and that Brexit and its impact will feature on operational risk registers.

Our risk assessment has therefore considered both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders. This has resulted in the identification of no significant risks at the planning stage of our audit, but we will keep this assessment under review and update the Governance & Audit & Standards Committee as soon as possible if risks are identified during the remainder of our audit.





04

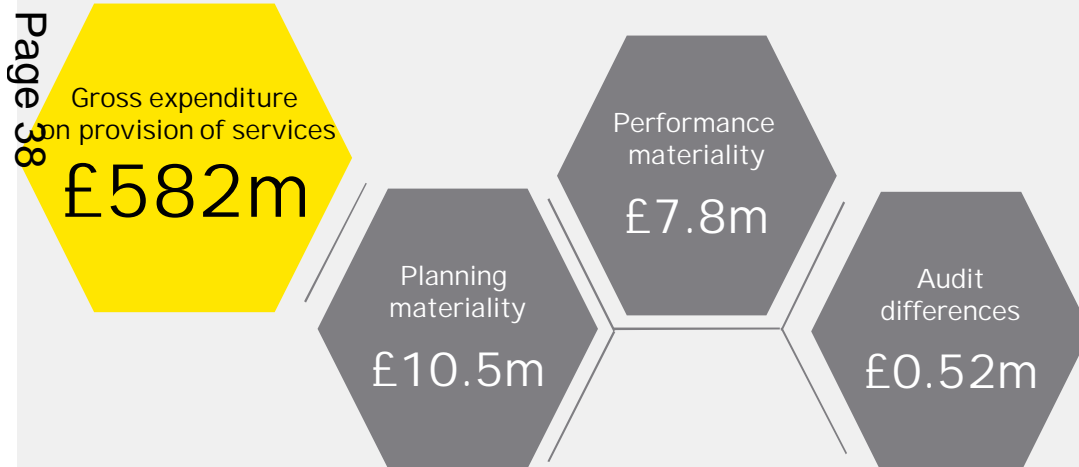
# Audit materiality



## Materiality

### Materiality

For planning purposes, materiality for 2018/19 has been set at £10.5m. This represents 1.8% of the Council's prior year gross expenditure on provision of services. It will be reassessed throughout the audit process. We have set materiality using gross revenue expenditure as our expectation is that users of the Council's accounts are focussed on how it uses its resources to provide services to local people. We have used 1.8% based on our assessment of the Council's financial position, levels of public interest, lack of planned reorganisations and sources of borrowing. We have provided supplemental information about audit materiality in Appendix C.



We request that the Governance & Audit & Standards Committee confirm its understanding of, and agreement to, these materiality and reporting levels.

### Key definitions

**Planning materiality** – the amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements.

**Performance materiality** – the amount we use to determine the extent of our audit procedures. We have set performance materiality at £7.865m which represents 75% of planning materiality. The rationale for using 75% is based on the anticipation of identifying few or no errors during the audit. This expectation has been built on our experience of the Council in prior years.

**Audit difference threshold** – we propose that misstatements identified below this threshold are deemed clearly trivial. We will report to you all uncorrected misstatements over this amount relating to the comprehensive income and expenditure statement, balance sheet, housing revenue account and collection fund. Other uncorrected misstatements, such as reclassifications and misstatements in the cashflow statement and movement in reserves statement or disclosures, and corrected misstatements will be communicated to the extent that they merit the attention of the Committee, or are important from a qualitative perspective.

**Specific materiality** – We have also set a materiality of £1k for remuneration disclosures, related party transactions, members' allowances and exit packages, which reflects our understanding that an amount less than our materiality would influence the economic decisions of users of the financial statements in relation to these areas.



05

# Scope of our audit



# Our Audit Process and Strategy

## Objective and Scope of our Audit scoping

Under the Code of Audit Practice our principal objectives are to review and report on the Council's financial statements and arrangements for securing economy, efficiency and effectiveness in its use of resources to the extent required by the relevant legislation and the requirements of the Code.

We issue an audit report that covers:

### 1. Financial statement audit

Our objective is to form an opinion on the financial statements under International Standards on Auditing (UK).

We also perform other procedures as required by auditing, ethical and independence standards, the Code and other regulations. We outline below the procedures we will undertake during the course of our audit.

#### Procedures required by standards

- Addressing the risk of fraud and error;
- Significant disclosures included in the financial statements;
- Entity-wide controls;
- Reading other information contained in the financial statements and reporting whether it is inconsistent with our understanding and the financial statements; and
- Auditor independence.

#### Procedures required by the Code

- Reviewing, and reporting on as appropriate, other information published with the financial statements, including the Annual Governance Statement; and
- Reviewing and reporting on the Whole of Government Accounts return, in line with the instructions issued by the NAO.

### 2. Arrangements for securing economy, efficiency and effectiveness (value for money)

We are required to consider whether the Council has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources.



## Our Audit Process and Strategy (continued)

### Audit Process Overview

Our audit involves:

- Identifying and understanding the key processes and internal controls; and
- Substantive tests of detail of transactions and amounts.

For 2018/19 we plan to follow a substantive approach to the audit, as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

Analytics:

We will use our computer-based analytics tools to enable us to capture whole populations of your financial data, in particular journal entries. These tools:

• Help identify specific exceptions and anomalies which can then be subject to more traditional substantive audit tests; and

• Give greater likelihood of identifying errors than random sampling techniques.

We will report the findings from our process and analytics work, including any significant weaknesses or inefficiencies identified and recommendations for improvement, to management and the Governance & Audit & Standards Committee.

Internal audit:

We will regularly meet with the Head of Internal Audit, and review internal audit plans and the results of their work. We will reflect the findings from these reports, together with reports from any other work completed in the year, in our detailed audit plan, where they raise issues that could have an impact on the financial statements, the Narrative Statement or the Annual Governance Statement.

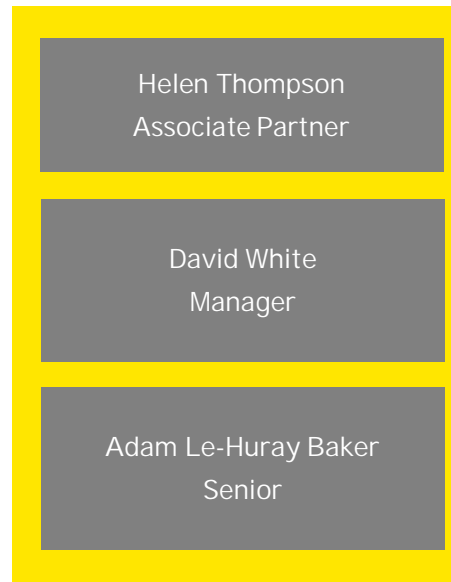
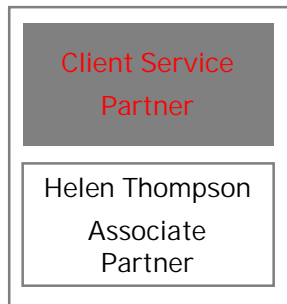


06 Audit team



# Audit team

## Audit team structure:



## Working together with the Council

We are working together with officers to identify continuing improvements in communication and processes for the 2018/19 audit.

We will continue to keep our audit approach under review to streamline it where possible.

## Use of specialists

When auditing key judgements, we are often required to rely on the input and advice provided by specialists who have qualifications and expertise not possessed by the core audit team. The areas where either EY or third party specialists provide input for the current year audit are:

Area	Specialists
Valuation of Land and Buildings	Tom Southall – Council's RICS registered internal PPE valuer
Pensions disclosure	PwC as consulting actuary appointed by the NAO, and EY internal pensions specialists Aon Hewitt – Actuary to Hampshire Pension Fund
Minimum Revenue Provision	Neil Gibson, EY FAAS

In accordance with Auditing Standards, we will evaluate each specialist's professional competence and objectivity, considering their qualifications, experience and available resources, together with the independence of the individuals performing the work.

We also consider the work performed by the specialist in light of our knowledge of the Council's business and processes and our assessment of audit risk in the particular area. For example, we would typically perform the following procedures:

- Analyse source data and make inquiries as to the procedures used by the specialist to establish whether the source data is relevant and reliable;
- Assess the reasonableness of the assumptions and methods used;
- Consider the appropriateness of the timing of when the specialist carried out the work; and
- Assess whether the substance of the specialist's findings are properly reflected in the financial statements.



07 Audit timeline





# Audit timeline

## Timetable of communication and deliverables

### Timeline

Below is a timetable showing the key stages of the audit and the deliverables we have agreed to provide to you through the audit cycle in 2018/19.

From time to time matters may arise that require immediate communication with the Governance & Audit & Standards Committee and we will discuss them with the Committee Chair as appropriate. We will also provide updates on corporate governance and regulatory matters as necessary.

Audit phase	Timetable	Audit committee timetable	Deliverables
Planning: Risk assessment and setting of scopes	December		
Walkthrough of key systems and processes			
Risk assessment and setting of scopes	January		
	February	Governance & Audit & Standards Committee	Audit Planning Report
Interim audit testing	March	Governance & Audit & Standards Committee	Certification Report
	April		
	May		
Year end audit	June		
Year end audit Audit Completion procedures	July	Governance & Audit & Standards Committee	Audit Results Report Audit opinions and completion certificates
	August		Annual Audit Letter

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08

# Independence



## Introduction

The FRC Ethical Standard and ISA (UK) 260 “Communication of audit matters with those charged with governance”, requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in June 2016, requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim of these communications is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

### Required communications

Planning stage	Final stage
<p>▶ The principal threats, if any, to objectivity and independence identified by Ernst &amp; Young (EY) including consideration of all relationships between the you, your affiliates and directors and us;</p> <p>▶ The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review;</p> <p>▶ The overall assessment of threats and safeguards;</p> <p>▶ Information about the general policies and process within EY to maintain objectivity and independence.</p> <p>▶ Where EY has determined it is appropriate to apply more restrictive independence rules than permitted under the Ethical Standard</p>	<p>▶ In order for you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, its affiliates, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed;</p> <p>▶ Details of non-audit services provided and the fees charged in relation thereto;</p> <p>▶ Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us;</p> <p>▶ Written confirmation that all covered persons are independent;</p> <p>▶ Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy;</p> <p>▶ Details of any contingent fee arrangements for non-audit services provided by us or our network firms; and</p> <p>▶ An opportunity to discuss auditor independence issues.</p>

In addition, during the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We also provide information on any contingent fee arrangements, the amounts of any future services that have been contracted, and details of any written proposal to provide non-audit services that has been submitted.

We ensure that the total amount of fees that EY and our network firms have charged to you and your affiliates for the provision of services during the reporting period, analysed in appropriate categories, are disclosed.



## Relationships, services and related threats and safeguards

We highlight the following significant facts and matters that may be reasonably considered to bear upon our objectivity and independence, including the principal threats, if any. We have adopted the safeguards noted below to mitigate these threats along with the reasons why they are considered to be effective. However we will only perform non-audit services if the service has been pre-approved in accordance with your policy.

### Overall Assessment

Overall, we consider that the safeguards that have been adopted appropriately mitigate the principal threats identified and we therefore confirm that EY is independent and the objectivity and independence of Helen Thompson, your audit engagement partner, and the audit engagement team have not been compromised.

### Self interest threats

A self interest threat arises when EY has financial or other interests in the Council. Examples include where we receive significant fees in respect of non-audit services; where we need to recover long outstanding fees; or where we enter into a business relationship with you. At the time of writing, there are no long outstanding fees.

We believe that it is appropriate for us to undertake permissible non-audit services and we will comply with the policies that you have approved.

None of the services are prohibited under the FRC's ES or the National Audit Office's Auditor Guidance Note 01 and the services have been approved in accordance with your policy on pre-approval. The ratio of non-audit fees to audit fees is not permitted to exceed 70%.

At the time of writing, no non-audit services have been undertaken, therefore the current ratio of non-audit fees to audit fees is zero. No additional safeguards are required.

A self interest threat may also arise if members of our audit engagement team have objectives or are rewarded in relation to sales of non-audit services to you. We confirm that no member of our audit engagement team, including those from other service lines, has objectives or is rewarded in relation to sales to you, in compliance with Ethical Standard part 4.

There are no other self interest threats at the date of this report.

### Self review threats

Self review threats arise when the results of a non-audit service performed by EY or others within the EY network are reflected in the amounts included or disclosed in the financial statements.

There are no self review threats at the date of this report.

### Management threats

Partners and employees of EY are prohibited from taking decisions on behalf of management of the Council. Management threats may also arise during the provision of a non-audit service in relation to which management is required to make judgements or decision based on that work.

There are no management threats at the date of this report.

## Relationships, services and related threats and safeguards

### Other threats

Other threats, such as advocacy, familiarity or intimidation, may arise.

There are no other threats at the date of this report.

## Other communications

### EY Transparency Report 2018

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year ended 1 July 2018 and can be found here:

<https://www.ey.com/uk/en/about-us/ey-uk-transparency-report-2018>



09

Appendices



## Fees

Public Sector Audit Appointments Ltd (PSAA) has published the fee scale for the audit of the 2018/19 accounts of opted-in principal local government and police bodies.

This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the requirements of the Code of Audit Practice and supporting guidance published by the National Audit Office, the financial reporting requirements set out in the Code of Practice on Local Authority Accounting published by CIPFA/LASAAC, and the professional standards applicable to auditors' work.

	Planned fee 2018/19	Scale fee 2018/19	Final Fee 2017/18
	£	£	£
Total Fee - Code work	115,067	115,067	156,324*
Certification of claims and returns (housing benefits)	-	-	21,613**
<b>Total fees</b>	<b>115,067</b>	<b>115,067</b>	<b>177,937</b>

The agreed fee presented is based on the following assumptions:

- ▶ Officers meeting the agreed timetable of deliverables;
- ▶ Our accounts opinion and value for money conclusion being unqualified;
- ▶ Appropriate quality of documentation is provided by the Council; and
- ▶ The Council has an effective control environment.

If any of the above assumptions prove to be unfounded, we will seek a variation to the agreed fee. This will be discussed with the Council in advance.

Fees for the auditor's consideration of correspondence from the public and formal objections will be charged in addition to the scale fee.

All fees exclude VAT

\* The total includes a scale fee variation of £6,886, in relation to work done in 2017/18 to review in detail the Council's calculation of its minimum revenue provision and related historic overprovision, following its adoption of the annuity method. This work is outside the scope covered by the scale fee. An equivalent fee has not been charged in previous years. The fee variation has been agreed with management and PSAA.

\*\* The total includes a proposed scale fee variation of £3,816, in relation to additional work carried out in 2017/18 over and above that undertaken in the year on which the scale fee was based (2015/16). The fee variation has been agreed with management but remains subject to agreement with PSAA.

Our 2018/19 Code work includes additional planned procedures highlighted in section two of this report to address the new accounting requirements of IFRS 9 Financial Instruments and IFRS 15 Revenue from contracts with customers. As at the date of our planning report the Council is yet to evidence their assessment of the impact of these standards, and so we cannot currently quantify the expected scale fee variation for these additional procedures. We will agree this with management, depending on the identified impact of the new standards. Any additional fee will be subject to approval by the PSAA.

To obtain sufficient assurance over housing benefits expenditure and subsidy income in the Council's financial statements, we will need to undertake some elements of the work which also form part of the housing benefit subsidy claim certification process. This work would previously have been covered by the certification fee and used additionally to provide assurance for the main audit. As we are no longer the reporting accountant for the Council's subsidy claim, we will need to consider the requirement for a scale fee variation to cover the performance of this work as part of the main audit for 2018/19.



## Appendix B

# Required communications with the Governance & Audit & Standards Committee

We have detailed the communications that we must provide to the Governance & Audit & Standards Committee.






Our Reporting to you

Required communications	 What is reported?	 When and where
Terms of engagement	Confirmation by the Governance & Audit & Standards Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.	Audit planning report
Significant findings from the audit	<ul style="list-style-type: none"> <li>• Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures</li> <li>• Significant difficulties, if any, encountered during the audit</li> <li>• Significant matters, if any, arising from the audit that were discussed with management</li> <li>• Written representations that we are seeking</li> <li>• Expected modifications to the audit report</li> <li>• Other matters if any, significant to the oversight of the financial reporting process</li> </ul>	Audit results report





## Appendix B

### Required communications with the Governance & Audit & Standards Committee (continued)

		 Our Reporting to you
Required communications	 What is reported?	 When and where
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> <li>• Whether the events or conditions constitute a material uncertainty</li> <li>• Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements</li> <li>• The adequacy of related disclosures in the financial statements</li> </ul>	Audit results report
Misstatements	<ul style="list-style-type: none"> <li>• Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation</li> <li>• The effect of uncorrected misstatements related to prior periods</li> <li>• A request that any uncorrected misstatement be corrected</li> <li>• Corrected misstatements that are significant</li> <li>• Material misstatements corrected by management</li> </ul>	Audit results report
Fraud	<ul style="list-style-type: none"> <li>• Enquiries of the Governance &amp; Audit &amp; Standards Committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity</li> <li>• Any fraud that we have identified or information we have obtained that indicates that a fraud may exist</li> <li>• A discussion of any other matters related to fraud</li> </ul>	Audit results report
Related parties	<ul style="list-style-type: none"> <li>• Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</li> <li>• Non-disclosure by management</li> <li>• Inappropriate authorisation and approval of transactions</li> <li>• Disagreement over disclosures</li> <li>• Non-compliance with laws and regulations</li> <li>• Difficulty in identifying the party that ultimately controls the entity</li> </ul>	Audit results report

## Appendix B

### Required communications with the Governance & Audit & Standards Committee (continued)

		 Our Reporting to you
Required communications	 What is reported?	  When and where
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> <li>• The principal threats</li> <li>• Safeguards adopted and their effectiveness</li> <li>• An overall assessment of threats and safeguards</li> <li>• Information about the general policies and process within the firm to maintain objectivity and independence</li> </ul>	<p>Audit planning report</p> <p>Audit results report</p>
External confirmations	<ul style="list-style-type: none"> <li>• Management's refusal for us to request confirmations</li> <li>• Inability to obtain relevant and reliable audit evidence from other procedures</li> </ul>	<p>Audit results report</p>
Consideration of laws and regulations	<ul style="list-style-type: none"> <li>• Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off</li> <li>• Enquiry of the Governance &amp; Audit &amp; Standards Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Committee may be aware of</li> </ul>	<p>Audit results report</p>
Internal controls	<ul style="list-style-type: none"> <li>• Significant deficiencies in internal controls identified during the audit</li> </ul>	<p>Audit results report</p>
Representations	Written representations we are requesting from management and/or those charged with governance	<p>Audit results report</p>
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	<p>Audit results report</p>
Auditors report	<ul style="list-style-type: none"> <li>• Any circumstances identified that affect the form and content of our auditor's report</li> </ul>	<p>Audit results report</p>
Fee Reporting	<ul style="list-style-type: none"> <li>• Breakdown of fee information when the audit plan is agreed</li> <li>• Breakdown of fee information at the completion of the audit</li> <li>• Any non-audit work</li> </ul>	<p>Audit planning report</p> <p>Audit results report</p>



## Additional audit information

### Other required procedures during the course of the audit

In addition to the key areas of audit focus outlined in section 2, we have to perform other procedures as required by auditing, ethical and independence standards and other regulations. We outline the procedures below that we will undertake during the course of our audit.

#### Our responsibilities required by auditing standards

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluding on the appropriateness of management's use of the going concern basis of accounting.
- Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Reading other information published with the financial statements, and reporting whether it is materially inconsistent with our understanding and the financial statements; and
- Maintaining auditor independence.

### Purpose and evaluation of materiality

For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.

Materiality determines:

- The level of work performed on individual account balances and financial statement disclosures.

The amount we consider material at the end of the audit may differ from our initial determination. At this stage, however, it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

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# Agenda Item 5



Portsmouth  
CITY COUNCIL

<b>Title of meeting:</b>	Governance & Audit & Standards Committee
<b>Date of meeting:</b>	1 <sup>st</sup> February 2019
<b>Subject:</b>	Audit Performance Status Report to 9 <sup>th</sup> January 2019
<b>Report by:</b>	Chief Internal Auditor
<b>Wards affected:</b>	All
<b>Key decision:</b>	No
<b>Full Council decision:</b>	No

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## 1. Summary

- 1.1 This is a progress report for the 2018-19 planned audit activities. To date there is one 'No Assurance' audits and no critical risks exceptions raised.
- 1.2 There are 68 Full Audits and 24 Follow ups, in the revised planned for 2018/19, totalling 92 reviews.
- 1.3 To date, 66 (72%) have been completed or are in progress as at 9<sup>th</sup> January 2019. This represents 50 (54%) audits where the report has been finalised 1 (1%) where the report is in draft and 15 (16%) audits currently in progress.
- 1.4 In addition to the planned audits there are 11 areas of on-going work and 2 continuous audits which contribute to risk assurance.
- 1.5 Areas of Assurance are shown in Appendix A. No Assurance audits are shown in Appendix B.

## 2. Purpose of report

- 2.1 This report is to update the Governance and Audit and Standards Committee on the Internal Audit Performance for 2018/19 to 9<sup>th</sup> January 2019 against the Annual Audit Plan, highlight areas of concern and areas where assurance can be given on the internal control framework

## 3. Recommendations

- 3.1 That Members note the Audit Performance for 2018/19 to 9<sup>th</sup> January 2019.

3.2 That Members note the highlighted areas of control weakness from the 2018/19 Audit Plan.

**4. Background**

4.1 The Annual Audit Plan for 2018/19 has been drawn up in accordance with the agreed Audit Strategy approved by this Committee on 8<sup>th</sup> June 2018 following consultation with Directors and the previous Chair of this Committee. The Plan is revised quarterly to take account of any changes in risks/ priorities, in accordance with the Strategy.

4.2 For 2018/19 Internal Audit will conduct 1011 days of audit work for external clients.

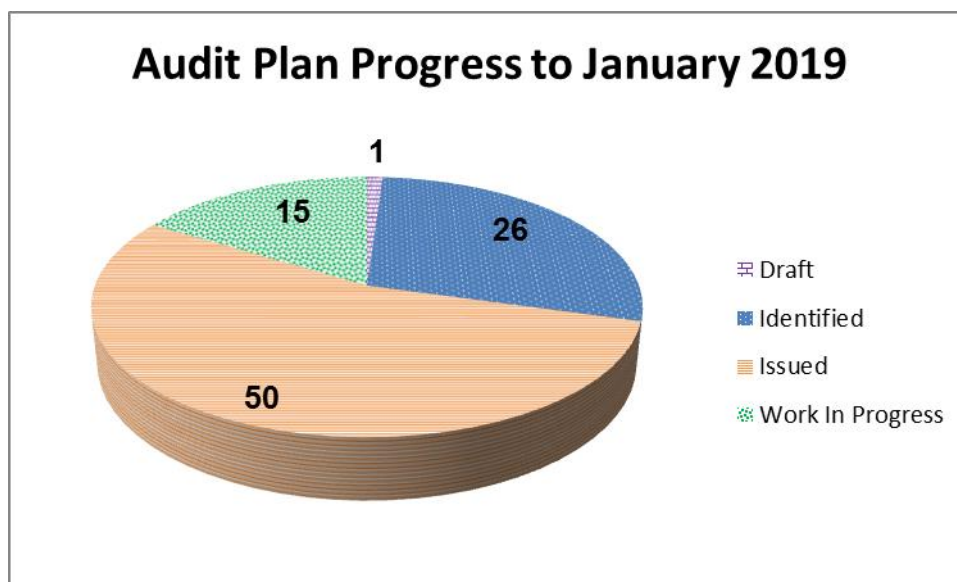
**5. Audit Plan Status 2018/19**

**Percentage of the approved plan completed**

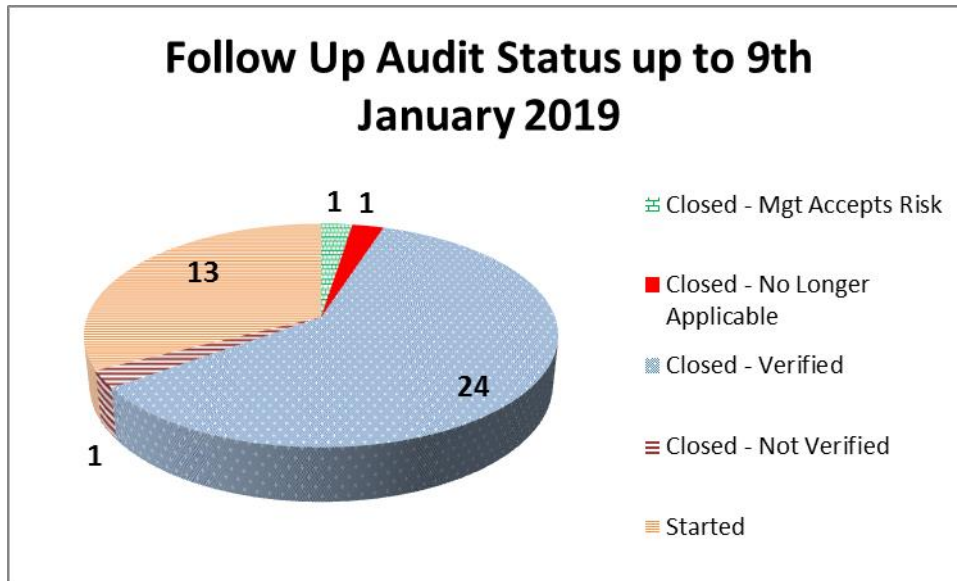
5.1 54% of the annual audit plan has been completed as detailed below. Appendix A shows the completed audits for 2018/19.

The overall percentage figure is made up as follows:

- 50 new reviews (54%) audits where the report has been finalised, 1 (1%) where the report is in draft and 15 (16%) audits currently in progress



5.2 As requested by Members of the Committee a breakdown of the assurance levels on completed audits since the last meeting is contained in Appendix A. Where specific parts of the control framework have not been tested on an area (because it has been assessed as low risk for example) it is recorded as NAT (No Areas Tested) within the Appendix. The table below shows the status of agreed actions relating to follow up work completed.



### 5.3 Directorate Codes:

- DCCD - Director of Culture & City Development
- DCC - Director of Communities & Communications
- DHNBS - Director of Housing, Neighbourhood & Building Services
- DPIP - Director of Portsmouth International Port
- MMD - Mainland Market Deliveries
- DFIS - Director of Finance & Information Services

Audits	Closed - Mgt Accepts Risk	Closed - No Longer Applicable	Closed - Verified	Closed - Not Verified	Started	Grand Total
Marketing and Tourism - DCCD		1	2			3
Merchandise, Stock, Retail - DCCD			1		1	2
City Helpdesk - DCC	1				1	2
Parking space & Garage Management - DHNBS			1		4	5
Grounds Maintenance Contract - DHNBS			3			3
Youth Centres/ Community Centres - DHNBS			8		1	9
Income Dues Brittany - DPIP			1			1
MMD Recruitment - MMD			2			2
Cash Collection - DCC			2		1	3
Data Sweeps - DCC			1			1
IT Procurement, inventory & disposal - DFIS			2		5	7
Email and Internet Security - DFIS			1	1		2
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>24</b>	<b>1</b>	<b>13</b>	<b>40</b>

5.4 At the last committee meeting the members requested a schedule of when the planned reviews at Mainland Market Deliveries (MMD) would be carried out and the results communicated. Below is the list of MMD audits, their audit type, status and expected reporting timeframe.

<b>Audit</b>	<b>Audit Type</b>	<b>Status</b>	<b>Expected Reporting</b>
Recruitment	Follow Up	Issued	Nov-18
Procurement	Follow Up	Issued	Feb-19
Payroll	Full Audit	Issued	Feb-19
Health and Safety	Full Audit	Fieldwork	Mar-19
Gifts and Hospitality	Full Audit	Issued	Feb-19
GDPR	Full Audit	Fieldwork	Mar-19
Budget Monitoring	Full Audit	Not started	New Financial Year
Commercial Contracts	Full Audit	Moved to 2019/20	Feb-19

**Amendments to the 2018/19 audit plan.**

5.5 Since the plan was approved there have been the following changes:

- Children with Disabilities audit has been removed to the 2019/20 audit plan to allow the service time to implement a recovery plan following an independent assessment in that area.
- Tenancy Management audit has been removed as the relevant areas for this review are covered in other audits such as Anti-Social Behaviour, Housing Rents and Repairs & Maintenance.
- Governance & Data Protection audit has been removed as this was included in the plan twice.
- Tackling Poverty Coordination audit has been removed as the relevant areas for this review are covered in other audits such as Positive Family Futures and Health & Wellbeing.
- Energy Company audit has been removed as an audit in this area is no longer required.
- Edge of Care audit is moved to the 2019/20 (quarter 1) audit plan at the request of the service, this is because a separate audit for Youth Offending is underway in the same operational area.
- Helpdesk & Desktop Management audit is moved to the 2019/20 audit plan to allow the service to complete the roll out of ITSM.
- Out of City Placements audit has been removed as there are no high risk exceptions to follow-up.
- MMD Commercial Contracts has been removed to the 2019/20 audit plan as the scoped areas have been covered under the procurement audit carried out earlier in the year.
- Contracts for Terminal Services has been removed to the 2019/20 audit plan.

- Adoption audit is replaced by Fostering following preliminary risk assessment and discussions with the service.

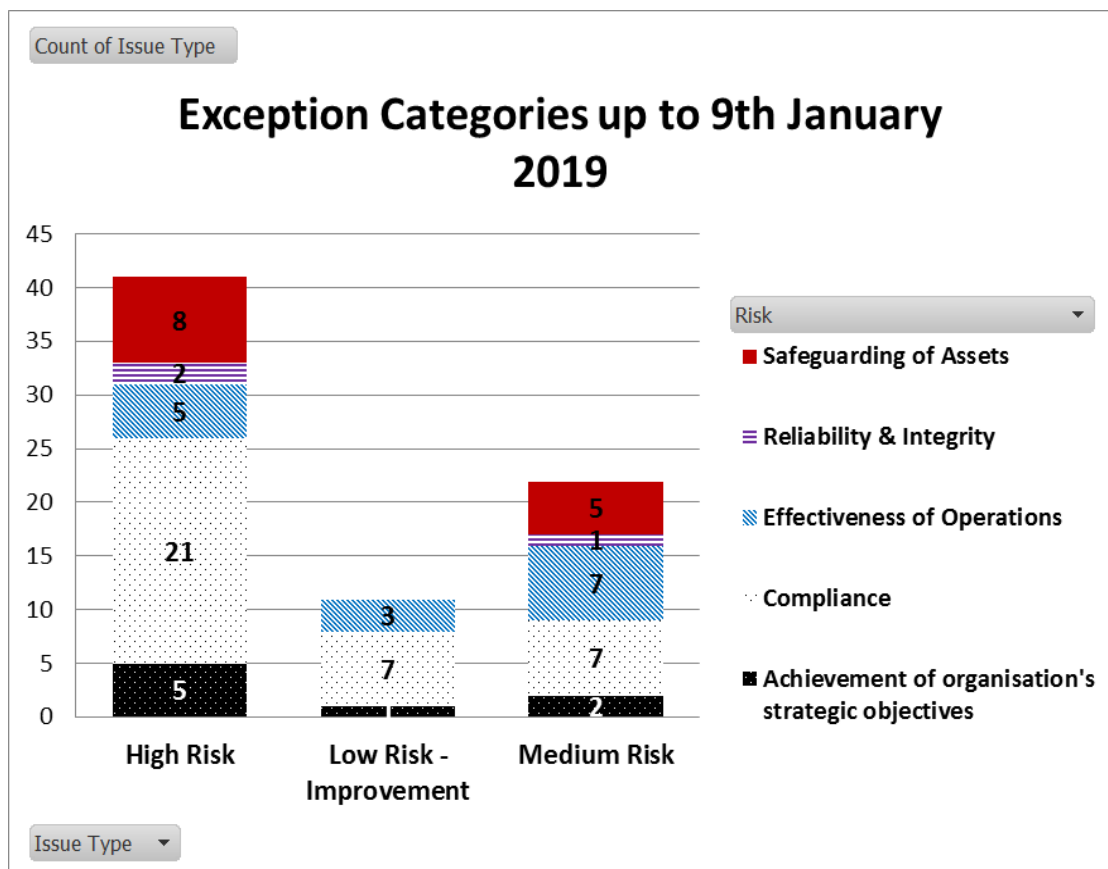
### Reactive Work

- 5.7 Reactive Work undertaken by Internal Audit in 2018/19 includes:
- 13 special investigations (excludes Benefit and Council Tax Support cases)
  - 6 items of advice, (where the advice exceeds an hours work)

### Exceptions

- 5.8 Of the 2018/19 full audits completed the number of exceptions within each category have been:
- 0 Critical Risk
  - 41 High Risk
  - 22 Medium Risk
  - 11 Low Risk (Improvements)

- 5.9 The following table details the categories of exceptions raised to date.



### Ongoing Areas

- 5.10 The following 11 areas are on-going areas of work carried out by Internal Audit;

- Regulation of Investigatory Powers Act (RIPA) - authorisations
- Anti-Money Laundering monitoring and reporting
- Investigations
- Financial Rules Waivers
- National Fraud Initiative (NFI) to facilitate national data matching carried out by the Cabinet Office
- National Anti-Fraud Network (NAFN) bulletins and intelligence follow up
- Counter Fraud Programme
- Policy Hub project to ensure that all Council policies are held in one place and staff are notified of the policies relevant to them
- G&A&S Committee reporting and attendance and Governance,
- Audit Planning and Consultation
- Risk Management

### **Continuous Audit Areas**

- 5.11 The following 2 areas are subject to continuous audit (i.e. regular check to controls) and feed into overall assurance;
- Key risks management in services
  - Performance Management

### **6. Areas of concern & update on previous No Assurance Audits**

- 6.1 Attached in Appendix B are the areas of 'No Assurance' - MMD Gifts & Hospitality and an update on previous 'No Assurance' audits - MMD Procurement update & IT Procurement Inventory & Disposal.

### **7. Equality impact assessment (EIA)**

- 7.1 The contents of this report do not have any relevant equalities impact and therefore an equalities assessment is not required.

### **8. Legal Implications**

- 8.1 The City Solicitor has considered the report and is satisfied that the recommendations are in accordance with the Council's legal requirements and the Council is fully empowered to make the decisions in this matter.

- 8.2 Where system weaknesses have been identified he is satisfied that the appropriate steps are being taken to have these addressed.

### **9. Finance Comments**

- 9.1 There are no financial implications arising from the recommendations set out in this report.



9.2 The S151 Officer is content that the progress against the Annual Audit Plan and the agreed actions are sufficient to comply with his statutory obligations to ensure that the Authority maintains an adequate and effective system of internal audit of its accounting records and its system of internal control.

.....  
Signed by: Elizabeth Goodwin, Chief Internal Auditor

**Appendices:**

- Appendix A – Completed audits to date (9<sup>th</sup> January 2019)
- Appendix B - Areas of concern & update on previous No Assurance Audits

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
1 Accounts and Audit Regulations	<a href="http://www.legislation.gov.uk/uksi/2011/817/contents/made">http://www.legislation.gov.uk/uksi/2011/817/contents/made</a>
2 Previous Audit Performance Status and other Audit Reports	Refer to Governance and Audit and Standard meetings – reports published online.
3 Public Sector Internal Audit Standards	<a href="http://www.cipfa.org/policy-and-guidance/standards/public-sector-internal-audit-standards">http://www.cipfa.org/policy-and-guidance/standards/public-sector-internal-audit-standards</a>

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by ..... on .....

.....  
Signed by:

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APPENDIX A - Audits Completed to date (9th January 2019)

Audit Title	Critical Risk	High Risk	Medium Risk	Low Risk - Improvement	Total Exceptions	Achievement of organisation's strategic objectives	Compliance	Safeguarding of Assets	Effectiveness of Operations	Reliability & Integrity	Audit Assurance	Summary	Last Implementation date
Virtual School - Director of Children's Services and Education	0	0	0	0	0	Assurance	Assurance	NAT	Assurance	NAT	Assurance	No issues were raised	Not applicable
Outdoor Centre - Director of Culture & City Development	0	1	0	0	1	NAT	Limited Assurance	Assurance	NAT	NAT	Limited Assurance	The issue raised were in relation to the lack of data within the contract monitoring process.	Feb-19
Freedom of Information - Director of Community and Communication	0	1	2	0	3	NAT	Reasonable Assurance	NAT	Limited Assurance	NAT	Reasonable Assurance	The issues raised were in relation to the FOI 'Reports' site providing incorrect values for FOI statistics data, the timeliness of responses to FOI requests and the recording of the 'Date Received' on the FOI System.	Aug-19
Council Tax and NNDR - Director of Community and Communication	0	0	0	0	0	NAT	Reasonable Assurance	NAT	Assurance	NAT	Assurance	No issues were raised, however the report does note that more consistent records and updated procedures may benefit the clarity of decisions made in respect of revaluation support.	Not applicable
Housing Benefits & Council Tax Support - Director of Community and Communication	0	1	1	1	3	Reasonable Assurance	Reasonable Assurance	NAT	Limited Assurance	NAT	Reasonable Assurance	The issues raised were in relation to the application of Council Tax penalties, no record of referrals that are sent via the Department of Works & Pensions hotline and a Her Majesty's Revenue & Customs Data Returns spreadsheet not being password protected.	Apr-19
Petty Cash - Director of Finance and Information Services	0	0	0	1	1	NAT	Assurance	Assurance	Assurance	NAT	Assurance	The issues raised are low level improvements only.	Mar-19
Procurement Gateway Process - Director of Finance and Information Services	0	0	1	0	1	Assurance	Reasonable Assurance	NAT	Assurance	NAT	Reasonable Assurance	The issue raised was in relation to officers bypassing the local Gateway Procurement Process.	Ongoing
Health and Safety - Director of Housing, Neighbourhood and Building Services	0	1	0	1	2	NAT	Limited Assurance	NAT	NAT	NAT	Limited Assurance	The issues raised were in relation to mandatory Health and Safety induction training and Fire Safety training not being undertaken by employees, and the lateness of accident and incident forms being reported to the H&S unit.	Jan-19
Anti-Social Behaviour - Director of Housing, Neighbourhood and Building Services	0	0	1	0	1	Assurance	Assurance	NAT	Reasonable Assurance	NAT	Reasonable Assurance	The issue raised was in relation to the efficiency of the system used by the Community Wardens, which can only be updated by one officer at a time.	May-19
Substance Misuse - Director of Public Health	0	1	1	0	2	Assurance	Reasonable Assurance	Limited Assurance	NAT	NAT	Limited Assurance	The issues raised were in relation to no reporting of performance for the contracts in place to the Health, Wellbeing and Social Care Committee and an in-depth Alcohol and Drugs Needs Assessment being overdue.	Aug-20
Property Investments - Director of Regeneration	0	0	0	0	0	Assurance	Assurance	Assurance	Assurance	NAT	Assurance	No issues were raised	Not applicable
Off & On Street Parking - Abandoned Vehicles - Director of Regeneration	0	0	0	0	0	NAT	Assurance	Assurance	NAT	Assurance	Assurance	No issues were raised	Not applicable
MMD Gifts and Hospitality - Mainland Marketing Delivery	0	1	0	0	0	NAT	No Assurance	NAT	No Assurance	No Assurance	No Assurance	The issue raised was in relation to a breach of the company's Anti-Bribery Policy. The report notes a no assurance opinion has been given as there is no mechanism in place to record or monitor the offering/acceptance and rejection of gifts and hospitality, or address any non-compliance with regard to MMD's Policies.	Mar-19
MMD Payroll - Mainland Marketing Delivery	0	0	0	0	0	NAT	NAT	Reasonable Assurance	Assurance	NAT	Reasonable Assurance	No issues were raised. The report notes a reasonable assurance opinion has been given due to the type of access permissions held by the Financial Controller, coupled with use of detective rather than preventative controls within payroll payment process.	Not applicable

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## **MMD - Gifts and Hospitality Full Audit**

### **Executive Summary - Extract from audit report**

Owned by Portsmouth City Council, MMD is a multi-million cargo handling operation employing over 170 staff, ranging from crane drivers, customer account handlers, warehouse and container operatives, quayside staff, health and safety officers to HR and facilities experts.

As a general rule the organisation does not believe that giving and receiving gifts is appropriate to the efficient conduct of its organisation. An audit review of MMD Gifts, Hospitality and Entertainment processes for the financial year 2017/18 has been conducted as part of the 2018/19 Audit Plan.

**Compliance with Policies, Laws and Regulations Assurance Level: No Assurance**

#### Policies and Procedures

Testing has identified that there is a Gifts, Hospitality and Entertainment Policy, a Code of Conduct and an Anti-Bribery Policy in place, all of which make reference to the company's expectations with regard to the acceptance of gifts and hospitality, and provides detailed instruction on how to register receipt of any gifts and hospitality. Discussions with the Senior Human Resources Advisor have established that the Gifts, Hospitality and Entertainment Policy and Anti-Bribery Policy were both last reviewed in June of this year, 2018. The policies are held on the intranet and are accessible for staff that have access to the company network. Staff who are unable to access the network can request copies from their line manager.

Testing sourced a copy of a new starter checklist which includes details of policies and documents that are to be shared with new starters. The three above mentioned policies are recorded on this list. New staff members are required to sign a Code of Conduct declaration which asks the employee to confirm that they have read and understood their obligations under section 11 of the policy - "Gifts, Hospitality and Entertainment". Testing reviewed 18/176 (10%) employee HR records and identified that 15/18 (83%) employees had signed the Code of Conduct declaration. Only 5/15 (33%) had received a signature from a Line Manager to confirm that new employees had been made aware of these policies.

#### Acceptance, Rejection and Recording of Gifts and Hospitality

Testing has established that there is no evidence that there is a gifts and hospitality register at MMD. Actions agreed as part of the MMD payroll audit of 2012/13 (PCC12/13-134) confirmed that a gifts and hospitality register had been introduced and was in use as

at December 2012. However, an email to Internal Audit from the Financial Controller and Senior HR Advisor on 3<sup>rd</sup> October 2018 confirms that there is no register in place.

In the absence of a Gifts and Hospitality Register staff and stake holders are unable to identify who donated and received gifts or hospitality. In addition, it has not been possible to evidence that there are any mechanisms in place to monitor the giving or receiving of gifts or hospitality, or if any non-compliance has been handled appropriately.

**Completion of the audit Assurance Level: No Assurance**

In summary, while it is noted that company policies do include reference to gifts and hospitality, a no assurance opinion has been given as there is no mechanism in place to record or monitor the offering/acceptance and rejection of gifts and hospitality, or address any non-compliance with regard to MMD's Policies. Therefore, Internal Audit is unable to test and quantify the levels of gifts and hospitality that have been received and declared. As such it is not possible to provide any assurance that this area is of low risk to the company due to the potential financial, reputational and legislative risks that may arise from a lack of transparency in this area.

Whilst, the giving of gifts and hospitality are common practice in conducting business, there are some occasions where such practices are perceived as inappropriate or potentially fraudulent. Internal Audit has, over the years, investigated numerous allegations of bribery against MMD staff which have been communicated to either previous or existing board members. The risks surrounding this area relate to fraud, bribery & corruption; therefore robust controls should be in place to safeguard both individuals and the company.

## **MMD - Procurement - Follow Up**

### **Executive Summary - Extract from audit report**

An audit of the procurement process at MMD was undertaken during 2017/18. The issues raised, and actions agreed, have been followed-up and reported below, in accordance with the 2018/19 Audit Plan.

**Previous Compliance with Policies, Laws and Regulations Assurance Level: No Assurance**

**Current Compliance with Policies, Laws and Regulations Assurance Level: Limited Assurance**

### **Procurement Framework**

#### *Original Testing*

A concern was raised in the 2017/18 audit as it was not possible to establish details of any quote or tendering process. It was not possible to obtain documentation to show at what level staff could seek quotes, how many comparative quotes should be sought from suppliers, how suppliers should be sourced, and at what financial level contracts should be put out to tender. There was no review of supplier performance by way of a formalised Key Performance Indicator process.

#### *Follow-Up Testing*

Follow-up enquiries revealed that a procurement policy has been formulated, including information about the purchasing authority thresholds and a requirement to seek comparative quotes for procurements over £30k. There is reference to the requirement to keep all documentation involved in a tender exercise, but no details regarding in what circumstances one should be undertaken. The policy is specific that all information relevant to suppliers and procurements should be stored within the new database, 'My Compliance'.

The policy is not explicit as to how suppliers should be sourced, or how contracts should be monitored; however there is a requirement that records and data systems are maintained in such a way as to provide an appropriate, auditable, trail of each purchasing activity, including the ability to monitor supplier performance.

The policy makes specific reference that a desired outcome is that of greatest value gained at the lowest total cost; however, as all 26 of the new suppliers tested fell below the £30k threshold at which quotations are required, it has not been possible to evidence how this aim is being achieved.

### Supplier Contracts and Set-Up

#### *Original Testing*

A concern was raised as part of the 2017/18 audit, as testing was unable to source contracts or supplier set-up forms for a number of suppliers within a sample. The audit also raised concerns that where supplier set-up forms were present, they were not clearly authorised, and not all gave consideration to the annual or lifetime cost of the service.

#### *Follow-Up Testing*

Queries with the MMD Financial Controller revealed that there have been 26 new suppliers added to the system since the previous audit was completed in May 2018. Testing sought to establish that the procurements had been made in accordance with the new procurement policy, and that records were being held within the 'My Compliance' database as advised within the previous report.

Interrogation of the 'My Compliance' database revealed that 16/26 (62%) suppliers appeared to have been set up in accordance with the new policy. These entries contained appropriately authorised supplier set-up forms, with a clear annual cost. All were for single payments, rather than ongoing contracts. A further 1/26 (4%) was found not to be relevant, as it related to an employee that had been set up as a means to receive expenses. Of the remaining nine:

- 1/9 (11%) supplier could not be located within the database.
- 3/9 (33%) related to recruitment contracts; however, the signed contract terms had not been uploaded to the database.
- 5/9 (56%) had supplier set-up forms that did not contain the anticipated annual cost. It was not possible to establish this cost from the associated documentation.

After clarification with the MMD Financial Controller:

- The missing supplier was added to the database and was seen to have been compliant with the proposed procurement policy.



## Appendix B - Areas of concern & update on previous No Assurance Audits

- All three terms of business for the recruitment contracts were added to the database.
- Documents had been added to show the anticipated annual cost for 3/5 of the suppliers missing those details; however, these quotes were shown in an email, sent subsequent to the authorisation of the set-up form.
- The remaining two suppliers had documentation uploaded to indicate either rates, or costs for a proposed single order, but did not indicate what the potential annual cost would be. It is possible that this information could not have been known at the time that the authorisation was made, but without further documentation, it is not possible to confirm.

KPI monitoring was not found to be relevant to any of the new supplier procurements; however, the MMD Financial Controller provided details of a cleaning contract, which would have been subject to KPI monitoring. It was not possible to see a copy of the contract within the My Compliance file; however, there was evidence to indicate that monitoring had been undertaken on the quality of the service in April and June 2018.

**Previous Effectiveness & Efficiency of Operations Assurance Level: Assurance**

**Current Effectiveness & Efficiency of Operations Assurance Level: Assurance**

No further testing has been undertaken under this header.

**Previous Completion of the audit Assurance Level: No Assurance**

**Current Completion of the audit Assurance Level: Limited Assurance**

Two high-risk exceptions, relating to the procurement framework and supplier set-up, remain in progress after the completion of audit testing. Although a procurement policy has been formulated, and there is a more structured approach to record keeping, concerns remain over the quotation threshold, and the ability to demonstrate transparent procurement and value for money for contracts under £30,000. Furthermore, though there appears to have been a significant improvement on both the quantity and quality of procurement records kept, there are still questions surrounding the authorisation of forms where the anticipated costs have not been known, and the ability to demonstrate that the appropriate type of procurement has been authorised. As a result, Internal Audit can provide limited assurance that the procurement process at MMD is of low risk to the business.

## **IT Procurement, Inventory and Disposal - Follow Up**

### **Executive Summary - Extract from audit report**

As part of the previous audit review, one critical and six high risk exceptions were raised. Overall, a no assurance opinion was reached as a result of inaccurate IT equipment inventory records, partially restricted access to new IT assets and those awaiting redeployment, and the absence of a contract with the company currently disposing of the Council's IT equipment. These weak internal controls could have potentially resulted in reputational, operational, legislative and financial risks to the authority.

Discussions with the Assistant Director of Contracts, Procurement and Commercial during the audit exit meeting in February 2018 confirmed that on-going works to improve the IT inventory process by introducing a new IT management system (ITSM) by April 2018, would mitigate the risks identified as a result of the previous audit. However, until the new IT management system is in place, Internal Audit could give no assurance on the effectiveness of the IT Procurement, Inventory and Disposal process.

A follow up audit has been conducted as part of the 2018/19 audit plan to review the progress of the agreed actions and the implementation of the new ITSM and processes.

**Previous Achievement of organisation's strategic objectives Assurance Level: Limited Assurance**

**Achievement of organisation's strategic objectives Assurance Level: Assurance**

One high risk exception was raised as a result of previous audit testing, as the departmental disposal and redeployment guidance had not received regular review and information contained within the documents was out of date. In addition, the Council's Financial Rules had not received a review within the last 12 months.

Follow up testing has identified that the Asset and Inventories section of the Financial Rules has been reviewed and the Deputy Director of Finance and S151 Officer has advised that no changes were to be made. Departmental Redeployment and Disposal Guidance has also received a review by IT and new procedures have been made accessible for all IT staff members. In addition, copies of an IT asset disposal and redeployment work process flow chart has been displayed in the IT warehouse as a reminder for IT staff when transferring assets. Discussions with the Information Security Officer have established that the Hardware and Keep IT

Secure and Legal policies have also been reviewed to reflect the introduction of GDPR; however a timescale for publication could not be confirmed at the time of testing.

**Previous Compliance with Policies, Laws and Regulations Assurance Level: No Assurance**

**Compliance with Policies, Laws and Regulations Assurance Level: Limited Assurance**

Three high risk and one critical risk exceptions were raised as a result of previous audit testing with regards to the high value of unallocated assets, the inconsistency of information recorded on the inventory, the absence of a disposal authorisation process and disposal contract.

Follow up testing confirmed:

- The value of unallocated assets as at 31 August 2018 was £1229.08 and this figure relates to small value items not covered by financial rule L5 such as cables and port adapters. (1.9% of the total value of assets not yet recharged to customers - £64454.56)
- A review of inventory records for 10/53 randomly selected laptops purchased in 2018, identified 9/10 records were completed in accordance with section L5 of PCCs Financial Rules. 1/10 of the records was showing as "in use" but the location of the item was recorded as being in the warehouse.
- There is currently a temporary process in place in which the Operations Manager reviews and authorises requests to dispose of inadequate IT equipment. This process will be replaced by line management authorisation when a new self-serve customer portal is operational in vFire, the new ITSM.
- As of 6 June 2018 there is a new IT waste disposal contract and tracking process in place to collect and dispose or recycle IT equipment.

**Previous Safeguarding of Assets Assurance Level: Limited Assurance**

**Safeguarding of Assets Assurance Level: Limited Assurance**

Two high risk exceptions had been raised as a result of previous audit testing with regard to incorrect inventory records, and equipment not being security marked.

Follow up review has established that the data transfer from Eworks to vFire is now complete. Discussions with the Operations Manager have identified that Helpdesk Operatives are updating User and Net ID as and when equipment comes into contact with the IT Helpdesk. In addition, a Windows 10 asset audit had identified equipment in use throughout PCC, and this information will be entered into vFire by the end of October 2018 to update records ready for the Windows 10 software rollout.

A review of the new warehouse "BIN" storage and naming system has highlighted improvements in the storage of new and redeployed stock. Inventory records now detail the location of assets by identifying a shelf number and shelf position. Testing selected a random sample of 20/195 items listed on the inventory as being located in the warehouse, and compared inventory records with the actual location of the asset. The location of 18/20 items were recorded accurately on the inventory. 2/20 items were later found to be in use, however the inventory had not been updated to reflect this. Testing also selected 10 items from the shelf and compared their location with that recorded on the inventory, and confirmed that 100% of these items were recorded accurately.

Discussions with the Operations Manager have established that the IT Team are working towards assigning a net ID number and a QR code to new high value stock so that an operative can instantly locate an asset's record on vFire by scanning the QR code. This project is to be completed and in use by the end of January 2019.

The possibility of having security etchings added to high value items was explored; however the cost per item for this security measure is £6. It has agreed by the service that etching was not cost effective and having the serial number recorded on vFire would ensure the asset was traceable.

**Previous Effectiveness & Efficiency of Operations Assurance Level: Limited Assurance**

**Effectiveness & Efficiency of Operations Assurance Level: Limited Assurance**

Previous testing identified that there were no processes in place to record the transfer of assets from "in use" status to "redeployed". Follow up discussions with the Operations Manager have established that vFire will be used to record the full history of an IT asset. Each time the asset comes into contact with the IT Service, a record will be made on vFire, and the status of the item will also be updated. This has not been verified by Internal Audit as the vFire inventory is not yet complete. All external sources of inventory information will be fed into vFire before the end of October 2018. Further detail can be found in exception ISS.6 in the main body of the report.

**Previous Completion of the audit Assurance Level: No Assurance**

**Completion of the audit Assurance Level: Limited Assurance**

Five high risk exceptions remain in progress as a result of follow up testing, as the new ITSM due to go live in April 2018 was not in use until September 2018, and although significant progress has been made, many of the processes are still in their infancy within the IT department and not yet embedded corporately.

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# Agenda Item 6

<b>Title of meeting:</b>	Governance and Audit and Standards Committee
<b>Date of meeting:</b>	1 <sup>st</sup> February 2019
<b>Subject:</b>	Treasury Management Monitoring Report for the Third Quarter of 2018/19
<b>Report by:</b>	Chris Ward, Director of Finance and Information Technology (Section 151 Officer)
<b>Wards affected:</b>	All
<b>Key decision:</b>	No
<b>Full Council decision:</b>	No

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## 1. Executive Summary

This report outlines the Council's performance against the treasury management indicators approved by the City Council on 20<sup>th</sup> March 2018.

## 2. Purpose of report

The purpose of the report is to inform members and the wider community of the Council's Treasury Management position, ie. its borrowing and cash investments at 31<sup>st</sup> December 2018 and of the risks attached to that position.

Whilst the Council has a portfolio of investment properties valued at £114m as at 31<sup>st</sup> March 2018, and some equity shares with a value of £7.6m which were acquired through the capital programme, these do not in themselves form part of the treasury management function. The performance of the investment property portfolio was reported to the Cabinet on 9<sup>th</sup> October 2018.

### **3. Recommendations**

It is recommended that the following be noted:

- 3.1 That there have been no breaches of the Treasury Management Policy 2018/19 in the period up to 31<sup>st</sup> December 2018.
- 3.2 That the actual Treasury Management indicators as at 31<sup>st</sup> December 2018 set out in Appendix A be noted.

### **4. Background**

The Council's treasury management operations encompass the following:

- Cash flow forecasting (both daily balances and longer term forecasting)
- Investing surplus funds in approved cash investments
- Borrowing to finance short term cash deficits and capital payments
- Management of debt (including rescheduling and ensuring an even maturity profile)
- Interest rate exposure management

The key risks associated with the Council's treasury management operations are:

- Credit risk - ie. that the Council is not repaid, with due interest in full, on the day repayment is due
- Liquidity risk - ie. that cash will not be available when it is needed, or that the ineffective management of liquidity creates additional, unbudgeted costs
- Interest rate risk - that the Council fails to get good value for its cash dealings (both when borrowing and investing) and the risk that interest costs incurred are in excess of those for which the Council has budgeted
- Maturity (or refinancing risk) - this relates to the Council's borrowing or capital financing activities, and is the risk that the Council is unable to repay or replace its maturing funding arrangements on appropriate terms
- Procedures (or systems) risk - ie. that a treasury process, human or otherwise, will fail and planned actions are not carried out through fraud or error

The Council's treasury management budget set out below accounts for a significant proportion of the Council's overall budget.



The 2018/19 Treasury Management budget approved in February 2018 is summarised in the table below.

	<b>General Fund</b>	<b>Housing Revenue Account (HRA)</b>	<b>Total</b>
	£m	£m	£m
External Interest Payable & Similar Charges (managed by PCC)	18.6	6.5	25.1
External Interest Payable & Similar Charges (managed by HCC)	0.3	-	0.3
Interest Payable on Internal Funds	1.4	-	1.4
External Interest Earned on Invested Cash	(2.2)	(0.1)	(2.3)
Other Investment Income & Provisions	0.5	-	0.5
Net Minimum Revenue Provision	4.3	-	4.3
Debt Management Expenses & Bank Charges	0.3	0.1	0.4
<b>Total</b>	<b>23.2</b>	<b>6.5</b>	<b>29.7</b>

The Council's Treasury Management Policy aims to manage risk whilst optimising costs and returns. The Council monitors and measures its treasury management position against the indicators described in this report. Treasury management monitoring reports are brought to the Governance and Audit and Standards Committee for scrutiny.

The Governance and Audit and Standards Committee noted the recommendations to Council contained within the Treasury Management Policy 2018/19 on 9<sup>th</sup> March 2018. The City Council approved the Treasury Management Policy 2018/19 on 20<sup>th</sup> March 2018. The policy sets out:

- The Treasury Management Strategy
- The Annual Revenue Provision for the Repayment of Debt Policy
- The Annual Investment Strategy

## 5. Reasons for Recommendations

To highlight any variance from the approved Treasury Management Policy and to note any subsequent actions.

To provide assurance that the Council's treasury management activities are effectively managed.

## 6. Equality impact assessment (EIA)

The contents of this report do not have any relevant equalities impact and therefore an equalities impact assessment is not required.

**7. Legal Implications**

The Section 151 Officer is required by the Local Government Act 1972 and by the Accounts and Audit Regulations 2011 to ensure that the Council’s budgeting, financial management, and accounting practices meet the relevant statutory and professional requirements. Members must have regard to and be aware of the wider duties placed on the Council by various statutes governing the conduct of its financial affairs.

**8. Director of Finance and Information Technology (Section 151 Officer) comments**

All financial considerations are contained within the body of the report and the attached appendices.

.....  
Signed by Director of Finance and Information Technology Services (Section 151 Officer)

**Appendices:**

**Appendix A: Treasury Management Monitoring Report**

**Appendix B: LIBID rates 2018/19**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

<b><u>Title of document</u></b>	<b>Location</b>
1 Treasury Management Records	Financial Services

**APPENDIX A**

**TREASURY MANAGEMENT POSITION FOR THE THIRD QUARTER OF 2018/19**

**A1. SUMMARY OF TREASURY MANAGEMENT INDICATORS**

The Council's debt at 31<sup>st</sup> December was as follows:

<b>Prudential Indicator</b>	<b>Limit £m</b>	<b>Actual £m</b>
Authorised Limit - the maximum amount of borrowing permitted by the Council	660	620
Operational Boundary - the maximum amount of borrowing that is expected	645	620

The maturity structure of the Council's fixed rate borrowing was

	<b>Under 1 Year</b>	<b>1 to 2 Years</b>	<b>3 to 5 Years</b>	<b>6 to 10 Years</b>	<b>11 to 20 Years</b>	<b>21 to 30 Years</b>	<b>31 to 40 Years</b>	<b>41 to 50 Years</b>
Minimum proportion of loans maturing	0%	0%	0%	0%	0%	0%	0%	0%
Maximum proportion of loans maturing	10%	10%	10%	20%	30%	30%	30%	40%
Actual proportion of loans maturing	1%	1%	4%	7%	24%	7%	29%	27%

The maturity structure of the Council's variable rate borrowing was

	<b>Under 1 Year</b>	<b>1 to 2 Years</b>	<b>3 to 5 Years</b>	<b>6 to 10 Years</b>	<b>11 to 20 Years</b>	<b>21 to 30 Years</b>	<b>31 to 40 Years</b>	<b>41 to 50 Years</b>
Minimum proportion of loans maturing	0%	0%	0%	0%	0%	0%	0%	0%
Maximum proportion of loans maturing	10%	10%	10%	20%	30%	30%	30%	10%
Actual proportion of loans maturing	2%	2%	7%	12%	25%	27%	25%	0%

Surplus cash invested for periods longer than 365 days at 31<sup>st</sup> December 2018 was:

	<b>Limit</b>	<b>Quarter 3 Actual</b>
	£m	£m
Maturing after 31/3/2019	158	147
Maturing after 31/3/2020	133	105
Maturing after 31/3/2021	110	27

The Council's interest rate exposures at 31<sup>st</sup> December 2018 were:

	<b>Limit</b>	<b>Actual</b>
	£m	£m
Fixed Interest - Net Borrowing	454	320
Variable Interest - Net Lending	(289)	(150)

## **A2. GOVERNANCE**

The Treasury Management Policy Statement, Annual Minimum Revenue Provision for Debt Repayment Statement and Annual Investment Strategy approved by the City Council on 20<sup>th</sup> March 2018 provides the framework within which treasury management activities are undertaken.

There have been no breaches of these policies during 2018/19 up to the period ending 31<sup>st</sup> December 2018.

## **A3. BORROWING ACTIVITY**

After the August increase in Bank Base Rate to 0.75%, the first above 0.5% since the financial crash, the Monetary Policy Committee (MPC) has since then put any further action on hold, probably until such time as the uncertainty of Brexit clears and there is some degree of certainty of what the UK will be heading into. It is particularly unlikely that the MPC would increase Bank Base Rate in February 2019 ahead of the deadline in March for Brexit, if no agreement on Brexit has been reached by then. If there is an agreement on a reasonable form of Brexit the Council's treasury management consultants, Link Asset Services, think that the MPC of the Bank of England could return to increasing Bank Base Rate in May 2019 but then hold fire again until February 2020. In the event of a disorderly Brexit, cuts in Bank Base Rate could well be the next move.

The Council has not undertaken any new borrowing during 2018/19.

The Council's gross borrowing at 31<sup>st</sup> December 2018 of £620m is within the Council's Authorised Limit (the maximum amount of borrowing approved by City Council) of £660m and also within the Council's Operational Boundary (the limit beyond which borrowing is not expected to exceed) of £645m.

The Council plans for gross borrowing to have a reasonably even maturity profile. This is to ensure that the Council does not need to replace large amounts of maturing borrowing when interest rates could be unfavourable.

The actual maturity profile of the Council's borrowing is within the limits contained within the Council's Treasury Management Policy (see paragraph A1).

### Early Redemption of Borrowing

With the exception of two loans all the Council's borrowings to finance capital expenditure are fixed rate and fixed term loans. This reduces interest rate risk and provides a high degree of budget certainty.

The Council's borrowing portfolio is kept under review to identify if and when it would be financially beneficial to repay any specific loans early. Repaying borrowing early invariably results in a premium (early repayment charges) by the PWLB that are sufficiently large to make early repayment of borrowing financially unattractive to the Council.

No debt rescheduling or early repayment of debt has been undertaken during 2018/19 as it has not have been financially advantageous for the Council to do so.

Overall Interest on Borrowing

The Council's overall borrowing position at 30<sup>th</sup> September 2018 is summarised in the table below.

	<b>Principal</b>	<b>Average Interest Rate</b>	<b>Interest Paid in Year to Date</b>
Borrowings	£556m	3.37%	£9.4m
Finance Leases	£1m	10.21%	£0.1m
Private Finance Initiative (PFI) Schemes	£66m	9.70%	£3.2m
<b>Overall Position</b>	<b>£623m</b>	<b>4.07%</b>	<b>£12.7m</b>

The Council's overall borrowing position at 31<sup>st</sup> December 2018 is summarised in the table below.

	<b>Principal</b>	<b>Average Interest Rate</b>	<b>Interest Paid in Year to Date</b>
Borrowings	£554m	3.37%	£14.0m
Finance Leases	£1m	10.21%	£0.1m
Private Finance Initiative (PFI) Schemes	£65m	9.70%	£4.8m
<b>Overall Position</b>	<b>£620m</b>	<b>4.07%</b>	<b>£18.9m</b>

During quarter 3, borrowing totaling £2m has matured and has been repaid to the PWLB, and PFI liabilities totaling £1m have been repaid.

Under/Over Borrowing

The extent to which the Council is "under" or "over" borrowed is determined by comparing the actual value of long term borrowing outstanding with the value of capital expenditure that has been incurred and was financed by borrowing (after deducting Minimum Revenue Provision that has been made in respect of that capital expenditure).

If the Council has borrowed less than it requires to fund the total value of capital expenditure to be funded from borrowing the Council is "under borrowed" and if the value of borrowing is greater than the value of capital expenditure incurred which is to be financed from borrowing it is "over borrowed".

The Council last undertook long term borrowing during 2016/17. Some of these borrowings have not yet been used to finance capital expenditure, already approved within the capital programme and the council is therefore currently "over borrowed". In 2016/17 a total of £94m was borrowed from the Public Works Loans Board at a weighted average interest rate of 2.37% per annum and £73m was borrowed from Canada Life at an equivalent interest rate of 0.65% per annum<sup>1</sup>. The weighted average interest rate payable on the total borrowing undertaken in 2016/17 is therefore 1.62%.

It is some of this borrowing that has not yet been applied to finance capital expenditure approved but not yet expended within the Capital Programme (primarily investment properties). At 31<sup>st</sup> March 2018 the Council was "over Borrowed" by £55m. This surplus cash was invested in accordance with the treasury management policy which was yielding an average investment return of 1.11%. The interest payable on this over borrowing net of interest received from investing the surplus cash is termed the "cost of carry". The cost of carry is calculated as being the difference between the weighted interest payable by the Council on the 2016/17 borrowing and the average return being achieved from the investment of surplus cash arising from the over borrowing (i.e. 1.62% less 1.11% (1.07% at 30<sup>th</sup> September). The Council is not expecting to be significantly over borrowed as at 31<sup>st</sup> March 2019.

Borrowing in advance of need has enabled the council to secure lower interest rates on long term debt than it would have otherwise have been able to do if it had waited to take the borrowing later when interest rates are starting to rise.

#### **A4. INVESTMENT ACTIVITY**

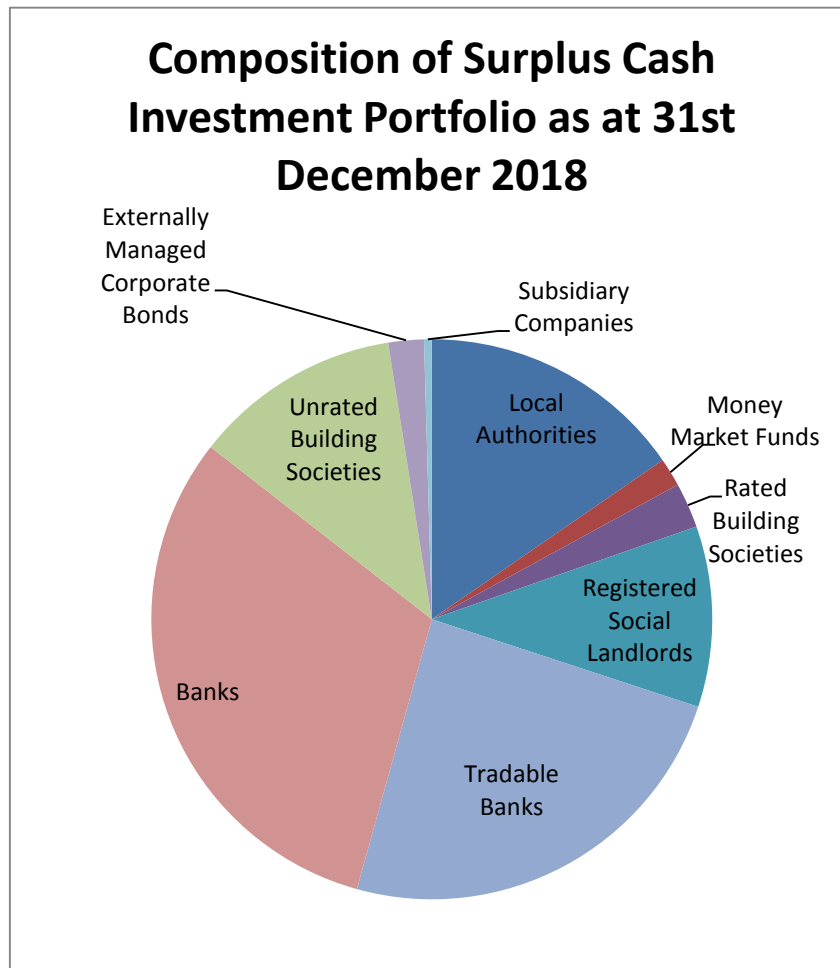
Investment rates have followed a rising trend since June 2018. Appendix B shows the actual market rates available for the first three quarters of 2018/19. Bank base rate is not forecast to rise again this financial year and then to only rise slowly thereafter.

The Council's surplus cash investments have decreased by £34.5m from £418.7m at 1<sup>st</sup> April 2018 to £384.2m at 31<sup>st</sup> December 2018. The Council's budgeted investment return for 2018/19 is £2.3m and performance for the year to date is £1.9m above budget. This is a result of obtaining better interest rates on maturing deposits and higher cash balances than originally anticipated. All Council investments have been in accordance with the Council's Treasury Management Policy approved by Full Council in March 2018 and there are no breaches to report.

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<sup>1</sup> 0.65% is the annual interest rate that must be used to calculate an annuity based on a loan advance of £72,919,800 (i.e. the amount of consideration paid by Canada Life to obtain the head lease in respect of land at White Hart Road) for a period of 41 years (the term of the head lease) which results in quarterly pass through payments of £506,549 (i.e. the quarterly rent paid to PCC by Wight Link in respect of land at White Hart Road and subsequently paid by PCC to Canada Life who hold the head lease)

A summary of the Council's surplus cash investment portfolio is shown in the graph below. These investments totaled £384m as at 31<sup>st</sup> December 2018.



#### Money Market Funds

Money market funds are instant access investments in AAA rated pooled funds.

#### Tradable Investments in Banks and Corporates (Commercial Companies)

Some investments in banks and corporates (commercial companies) are tradable. This means that the Council can sell the investments at any time to a third party. This contrasts with bank and building society term deposits which can only be repaid by the bank or building society.

#### Externally Management Corporate Bond Holdings

The Council has some externally managed corporate bond holdings. These consist of tradable debt issued by commercial companies.

#### Rated Building Societies

These are building societies with at least two credit ratings from Standard and Poor, Moody's or Fitch.

#### Unrated Building Societies

These are building societies that do not have at least two credit ratings from Standard and Poor, Moody's or Fitch.



## A5. COMBINED BORROWING AND INVESTMENT POSITION (NET DEBT)

The Councils net debt position at 31<sup>st</sup> December 2018 is summarised in the table below.

	<b>Principal</b>	<b>Average Interest Rate</b>	<b>Interest to 31<sup>st</sup> December 2018</b>
Borrowing (including finance leases & private finance initiative (PFI) schemes)	£620m	4.07%	£18.9m
Investments	(384m)	(1.11%)	(£3.6m)
<b>Net Debt</b>	<b>£236m</b>		<b>£15.3m</b>

### Source of Surplus Cash Invested In Accordance With the Treasury Management Policy

As at 31<sup>st</sup> March 2018 the surplus cash invested in accordance with the treasury management policy totaled £419m and was represented by the following items on the Council's balance sheet.

	<b>£m</b>
General Fund Balance & Housing Revenue Account Balance	50
Capital Grants	85
Capital Receipts	13
Earmarked Revenue Reserves	154
Borrowing in Advance of Need	55
Excess of Creditors over Debtors	21
Other	41
<b>Total</b>	<b>419</b>

## **A6. INTEREST RATE EXPOSURES**

Fixed interest rates avoid the risk of budget variances caused by interest rate movements, but prevent the Council from benefiting from falling interest rates on its borrowing or rising interest rates on its investments. The Council's net fixed interest rate borrowing at 31<sup>st</sup> December was £320m which was within the limit set in the Treasury Management Policy of £454m. Variable interest rates expose the Council to the benefits and dis-benefits of interest rate movements and can give rise to budget variances. The Council's net variable interest rate cash investments at 31<sup>st</sup> December were £150m which was within the limit set in the Treasury Management Policy of £289m.

## **A7. INVESTMENT PROPERTIES**

Investment properties themselves do not form part of the treasury management function but are referred to here for completeness. Further details on the performance of the investment property portfolio were reported to the Cabinet on 9<sup>th</sup> October 2018.

The Council's policy is to establish and maintain an investment property portfolio with a balanced risk profile and was valued at £114m as at 31<sup>st</sup> March 2018 with a return against total capital investment (including costs) of 5.85% as reported to the Cabinet on 9<sup>th</sup> October 2018.

Current Minimum Revenue Provision (MRP) policy relating to investment properties is that, there is no annual set aside of resources as a provision to repay debt relating to these properties. However, the Treasury Management Policy requires that upon the sale of an investment property, the proceeds from the sale are set aside to fully provide for the repayment of the debt that originally financed the investment.

Inevitably there will be cyclical movements in the market value of the investment property portfolio and there is a risk that in the short term the market value of an investment property could fall below the original price for which it was acquired. If this happens the MRP policy requires additional funds to be set aside to ensure there are adequate resources available to repay the debt that was incurred to finance the property. The set aside will be made over the remaining life of the investment property.

To guard against financial shocks on the General Fund arising from property value fluctuations, the Council's policy is to transfer 20% of the annual rental income from investment properties to an earmarked Investment Property Reserve. As at 31<sup>st</sup> March 2018 the balance on this reserve was £2.07m but will increase further over time.

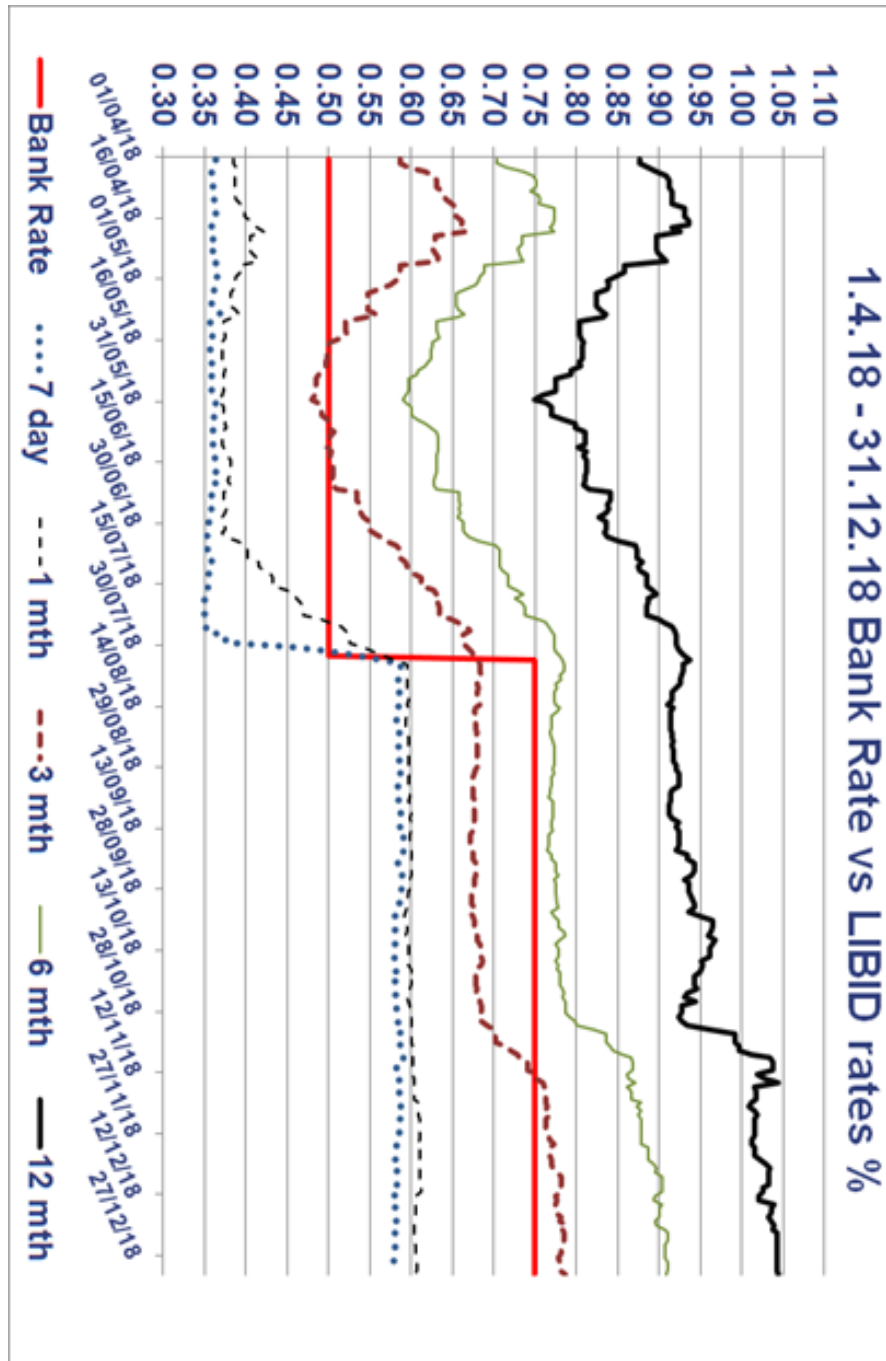
## **A8. ALTERNATIVE INVESTMENTS**

Alternative investments such as equity funds are subject to significant price volatility and can incur large fees. As a consequence they are most suited as long term investments within a cash investment portfolio. Work is currently being undertaken to forecast the amount of cash that is likely to be available to the Council over the next 30 years and therefore available for investment in accordance with the Treasury Management Policy. This information will be used to inform future Treasury Management Strategies which will be reported to G&A&S for scrutiny and Cabinet and City Council for approval and may result in alternative investment strategies.

**APPENDIX B**

LIBID rates are London inter-bank bid rates and give an indication of the rates available in the London money market

Some of the Council's cash is invested for longer than a year for which there is no comparable published LIBID rate



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# Agenda Item 7



Portsmouth  
CITY COUNCIL

<b>Title of meeting:</b>	Governance and Audit and Standards Committee
<b>Date of meeting:</b>	1 <sup>st</sup> February 2019
<b>Subject:</b>	Performance Management update - Q2, 2018-19
<b>Report by:</b>	Director of HR, Legal and Performance
<b>Wards affected:</b>	n/a
<b>Key decision:</b>	No
<b>Full Council decision:</b>	No

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## 1. Purpose

- 1.1 To report significant performance issues, arising from Q2 performance monitoring, to Governance and Audit and Standards committee and highlight areas for further action or analysis.

## 2. Recommendations

- 2.1 The Governance and Audit and Standards Committee is asked to:
- 1) note the report;
  - 2) note the continued improvement in quality of reports from directorates;
  - 3) agree if any further action is required in response to performance issues highlighted
  - 4) note that reports for 2019/2020 will be provided in a streamlined format, as set out in section 4 of the report.

## 3 Background

- 3.1 This report is part of the regular series of quarterly report highlighting significant performance issues across the organisation.
- 3.2 In compiling reports, directors are asked to consider:
- 1) Priority performance areas
  - 2) Projects
  - 3) Risks
- 3.3 Expectations have been shared with Directors that reports should cover the breadth of organisational activity and enable GAS to discern a picture of performance in the organisation. Reports should provide an indication of both current performance and trends. Directors have been asked to make use of readily understood RAG (red; amber; green) terminology to describe perspectives where:
- Green is improving; exceeding or on plan
  - Amber is no change or some degree of uncertainty about performance

- Red is deterioration; failing to achieve plan; or a high level of concern.

- 3.4 In order to make the key issues clearer to members, directors have been asked to provide summaries highlighting the issues the committee needs to be aware of (Appendix 1) with more in depth assurance around the management of performance, projects and risk, presented in further appendices. A summary of strategic risks to the organization is also included as part of Appendix 4.
- 3.5 As well as individual issues, there are themes arising from the report that members of the committee may wish to consider. These are broadly similar to those raised in Quarter 1.
- 3.6 The first significant is that demand for services in key areas is rising, and this is putting pressure on service delivery. This is particularly apparent in "people" services including children's social care, for support in relation to special educational need and disability, adults' social care and housing.
- 3.7 The second significant theme is capacity. This is raised both in relation to resource available to address demand, but also the capacity to progress necessary change projects alongside the day to day service delivery pressures,
- 3.8 Finally, it is clear that the financial pressures in both children's and adults' services, driven by increased demand and stretched resource (including external provision) is a threat to the organisation's financial sustainability, and the strategies in place to achieve affordability in both cases must be closely monitored.
- 3.9 Governance and Audit and Standards Committee are asked to consider the issues raised in the Appendices, and agree where any further information or action is required.

#### **4. Future reporting**

- 4.1 The quarterly performance report has gone through various incarnations and is now structured as the three appendices, covering performance, projects and risk, which aggregate the returns from each directorate, along with a series of directors' summaries. The deficiencies in this model have been discussed many times and in summary, focus on the extent to which the current report is too big to easily pull relevant information out of - yet still manages not to cover issues that are of interest, or present the information in a meaningful format. The directorate-driven nature of the report also means that there is equal weight given in the reporting to issues that probably aren't of equal significance in terms of social outcomes or corporate impact. What we have is very detailed subject-specific reports, but no clear or agreed understanding of how the specific reports add up to a coherent corporate picture. It is also true that the current report has moved some way from the core remit of providing assurance to the Committee as part of the governance framework.
- 4.2 It is therefore proposed that the current report format is used to conclude the current reporting year, but that for 2019/20 we move to a more streamlined format

for reporting against performance, projects and risks, aligned with refreshed organisational arrangements for monitoring these issues.

- 4.3 In relation to performance information, this will be presented thematically around the organisational priorities, with the key areas of activity presented under these themes. A reduced set of indicators will allow presentation to be more graphic and less narrative to make the information more accessible. It will be assumed that other areas of activity in the organisation have strong arrangements in place for the reporting and management of performance, and escalating areas of concern, and this will be tested annually as part of the arrangements for assessing the governance framework.
- 4.4 In relation to projects, the administration has begun to develop arrangements for a cross-party major projects board, to ensure that members (including of the Opposition and other parties) have full visibility of the range of major transformational activity the organisation is engaged in. This will include capital projects; equally, it will include "softer" projects that nonetheless have the potential to be controversial or disruptive - for example, significant contract retenders, or organisational reorganisation. Some capital projects may actually be "business as usual" and not need to be monitored as a major project for the organisation as a whole, for example, some housing construction.
- 4.5 Such an arrangement will in no way replace or duplicate the project governance arrangements for individual projects, but will allow for a clear set of project priorities to be identified across the organisation. These prioritised projects will form the basis of GAS reporting in 2019/20.
- 4.6 In relation to risks, we will move to consideration of the strategic risks across the organisation, and on a quarterly cycle, will take a "deep dive" look at a set of identified issues on a rolling programme.
- 4.7 In summary, we will be moving towards a more engaging way of interpreting information for members and residents, that should provide clear messages about how the organisation is achieving around the priorities identified.

## **5. Equality impact assessment (EIA)**

- 5.1 Any equality matters arising through performance or value for money consideration will be considered as a discrete process, as separate EIAs will be completed for these areas of work.

## **6. Legal Implications**

- 6.1 The report has incorporated legal implications and accordingly there are no other immediate legal implications arising from this report.

## **7. Finance Comments**

7.1 There are no financial implications to bring to member’s attention at this stage. However, it should be noted that there could be further financial implications following further exploration of any of the performance issues raised in this report, and related future reports could result in financial implications. These will be flagged to members at the appropriate time.

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Signed by: Jon Bell, Director of HR, Legal and Procurement

- Appendices:**
- Appendix 1- Summary of directorate issues**
  - Appendix 2 - Performance issues**
  - Appendix 3 -Projects**
  - Appendix 4 - Risks**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location



<b><i>Key performance issues for consideration</i></b>	<b><i>Key project issues for consideration</i></b>	<b><i>Key risk issues for consideration</i></b>
<b>CHILDREN'S SERVICES</b>		
Key performance Indicators for children's social care are holding up pretty well despite significant pressure on caseloads from continuing high demand on the service.	To be really effective our teacher recruitment and retention strategy needs more investment and a cross council approach - we are discussing this with Cabinet members and a new strategy is to be developed by the end of December.	Continuing high demand for children's social care creating high case- loads and risk to the quality of front line practice
A review has been commissioned to look at how best to strengthen the effectiveness of targeted early help in managing demand into social care	Many of the project lines are important elements of our financial sustainability strategy and are being closely monitored	Senior management change in Children and Families with the departure of the current Deputy Director this Autumn for a post in another authority.
In schools, fixed term exclusions have risen this year as has the percentage of young people in secondary schools who are "persistently absent" (missing 10% or more of sessions). We are also seeing slightly more young people on reduced timetables and choosing to be home educated. We continue to challenge individual schools with high levels of education exclusion judged by these indicators; there are a number of schools where the picture is much more positive and we are sharing best practice through the new Portsmouth Education Partnership website.		Increasing evidence of difficulties recruiting and retaining teachers. This is a key risk over the coming few years as the graduate population declines at the same time as the secondary school age population rises. Applications for teacher training for this September are down significantly.
Provisional data is now available for end of key		Pressure on the "high Needs" budget to meet the

<p>stage outcomes. The results are overall disappointing particularly at the end of Key Stage 2 (slight fall) and end of Key Stage 4 (no change), given the small increases we have seen nationally. Conversely we have continued to see a rise in the proportion of schools that are judged to be Good or better by Ofsted. We continue to develop our collaborative programme of school improvement through the PEP School Improvement Board that promotes school to school support and external challenge. The impact of the two SSIF bids have yet to be tested but it is hoped these will make a significant difference to the outcomes of disadvantaged pupils and those on SEN Support in mainstream schools.</p>		<p>cost of specialist provision for children with special educational needs. Portsmouth has until now bucked the trend through careful stewardship of the High Needs Block but we are predicting increasing pressure on this budget in the current financial year.</p>
<p><b>ADULTS' SOCIAL CARE</b></p>		
<ul style="list-style-type: none"> <li>• Fieldwork/Continuing Health Care</li> <li>• Independence &amp; Wellbeing</li> <li>• Carer's Services</li> <li>• Learning Disability Services</li> <li>• Safeguarding Adults</li> <li>• PCC owned residential care</li> </ul>	<ul style="list-style-type: none"> <li>• Health &amp; Social Care Blueprint</li> <li>• Integrated Discharge Service</li> <li>• SWIFT/AIS Migration</li> <li>• Achieving Financial Balance</li> <li>• Transformation Projects</li> </ul>	<ul style="list-style-type: none"> <li>• PCC owned and run Residential care homes</li> <li>• Investment in Workforce</li> <li>• Delivering ASC Interventions to improve services</li> <li>• Achieving a balanced budget</li> <li>• SWIFT/AIS Migration</li> <li>• Domiciliary Care resources</li> <li>• Provider Failure</li> <li>• Future Population Demographics</li> <li>• Fulfilling Safeguarding Responsibilities</li> </ul>
<p><b>Commentary</b></p>		

Adult Social Care is an increasingly high profile area of local authority business. There is acknowledgement at national level that social care is under increasing pressure for a variety of reasons including an increasing demand to support people with more complex needs in their own homes and increasing costs of employment for providers of social care services that the council contracts with, due to areas such as rises in the National Living Wage and increases in 'auto-enrolment' pension contributions. For the NHS to be able to care for people's health, it is critical that social care is able to meet the needs of citizens.

In order to provide a social care service that meets the needs of Portsmouth residents, meet the Council's statutory duties contained in relevant legislation and manage the demands of increasing needs and costs, ASC is proposing to implement a number of strategic shifts from 2018/19 to 2020/21, these are summarised below:

- Make better use of 'enabling technology' that can do things for people, whether this be by offering advice around technology, its uses and where these can be purchased, or purchasing a technology solution where there is a duty to meet need. This aims to create a 'technology first' culture with every contact.
- Enable people to have more control over services they access and encourage use of resources in individual communities in Portsmouth. Work with residents to ensure that services reflect their life experience and priorities.
- Have a focus on 'reablement' services that aim to help people get to a level of independence, rather than 'do for' people. Ensuring that responding to people who need help is at the right time and in the right place and that we learn from experience which builds the evidence as to what works.
- Shape the options for meeting people's needs in Portsmouth, increase options for care needs to be met in supported living, instead of a residential care environment. Increase the number of people who manage their own services via direct payments and gain greater volunteer/community sector services involvement in meeting need.
- Improve service quality in the care sector, addressing concerns raised by Care Quality Commission, (CQC) inspections in Portsmouth City Council, (PCC) owned and managed residential units as well as more widely in the city, work with the NHS Portsmouth Clinical Commissioning Group, (PCCG) on our joint quality improvement programme.

By using the strategic approach above, adult social care will work toward addressing the financial deficit, achieving financial balance by using reablement to reduce the length of time people use funded services and further reducing dependence on residential/nursing care by maximising opportunities for supported living. ASC will aim to reduce reliance on domiciliary care by encouraging choice and control in care arrangements, through promoting direct payments and use of personal assistants. ASC will move commissioning for adults with mental health problems from residential environments to supported living and use enabling technology where possible and safe to help people manage some needs.

**PUBLIC HEALTH**

		Ongoing budget constraints by prioritising the work of the Public Health team
<b>HOUSING, NEIGHBOURHOOD AND BUILDING SERVICES</b>		
Housing Options (homelessness) the impact of the Homeless Reduction Act and the increased duties is now being felt in the measures. The increase is not unexpected given the increased duties and should stabilise at the new levels. The underlying issues related to the supply of housing and increasing need to use temporary accommodation continues to be a concern.	Tower Blocks (Horatia & Leamington) - the report contains the project line for the rehousing of the residents in both blocks. A full suite of performance measures linked to the project is available on request and is being reported to the Cabinet Member for Housing on a weekly basis. A wider stakeholder update is being issued on a monthly basis.	
Community safety - the measures are now broken down into the type of demands. Variation is felt depending on the priorities; the issue of fixed penalty notices for littering illustrates this. The team are engaged in the rough sleeping strategy work.	Wilmcote House refurbishment - reflects the delayed completion as a red indicator but the works are complete. The project lines will be revised in Q.3 to include separate phases of work to refurbish the stairwells and refurbish the external courtyard area (residents have been consulted).	Tower Blocks (Horatia & Leamington) - risks associated with the issues leading to the decision to rehouse the residents are stated. The risk is mitigated with a range of measures in place.
Waste Management - Q.2 reflects the performance across the city before the wider roll out of the wheelie bins. Q.3 should start to track the impact on waste collected, recycling rates etc. The fly tipping Q.2 performance is skewed by two individuals (the commentary and note refers).	Community Warden/High Street Wardens team - Q.2 reflects the decision securing funding to increase the number of community wardens. Q.3 will track the recruitment and go live date for the new team.	Waste Management remains subject to external influences including the volatile market pricing for recyclable materials and the expected National Waste Management Policy. Hampshire County Council has slowed the plans for a Super Multi Recycling Facility until the national policy is announced. PCC remain part of an integrated partnership with Hampshire and Southampton as the disposal authorities in the region.  The Waste Management team continue to work within those parameters to improve waste collection (wheelie bin) roll out and recycling.
	Wheelie bin roll out - Q.2 capture the decision to	Universal credit roll out underway across

APPENDIX 1 - DIRECTOR QUARTERLY SUMMARIES

	roll out and the preparation work. The roll out commenced in October. The level of work and management of change is significant for the waste management team. Contingency plans are in place to support the team from the wider directorate.	Portsmouth. DWP led roll out but PCC are engaged to support residents/tenants with the transition. Q.2 too early to track the impact.
	Rough Sleeping and Street Sleepers Strategy - draft strategy approved by Cabinet Member for Housing and now goes through a formal consultation. Portsmouth City Homeless Partnership (homeless working group) to be established. Additional rough sleeping counts underway (as per MHCLG funding). Work continuing to improve day and night services. Discussions also underway with the faith community to provide additional beds.	
	Additional Borrowing (HRA) - submission made for additional borrowing (framed around four HRA owned sites). Announcement then made to remove the borrowing cap. Work now underway to understand the impact of that announcement on development and regeneration.	
<b>REGENERATION</b>		
The Directorate now has a clear structure and recruitment of key senior management posts is complete. This will enable the services and teams to realign around our key areas for delivery. Generally in Q2 services are on track to meet the objectives and measures. There are no delivery failures, however where progress has slowed this has been mostly due to resource issues. These will be resolved through the current reviews of		Key project risks are outlined on the Projects page.  There are some risks around consultation on major schemes and the changes to scheme design and timetables; and extra cost of delivery that may result from this process.

<p>service and recruitments to posts.</p>		<p>There are is also strategic developments of key sites that are in the early stages of programme management and engagement of key parties could present risk if not handled correctly.</p> <p>Communication plans for all the projects and schemes are being implemented to manage these risks and prevent these becoming issues.</p>
<p><b>CULTURE AND CITY DEVELOPMENT</b></p>		
<p>The delivery of the D-Day museum and its opening on time and in Budget was a key achievement for the Museums service. The operation in the first Quarter of this year has been well received. It is pleasure to see the visitor numbers so robust and the number of annual passes is a positive reflection on the visitor experience at the D-Day Story.</p> <p>Public expectations of Cultural Services in particular remain very high, often combining with little understanding or awareness of the overall reduction in funding to the local authority. So this engagement and positive feedback is all the more rewarding in what is a key project for the city</p>	<p>As regards <b>Air quality</b> The additional costs of increasing sampling required to deliver monitoring information in line with DEFRA's appraisal of the 2017 ASR will likewise be need to be found from existing budgets. These costs will place additional pressures upon the funding allocated to Regulatory Services to carry out their statutory obligations. This is in addition to the <b>Food safety operating plans</b> to be agreed by members in Q2 outlines the key risks and resulting recommendations and mitigations</p>	<p>Capacity: staff reductions in most service areas are challenging service delivery and development, but also limit or slow the ability of officers and services to generate new income streams, generate new revenue and attract new funding sources that can offset the impact of savings. The next 2 quarter is the busiest months.</p> <p>The ability in each service area to deliver further savings without impact on service delivery, statutory functions or service point closure (e.g.libraries and museums) will be challenging in this budget round.</p>
<p><b>COMMUNITY AND COMMUNICATIONS</b></p>		

Overall a good second quarter for the directorate with no significant issues to raise, however as detailed further in this report, I would like to highlight the full service roll-out of Universal Credit as a key event in Q2 .

We are focusing on key priority areas and projects (both corporate and service), in particular around customer service, maximising revenue and income and partnership working with the voluntary sector and social enterprise partners.

Key risks are around capacity in some areas and external system provider response and delays in relation to GDPR.

**HR, LEGAL AND PERFORMANCE**

Ongoing strong performance in main "business as usual" areas for HR, Legal and Internal Audit	All projects within directorate on track for successful delivery, with exception of devolution, due to factors outside of directorate's control.	Ability of Legal Services to meet needs of organisation is hugely dependant on recruiting and retaining sufficiently skilled and experienced staff, which is increasingly becoming a challenge
Sickness absence remaining stable, but wellbeing project now well underway and showing early success	Business Intelligence is a long and complex project which will require ongoing development once initial implementation project is complete	Pay structure undergoing some pressure due to increasing need to re-evaluate job roles and cumulative effects of lower-than-inflation pay settlements Ongoing budget saving requirements will continue to increase dependency on external income
Armed forces "Gold" award achieve		
Apprenticeship programme continuing to be successful		
Foundation Living Wage successfully introduced		
Disability Confident Employer status achieved		
Dying to Work Charter adopted		

**FINANCE AND IS**

The overall financial forecast for the whole Council continues to be a serious cause for concern with significant forecast overspends in the highest spending areas of Adults and Children's Social Care - in aggregate amounting to £8.2m. There is reasonable confidence that the Adult Social Care position is capable of remedy but	IT has a number of key & high profile projects in progress which are likely to draw on resources that are providing "Business As Usual" services. This may result in some disruption to normal business processes and service delivery plans. These projects, in particular, will be subject to close monitoring for delivery and cost.	The scale of the financial challenge facing the Council is the biggest risk to providing sustainable public services. Funding reductions coupled with increasing demand (in particular Looked After Children) which is causing overspends is likely to increase the Council's savings requirements in the future if those services are unable to contain their costs.
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<p>options for Children's Social Care appear more limited.</p> <p>Generally, Financial Services are maintaining strong performance in the main BAU areas.</p>		<p>A creative and innovative approach to income generation, regeneration, managing demand and efficiency initiatives coupled with strong financial management are all crucial to avoid cuts in public services.</p> <p>IT are now starting to transform the network and application architecture for the whole Council. Once complete, this will enable anytime, anyplace access to systems and will improve disaster recovery provision. This transformation involves developing new knowledge and learning new skills.</p> <p>The network and application transformation needs to be delivered whilst supporting existing systems, customer projects as well as BAU demand.</p> <p>To manage the impact on normal day to day operations will require strong resource management and active prioritisation.</p>
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CHILDREN'S SERVICES							
Key function: Early Help and system transformation (including troubled families)							
Objective	2017/18 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Increase in Early Help Assessments  NB: to be replaced for 2019/20 by Number of Early Help Plans	(Mar-18)	81%	83%			GREEN	Increasing numbers of early help plans in place to meet family needs
Number of families receiving targeted Early Help	422 (Mar-18)	350	352			GREEN	Number reduced slightly on Q4 report due to quicker closures by 6 months
a) % of ongoing social care cases with previous targeted Early Help Support b) % cases moving from Early Help to statutory response	a) 9.7% (Mar-18)  b) 41.3% (Mar-18)	a) 12.8%  b) 53.8%	a) 13.5%  b) 47.6%			AMBER	Plan is in place to ensure an effective early help response following appropriate step down process
Attachments to the Troubled Families programme	400	60	149			RED	Recovery Plan in place

APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Troubled Families PbR claims	70	39	130			RED	Recovery Plan in place
Measure of Healthy Child Programme (single measure to be determined - currently reporting against wider suite of HCP measures)	n/a	n/a	n/a			AMBER	2 indicators have not met the targets this quarter due to service transformation

**Commentary:**

All families within the 5-19 Early Help team have either an early help assessment underway or in place or a plan. Families in the 0-5 Early Help team (HV and FNP) are being reviewed to ensure there is either an EHA or Plan in place

Caseloads in the Early Help 5-19 team are almost at capacity. Caseloads have been reviewed to ensure families are closed by 6 months of work with early help except where ensure would mean escalation to children's social care

There is a recovery plan in place for the Troubled Families Programme to increase attachments and PbR that is being monitored by Director of Children's services and the LG

Key function: Children's social care - assessment and intervention							
Objective	2017/18 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Initial child protection conferences convened in 15 day timescale	70.53% (213/302)	76.71% (56/73)  76.71% YTD (56/73) YTD	84.09% (37/44)  77.5% YTD (93/120) YTD			AMBER	

APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Case in the Public Law Outline and court proceedings are progressed in a timely way, measures through % court cases progressed within 26 week timescale	82.89% (63/76)	83.33% (15/18) 83.33% YTD (15/18) YTD	84.62% (11/13)  83.87%YTD (26/31) YTD			GREEN	
Number of children subject to child protection plans (and compared to statistical neighbours rate per 10.000)	288 (65.45)	261 (59.32)  (56.4 SN average @ Mar-17)	240 (54.55)  (56.4 SN average @ Mar-17)			AMBER	
Referrals - contacts to MASH that result in referral to service	2136	521 (521 YTD)	464 (985 YTD)			GREEN	Downward trend
Referrals - contacts to MASH that result in referral for Early Help (Both Targeted and under service)	1688	726 (726 YTD)	768 (1494 YTD)			RED	Significant upward trend
Overall open cases (At end of quarter)	1718	1763	1712			Red	Too many cases in CSC
<p>Commentary: Work within court arena remains strong, cases achieved appropriately with 26 weeks. All those cases outside 26 weeks are appropriate exceptions. CP numbers remain high but are reducing. MASH remains very busy - high number of contacts with about 20% at Tier 4 and 20% at Tier 3.</p>							

Key function: Children's social care - Youth Offending Team							
Objective	2017/18 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
YOT caseloads	91	93	84			Red	A reduction on previous 2 quarters but remain high
Address first-time entrants to youth justice system (number of first time entrants in the quarter)	Not yet available	16	19				
Reduce reoffending (data from Youth Justice Board – historical periods)	Not yet available	40 (47.5%)	Not yet available				
Commentary: YOT caseloads remain high and the indicators regarding first time offending and re-offending whilst not available for this report have repeatedly shown little progress.							

Key function: Children's social care - Looked after children and care leavers							
Objective	2017/18 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Increase number of in-house foster carers	226	216	224			AMBER	Slow start to the year is now starting to pick up.

APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Reduce reliance on external foster carers (independent providers)	83	92	90			AMBER	Even with increase in LAC numbers, the reliance on IFA placements has reduced.
Increase stability in placements	14% 64%	Short term 15.4% (67/435)  Long term 63.87% (76/119)	Short term 18.34% (84/458)  Long term 66.67% (78/117)			AMBER	Drop in short term stability is linked to the increased demand.
Reduced care periods (measured by average days in care)	305 - 0-5 1250 - 6-13 1150 - 14+	354 days Aged 0-5  1347 days Aged 6-13  1131 days Aged 14+	353 days Aged 0-5  1353 days Aged 6-13  1128 days Aged 14+			AMBER	
Increase in numbers of children registered as privately fostered	6	4	7			GREEN	Good performance in terms of assessments on time
Increase in numbers of children returning home from care	32/193 16.6%	5/27 (18.52%)  5/27 YTD (18.52%) YTD	7/37 (18.92%)  12/64 YTD (18.75%) YTD			AMBER	This is a fairly consistent trend

APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Strength and Difficulties Questionnaire (SDQ) average scores of all completed SDQs (17+ is High level need)	13.6	12.13	Not available			AMBER	High level need is over 17 and we have 76 children scoring high (out of 263). All are known to CAMHS.
Increase in number of SDQs completed	64.6%	66.58% (247/371)	Not available			AMBER	Remains consistent
Stable accommodation available for care leavers.	84%	85.06%	84.04%			AMBER	This is a fairly consistent picture and remains a priority.

Commentary:

Recruitment has been very slow for mainstream carers. We currently have 18 carers in assessment. This number does not include connected carers or supported lodgings. We currently have 7 Lodgings assessments being undertaken. 50 of Independent Fostering Agency placements are due to increasing numbers of Unaccompanied Minors.

5 children have had 7 or more placements in a year - 43 YP not in same placement for more than 2.5 years (of whom 3 are at home and 10 have been in same placement >18 months)

Numbers are very low for PF, reflecting national picture, but have increased this quarter.

Practice continues to improve around completion of Strengths and Difficulties Questionnaires. The next focus is to look at how we use this information to improve care planning.

## Key function: Children's social care - safeguarding monitoring

Objective	2017/18 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Percentage of newly-qualified social workers	20.8% (Mar-18)	22.91% (23.6/103fte)	21.2% (21/103fte)			AMBER	Seven ASYEs at moderation panels in Q2.
Retention of qualified social work staff, measured by % staff employed for over 2 years	58% (Mar-18)	54%				AMBER	Retention has reduced over last 2 quarters
Number of referrals to Local Authority Designated Officer	235	88 (88 YTD)	80 (168 YTD)			GREEN	Number are above the baseline and continue to increase
Number of issues resolved through challenge and escalation process	45	3 (3 YTD)	18 (21 YTD)			AMBER	Numbers continue to be low
Number of staff accessing Social Work Matters Skills Academy and feedback							The academy will recommence in September
Commentary: There is a need to reduce reliance on ASYE's across the service. Retention post ASYE is increasing - which should assist.							

Key function: Education: Inclusion							
Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
No. of SEN statements/EHC plans (% of SEN statements/EHC plans)	1378 (% not in source.)	Next data from DfE Release is due May 2019				Amber	The number of EHC Plans continues to rise
% of CYP (0-25) transferred from SEN statements to EHC plans (deadline of 31 <sup>st</sup> March 2018)	22.1%	Next data from DfE Release is due May 2019				Green	All SEN statements were transferred to EHCPs by the deadline of 31 <sup>st</sup> March 2018
% of new EHC plans issued within 20 weeks (excluding exceptions)	98.4% Calendar Year 2017.	Next data from DfE Release is due May 2019				Green	Portsmouth continues to perform significantly above the national average for timeliness of EHCPs
% PEPs completed on time (to be moved in 2018/19 to reporting with LAC responsibility)	265/275 96.36% (recorded on CCM)	275/292 97%	183/270 68% (recorded on CCM)			Green	No change



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<p><b>Overall absence from primary schools</b> (Number in brackets is national average)</p>	<p>4.0% (4.0%) for 2016/17 from SFR 18 2018 State funded primary schools.</p>	<p>Next data from DfE Release is due March 2019</p>	<p><b>Green</b></p>	<p>Overall absence from primary schools is in line with national average.</p>
<p><b>Overall absence from secondary schools</b> (Number in brackets is national average)</p>	<p>6.2% (5.4%) for 2016/17 from SFR 18 2018 State funded secondary schools.</p>	<p>Next data from DfE Release is due March 2019</p>	<p><b>Red</b></p>	<p>Overall absence from secondary schools is above national average. A publicity and behaviour change campaign is planned for the Autumn term.</p>
<p><b>Persistent absence from primary schools</b> (Number in brackets is national average)</p>	<p>8.5% (8.3%) for 2016/17 from SFR 18 2018 State funded primary schools.</p>	<p>Next data from DfE Release is due March 2019</p>	<p><b>Amber</b></p>	<p>Persistent absence from primary schools is slightly above national average and continues to be carefully monitored via the Behaviour and Attendance Group.</p>

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<p><b>Persistent absence from secondary schools</b> <b>(Number in brackets is national average)</b></p>	<p>17.1% (13.5%) for 2016/17 from SFR 18 2018 State funded secondary schools.</p>	<p>Next data from DfE Release is due March 2019</p>	<p><b>Red</b></p>	<p>Persistent absence from secondary schools is above national average.</p>
<p><b>No. of Permanent exclusions from school</b> <b>(Previous year's figure in brackets)</b></p>	<p>16 in 2015/16 (13 in 2014/15 equivalent)</p>	<p><b>13</b> DFE Statistical Release 19<sup>th</sup> July 2018. Next data set due July 2019.</p>	<p><b>Green</b></p>	<p>Permanent exclusions continue to be low.</p>
<p><b>No. of fixed period exclusions from school</b> <b>(Previous year's figure in brackets)</b></p>	<p>1738 in 2015/16 (1392 in 2014/15 equivalent)</p>	<p><b>1824</b> DFE Statistical Release 19<sup>th</sup> July 2018. Next data set due July 2019.</p>	<p><b>Red</b></p>	<p>Fixed period exclusions are rising. The figure varies considerably between schools and is impacted by external factors such as a changes in leadership / academy status. Exclusions are monitored via BAG and schools are challenged robustly where exclusions have risen.</p>

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<b>Primary first preference offers made to applicants (%)</b>	89 in 2017/18 96 in 2016/17 85 in 2015/16)	<b>Data is available in June each year</b>	<b>Green</b>	Portsmouth ranked in top quartile of LAs nationally
<b>Secondary first preference offers made to applicants (%)</b>	90 in 2017/18 84 in 2016/17 87 in 2015/16)	<b>Data is available in June each year</b>	<b>Amber</b>	Portsmouth ranked in second quartile of LAs nationally
<b>Commentary:</b> School absence, both overall and persistent absence) at secondary remains above national and is rising. Fixed period exclusions are rising. Permanent exclusions remain low.				

## Key function: Education: Sufficiency, participation and resources - capital schemes

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Completion of 1000 place school rebuild of King Richard School (PSPB R1) by September 2017	Building works on site and on schedule	Demolition of the former King Richard School commenced in June.	Demolition of the former King Richard School has been completed.			Green	No change
Rebuild of Beacon View Primary and Arundel Court Primary and rebuild/refurb of Mayfield secondary school (PSPB R2) by 2020	Options appraisal stage with ESFA	Mayfield design and feasibility progressed well, however, the Education and Skills Funding Agency has put the project on hold until September, as they are considering re-procuring the project due to cost differences with the framework contractor.	Mayfield project was previously put on hold and is now due to be re procured.			Amber	No change

APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Completion of priority capital works to address urgent condition issues (school modernisation programme 2017/18)</p>	<p>Schemes underway</p>	<p>All projects are RAG rated Green. There are 4 projects from 2017/18 remaining and due for completion during the summer holiday period. There are 13 projects underway from the 2018/19 programme of works.</p>	<p>All projects from the 2017/18 modernisation programme are now complete. The 2018/19 programme of works are now underway.</p>			<p>Green</p>	<p>No change</p>
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APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Primary sufficiency Phase 2 – deliver an additional 600 school places (Northern Parade, Craneswater Junior, Langstone Junior, Moorings Way Infant, Arundel Court Primary, Newbridge Junior)</p>	<p>Schemes underway</p>	<p>Northern Parade: Handover of Leadership block was undertaken in June. Due to poor weather the contractor has a revised scheduled completion date of the end of September, this is currently to be agreed.</p> <p>Craneswater Junior School: There is no change to the completion date of 12<sup>th</sup> October.</p>	<p>Northern Parade: Staff building and LRC building complete and handed over. External works largely complete.</p> <p>Craneswater Junior School: Summer work to lower school completed and handed over.</p>			<p>Amber (both)</p>	<p>No change</p>
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APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Secondary sufficiency Phase 1 – provision of additional secondary school places to create 2-3% surplus in the short to medium term (Springfield School, Miltoncross Academy, St Edmund’s Catholic School, The Portsmouth Academy)</p>	<p>Works underway. Minor delay at Springfield</p>	<p>Springfield School: Works on site complete. Some snagging works have been agreed but as yet the school have yet to agree the increase to the admission number until all works are finalised.</p> <p>The Portsmouth Academy: Project design progressing well and to programme. Planning approval received.</p>	<p>Springfield School: investigation required on the condition of the sports hall floor.</p> <p>The Portsmouth Academy: Detailed design complete and project out to tender</p>			<p>Green</p>	
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APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Remodelling of Special School provision at Cliffdale Primary and Redwood Park Academies</p>	<p>Detailed design is underway. Cliffdale Primary is progressing whilst funding is awaited for Redwood Park</p>	<p>Work commenced on site at Cliffdale in June with completion expected in January 2019.</p> <p>Design work is underway at Redwood Park with the balance of funding £1m still awaiting SoS approval following Schools Forum endorsement to use part of the DSG carry forward.</p>	<p>Cliffdale Primary Academy: The modular nature of the buildings has allowed the majority of the groundworks and structural frame to be installed over the summer holiday period. Works on target.</p> <p>Redwood Park Academy: Working with procurement, PCC has joined the NHS framework and in September, Darwin Group were appointed to develop the design. Works on site expected in April 2019 and completion in August 2019.</p>			<p>Green (both)</p>	<p>No change</p>
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APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Refurbishment of Vanguard Centre and relocation of Harbour @Fratton and Harbour @Milton by September 2017	Works underway	Works currently underway and on programme - due to be completed in Q3 (October 2018)	Works underway.			Green	No change
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APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Secondary feasibility studies to establish how PCC could increase capacity to meet growing demand from 2019 onwards (Charter Academy, The Portsmouth Academy, Admiral Lord Nelson School)</p>	<p>Feasibility studies underway</p>	<p>Design work progressing well on all identified schemes. All currently on programme.</p>	<p>Charter Academy: Detailed design complete and planning application submitted.</p> <p>The Portsmouth Academy: Design complete. Gateway 3B approved and out to tender.</p> <p>Admiral Lord Nelson School: Following the location and route of a major water main, the re design has been completed and planning application made.</p>			<p>Green</p>	<p>No change</p>
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**Commentary:** All capital projects are overseen by a project board with stakeholder engagement throughout.

**Key function: Education: Sufficiency, participation and resources - NEET and post-16 strategy**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Rag Rating	Trend
% 16-18 year olds NEET	3.8% (3 month average Jan-Mar 2018)	4% (3 month average Apr-June 2018 MI)	3.9%  (Please note: 2 month average July-Aug 2017 MI, as Sept MI won't be submitted until 31/10/17)			Green	No Change.
% 16-18 year olds unknown	0.9% (3 month average Jan-Mar 2018)	0.6% (3 month average Apr-June 2018 MI)	0.9%  (Please note: 2 month average July-Aug 2018 MI, as Sept MI won't be submitted until 31/10/18)			Green	No Change

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

% participation in education/training at age 16	95% (3 month average Jan-Mar 2018)	94.2% (3 month average Apr-June 2018 MI)	93.7% (Please note: 2 month average July-Aug 2018 MI, as Sept MI won't be submitted until 31/10/18)			Green	This is a minor change which will be monitored carefully.
% participation in education/training at age 17  Page 124	88.8% (3 month average Jan-Mar 2018)	88.7% (3 month average Apr-June 2018 MI)	88.4% (Please note: 2 month average July-Aug 2018 MI, as Sept MI won't be submitted until 31/10/18)			Green	No change
Achievement of Level 2 (including English and Maths) by 19	62% (2016/17)	Next data from DfE Release is due March 2019			Red	Awaiting data	
Achievement of Level 3 by 19	49% (2016/17)	Next data from DfE Release is due March 2019			Red	Awaiting data	

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Apprenticeship Strategy: No 16-18 starts at Intermediate level	270 (2016/2017 Full Year - Provisional)	Data Not available (last published July 2018 for 2016/2017)	Data Not available			Amber	Following the change in published figures it may be appropriate to review the indicators for apprenticeships.
Apprenticeship Strategy: No. of 16-18 starts at Advanced level	160 (2016/2017 Full Year - Provisional)	Data Not available (last published July 2018 for 2016/2017)	Data Not available			Amber	
Apprenticeship Strategy: 16-18 Apprenticeship success rate	70.9% (2016/2017)	Data Not available (last published March 2018 for 2016/2017)	Data Not available (last updated March 2018 for 2016/2017)			Amber	
<b>Commentary:</b> NEET figures remain on track. The April to July average figures reflect the expected pattern on participation and NEETs for this time in the academic year.							

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: Education: School improvement

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Early Years Foundation Stage - % achieving Good Level of Development	71.0% (final 2017)	70.4% (2018 provisional) Annual indicator, quarterly data not available.				Amber	Very small decrease
Year 1 Phonics Screening % working at the standard	77% (final 2017)	79% (2018 provisional) Annual indicator, quarterly data not available.				Amber	Increase
KS1 Reading, Writing and Maths combined - % at least expected standard	61.9% (final 2017)	62.9% (2018 provisional) Annual indicator, quarterly data not available.				Amber	Increase
KS2 Reading, Writing & Maths - % at least expected standard	57% (final 2017)	56% (2018 provisional) Annual indicator, quarterly data not available.				Red	Small decrease
KS2 Reading Average Progress Score	-1.5 (final 2017)	2018 provisional results not yet available Annual indicator, quarterly data not available. 2018 not directly comparable to 2017 due to change in methodology.					
KS2 Writing Average Progress Score	-1.8 (final 2017)	2018 provisional results not yet available Annual indicator, quarterly data not available. 2018 not directly comparable to 2017 due to change in methodology.					

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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

KS2 Maths Average Progress Score	-1.5 (final 2017)	2018 provisional results not yet available. Annual indicator, quarterly data not available. 2018 not directly comparable to 2017 due to change in methodology.		
4-9 in English and maths 5-9 in English and maths	58.4% (final 2017)  37.2% (final 2017)	2018 provisional results not yet available. Annual indicator, quarterly data not available.		
KS4 Attainment 8	42.3 (final 2017)	2018 provisional results not yet available. Annual indicator, quarterly data not available.		
KS4 Progress 8	-0.13 (final 2017)	2018 provisional results not yet available. Annual indicator, quarterly data not available. 2018 not directly comparable to 2017 due to change in methodology.		
% entered EBacc	43.1% (final 2017)	2018 provisional results not yet available. Annual indicator, quarterly data not available.		
EBacc average points score	New indicator, no previous data.	2018 provisional results not yet available. Annual indicator, quarterly data not available.		

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

% schools judged to be good or better (of those schools that have been inspected in current or previous form)	84.1% (as at 31 March 2018)  Change to indicator - Ofsted now include predecessor school's outcome for uninspected schools.	85.7% (as at 30 June 2018)				Green	Increase
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**Commentary:** provisional data for EYFSP, Phonics, KS1 and KS2 is disappointing with little change, whilst national figures have increased. Attainment data is only available for KS1 and KS2. KS3 data will become available and provisional data for KS4.



## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<b>SERVICE: ADULT SERVICES</b>							
<b>Key function: Fieldwork/Continuing Health Care</b>							
Portsmouth has residential / nursing care beds available for those who are unable to live in their own home	<u>Snapshot as of end of quarter: Count of clients</u>						
Page 129	Long Stay Rest Home Care (Dementia)	117	128			Red  During Q3 2017 many of the existing placements that had been made at 'standard' financial rates, became new placements at higher rates, and	Improving  During this time demand is mainly being met within available capacity within the city
	Long Stay Rest Home (Non Dementia)	199	172				
	Long Stay Nursing Home Care (Dementia)	93	120				
	Long Stay Nursing Home Care (Non Dementia)	84					

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>LS In House Rest Home Care (Dementia), excludes Full Cost Clients, Includes - OP, LD, MH, PD &amp; CHC</p> <p>Long stay in-house rest home care non-dementia</p>	<p>73</p>	<p>71</p> <p>6</p> <p>There has been an increase in numbers around Long Stay Nursing Home Care (Dementia) placements, and whilst no immediate cause has been identified, work is ongoing to understand this data in more detail.</p>			<p>some of that budgetary impact remains.</p>	
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Portsmouth has sufficient domiciliary care available to enable people with care and support needs to remain living independently in their own homes.</p>	<p>As at May 2018: ASC funded 1072 people to receive domiciliary care</p>	<p>As of 4<sup>th</sup> July 2018:</p> <ul style="list-style-type: none"> <li>• ASC was funding packages of care (POCs) for 882 people.</li> <li>• Number of CHC POCS - 61</li> </ul>	<p>The Check Phase of the Domiciliary Care Intervention was completed. The redesign phase is scheduled for Jan 2019.</p> <p>Quarter 2:</p> <ul style="list-style-type: none"> <li>• ASC was funding packages of care (POCs) for 739 people.</li> <li>• Number of CHC POCS - 53</li> </ul>			Red	Stable
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Portsmouth community social work and OT teams are able to assess and deliver services to ASC clients within a timely manner</p>	<p>Post-intervention, average waiting times were 22 days</p> <p>Waiting List as of May 2018:</p> <p>173 for SW and 118 for OT (2 Cat 1, 46 Cat 2, 70 Cat 3).</p>	<p>The Waiting List has remained significant but work is due to commence on remodelling the Social Work 'front door' which should increase capacity and reduce waste.</p>	<p><u>Social Work -</u></p> <p>Waiting list as of 10.10.18:</p> <p>120. This has reduced significantly due to a variety of reasons such as staff returning from maternity leave and work with other services to support the 'front door' offer.</p> <p><u>Occupational Therapy (OT):</u></p> <p>waiting list as of quarter end:</p> <p>146 (Cat1-4 longest wait: 6 days; Cat 2- 57 longest wait: 6 weeks; Cat3- 85 longest wait: 2.5 months)</p> <p>For OT, numbers have risen since quarter 1 (118). The service is currently carrying 6 FTE vacancies. OT recruitment across the service is proving problematic and requires review as part of the wider workforce development strategy.</p>			<p>Amber- until this analysis is complete, and work on the 'front door' is completed, this will remain at amber.</p>	<p>Stable</p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Continuing Healthcare:</p> <p>Continuing Healthcare in Portsmouth is delivered through a team composed of nurse and social work professionals. The Local Authority is the lead agency and provides budget monitoring, leadership and ratification of the CHC process in Portsmouth on behalf of the CCG through a Section 75 agreement under the National Health Service Act 2006.</p> <p>The CHC-accountable manager reports monthly to a Partnership Management Group comprised of representatives from the CCG and PCC</p>		<p>19% (n5) of assessments were completed in hospital. (Expectation is 15%hospital/85% community</p> <p>50% of referrals completed within 28 days</p>	<p>Quarter 2:</p> <p>19% (n7) of assessments were completed in hospital (Expectation is 15%hospital/85% community</p> <p>17% of referrals completed within 28 days.</p>			<p>Amber - as reported in Q4, there was an overspend in CHC for 2017/18 with potential mitigation against this in the underspent balance sheet of 2016/17.</p>	<p>Stable</p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Commentary:

**Residential/nursing beds available:** Hampshire County Council is now managing Harry Sotnick House (HSH) for a transition period having worked with Care UK to safely transition the home. Regular information meetings have been established for relatives and there has been a weekly oversight of progress with a management group. It is anticipated that a decision will be made around admissions post Oct 18.

Extensive work has been done by the turnaround team to improve standards in PCC's residential units resulting in:

- Shearwater and Hilsa - both homes been re-inspected and gained a 'Requires improvement' rating from the Care Quality Commission (CQC) with elements of 'good' domains in 'Caring and responsive'.
- Russetts has gained a 'requires improvement in Effective & well-led' with 'Safe, caring & responsive' rated as good. Report published 26/5/19
- Edinburgh House was inspected on 23/25<sup>th</sup> July. However the turnaround team were deployed to Edinburgh shortly before the inspection to support leadership in the home. This deployment was well received by CQC during their inspection, and subsequently Edinburgh House has received an overall 'requires improvement' with a 'good' domain for care. The main area for concern was Regulation 17 'Good Governance'. The turnaround team were already aware of the issues and had an action plan to address these. So this was the basis for the 'requires improvement' rather than 'inadequate' rating.

### Sufficient Domiciliary Care Available:

In Q4 2017 a domiciliary care provider entered into a Company Voluntary Agreement in order to restructure its financial arrangements. The company has continued to trade as normal and care being provided has to date been unaffected.

A Domiciliary Care Systems Thinking Intervention commenced in Q1 which has the potential to significantly improve how Domiciliary Care is provided in the city. The intervention completed the 'Check' (demand analysis) phase in Q2. Redesign has experienced some resourcing issues but is planned to commence in Qtr 3.

In Q1 the Transformation Fund scheme to enhance the Community Independence Service commenced. In Qtr 2 the Team Manager was recruited, and their focus in Qtr 3 will be recruiting staff for the enhanced service.

### CHC

The Tier Mapping Model continues to be worked on with a review required of the level of funding for each tier.

The potential Solent NHS Trust in-patient bed to assess challenging behaviour continues to be discussed and other options of dealing with challenging behaviour including supportive living.

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p><b>Key function: Independence and Wellbeing</b></p> <p>(Independence &amp; Wellbeing Objectives are grouped into 6 priority areas. Projects that the service is involved in fulfil varied objectives and KPIs in these 6 areas)</p>							
<p><b>Supporting independence/ Reducing Social Isolation:</b></p> <p>Community Connector Project - supporting lonely and isolated people to access social opportunities within their local community</p>			<p>There is consistent demand for this service.</p> <p>Issues identified in Q1 in relation to waiting times and capacity have been addressed by the recruitment of a new Community Connector to a vacant post and also via some support from Reablement Assistants within the Community Independence Service.</p>			<b>Amber</b>	<b>Stable</b> as project running effectively
Number of referrals		53					
Number of clients accessing the service		63					

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Number of clients who had their goals met		(28 out of 36 clients)					
<p><b>Health and Wellbeing:</b></p> <p>Men's Sheds Initiative</p> <p style="text-align: center; transform: rotate(-90deg); transform-origin: left top;">Page 136</p>		<p>Data currently not collected for this project.</p> <p>Sheds at both the Stacey Centre and Portsea are at full capacity.</p> <p>New venue identified for Portsea shed at the historic dockyard.</p> <p>Gap in provision identified in the North of the city and suitable venue still to be found.</p>	<p>Data not collected for this project as although supported by a PCC Community Development Worker this is an independent project.</p> <p>Suitable venue still to be found in the North of the city.</p>			<b>Amber</b>	<b>Stable</b>



## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>Information and Advice:</b></p> <p>Development of a web based tool to facilitate easier access to health and social care information for practitioners and also the general public across the Portsmouth district.</p>	<p>Requirements for the I&amp;A tool have been discussed and agreed as part of the I&amp;A strategy partnership group and also via a range of consultation exercises with a wide range of stakeholders.</p>	<p>Data currently not collected for this project, as not yet a live tool.</p> <p>Delays due to procurement issues. Will now be part of a more corporate wide initiative led by the director Of communications and Voluntary sector, and new timelines will be developed. This will however result in a more sustainable model going forward.</p>	<p>This project has now a wider remit and will be led by the Community and Communications Directorate. It will therefore come out of this reporting stream from Q3 onwards.</p>			<p><b>Red</b></p>	<p><b>Stable.</b> Has been rated red due to decision to develop into a more corporate resource and the subsequent impact on timelines</p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>Volunteers/Community Champions:</b></p> <p>Volunteer recruitment and retention programme to ensure the essential running of a range of IWT projects and services and to build on community capacity.</p>	<p>Full quota of volunteers actively supporting the various programmes of work.</p>	<p>Number of volunteers actively supporting the work of IWT: 42 Volunteers are now being actively recruited into two new projects in the city (GoodGym and Good Neighbours)</p>	<p>Volunteer numbers have grown in the past quarter due to the role out of the men's cookery programme - Chop, Cook, Chat.</p> <p>Volunteers with the GoodGym project have now started to be matched with lonely older people in the community and a number of one off missions have been successfully completed.</p> <p>The Good Neighbour Network development across the city has been making progress and has been recruiting committee members to run these projects.</p>			<p><b>Green</b></p>	<p><b>Stable</b></p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<b>Training and Workforce Development:</b>  IWT work force development training offer	Extensive targeted workforce development programme offered - running effectively with consistently high uptake compared to previous years.					<b>Green</b>	<b>Stable</b>		
Total number of attendees receiving training & upskilling		<b>174</b>	<b>103</b>						
Number of ASC staff receiving training and upskilling		<b>54</b> (+ 11 other professionals associated with ASC)	<b>31</b>						
Number of professionals in the wider workforce trained.		<b>95</b>	<b>63</b>						
Number of volunteers who received training and upskilling.		<b>14</b>	<b>9</b>						

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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Evaluation Satisfaction levels across all courses		90% (QA bench march 80%)	69% NB The drop in satisfaction level from Q1 is in relation to one particular course and is being looked into by our training coordinator who will review this course with the trainer.				
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: Carers' Services

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<b>Collaborative working with NHS Colleagues</b>	<p>E-learning package is being actively used by PHT, Solent and PCC staff.</p> <p>Carers Service Staff are providing ongoing support to PHT and Solent to achieve their organisational goals concerning carers.</p>	<p>The Carers Working Group format is under review.</p> <p>Conversations continue with NHS partners to explore the new way of working strategically as part of the wider new models for working and integration, including for example fit with GP Hubs and awareness-raising at a strategic level.</p>	<p>The Carers Executive Board is being refreshed with new Terms of Reference and additional members. It will work together to achieve strategic goals across the health and social care system, working together with partners in the voluntary and community sector.</p>			<b>Green</b>	<b>Stable</b>

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>Review of the Carers Assessment process</b></p>	<p>Corporate intervention team working with the Carers Service to implement a new Carers Assessment Process in the first half of 17/18.</p>	<p>This is now complete. The New Carers Assessment process was rolled in during the last quarter.</p> <p>Analysis of measures in the first quarter has demonstrated some teething problems with collection of data (plan now in place to remedy this).</p>	<p>End to end times from first contact to support delivered has gone from 37.7 days in the old system to 6.9 days in the first 7 months of the new system.</p> <p>16% of carers who have received support from the service have provided customer feedback, 98% of whom scored the service between 8-10 out of 10.</p>			<p><b>Green</b></p>	<p><b>Stable</b></p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>Better integrate carers assessment and support into the Adult Social Care 'front door'</b></p>	<p>Carers services and support are always pro-actively considered as part of the Adult Social Care assessment process</p>	<p>Shared learning with Adult Social Care around understanding front door demand</p> <p>Joint assessments with Adult Social Care being piloted</p>	<p>Carers' awareness and good practice guidance embedded in training and upskilling around the ASC front door and day to day practice.</p> <p>Whole family/joint assessment pilot work is ongoing.</p>			<p><b>Amber</b></p>	<p><b>Improving</b> (due to joint working and experimentation)</p>
<p><b>Commentary:</b> Plans for 2018/19 include reviewing and refocusing outreach and partnership work, and exploring potential for more joined up working with health and social care colleagues, including whether a carer's worker could be the lead professional for a couple/whole family (but considering the staffing structure and resources needed in this new way of working).</p>							

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: Learning Disability Services

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p>DAY SERVICES</p> <p>To create a range of Day Services that deliver key outcomes in the most cost effective</p>	See commentary below	<p>The in-house provision now has its own OT and work is well underway in determining support pathways and outcome assumptions.</p> <p>A new provision, based upon developing skills for independence, is now available for a trial period.</p> <p>Field workers have been encouraged to have greater contact with providers in order to more effectively commission their services. This has had a positive effect.</p>	<p>A range of dynamic outcome focussed services has now been in place for 2 years. Support Plan audits show increasing focus on outcomes. 6 service users have moved to paid apprenticeships and 2 people with complex challenges are in paid employment. A substantial element of service now involves people with a learning disability contributing significantly to the Community. Work is underway to develop a dynamic purchasing system providing further choice.</p> <p>Progress continues to deliver Day Service Strategy</p>			Amber (see commentary below)	Improving (market expanding, integrated H&SC approach to in-house day services)



## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>TRANSITION</b></p> <p><b>A process of transition that engages health education and social care in focussing on key outcomes related to health, independence, work and social inclusion/relationships</b></p>	<p>Service has dedicated Transition Workers (The NDTi National Demonstration site role)</p> <p>Service is regional lead focussing on Education Health and Care Planning's delivery of key Preparing for Adulthood (PfA) outcomes</p>	<p>Continued work on clear protocols for children transitioning into adult services. Also exploring needs of young people with autism. Work between LD, ASC services and wider agencies to establish partnership arrangements to ensure both LD and non LD young people have relevant transition processes/PfA outcomes identified.</p> <p>Focus on reviewing Education, Health and Care Plans (EHCPs) so that progress can be made to mapping these onto on-going deliverable outcomes as well as identifying gaps in the transition process.</p> <p>Continued work on redesign of the 'Local Offer'.</p>	<p>Protocols are in place.</p> <p>A Tracking methodology from age 14 is being used.</p> <p>Lack of services for people with autism but not an LD continues to be problematic.</p> <p>LD chairs preparing for adulthood group.</p> <p>Insufficient resource in the Team to manage Transition but links with schools have improved significantly.</p> <p>A celebration and learning event - a showcase for provision with workshops based on PfA outcomes was a big success</p>			<p><b>Amber</b></p> <p>No funding available for transitional cases</p>	<p><b>Stable</b></p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>HOUSING AND SUPPORT</b></p> <p><b>A range of Housing and Support options that promote independence, ownership and social inclusion while achieving economies</b></p>	<p>A profile of Supported Living /Res Care that is 2nd best (promoting SL) in the South East</p> <p>Savings through de-commissioning transfer from res care and contract negotiation that has delivered significant year on year savings.</p> <p>A framework of Supported Living providers that is struggling due difficulties around agreed hourly rates</p>	<p>Savings related to the opening of MW2 (specialist provision for 9 people) are being realised</p> <p>Set to close service's last large LD residential service (Eden House) and transfer its 9 residents into supported living properties (mainly into 3 x 4 bedded houses in Ivy Close). This will realise savings.</p> <p>Completing support provider framework tender process.</p> <p>Continuing to use the Care Funding Calculator (CFC) to realise savings. 2 services are under negotiation currently.</p>	<p>£688,000 full year equivalent ongoing annual savings have been delivered. Out of City placements are being reviewed. OT appointed to work with providers to support development of Independent Living Skills. Assistive Technology being used to reduce cost. Service first LA to be a member of 'GR8' support aimed at improving care.</p> <p>Framework for Supported Living now in place. 76% of provision now Supported Living placing Authority as 1<sup>st</sup> in ADASS region.</p>			<p><b>Amber - see commentary section below</b></p>	<p><b>Improving</b> (roll out of strategy)</p>
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**APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING**

<p><b>RESPITE</b></p> <p><b>To develop alternatives to the one large residential care service that represents the main source of respite provision</b></p>	<p>Planning to move from a one stop shop to offer a menu of Respite services.</p> <p>Planned conversion of 2 houses to support emergency placements and provide for people who need a smaller quieter environment.</p> <p>Gig Buddies established in Portsmouth.</p>	<p>Adaption of 2 houses completed. CQC satisfied with environmental improvements but not increase in beds so will manage with existing levels for respite. Use of the Annexe has been further delayed due to need to use accommodation as crisis support.</p> <p>Continued use of Gig Buddies/volunteers.</p> <p>New manager now in post at Russetts which will enable a review of the service.</p> <p>Review of staffing structure underway that will both rationalise roles and clarify accountability.</p>	<p>Annex now open. 25 GIG Buddy pairings in place representing a far cheaper alternative to Personal Assistants.</p> <p>Restructure of Russetts planned and will be ready to go out to consultation within a month which will lead to cost reduction and service improvement.</p>			<p><b>Amber</b></p>	<p><b>Improving</b> (annex is now open, gig buddies continues to expand)</p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>INTEGRATED WORKING</b></p> <p>The Social Work and Health Teams will be fully integrated with overlap of roles, processes and responsibilities adapted to deliver key outcomes for service users in line with Statement of Purpose</p> <p style="text-align: center;">Page 148</p>	<p>Integrated team established - CQC rating 'Outstanding'.</p> <p>Single line management</p> <p>Named Worker system.</p> <p>Systems and practice in place to reflect asset based outcome focussed approach</p>	<p>72% of accommodated people are in supported living rather than residential (target = 60%).</p> <p>87% allocation of named workers.</p> <p>84% of annual reviews done within 12 months.</p> <p>High levels of positive user &amp; carer satisfaction.</p>	<p>Sickness absence at 2.2%.</p> <p>5<sup>th</sup> highest trust nationally re delivery of Health Action Plans and joint 1<sup>st</sup> for staff satisfaction (of 48). Lowest waiting times nationally referral to assessment.</p> <p>Reviewed all 117 arrangements with cost reduction of £197,000</p> <p>Carers' survey resulted in 'very satisfied' in all 14 areas of performance.</p> <p>Increase in referrals.</p>			<p><b>Amber</b></p>	<p>Stable</p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>COLLABORATION</b></p> <p><b>The culture and practice is collaborative and genuine co-production is in evidence. Stakeholders are critically involved in planning and evaluation</b></p>	<p>Carer's newsletter published.</p> <p>All new contracts require that providers involve Carers and Service Users in Governance.</p> <p>Housing and Support and day Service Provider fora in place.</p>	<p>Carers' feedback remains positive.</p> <p>Users' satisfaction returns remain positive. People First Advocacy Group continued.</p> <p>Day Service Development Plan demonstrates collaborative approach to setting priorities.</p> <p>Plan to hopefully involve carers in evaluation of tenders in relation to Supported Living Framework</p> <p>Big Tent Event planned at Gunwharf for Oct with national partners to provide workshops, a market event, creative activity</p>	<p>Celebration and Learning Event involved over 20 providers and was extremely well received by stakeholders.</p> <p>Housing and day services provider fora successful.</p> <p>Partnership Board took place in November 18.</p> <p>Involvement of stakeholders in service governance.</p> <p>Carers Newsletter.</p>	<p></p>	<p></p>	<p><b>Amber</b> - more structured linking in and out of Partnership Board</p> <p>Development of collaborative Quality Assurance mechanisms</p>	<p>Improving</p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Commentary:

**Day Services: Baseline 2018** - De-commissioned 66% of in house service. Re-commissioned services that focus on the 4 Preparing for Adulthood outcomes Work / Health / Independence & Learning / Relationships and Community 'Block contracts' replaced with individual budgets. Introduction of a named worker for all service users. Movement from generic providers to providers with a focus on independence and personal development

The market is expanding markedly. **Amber rag-rating due to need to:** -establish equitable and sustainable funding arrangements - develop the market further but not over extend - continue to develop an outcome focus and develop ways of aggregating progress in outcome achievement -and further create non service solutions.

**Housing and Support:** A shift in landscape (shape and size of services) needs to be completed. Out of City placements need to be reduced. The Housing Strategy indicates that it will deliver up to £1.8m savings over 8 years.

NLW and associated pressures (e.g. employer pension contribution) is threatening to lead to market collapse.

**Respite:** the capacity to develop a range of services is limited by the fact that the service's funding is tied up in a residential respite service (Russets) that is part of a PFI arrangement. Need to reduce use of Independent Sector and deliver savings.

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: Safeguarding Adults

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p><b>Local authority safeguarding functions to be located in one place</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 151</p>	<p>The Adult MASH (commenced in April 2015) has staff from the Adult MASH and the Children's MASH co-located in the Civic offices. This promotes a think family approach and ensures a timely coordinated approach where both adults and children may be at risk within one family.</p> <p>Co-location with the police also enables intelligence to be shared efficiently and safeguarding plans can be agreed on a multi-agency basis.</p>	<p>The Clinical Commissioning Group (CCG) has written a proposal regarding the input from Health into the Adult MASH. The proposal has been accepted by ASC so plan is to progress.</p> <p>This will need to address IT/governance and line management arrangements.</p>	<p>Health resource has been identified to join the adult MASH on a secondment basis, and this is now being progressed, through HR.</p> <p>The MASH now has the relevant business support to collate the data required by the CCG to evaluate the impact of investing resource in the adult MASH.</p>			<b>Amber</b>	<b>Stable</b>

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>Timely intervention in safeguarding</b></p>	<p>Response times to concerns are not always in line with the Pan Hampshire Multi-Agency Adult Safeguarding Procedures.</p>	<p>A systems intervention was planned to review all areas of the Adult MASH to provide the required evidence to inform service improvements. This has been delayed due to the Domiciliary Care Intervention starting. A new timeframe for the safeguarding intervention has not yet been agreed.</p>	<p>There are plans to map work into the adult MASH during this quarter. There is no agreed date to undertake a systems intervention, but it has been agreed that there is some mapping work that the team can do now that there is sufficient business support within the MASH.</p>			<p><b>Amber</b></p>	<p><b>Stable</b></p>
<p><b>Commentary</b></p> <p>In lieu of a date to commence an formal systems intervention, work is underway to use some of the methodology to document work coming into the Adult MASH, with a view to identifying and reducing waste. The MASH now has its full complement of business support and this has allowed some work to be completed to streamline processes with reference to referrals in from the police (PNN1s). Recruitment is underway for a full time manager and when completed will allow further improvement work to be scoped.</p>							



## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: PCC-Owned Residential Care (3 residential units for clients with dementia)

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p><b>Employ a greater staffing capacity to care appropriately for residents.</b></p>		<p>Significant issues regarding recruitment and retention of residential care staff continue, and the recruitment plan aims to:</p> <ul style="list-style-type: none"> <li>- Recruit 60 care home staff by December 2018.</li> <li>- Improve sentiment towards to caring careers from the benchmark by December 2018.</li> <li>- Host a recruitment event that attracts 30 attendees in June 2018.</li> <li>- Reach over 25,000 people from the target audience through social media channels by December 2018.</li> </ul> <p>The long-term plan for financial sustainability is being developed as part of the wider ASC Strategy.</p>	<p>Increasing success in recruiting care staff following a robust recruitment drive, however referencing &amp; DBS checks can take a long time and can delay start dates considerably.</p> <p>Edinburgh house received a overall 'requires improvement' with 'good' for the care domain - see commentary below.</p> <p>The long-term plan for financial sustainability is being developed as part of the wider ASC Strategy.</p>			<p><b>Red</b> - there continue to be issues with recruitment, though the plans in place are expected have an impact.</p>	<p><b>Stable</b></p>

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>Working with internal and external partners to devise creative options for activities and involve students in working creatively with residents.</b></p> <p style="text-align: center; transform: rotate(-90deg);">Page 154</p>		<p>ASC's programme for energising people around the idea of support for their care homes under the banner "Be There for Care" continues to do well. The project was nominated for an 'innovations' award in June.</p> <p>Plans to open a tearoom in Shearwater will be completed by the Autumn.</p> <p>Students from Ports University will be supporting residents in activities with the Tovertafel tables (which promote stimulation and interaction for people with dementia) and will be looking at the wellbeing effects this has with residents with dementia as part of their research, as these resources enable engagement and activity. Ground work has been completed to identify students and will start in Sep new term.</p>	<p>Shearwater tearoom was opened on 5/10/18 this will provide a place for residents, families and visiting professionals to spend time in a relaxed environment. Work continues in exploring social enterprise to staff the tearoom.</p>			<p><b>Amber</b></p>	<p><b>Improving</b></p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p><b>Improve the physical environment of the home</b></p>		<p>ASC's turnaround team has continued its work to review the current PCC residential homes and plan and support the implementation of the changes that ensure CQC compliance and sustainable quality change, as detailed in the last quarter. This has included extensive work on care planning processes for residents.</p> <p>See results of recent CQC inspections in the commentary below.</p> <p>The turnaround team's other aim of ensuring the effective acquisition of an alternative provider for the provision of residential and nursing care within Harry Sotnick House was completed at the end of Q4. Hampshire County Council (HCC) was announced as the provider and in Q1 this transition took place smoothly thanks to the detailed planning behind this transfer, with improvements being made at the home.</p>	<p>Edinburgh, Hilsea Lodge and Shearwater have now all been re-inspected and have a 'requires improvement' rating its of note that all 3 dementia homes have gained a 'good' in the caring domain for the very good hands on care being delivered.</p> <p>Harry Sotnick House received an unannounced inspection 6/7<sup>th</sup> Aug 18. This was a focused inspection around the areas of 'is the service safe and well led'.The service received a rating of 'requires improvement' in both areas - see commentary below.</p>			<p><b>Amber -</b> rating changed from red to amber, as all homes are now out of inadequate but still requires further improvement</p>	<p><b>Stable</b></p>
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Commentary

Finance available for residential care homes is limited. Seeking volunteer efforts as described above increases a sense of community and is a way to help achieve without significant budget resource.

Extensive work has been done by the turnaround team to improve standards in PCC's residential units resulting in:

- Shearwater and Hilsea - both homes been re-inspected and gained a 'Requires improvement' rating from the Care Quality Commission (CQC) with elements of 'good' domains in 'Caring and responsive'.
- Russetts has gained a 'requires improvement in Effective & well-led' with 'Safe, caring & responsive' rated as good. Report published 26/5/19
- Edinburgh House was inspected on 23/25<sup>th</sup> July. However the turnaround team were deployed to Edinburgh shortly before the inspection to support leadership in the home. This deployment was well received by CQC during their inspection, and subsequently Edinburgh House has received an overall 'requires improvement' with a 'good' domain for care. The main area for concern was Regulation 17 'Good Governance'. The turnaround team were already aware of the issues and had an action plan to address these. So this was the basis for the 'requires improvement' rather than 'inadequate' rating.
- Harry Sotnick House was inspected on the 6/7<sup>th</sup> Aug 18. This was the first inspection since the change in provider in April 18. This was a focused inspection around the areas of 'is the service safe and well led'.The service received a rating of 'requires improvement' in both areas. The report included areas which required improvement and also details of where improvements had been made following the change in provider (the report is available on the Care Quality Commission website).

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

PUBLIC HEALTH							
Key function: Address the health effects of the built environment							
Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Improve air quality, targeting Air Quality Management Areas (AQMA) - Support development of a Feasibility Study to achieve air quality compliance, as required by March 2018 Ministerial Directive	Nitrogen dioxide (NO2) monitoring indicates that levels in AQMA 6 exceeds the National Air Quality Objective (NAQO) levels:  Current annual mean (2016/7):	<b>Ongoing</b>	Reporting complete and Study submitted to DEFRA				
Provide evidence and insight to the Air Quality Board	49.16 µg/m3 to  43.09 µg/m3)		Ongoing				
Work with Transport and partners to implement findings of Feasibility Study	Target annual mean:  40 µg/m3		Participation in Air Quality Steering Group.				
- Support implementation of the Air Quality Action Plan			Working with Transport Communications to deliver anti-				

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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Contribute behavioural insights and evidence to initiative to improve air quality</p>		<p>Ongoing</p>	<p>idling campaign using behavioural insights on travel survey</p>				
<p>Increase physical activity rates from current baseline with a focus on walking and cycling</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 158</p>	<p>2016/17: 66% adults physically active</p>	<p>Ongoing</p>	<p>Continuing to deliver a range of activities at an individual and population level through the Physical Activity Alliance and Wellbeing Service, and with partners through the planned Long-Term Condition Hubs.</p>			<p><b>GREEN</b></p>	

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Provide evidence and behavioural insight to the Local Cycling and Walking Infrastructure Plan	N/A	Ongoing	Local Cycling and Walking Infrastructure Plan on hold due to loss of delivery officer in Transport. Offering advice on other topics as and when requested.			<b>GREEN</b>	
Provide support to the implementation of the Local Plan	N/A	Ongoing	Ongoing. Regular meetings between Transport and Planning.				

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: Work in partnership with children's and families

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Ensure procurement / contractual options for health visiting and school nursing services are progressed	Contracts run until end June 2019	2019/20 budget discussion with the Leader of the Council which has proposed a way forward.				Green	
Scope and appraise procurement/contractual options to inform Council decision making processes	As above	N/A				N/A	
Secure agreement and proceed to implementation according to agreed timescale	As above	N/A				N/A	

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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Key function: Reduce harm caused by substance misuse

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Complete an audit of drug related deaths, including deaths due to prescription drugs	9.3 deaths per 100,000 (55 deaths) during 2014-2016 (significantly higher than England)	An audit of drug related deaths has been undertaken, however the final findings and presentation is yet to be delivered. This will be delivered to the Safer Portsmouth Partnership and the Clinical Commissioning Group in July 18.	Audit completed and presented to the Safer Portsmouth Partnership. Actions to reduce drug related deaths have been implemented.				
Provide Naloxone through pharmacies to prevent opiate overdose deaths	Project approved via the public health transformation fund	This project went live on the 18 <sup>th</sup> June 2018 in 8 pharmacies spread across the city. They have commenced distributing Naloxone	Project continuing				

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: Reduce suicide and self-harm in the city

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Delivering and coordinating the delivery of, actions within Portsmouth's Suicide Prevention Plan	13.3 deaths by suicide per 100,000 persons in 2014-16 (Portsmouth is significantly higher v 9.9 per 100,000 for England)	Partnership established, quarterly reporting timelines & processes agreed and complete	Quarterly Partnership meeting held. Task and Finish Group for priority projects set up and in progress. On target to complete 2018/19 actions.				
Establish a self-harm sub-group, which reviews the findings of the self-harm needs assessment 2017, makes recommendations, and co-ordinates actions to deliver recommendations	Hospital admissions as a result of self-harm (10-24 years) 545.7 per 100,000 (Portsmouth is significantly higher v 404.6 per 100,000 for England)	Group established June 2018	Group met once but needs to engage wider group of partners. Met with Hampshire lead in December to discuss a SHIP wide group that undertakes work to meet recommendations. Some priority actions already being undertaken.				
<b>Commentary :</b> Suicide prevention activities on target. Self-harm will be prioritised from January 2019 (post December meeting with Hampshire).							

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function:

Reduce unwanted pregnancies by increasing access to Long-Acting Reversible Contraception (LARC) in general practice, maternity and abortion pathways, and strengthening LARC pathways with vulnerable groups

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Develop a Plan for increasing LARC uptake (jointly agreed with Solent and the CCG);</p> <p>In primary care;</p> <p>In Termination of Pregnancy (ToP) services;</p> <p>In vulnerable groups (including Looked After Children (LAC), care leavers, and women who are at risk of or have had children taken into care).</p>	<p>Under 25's that choose LARC (excluding injections) at sexual and reproductive health services: 35.8% in 2016 (v 20.6% for England) (not able to determine whether better/worse than England)</p> <p>Under 18 conception rate significantly higher than England 26.4 per 1,000 in 2016 (v 18.8 per 1,000 for England)</p>	<p>Sexual health lead returning from maternity leave. Introduction back to work undertaken to inform project plans.</p> <p>Taken to practice manager forum to identify practices who are looking to increase activity. Linking them with Solent training offer. Solent producing different promotional material which can be used by GP practices. Scoping also undertaken to inform improvements required as part of the EHC pharmacy locally commissioned service pathway. Student Health Needs Assessment completed, including a section on sexual health.</p> <p>Exploration of current ToP pathway. British Pregnancy Advisory Service (BPAS) are producing a proposal for CCGs to consider regarding pre-consultations regarding contraception.</p> <p>Scoping of opportunities to inform the project plan</p>	<p>STP paper on increasing LARC in primary care taken to STP board meeting: Increasing LARC in primary care supported but no funding will be released from STP to support this workstream. Working with CCG to look at current pathway of contraception for non-contraception purposes. Uni practice started a sexual health clinic for students registered to their GP practice (funded by CCG).</p> <p>Additional training in BPAS to increase access to contraception. Still waiting for the proposal regarding pre appointment consultation on contraception from BPAS service.</p> <p>Initial meeting set up with SSJ &amp; SHS to discuss pathways/opportunities. Relationship developed between Robert Centre &amp; SHS so vulnerable clients have a quick, easy pathway into the sexual health service (including Adept &amp; Care Leavers in the Boost Programme). Initial meeting to look at pathways into SHS's for CYP identified as low, med, high risk of CSE. SHS due to attend LAC team meeting. SHS attending Hub team meetings. Transformation 3 programme for SHS initiated: while looking at generating savings workstream initiated to ensure most vulnerable are not effected &amp; have easy /direct access into the sexual health service.</p>				
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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<p>Influence the new SHIP wide maternity specification to strengthen LARC advice, access and pathways within maternity services</p>	<p>Local maternity system transformation programme underway</p>	<p>Provided proactive input to CCG maternity commissioners who are leading this work for SHIP</p>	<p>Discussions are continuing to progress this work. Refreshed specification not yet updated. Prevention workstream of local maternity system transformation programme being established.</p>				
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**Commentary:** There has been complaints in the community about lack of access to LARC appointments in the SHS service, some of this is due to the IT booking system. The SHS have a workstream in place to address this & a lead within the SHS who reviews every reported complaint. There may be more complaints about lack of appointments generally within the SHS in the future as the service has to cap the number of appointments available to fit within the upper cap of the contract (vulnerable residents will be prioritised).

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Key function: Reduce the prevalence of smoking in pregnancy

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Undertake a deep-dive to reduce smoking in pregnancy	Smoking status at time of delivery: 12.7% in 2016/17 for Portsmouth significantly higher v 10.7% for England	Made arrangements to lead a multi-agency smoking in pregnancy self-assessment	Multi-agency steering group has met. Further training for midwives delivered January 2019.  Working closely with CCG commissioners to ensure standards are being met.				

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

HOUSING, NEIGHBOURHOOD AND BUSINESS SERVICES							
Key function: Housing Management - To provide advice and support when needed, to enable people to solve problems and cope to stay in their homes							
Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. Rental Income - Rent Arrears	£1.3M	£1.1M	£1.25M			AMBER	Stable
2. Rental Income - Rent Arrears as a percentage of Gross Annual Debt (GAD)	1.73%	1.47%	1.71%			AMBER	Stable
3. Voids Measure - Occupancy Rate	98.8%	98.5%	98.5%			GREEN	Stable
4. Former Tenancy Debt (Condition 8)	£385K	£378K	£361K			GREEN	Improving
<b>Commentary</b>							
<p><b>Objective 1 &amp; 2:</b> The apparent increase in rent arrears is reflective only of the rent payment cycle (24/09/2018) from which the figure has been taken. This has fallen out of synch with rent collection cycles; rent is collected weekly, fortnightly, four weekly and monthly while the payment cycle is run on a fortnightly basis only. This will self-correct in Q3, the rent arrears figure for the following fortnight, (08/10/2018) records £1.05M, the overall trend in the collection of current rent arrears remains positive</p> <p><b>Objective 3:</b> The occupancy rate remains constant</p> <p><b>Objective 4:</b> NEW MEASURE - This is the element of Former Tenancy Debt that we are recovering from current PCC Housing tenants under Condition 8 terms (Condition 8 is a signed agreement from a current resident to maintain regular payments against a Former Tenancy Debt)</p>							

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Key function: Repairs and Maintenance - The right repair at the right time							
Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. For all repairs undertaken by our repairs service providers, the percentage that were fixed first time	83.8% (n.52,171)	83.6% (n.10,599/12,678)	84.2% (n.11,391/13,530)			GREEN	Improving
Repair service provider Customer Satisfaction (out of 10)	9.99	9.98	9.98			GREEN	Stable
3. Valid Fire Risk Assessments - six storeys and above (%)	100% (n.40/40)	97.6% (n.40/41)	97.6% (n.40/41)			GREEN	Stable
4. Valid Fire Risk Assessments - five storeys and below (%)	99.8% (n.1058/1060)	99.7% (n. 1059/1062)	99.6% (n.1,059/1,063)			GREEN	Stable



## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

5. Fire Risk Assessment Reviews Outstanding - six storeys and above (%)	0% (n.0/40)	2.5% (n.1/41)	0% (n.0/41)			AMBER	Stable
6. Fire Risk Assessment Reviews Outstanding - five storeys and below (%)	0.1% (n.1/747)	1.5% (n.11/747)	0% (n.0/747)			AMBER	Stable
7. Council Owned Legionella risk assessments in date (%)	98.1% (n.101/103)	99% (n.101/102)	98.0% (n.99/101)			AMBER	Stable
Council Dwelling Gas Safety Certificates in date	98.9% (n.13,122/13,268)	98.5% (n.13,113/13,310)	97.8% (n.13,033/13,320)			AMBER	Stable
9. Dwelling Electrical Safety Certificates in date	98.3% (n.14,293/14,540)	99.2% (n.14,430/14,550)	99.5% (n.14,788/14,861)			GREEN	Improving
10. Communal Electrical Safety Certificates in date.	98.4% (n.779/792)	97.1% (n.768/786)	97.0% (n.772/790)			AMBER	Stable

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

<b>11. Emergency Lighting Drop Test in date</b>	99.8% (n.487/488)	96.4% (n.482/500)	99.4% (n.513/516)			GREEN	Improving
<b>12. Dry Riser Test in date</b>	100% (n.63/63)	<b>100%</b> (n.63/63)	<b>100%</b> (n.65/65)			GREEN	<b>Stable</b>

**Commentary: Objective 3:** The outstanding FRA relate to a new build scheme at Ivy Close (Hawthorn House). An FRA is planned as part of scheme handover.

**Objective 4:** The outstanding FRAs relate to new build schemes at Ivy Close (Hornbeam House and Maple House). FRAs are planned as part of a scheme handover. In addition, a block at Locksway Road, whose ownership has recent changed, is now to be assessed

**Objective 5:** The FRA Review of Pickwick House expired in May 2018 (This was completed on 24 May 2018)

**Objective 6:** 11 FRA Reviews, all for Northern Parade blocks, expired during June 2018. These were reviewed and uploaded in early July 2018

**Objective 7:** There are two outstanding Legionella Risk Assessments. One for 69 Goldsmith Avenue which is vacant and Wilmcote House which is being refurbished

**Objective 4:** Out of date certificates are as a result of failed access or new build schemes where stock data is being captured (i.e. 44 new dwellings in Ivy Close). Every opportunity is taken to gain access with court action used as and when necessary. All the out of date certificates are in the process of gaining access. Numbers are normally expected to rise slightly in the summer as this is the period when most safety inspections are completed as the demand for repairs to breakdowns is at its lowest

**Objective 9:** Out of date certificates are as a result of failed access. Every opportunity is taken to gain access with court action used as and when necessary. All the out of date certificates are in the process of gaining access

**Objective 10:** All of the properties that do not currently have an in date communal electrical certificate are subject to a refurbishment scheme being undertaken by the Building Projects Team. New certificates will be carried out as part of these works

**Objective 11:** There are three tests outstanding, two of which are currently void so do not require a test - 69 Goldsmith Avenue and the ESO office at Lords Court. The third is the Somerstown Central Hub

**Objective 12:** An increase in the number of dry risers occurred due to Grosvenor House and a block at Hawthorn Crescent having them fitted retrospectively as a result of the findings of a joint inspection

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Notes:

**Objective 4:** This figure includes all blocks below five storeys, irrespective of whether there is a communal area (this is a legacy figure)

**Objective 6:** This figure shows the blocks with actual communal areas which require an FRA

**Objective 7:** In accordance with the legislation [Legionella Regulations - L8 Approved Code of Practice - The control of legionella bacteria in water systems] as an employer PCC has to complete and regularly review a risk assessment for all communal water installations. In accordance with the corporate PCC Legionella Policy the assessment period has been set at every three years, although this is not a legal requirement

**Objective 8:** The Gas Safety (Installation and Use) Regulations 1998 requires Landlords to use a Gas Safe Registered contractor to ensure that each appliance flue and installation pipework [owned by the Landlord] is checked for safety within 12 months of being installed and at intervals of not more than 12 months since it was last checked for safety

**Objective 9:** Electrical inspections to identify any works required are recommended to be undertaken every 10 years although this is not a legislative requirement, this measure identifies the number of dwellings where electrical certificates do not exceed 10 years as a percentage of all housing stock

**Objective 10:** This is not a legislative requirement but good practice in accordance with the IET Wiring Regulations - Fixed Electrical Wiring - Electrical Installation Condition Report - BS7671:2008 advises that communal areas should be tested every five years as a minimum

**Objective 11:** This is not a legislative requirement but good practice in accordance with - Emergency lighting Testing - BS 5266: Part 8, 2004 (BS EN 50172: 2004) - Emergency Lighting Systems. The British Standard recommends that an annual test is carried out to ensure the back-up batteries used to energise the lighting in the event of a mains power failure last for a minimum of three hours. Most emergency light fittings have a green LED that shows when the battery is charging, such installations are checked monthly and repairs raised for any fittings which don't appear to be charging

**Objective 12:** Dry risers are a pipework installation installed in taller buildings (commonly six stories and above) that the Fire and Rescue service connect their firefighting appliance to in the event of an emergency. This then makes water available to their hoses at a connection point on each floor

## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Key function: Housing Options - Provide a suitable home when needed.							
Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. Households joining the Housing list. average per month	95.3	163	170			N/A	Increasing
2. No of Properties let - all tenures average per month	80.6	79	80			GREEN	Stable
3. Number of households making a homelessness approach over the quarter	285	318	384			N/A	Increasing
4. Number of approaches where homelessness was prevented over the quarter.	N/A	48	50			AMBER	Increasing
5. Number of approaches where homelessness was relieved over the quarter	N/A	24	110			AMBER	Increasing
6. Number of legally required homeless decisions made following homeless approaches	139	192	145			GREEN	Stable
7. Number of approaches judged intentionally homeless over the quarter	8	13	11			N/A	Stable

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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

Notes:

Objectives 3, 4, 5, & 6: As a result of the Homeless Reduction Act, in line with our expanded duties as a Local Authority under the new Act, Objectives 4 & 5 are new and 3 & 6 have been reviewed. In line with this, the number of approaches was expected to increase in Q2 and this has proven to be the case

Objectives 1, 3, & 7: Do not show a RAG rating - this is because these are records of the number of approaches made and are therefore not measures; the Directorate can have no impact on these figures as they just reflect the situation in households within the Portsmouth area, the data is included for information only.

Objectives 4 & 5: NEW MEASURES - Do not show a baseline as this has yet to be established

### Key function: : Private Sector Housing - To enable a person to live in a safe environment, which meets their needs

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. The total number of private sector dwellings that were made safe for occupants to live in.	301	36	80			GREEN	Stable
2. Number of Disabled Facilities Grants works completed	152	36	57			GREEN	Stable

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## APPENDIX 2 - DIRECTORATE PERFORMANCE MONITORING

### Commentary:

**Objective 1:** Overall 228 inspections were undertaken, with works still being undertaken in a large number of properties

**Objective 2:** There are currently 73 approved applications with works ongoing

### Notes:

**Objective 1:** This can be defined as the removal of any significant defect that could affect the health, safety or welfare of any occupant over the next 12 months and includes fire safety, damp and mould or excess cold issues. This covers owner occupied, private rented and Houses in Multiple Occupation dwellings. The baseline of 301 refers to the Local Authority Housing Annual Statistic produced for Ministry of Housing, Communities and Local Government

**Objective 2:** The baseline of 152 refers to the annually approved completed number by the Better Care Fund board for 2017/18

**Key function: Leasehold Services - The correct charge at the right time with help and support when needed**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. No of Leasehold Properties	2015	2020	2024			N/A	Increasing
2. Annual Income (per quarter) (£)	£869,719	£904,412	£905,767			GREEN	Stable
3. Arrears to Date (£)	£79,358	£57,466	£75,666			GREEN	Stable

**Notes:**

**Objective 1:** The purpose of this information is to track the current number of Leasehold Properties. The Directorate cannot affect or impact on this number so it should be defined as a statement of the current position rather than as a measure, it is therefore intended for information only

**Objective 2:** NEW MEASURE - The purpose of this measure is to report on the quarterly income based on estimated service charges. This income will increase proportionally as new leaseholders are added

**Objective 3:** NEW MEASURE - The purpose of this measure is to report the current arrears. The baseline figure is based on average arrears for 2017-18. It is worth noting that the process of estimating service charges and the reconciling against actual expenditure will result in a peak in arrears in Q2 every year.

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**Key function: Right to Buy: Supporting tenants to meet their obligations when they pursue their Right to Buy Option (NEW MEASURE)**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. RTB Pre-App Sent (Interest) (No.)	N/A	89	98			N/A	Stable
2. RTB Applications Sent (No.)	N/A	22	23			GREEN	Stable
3. RTB Accepted (No.)	N/A	26	23			GREEN	Stable
4. RTB Applications Withdrawn (No.)	N/A	6	9			N/A	Increasing
5. RTB Properties Sold (No.)	72	5	12			AMBER	Stable



**Commentary:**

**Objective 1:** The purpose of this objective shows the level of interest in the RTB. In the old process everyone who showed an interest received a form. The Pre-App not only provides tenants with guidance and advice of what becoming a homeowner requires but also robust identity checks, finance checks and eligibility checks.

**Objective 2:** The purpose of this objective shows the drop off of in interest following the Pre-App stage as only applicants that return a fully completed Pre-App will be sent a RTB application form

**Objective 3:** The purpose of this objective shows genuine prospective home owners from the original "interest"

**Objective 4:** The purpose of this objective shows that applicants will still choose to withdraw and this usually occurs when they are in possession of purchase price (after discount) and service charges (if Leasehold)

**Objective 5:** The purpose of this objective is to show the rate at which our properties are selling. The baseline of 72 is an annual figure.

**Notes:**

**Objective 1, 2, 3 & 4:** The RTB process was reviewed during 2017. The focus of the review included ensuring that tenants were more informed about the benefits and burdens of property purchase. The resulting changes allowed for the more specific measures to be given but were not in place to allow the inclusion of a 2018 baseline figure

**Objective 2, 3, 4 & 5:** These figures may include RTB Pre-Apps that were sent out in preceding quarters, not all are accepted, withdrawn or sold within the quarter they were originally sent out so it is reasonable to expect that these figures increase throughout the year as more Pre-Apps are issued

**Objective 1 & 4:** These do not show a RAG rating as the figures cannot be affected and are just a record of the RTB applications sent out and withdrawn during the relevant quarter

**Key function: Dog Kennels - To meet the statutory requirement to accept and house all stray dogs and to ensure as many as possible are reunited with their owners, or given a suitable new home**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. Total number of Portsmouth dogs accepted	80	61	61			GREEN	Stable
2. % of stray dogs returned to their owner or rehomed	87.5%	95%	91%			GREEN	Stable

Commentary:

Objective 2: There is a decrease in dogs returned to their owner or rehomed due to one dog having to be put to sleep in Q2

Notes:

There are no current concerns in relation to the Dog Kennels in Portsmouth

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**Key function: Clean City Team - To help keep the city safe, clean and tidy and provide help and support where needed**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. Issuing of fixed penalty notices - littering (quarter)	52.5	75	46			AMBER	Stable
2. New demands per month (avg) - Anti-Social Behaviour	32	70	78			AMBER	Deteriorating
3. Rough Sleepers - New demands per month (avg)	25	27	28			AMBER	Stable
4. Rough Sleepers - Repeat Interactions (Support & Advice) per month	N/A	N/A	19			AMBER	Stable
5. Rough Sleepers - Associated Interactions (Abandoned Bedding, tents etc.) per month	N/A	N/A	28			AMBER	Stable
6. New demands per month (avg) - Drug related	14	23	23			AMBER	Stable
7. New demands per month (avg) - Dog fouling	38.25	21	20			GREEN	Improving

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**Commentary:**

**Objective 1:** Resources diverted to repeated traveller incursions, ASB issues over summer period

**Objective 2:** This is a seasonal increase, due to lighter evenings, warmer weather, etc. Camber Docks ASB was high due to fine weather this summer

**Objective 3, 4 & 5:** Work is continuing to address Rough Sleeper issues through Joint Agency working. Work is continuing to address Rough Sleeper issues through Joint Agency working. Good levels of engagement with rough sleepers and some repeat contacts to provide support within the figures, also High St Wardens team expanding scope of service as displacement from High St areas occurs

**Objective 6:** The Directorate has been mapping areas with high levels of drug litter, such as Public Conveniences and working with the Society of St James and Outreach to target users at these sites

**Objective 7:** This is a seasonal reduction; incidents of dog fouling are less likely due to longer daylight periods

**Notes:**

**Objective 1:** The baseline for 2018 is an average, of which the total figure for the year is 210

**Objectives 3, 4 & 5:** The detail for Rough Sleeper demand has been expanded in Q2 to take into account the elements of the overall demand that are Repeat and Associated Interactions. There are currently no baseline figures for 4 & 5.

**Key function: Waste Management (Collection and disposal) - To enable recycling and remove waste on the due collection day**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
1. To reduce the tonnage of bulky waste on LAH land	40.32	39.62	37.69			GREEN	Improving
2. Refuse collection tonnage (avg per month)	3962	4071	3874			AMBER	Stable
3. Recycling tonnage (avg per month)	692	685	680			AMBER	Stable
4. PCC recycling contamination rate	11.2%	14.25%	12.73%			AMBER	Stable
5. Number of members of the Green waste club	7961	8283	8546			GREEN	Improving
6. PCC recycling rate	24.7%	24.8%	24.8%			AMBER	Stable
7. Fly Tipping	23.86	27.61	30.61			GREEN	Stable
8. Bin Collection (misses - average per day)	13	17	17			AMBER	Stable

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**Commentary: NB: Objective 1, 2, 3 & 7: All reported as tonnes per month**

**Objective 1:** Stable for summer months

**Objective 3:** Reduction in recycling national trend - loss of paper quantity and light weighting of packaging. Aim of change to wheeled bins is to maximise recycling from waste stream. Started on 1 October so will be reported as part of the Q3 report.

**Objective 4:** Contamination checks are carried out on each recycling round vehicle and the contents examined to determine the levels of contamination. There has been some improvement in this quarter. Additional training has been provided for crews to carry out additional checks to try and address the issues. There is also to be a communication included in the wheeled bin roll out to remind residents of what they can recycle

**Objective 7:** Fly tip tonnage usually higher in Q1 and Q2, have identified two perpetrators of multiple large fly tips in Q2 - court cases in progress

**Objective 8:** This equates to .001% of collections per week

## REGENERATION

### Key function: Transport and Environment

Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<b>Delivery of the 2018/19 Local Transport Schemes to improve the transport network and road safety (LTP3)</b>	Planned capital programme for 2018-19 consisting of 38 schemes.	The programme is phased in accordance with staff resources to address highest priorities and where best value can be gained through coordination with lifecycle works by Ensign.  10 of the schemes are in scoping, feasibility, and consultation stage.  9 are at the design stage.  8 are under construction and 3 are complete.  8 projects are scheduled to begin later in the year.	Significant progress has been achieved this quarter with 9 of the schemes in scoping, feasibility, and consultation stage.  11 are at the design stage.  3 are under construction and 11 are complete.  3 projects are scheduled to begin later in the year.			<b>AMBER</b>	Improving

<p><b>Highway alterations carried out by private developers and other non-Highway Authority bodies meet the standards of the Highways Authority</b></p> <p>Page 184</p>	<p>Demand led work determined by the rate of development in the city that affects the highway.</p>	<p>8 schemes were satisfactorily completed and under maintenance. 3 schemes are currently on site.</p> <p>2 schemes have had their designs approved and are ready to commence. 6 schemes now require design check input.</p>	<p>10 schemes were satisfactorily completed and under maintenance. 2 schemes are currently on site.</p> <p>2 schemes have had their designs approved and are ready to commence. 9 now require design check input</p>			<p>GREEN</p>	<p>Stable</p>
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<p><b>Maintenance and where possible, improving journey times on key routes in the city.</b></p>	<p>Monitoring data is now available for the Eastern Road route. Further routes are planned for installation.</p>	<p>Average journey times on both of the West and East Corridors in and out of the city have remained stable at under 7.5 minutes.</p>	<p>Average journey times on the East Corridor in and out of the city remained stable at under 7.5 minutes. Journey times were unavailable for the West Corridor this quarter as the equipment was removed for the Anglesea Road Junction improvement project.</p>			<p>GREEN</p>	<p>Stable</p>
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<p><b>Delivery of the Air Quality Action Plan</b></p>	<p>New objective. The main focus will be on transport schemes but will include schemes from the City Development, Public Health and Energy services.</p>	<p>Consultation with key stakeholders is underway for the development of the action plan. A Targeted Feasibility Study was procured for Air Quality Management Area 6 (London Road/Kingston Road). Full consultation on the plan will begin in Q3.</p>	<p>Possible measures have been identified to bring about compliance with the Ambient Air Quality Directive in the shortest timescale. These will be modelled to indicate which scenarios would offer the best results for inclusion within the Air Quality Action Plan.</p>			<p>GREEN</p>	<p>Stable</p>
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<p><b>Delivery of targeted accident prevention and traffic safety campaigns.</b></p>	<p>Road Safety and Active Travel programme for 2018-19.</p>	<p>The following projects were delivered in Q1:</p> <p>Highway works to improve road safety at 3 school sites.</p> <p>Banners are now displayed to keep school Zig-zag areas clear.</p> <p>Our film launched to promote child car seat safety has had 350+ views, followed by 11 requests for free car seat checks.</p> <p>Walk to School Week assemblies for around 1,500 pupils.</p> <p>General road safety assemblies for a further 200 pupils.</p> <p>Mode shift training for teachers.</p> <p>Road safety training for 930 secondary school pupils.</p> <p>Attended the Junior Road Safety Officer events with 50 JRSOs.</p>	<p>The following projects were delivered in Q2:</p> <p>Road safety training delivered to 380 pupils.</p> <p>Staged 2 Exchanging Places events reaching 250+ members of the public</p> <p>Launched Pompey Monster Walk to School Week at 2 more schools for 550 pupils.</p> <p>Bikeability training was delivered to 437 pupils.</p> <p>Launch of both the Family Cycle Grant and the Cycle Training Scheme.</p>			<p>GREEN</p>	<p>Stable</p>
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<p><b>Implement the Local Cycle and Walking and Investment plan (LCWIP).</b></p>	<p>New objective</p>	<p>Data collection completed and preparation for Stakeholder Mapping on 1<sup>st</sup> August 2018.</p>	<p>WSP, our dedicated consultant from the DfT for the LCWIP, are progressing tasks for its development. Output from this work will be reviewed and shared with stakeholders.</p>			<p>G</p>	<p>Stable</p>
<p><b>Increase the use of off street managed car parks</b></p>	<p>Improvements to key car parks had increased use of these sites.</p>	<p>All off-street car parks have been inspected. Possible improvements, including targeted marketing, are being reviewed.</p>	<p>IKB Multi Storey is now used to capacity on most days.</p>			<p>GREEN</p>	<p>Stable</p>

<b>Enforcement of residents' parking zones to increase space for residents</b>	New objective	A review of patrol routes is underway to improve the efficiency and effectiveness of parking enforcement.	The review of patrol routes is progressing and now includes the recent decision to implement new residents parking zones MB/MC (implemented early January).			GREEN	Stable
<b>Increase the deterrent against abandoning vehicles.</b>	New objective	So far action has been taken against people who abandon vehicles, resulting in them paying five penalty notices. Four more people are under investigation.	We are progressing to formal interview in three of the four extra cases under investigation.			GREEN	Improving

**Commentary:**

Significant progress has been achieved this quarter in delivering the 2018/19 Local Transport Schemes that will improve the transport network and road safety, following recruitment of new resources and reassignment of current resources to priority projects.

The Air Quality Action Plan is moving forward to modelling of possible solutions for priority areas. The team is working with City Development and Public Health to ensure a joined up approach to improving air quality.

Work to make better use of the off-street car parks has made a good start with great success in filling the IKB car park on most week days.

**Key function: Economic growth, Employment and Business Support**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<b>Increased business survival by providing businesses with targeted business support</b>	87.9% survival at 12 months. Start-up rate of 16.9%,	Figures will remain the same this quarter until we receive the next set of data.	92.2% survival at 12 months. Start-up rate is remains at 16.9%			AMBER	Stable
<b>Completion of the new Economic Development and Regeneration Stratgy</b>	New objective	The Issues and opportunities survey was launched and the evidence base was commissioned.  1 to 1 business consultations are underway.	The evidence base is now finalised. All 1 to 1 business consultations have been completed. Oxford Economics piece of work completed.			AMBER	Stable
<b>Commercial success of the Enterprise Centres, measured through occupancy levels and income.</b>	Occupancy rates - 88-89%.	Occupancy rates remain at 88-89%. Income is on target.	Occupancy rates remain at 88-89%. Income is on target.  Lettings of units will show an increase in Q3 reporting.			GREEN	Stable

<p><b>Successful delivery of all Employment, Learning and Skills Service (ELS) programmes and contracts.</b></p>	<p>Number of people supported to gain skills and move into employment.</p>	<p>Employment and Training Contracts continue to achieve Minimum Performance Levels and are maintaining quality assurance.</p> <p>The Construction Training Facility at PCMI is undergoing expansion plans due to a demand for construction workers.</p>	<p>All contracts are achieving Minimum Performance Levels. The Construction facility expansion is delayed due to difficulty recruiting the right person to lead on the expansion.</p>			<p>GREEN</p>	<p>Stable</p>
<p><b>Growth of apprenticeships provided within the Council delivered by the ELS</b></p> <p>191</p>	<p>Number of apprentices supported by the ELS.</p>	<p>Numbers are steadily increasing from approx. starts 24 per academic year to 38 for this year.</p>	<p>Numbers continue to grow with 47 apprentices currently on programme.</p>			<p>GREEN</p>	<p>Improving</p>

**Commentary:**

The development of the new Economic Development and Regeneration Strategy is progressing steadily having successfully completed a key information gathering milestone.

The Enterprise centres are experiencing increased demand for smaller units in the centre of the city and the new high speed broadband installed is proving popular with existing and new unit holders.

The Employment Learning and Skills (ELS) service are continuing to achieve good outcomes for local people. Bidding for new contracts is underway and the service is expecting awards for the next financial year.

The ELS service provides Business and Administration and Customer Service apprenticeships. This area of activity is steadily increasing as more services opt to provide apprenticeships when recruiting to new posts.

### Key function: Property management and City Development

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<b>Review the investment property portfolio, and pursue additional investment opportunities, to increase revenue and capital receipts.</b>	New objective	An extra £145,000 income was generated in Q1. Rationalisation of the Asset List documentation is continuing to improve the administration of the asset portfolio.	All leases have now been reviewed and income confirmed. Additional income this quarter is c£87,000.			GREEN	Stable

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<p><b>Investment of circa £173 million capital in property assets to create financial return.</b></p>	<p>£146M committed. 12 properties purchased.  Portsmouth Retail Park opened to the public.</p>	<p>A number of investment opportunities have been identified and pursued. The outcomes of this process will be fulfilled in a later quarter.</p>	<p>At this stage the investments pursued have not resulted in the purchase of property. We are continuing to appraise and pursue alternative opportunities.</p>			<p>AMBER</p>	<p>Stable</p>
<p><b>Ensure that Planning applications dealt with in national standard timeframes: major applications (target 60%).</b></p>	<p>82% at end of 2017-18.</p>	<p>100% were dealt with within the national standard timeframes in Q1.</p>	<p>100% were dealt with within the national standard timeframes in Q2.</p>			<p>GREEN</p>	<p>Stable</p>

<p><b>Ensure that Planning applications dealt with in national standard timeframes: other decisions (target 70%)</b></p>	<p>70% at end of 2017-18.</p>	<p>84% were dealt with within the national standard timeframes in Q1.</p>	<p>73% were dealt with within the national standard timeframes in Q2.</p>			<p>GREEN</p>	<p>Stable</p>
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<p><b>Prepare the new Local Plan for the period until 2036 and bring it forwards in accordance with the agreed timetable.</b></p> <p>Page 195</p>	<p>Draft Local Plan to be submitted by December 2018.</p>	<p>Planning is underway for Consultation on the options identified for the Tipner Super Peninsula.</p> <p>New Government guidance has been published setting out additional responsibilities for local plans which is being incorporated in the new Local Plan.</p> <p>Technical work for the plan is underway.</p>	<p>Technical work is progressing on the Local Plan.</p> <p>The City Centre Master Plan Consultants have been appointed.</p> <p>Further Government announcements on planning and housing require further discussions with neighbouring authorities under Duty to Cooperate.</p>			<p>AMBER</p>	<p>Stable</p>
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<b>Building Regulation applications to be either approved or assessed and customers contacted and response to notices of demolition within 15 working days.</b>	100% within 15 working days. Outcome for 2017 was 87%	91% of applications were dealt with within 15 working days.	88% of applications were dealt with within 15 working days.			AMBER	Stable but slight decline due to new staff shortage over busiest quarter.
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**Commentary**

Start working throughout an expectedly difficult quarter meant that we managed to exceed the special measures speed targets for both Major and Non-Major applications.

We managed to reduce on hand applications from 307 to 205, which is back to our baseline level. This is in addition Planning Enforcement investigating over 100 matters this quarter.

The income from the investment property portfolio has increased again in Q2. This is the result of reviewing all leases.

## CULTURE AND CITY DEVELOPMENT

### Key function: Libraries and Archives

Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Sustain Reading Total Loans/issues To be in line with national trends and achievement would be to sustain	495,495 total was 14% less than previous year.	115,974	244,625			AMBER	Stable
Digital: use of Peoples network To sustain 2017/18 figure as equipment needs capital investment and more robust tech support	83,330	20,947	42,931			GREEN	Stable
Information enquiries Shows the increasing complexity of issues/support for more vulnerable users	143,520 26% increase in previous year	Stats provided in Q4	data Q4			AMBER	Stable

Cultural: Bookfest participants Target is to return to 2017 figures	945 ( 600 in 2018)	Stats provided in Q4	data Q4			AMBER	Stable
Children Promise: Summer Reading Challenge : 5% growth target for 2019 total is 3151	3,0001 in 2018 . 5% growth target for 2019 total is 3151	Stats provided in Q2	3,184			GREEN	Improving

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**Commentary:**

Physical issues are available quarterly and virtual visits are available end of the year so separate totals will be shown, however the engagement is interrelated and analysis will be together at the year end .

Stats for *Reading Total Loans/issues* is below target but is often the case for first quarter. The school holidays and ban on library fines should positively impact on loan figures for future quarters.

The Summer reading challenge was a huge success and this year and has surpassed the 5% growth target set.

**Key function: Libraries and Archives**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Continue to Increase virtual visits by 5% from 2015 to 2018 to 5% annually	Virtual Issues 62,004  Virtual enquiry 51,982  Total 113,986  Target is to increase by 5% as provision of a new more accessible website in 2018/19. Target :114,555	Target is to increase by 5%  Target to be provided in Q4	Stats provide Q4			AMBER	Stable

Retain 891k physical visits	Sustain target last year not achieved 891,449 which was 9% less than previous year and reflects a service which has not closed any poorly performing sites	Sustain the target Total to be provided in Q4	Sustain the Target 449,008			GREEN	Stable
Retain SLS traded service buy back SLS Reader development participants	Sustain 98% Buy back	Total will be provided in Q4	data Q4			AMBER	Stable
Total volunteer numbers and hours - libraries and archives - target 5% increase	292 volunteers and 18,941 hours in 2017/18	Stats to be provided in Q4	data Q4			AMBER	Stable

**Commentary:**

The culture and city development directorate has an overall volunteer figure but a volunteer KPI has been added for Library as a separate figure. This is to reflect the level of volunteering in the service and the consequent management of these numbers.



### Key function: Events and Sponsorship

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Support Tourism and the visitor economy strategy Number of event applications processed	2017 : 173 Target : 180	Q1: 66	Q2: 72			<b>GREEN</b>	<b>Stable</b>
Support Tourism and the visitor economy strategy Number of events supported	2017 baseline: 482 2018 target : 500	<b>Q1: 240</b>	Q2: 181			<b>GREEN</b>	<b>Stable</b>
Support formal and informally learning and the twining objectives	2017 baseline :2 2018 target : to sustain	1 x French international supported for 1 month	1 x Chinese delegation supported  1 x Japanese delegation supported			<b>GREEN</b>	<b>Improving</b>

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Complete and gain member agreement for events and sponsorship policy with action plan	None	Recruitment of new post : event and sponsorship manager	New post of event and sponsorship manager filled. Initial approaches made to sponsors for National event in June D-Day 75.			<b>AMBER</b>	<b>Stable</b>
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**Commentary :**

- Target for number of event application will be reached with additional 42 events. External events are proving more popular in 2018 than in 2017.
- The numbers are equal to 4 hr sessions. 90hrs approx. the team have worked on all events, not included adhoc requests or filming applications and events.
- We have been successful in becoming the National city of focus for D-Day 75.

## Museums and Visitor Services

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Continue to deliver the 5 year transformation of the D-Day Museum in– start work on site ( now May 17; new museum open revised date Easter 2018)	Opening May 2018 Programming targets	Please see below				G	S
Sustain visitor numbers 300,000 across all museums (262,720 in 2017 )	Total is to improve on 300,000 across all sites by increase of D Day visits of 5% as all sites are open in 2018 to 2019	100,848K	112,741 (total for year 213,589)			GREEN	Improving
To achieve increased D-Day Story income targets as part of project match funding	Annual target is £396,440	Target Q1 £105,000  Q1 was £101,102	Target Q2 £111,500  £129,446	Target Q3 £92,100	Target Q4 87,840	GREEN	Stable
Target of number of passes sold ( which encourages repeats visits	Target is 1,200 passes annually	Target : 500  Q1 : 526	Target :250  Actual 365	Target :225	Target 225	GREEN	Improving

**Commentary:**

Post Visit Upgrades for the annual passes have proved more popular than annual passes on the day as they can be purchased any time after they have left the desk with their original ticket. This is a positive reflection on the visitor experience at the D-Day Story.

Overall visitor figures are increased significantly as 23,000 plus visited D- Day Story. Cumberland House also had an increase of over 10,000 visits in the first quarter.

**Key function: Parks and Open Spaces**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Provision of new premises for council and contractor staff to accommodate vehicles, workshop and storage	Currently operating at several satellite sites and long term premises solution to be confirmed.	Adjacent lorry park lease amended to allow all buildings to be demolished. Property Team to be engaged to assist with demolition process.	No change			RED	Stable

<p>Develop options for community-based management model to involve local community's and opportunities for real localism.</p>	<p>Friends groups:</p> <ul style="list-style-type: none"> <li>- Rock Gardens</li> <li>- Baffin's Pond Association</li> <li>- Milton Park</li> </ul> <p>Volunteer groups:</p> <ul style="list-style-type: none"> <li>- Portsdown Hill</li> <li>- Hilsea Lines</li> <li>- Waterfront Garden Centre</li> </ul>	<p>Identified need to increase Friends numbers at Milton Park. Parks and Ward Cllr to action.</p> <p>Potential new groups to form at Kingston Park (with Fratton Big Local) and Bransbury Park.</p> <p>Volunteer groups:</p> <p>Portsdown Hill - 1,528 hrs</p> <p>Hilsea Lines - 1,190 hrs</p> <p>Waterfront Garden Centre - 8 regular volunteers (385 hours) and 10 supported volunteers (84 days attendance)</p>	<p>Milton Park friends are now active again and recruiting new members.</p> <p>Kingston Park now has an emerging friends group.</p> <p>Volunteer hours:</p> <p>Portsdown Hill - 1,596 hrs</p> <p>Hilsea Lines - 1,410 hrs</p>			<p>GREEN</p>	<p>Improving</p>
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<p><b>Provide an effective and efficient service providing VFM</b></p>	<p>Review in-house grounds maintenance operations following 18 months of operation</p> <p>Monitor contracted services and review arrangements when opportunity arises</p> <p>Develop existing waterfront garden centre to become cost neutral</p>	<p>Consultation commenced on proposal to change staff responsibilities, the way in which the service is delivered and from which location, roles required and lines of reporting.</p> <p>Arboricultural contract has been extended to Mar '19 while soft-market testing has commenced to determine whether to 'make or buy' future service provision.</p> <p>Meetings with Tivoli (formerly ISS) to discuss future contractual relationship. To be further reviewed in September.</p> <p>Increased number of supported volunteers and engagement with Adult Social Care for further referrals. Increase in plant sales for Q1, due to trading in peak spring sales period</p>	<p>Review complete. Grounds maintenance staff transferred to PCC T&amp;Cs.</p> <p>Decision to seek tender contracted services and working on re-procurement to carry this out.</p> <p>No further progress.</p> <p>Volunteers remain static at present. Work continues to seek further adult social care referrals.</p>			<p>GREEN</p>	<p>Improving</p>
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<p><b>Provide high quality open spaces that are safe to visit</b></p>	<p>Work with cross-service group to commence handback of Paulsgrove Landfill site from Veolia</p> <p>Plant a replacement tree when an existing tree is removed for reasons of safety or decay</p> <p>Urban Meadows - increase wildflower areas across the city</p>	<p>Group establishing background information prior to engaging with Veolia, with handback protocol to target public access in Spring 2020.</p> <p>104 planted in 2017-18 planting season. Sites being identified prior to new planting season.</p> <p>52 beds sown with an area of 2,420m<sup>2</sup>. City council now seeking additional areas through revised memorial donation scheme.</p>	<p>Project team currently developing matters around handback protocol.</p> <p>Trees have been ordered and planting programme will commence in November.</p> <p>Areas being finalised for sowing in 2019.</p>			<p>GREEN</p>	<p>Improving</p>
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**Key function: Environmental Health and Trading standards**

Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p><b>Food Hygiene:</b> Monitor the "standard" of food businesses in respect to their food hygiene rating score and risk class</p>	<p>Manage the planned inspection programme to achieve a 100% inspection rate for higher risk Category A, B and non-compliant C premises that are due an intervention during the year.</p>	<p>Preparation the Food safety Operating Plan 2018/19 to be agreed by members at cabinet in Q2 and priorities and KPI to be agreed</p>	<p>Plan published - total number of premises inspections carried out to date = <b>510</b></p> <p>A risk = 2</p> <p>B risk = 36</p> <p>C risk = 103</p> <p>D&amp;E risk = 369</p>			<p align="center"><b>AMBER</b></p>	<p align="center">Stable</p>

<p><b>Port Health:</b> Monitor the implications of Brexit upon port health operations and report upon service implications</p>	<p>Update from Government not yet received</p>	<p>BAU until update received</p>	<p>In the event of 'day one of no deal' the government has accepted that the border will be <b>'less than optimal'</b>. EDCL Scrutiny Panel briefed regarding risk assessment during 'Review of Portsmouth International Port'</p>			<p>RED</p>	<p>Improving</p>
<p>Post Control: Exceed target income of £160,000</p>	<p>£188k achieved 2017</p>	<p>Q1 actual £38,341</p>	<p>Estimated £83,130</p>			<p>GREEN</p>	<p>Stable</p>
<p>Community Funerals: Monitor the demand for service, expenditure upon funerals and % of costs recovered</p>		<p>-35 community funeral -At &amp; 15% cost recovery</p>	<p>21 Community Funerals - cost recovery rate beginning to raise concerns</p>			<p>GREEN</p>	<p>Improving</p>

<p>Air Quality: Report upon air pollution levels and provide a narrative in respect to compliance with governmental requirements / targets</p>	<p>Implementation of DEFRA's appraisal recommendations in respect to 2017 ASR in the shortest possible timeframe</p>	<p>Preparation of the Assessment of Air Quality - Annual Statement Report 2018 for member agreement at the Environment and Community Safety Portfolio Decision Meeting in Q2</p>	<p>Annual Status report published - DEFRA positive. Number of monitoring sites extended to &gt;100. Predictions of annual mean objectives not possible at this time. Government pushing quicker resolution and more detailed action plan through new DEFRA Ministerial Direction. Capital bid of £100K submitted</p>			GREEN	Improving
<p><b>Pollution Control:</b> Report upon service demand and resolution times in respect to statutory nuisance</p>		<p>Service demand is just over 1,000 complaints received Q1. 700 closed as of today's date</p>	<p>Total enquiries received = <b>1514</b> Enquiries closed = <b>902</b></p>			AMBER	Stable

<b>Trading Standards:</b> Monitor demand for services, report upon the number of investigations and disposals in key areas		28 investigations are in process  1,800 service request received through CAB	Notifications = <b>716</b> Referrals = <b>215</b> Total - <b>931</b>			<b>RED</b>	Improving
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<p><b>Alcohol and tobacco harm:</b> Report upon interventions initiated to reduce harm</p>		<p>Reviews and prosecutions : April review of Premises Licence for Premier/Sevendays in Osborne Road - licence revoked. Media coverage. Appeal hearing in Magistrates Court Q2</p> <p>1 illegal tobacco prosecution ongoing, tobacco tested for Nicotine, Carbon Monoxide and Ignition Propensity hearing in Magistrates Court Q2</p> <p>Booked Search Dog Roadshows for Thurs 26<sup>th</sup> and Fri 27<sup>th</sup> July for</p> <p>Volunteered for TSSE project to inspect storage facilities for illegal tobacco</p>	<p>Retail visits = <b>72</b></p> <p>Follow up visits = <b>21</b></p> <p>Test purchases = <b>25</b></p> <p>Magistrates Court attendances = <b>6</b></p>			<p>AMBER</p>	<p>Improving</p>
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**Commentary :** Maintaining high quality food is essential. Not only because of the health benefits but because food shapes our street scene environment, underpins our economy, helps build resilient communities and is at the heart of our culture and society. Resources are considered to be critical when considering the minimum requirements currently prescribed by the government. Furthermore we predict that as we begin to implement the ROF programme the situation may deteriorate further. Public confidence in food is vital for Portsmouth and the Council must continue to ensure that the FSS is suitably resourced to ensure that all food in Portsmouth is safe for consumption. In respect to air quality the additional costs of increasing sampling required to deliver monitoring information in line with DEFRA's appraisal of the 2017 ASR and assessment of delivery of the recent DEFRA Ministerial Directions will likewise be need to be found from existing budgets. These costs will place additional pressures upon the funding allocated to Regulatory Services to carry out their statutory obligations.

### Key function: Sports and Leisure Facilities Development

Page	Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
214	Increase use of councils contracted sports facilities	<b>Number of visitors</b> Baseline:1,703,351 Target : 1,788,518		Ongoing				
	Complete the PSPO's which replace the dog orders .Complete consultation and obtain member approval in Quarter 3.	Full consultation completed with police and crime commission , kennel club and the public	Draft document for cabinet decision	Document to go to cabinet briefing	Report agreed and implementation of changes to signage		AMBER	Stable

Complete the cemeteries strategy	Research and analysis plus consultation	Preparing draft , research and options for Member decision Q3	Draft now with Director for further work with external consultant			AMBER	Progressing
Installation of water safety and signage throughout the island to ensure a consistent approach to water safety - and extension safety signage across all public open spaces areas for which the council is responsible	Audit report completed with assurances and recommendations. A small annual sum identified corporately to address the water safety signage assessments and installation costs	£10k virements agreed and remained of funding required to be identified though service integration opportunities into a PCC service with city wide resource and transport The additional resource to carry out the monthly inspections and maintenance to be explored	Signage and PRE have been ordered and upon delivery installation will commence 3Q			AMBER	Progressing
Develop options appraisal for the Eastney swimming pool site		Research and benchmarking and options appraisal being developed	This will feature as part of the contract review in Q3			RED	Stable

Key function: Licensing							
Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Reduce the length of time from vehicle renewals to issues of private hire and HC vehicle	89%( 1460) Target 95%	NA	90% (1318)			RED	Improving
Reduce the length of time of issue of vehicle licences for PH and HC within 2 working days	Target 95% (98% baseline 1040)	NA	99% (833)			GREEN	Stable
Grant of Personal licenses unopposed applications within 10 working days	Target 100% ( baseline 100% 216)	NA	100% (128)			GREEN	Stable
Grant of variation of premises licences unopposed applications within 10 working days	Target 90% ( Baseline 83%119)	NA	89% (81)			RED	Improving





<p><b>Development and maintenance of PCC Business Continuity Management arrangements</b></p>	<p>The corporate BCP arrangements required review to accommodate the latest standards and organisational changes. All BC plans have been reviewed: awaiting sign-off from plan owners (expected Q1 2018/19)</p>	<p>Business Continuity Plan consultation with all Plan Owners (Directors) was concluded and revised BC Plans were issued in June 2018.</p>	<p>The Corporate Business Continuity Policy and Plan were reviewed and re-issued in July 2018, and a new 'Cyber Resilience' Annex has been published.</p>				
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<p><b>Ensure effective corporate preparation for and response to emergencies</b></p>	<p>Average: 29 incidents (144 response hours) per quarter in 2017-18</p> <p>PCC's Emergency Control Centre (ECC) arrangements reviewed in January 2018 and training provided</p>	<p>32 incidents (231 response hours) were dealt with by the EPRR Service in this period.</p> <p>The most significant responses in this quarter related to:</p> <p>Mutiny Festival (91.5 hours);          Fire safety project Somerstown housing (48 hours);          EOD Operation FADE at Catherine House (19.5 hours);          SCC Corporate BC activation – telephony outage (15.25 hours)</p>	<p>51 incidents (107.25 response hours) were dealt with by the EPRR Service in this period.</p> <p>The most significant responses in this quarter related to:</p> <p>Residential fire at Corby Crescent, Portsmouth (15.25 hours);          Op SEAL – unrest/protest, Southampton (13 hours);          BC Plan activation at a care home, Southampton (7.5 hours)</p>				
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## Commentary

In addition to meeting its work programme targets, embedding the shared service and building upon its successes to date is a major current focus. This includes supporting officers to develop into their new roles and remit and supporting the new Joint Emergency Preparedness, Resilience and Response Board.

The response to incidents, as and when they occur, presents challenges that can affect service targets due to the impact on staff time available. Each incident is debriefed to identify 'lessons' and work is then undertaken to ensure these lessons are learned.

Changes to legislation and government direction can have consequences for the service and it is expected that significant work will result from the outcomes of the Kerslake Arena Review, Grenfell Tower Inquiry, National Resilience Standards and the anticipated 2019 revision of the Radiation (Emergency Preparedness and Public Information) Regulations and changes to the NHS Assurance process as the Department of Health and Social Care incorporates local authority social care provision into their assurance processes.

Commercialisation of the service: delivering on Service existing income generating commitments and pursuing new income generation opportunities are important priorities for the service. In 2019 the focus will be on delivering our health and borough council support commitments while looking to expand our offer in the education sector.

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**Key Priority: Maximising Income and Revenue**

Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p><b>Council Tax in-year collection rate</b></p> <p>Maintaining performance at 95% will firmly demonstrate that recovery performance has been sustained following the changes to council tax support in 2017/18</p>	95%.	Q1 2018/19 in year collection is 28.19%, and though broadly comparable to 2017/18 is 0.22% below that achieved in Q1 2017/18.	Q2 2018/19 in year collection is 54.06%, and though broadly comparable to 2017/18 is 0.73% below that achieved in Q1 2017/18.			<b>AMBER</b>	Stable

<p><b>Business Rates in-year collection rate</b></p> <p>Maintaining in year collection at 99% will firmly demonstrate that recovery performance has been sustained following the implementation of the 2017/18 rating list (the first revaluation since 2010/11)</p>	<p>99%.</p>	<p>Q1 2018/19 in year collection is 35.01%, and is 2.52% improved on the 32.49% collection achieved at the close of Q1 2017/18.</p>	<p>Q2 2018/19 in year collection is 58.14%, and though broadly comparable to 2017/18 is 0.5% below that achieved in Q1 2017/18.</p>			<p><b>AMBER</b></p>	<p><b>Stable</b></p>
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<p><b>Housing Benefit subsidy received in respect of rent rebates and rent allowances.</b></p> <p>This metric details the level of subsidy accrued in respect of housing benefit expenditure associated with local authority stock (rent rebates) and private sector stock (rent allowances)</p>	<p>£95,085,000.</p> <p>Forecasted subsidy and associated expenditure is anticipated to reduce in 2018/19 compared to 2017/18, most significantly as a result of full service roll out of universal credit.</p>	<p>The level of subsidy recovery at the end of q1 is £27,501,862, 0.37% above the level of subsidy recovery achieved in 2017/18.</p>	<p>The level of subsidy recovery at the end of q2 is £52,554,566, 0.23% below the level of subsidy recovery achieved in 2017/18.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>
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<p><b>Discretionary Housing Payment (DHP) expenditure.</b></p> <p>DHP is additional support available to Housing Benefit/Universal Credit recipients to assist with short term housing costs above that provided by Housing Benefit/Housing costs element of Universal Credit.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 224</p>	<p>£650,000. This is the ring-fenced grant from the Department for Work and Pensions.</p>	<p>£158,773 has been paid in Q1 with a further £109,538 committed to be paid. Total Q1 awards are £268,311.</p>	<p>£324,828 has been paid at the end of Q2 with a further £98,861 committed to be paid this year. Total awards at the end of Q2 are £423,689.</p> <p>Expenditure forecasts, based on trend information, suggest there is unlikely to be any significant level of underspend against this ring-fenced grant.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>
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<p><b>Level of council tax prior year arrears.</b></p> <p>This metric details the total value of council tax outstanding relating to all years up to and including 2017/18.</p>	TBC	<p>£10,992,563 outstanding at the end of Q1. This has reduced from £11,583,354 brought forward into 2018/19. £10,992,563 represents 0.88% of the collectable debit relating to this period up to and including 2017/18.</p>	<p>£9,690,390 outstanding at the end of Q2. This has reduced from £11,583,354 brought forward into 2018/19. £9,690,390 represents 0.77% of the collectable debit relating to this period up to and including 2017/18.</p>			GREEN	Stable
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<p><b>Level of business rates outstanding</b></p> <p>This metric details the total value of business rates outstanding relating to all years up to and including 2017/18.</p>	<p>TBC</p>	<p>£3,211,328 outstanding at the end of Q1. This brings the prior year arrears figure to a typical result, following unusual year end variances caused by the deletion of a large MOD property from the rating list. £3,211,328 represents 0.22% of the collectable debit relating to the period up to and including 2017/18.</p>	<p>£2,665,378 outstanding at the end of Q2. This brings the prior year arrears figure to a typical result, following unusual year end variances caused by the deletion of a large MOD property from the rating list. £2,665,378 represents 0.18% of the collectable debit relating to the period up to and including 2017/18.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>
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<p><b>Level of outstanding housing benefit debt</b></p> <p>This metric relates to the total value of outstanding housing benefit debt.</p>	<p>£9,200,000</p>	<p>£8,984,715 outstanding at the end of Q1. This has reduced from £9,202,922 brought forward into 2018/19.</p>	<p>£9,142,661 outstanding at the end of Q2. This has reduced from £9,202,922 brought forward into 2018/19.</p>			<p><b>GREEN</b></p>	<p><b>Improving</b></p>
<p><b>Port Creative / Design</b></p> <p>The graphic design studio is 100% self-financing and has an income target of £145,600. Marketing and communications and digital customer experience is part-funded by income, generated through the Port Creative agency, which has an external income target of £53,600.</p>	<p>£199,200</p>	<p>Graphic design generated £35,087 of internal income in Q1.</p> <p>Port Creative generated £26,586 of external income in Q1.</p>	<p>Graphic design had generated £72,319 of internal income by the end of Q2</p> <p>Port Creative had generated £47,264 of external income by the end of Q2, with a further £26,107 of work in progress for Q3.</p>			<p><b>GREEN</b></p>	<p><b>Improving</b></p>

**Commentary:**

Council Tax / Business Rates Collection

Collection of council tax and business rates are broadly comparable to last year, and our assessment of performance so far, is that collection remains stable. Whilst council tax collection is reduced on the equivalent period in 2017/18, there is a continuing trend of residents choosing to spread their instalments over 12 months, as opposed to the more traditional 10 month instalment plan. Similarly with collection of business rates, it is important to not make too many assumptions regarding the comparison to 2017/18 as the quarter end position can be significantly influenced by a ratepayer with a large rateable assessment paying at a different point in the year. More generally it is too early in the billing and recovery cycle to draw too many conclusions regarding recovery trend, however we remain satisfied that despite the changes introduced last year to the local council tax support scheme, and the changes to business rates following the revaluation of the rating list, that collection continues to be stable.

A review of central debt recovery (the enforcement stages of the recovery process) is anticipated to further drive forward in year collection, whilst ensuring support through pragmatic payment arrangements, use of the council's hardship fund and provision of debt advice.

Port Creative / Design

The quarter two position is positive. Graphic design is on target for internal income, and the combined efforts of marketing, communications, market research, design, digital and the city helpdesk have generated 88% of their external income target in Q1 and Q2, with a further £26,107 of work in progress for Q3 - exceeding the target by 37%.

**Key Priority: Customer Service**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p><b>Processing speed for New Claims of Housing Benefit</b></p> <p>This metric describes the process period from the point a resident makes a claim for Housing Benefit to the point where we are able to determine any entitlement to benefit, and where appropriate put the claim in payment. This measurement includes any time required for the resident to supply supporting documentation. This level of performance is important because it enables payments to be made within a typical rental cycle, providing the resident further choice in relation to their financial position, and potentially avoiding the creation of rent arrears, or other debts.</p>	<p>22 days which is in line with national average performance levels.</p>	<p>20.38 days, compared to 21.97 days at the close of Q1 2017/18.</p>	<p>18.91 days, compared to 24.60 days at the close of Q2 2017/18.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>

<p><b>Processing speed for Changes in Circumstances of Housing Benefit claims</b></p> <p>This metric describes the process period from the point a resident notifies a change in their circumstances affecting Housing Benefit to the point where we are able to determine any entitlement to benefit, and where appropriate revise the benefit award.</p> <p>This measurement includes any time required for the resident to supply supporting documentation. This level of performance is important because it enables payments to be made within a typical rental cycle, providing the resident further choice in relation to their financial position, and potentially avoiding the creation of rent arrears, or other debts.</p>	<p>8 days which is in line with national average performance levels.</p>	<p>6.92 days, compared to 7.27 days at the close of Q1 2017/18.</p>	<p>7.93 days, compared to 8.64 days at the close of Q2 2017/18.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>
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<p><b>Processing speed for Council Tax billing transactions</b></p> <p>Handling customer enquiries quickly, in addition to supporting good customer service, enables the timely determination of liability, discounts and exemptions etc. to result in the issue of bills quickly, enabling the local tax payer greater opportunity to pay. Delays in issuing bills can restrict the number of payment instalments available to council tax payers.</p>	5 days.	3.53 days compared to 4.64 days at the close of Q1 2017/18.	4.95 days compared to 4.50 days at the close of Q2 2017/18.			<b>GREEN</b>	<b>Stable</b>
<p><b>Processing speed for Business Rates billing transactions</b></p> <p>Handling customer enquiries quickly, in addition to supporting good customer service, enables the timely determination of liability, relief and exemptions etc. to result in the issue of bills quickly, enabling the local tax payer greater opportunity to pay.</p>	8 days.	5.5 days compared to 7.5 days at the close of Q1 2017/18.	5.3 days compared to 7.5 days at the close of Q2 2017/18.			<b>GREEN</b>	<b>Stable</b>

<p><b>Development of customer service strategy for C&amp;C. including establishing baseline measures</b></p> <p>This priority area will look at the development of a customer service strategy, designed to improve our overall approach to customer service. To include research, development and implementation of a new customer service strategy, and establishing baseline measures and monitoring of outcomes in City Help Desk and Revenue &amp; Benefits.</p>	<p>TBC</p>	<p>Progress in quarter one: city helpdesk participated in staff workshops, contributing to strategy development. Customer survey planned for delivery in Q2, user group planned for implementation in Q2. New community engagement events, to include customer service, planned for implementation in Q2.</p>	<p>Progress in Q2: customer survey delivered. This customer insight will inform baseline measures of value to our customers. Community engagement events have been implemented, and contributed to 3,000 responses to the budget consultation.</p>			<p><b>AMBER</b></p>	<p><b>NA</b></p>
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<p><b>Reduction in overall offline contacts (City Help Desk and Revenues &amp; Benefits) compared with increase in online transactions.</b></p>	<p>Baseline: 177,206 calls handled across City Helpdesk and Revenues &amp; Benefits in 2017/18.</p>	<p>32742 calls handled across City Help Desk and Revenues &amp; Benefits in Q1.</p>	<p>32,022 calls handled across City Help Desk and Revenues &amp; Benefits in Q2.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>
<p>Increasing self-serve options improves customer service for those who prefer the ease and 24/7 convenience of online, and it reduces pressure on staffed customer service so we have more time for customers who most need our help.</p>	<p>£10,545,518 was processed via web payments in 2017/18 and 33,072 transactions were handled via online forms 2017/18.</p>	<p>17,671 transactions handled through web and app forms in Q1. £2,890,559.55 was processed via web payments in Q1.</p>	<p>19,944 transactions were handled through web and app forms in Q2. £2,774,020.35 was processed via web payments in Q2.</p>				

<p><b>Increase in take-up of email communications via Gov Delivery</b></p> <p>Email communications are an important channel for ensuring our customers receive timely, relevant and targeted information, which helps to reduce avoidable customer contacts.</p>	<p>19,295 subscribers at end of 17/18, a total email reach (number of emails sent) of 225,228 and an average open rate of 39.43% across 17/18.</p>	<p>19,193 unique subscribers at end of Q1. 106,932 reach in Q1, and an average open rate of 37.6%.</p> <p>GDPR changes mean email data has been cleansed to ensure up-to-date subscription permissions. Like other organisations, this will have a significant impact on the number of subscriptions. The anticipated reduction is between 30% and 40%.</p> <p>Marketing activity is planned in Q2 and Q3 to further increase uptake.</p>	<p>14,129 unique subscribers at end of Q2. This reduction was as a result of GDPR changes and, at 26%, is less than anticipated. The reach in Q2 was down to 88,684, which links to the GDPR subscriber reduction, but the average open rate increased to 45.79% which indicates improved engagement. Marketing is already in place to increase subscriptions, and will increase in Q3.</p>			<p><b>AMBER</b></p>	<p><b>Stable</b></p>
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<p><b>Achievement of statutory timelines in relation to FOI - Community &amp; Communications</b></p> <p>Community &amp; Communications has corporate responsibility for Information Governance and monitoring of responses to FOI requests. This measure relates purely to FOI requests where Community &amp; Communications is responsible for responding to the request</p>	90%	100%	100%			N/A	N/A
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<p><b>Achievement of statutory timelines in relation to FOI - Corporate</b></p> <p>Community &amp; Communications has corporate responsibility for Information Governance and monitoring of responses to FOI requests. This measure relates to the response rate corporately.</p>	90%	89%	74%			<b>AMBER</b>	<b>Stable</b>
<p><b>Achievement of timelines in relation to corporate complaints policy - Community &amp; Communications.</b></p> <p>Community &amp; Communications has responsibility for corporate complaints.</p> <p>This metric details the proportion of complaints relating to C&amp;C where the complaint was responded to within the policy timescales</p>	100%	92.31%	85.19%			<b>AMBER</b>	<b>Stable</b>

<p><b>Achievement of timelines in relation to corporate complaints policy - Corporate.</b></p> <p>Community &amp; Communications has responsibility for overseeing corporate complaints across the council (excluding ASC and CSC).</p> <p>This metric details the proportion of council wide corporate complaints (excluding ASC and CSC) responded to within the policy timescales corporately.</p>	100%	77.32%	78.05%			<b>AMBER</b>	<b>Stable</b>
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**Commentary:**

Processing speed for New Claims of Housing Benefit and Changes In Circumstances

An important customer service deliverable is the assessment and payment of entitlement to housing benefit in a time frame that does not contribute to financial hardship. Processing speeds are improved on Q2 2017/18, however they are assessed at this stage as stable. The availability of further choices to access the service has been expanded this year to include on-line claim forms for Housing Benefit, and we have also introduced Risk Based Verification. It is too early at this stage to understand the effect of these changes; however we will continue to assess these Improvement initiatives. Some increase in processing time is anticipated in Q3 as a result of the additional demands placed on our teams as a result of the Universal Credit full service roll out.

The effect of the operational changes, as part of the service review completed in Q2 2017/18, continue to support this focussed service delivery.

Council Tax / Business Rates Processing Speeds

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FTLY.  
The effect of the operational changes as part of the service review completed in Q2 2017/18 is now resulting in improved performance. Council Tax processing speed appears slightly increased when compared to Q2 17-18, however the call handling of in respect of Revenues has been consolidated in the Revenues & Benefits Team, and seasonal work associated with the student population has impacted workflow in Q2. Processing speeds continue however to be good, enabling council tax bills to be issued swiftly.

Achievement of timelines in relation to corporate complaints policy - Corporate (excluding ASC and CSC complaints)

We are mid-way through a full review of corporate complaints. The policy has been revised and implemented, and a new system will be procured in Q3/4. The new system will enable process efficiencies across multiple areas, including supporting compliance with policy timelines by automating reminders. An improvement in this area is anticipated once the new system is in place.

Achievement of statutory timelines in relation to FOI

The reduction in the percentage of responses issued within the statutory timeframe compared to the previous quarter reflects the fact that it incorporated the summer holiday period. Delays in information being passed to the Information Governance team were an issue. None the less, this shows an improvement on the same period last year, despite the fact the number of requests received continues to increase. Compared to the same period last year, we experienced a 29% increase in the number of requests received.

**Key Priority: Valuing Staff**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
<p><b>Managing Attendance</b></p> <p>Since incorporating Revenues &amp; Benefits into the wider Community &amp; Communications Directorate significant work has been completed with all staff to improve attendance, and assist staff to be able to attend.</p> <p>His focus on attendance and wellbeing has seen improvements in attendance across the wider directorate that have essentially created resilience of 2.75 FTE available to support residents across the directorate.</p>	<p>Baseline for directorate is to stay within corporate baseline.</p>	<p>The rolling 12 month result for the directorate at the close of Q1 is 6.01 days per person.</p>	<p>The rolling 12 month result for the directorate at the close of Q2 is 4.89 days per person.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>

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<p><b>Action plan following the annual Employee Opinion Survey</b></p> <p>Results from the EOS are analysed by the Directorate Management Team, with staff groups involved in the assessment and change outcomes associated with areas where improvement is possible.</p> <p>Page 240</p>	<p>TBC</p>	<p>The key action from the 2017/18 survey was in relation to staff development, following which a full Training Needs Assessment has been completed in conjunction with the wider management team, staff and HR.</p> <p>We are currently prioritising training needs in relation to this exercise to improve staff satisfaction, improve flexibility /fluidity of resource and to ensure that appropriate succession planning is present within the Directorate. This will be an ongoing exercise within the Directorate.</p>	<p>We continue to support development following our Training Needs Assessment. We are working with all team members, and in addition are providing ongoing support to the wider directorate management team in relation to leadership.</p> <p>Following the most recent EOS we are focussing on key themes identified that we will collaborate on with our staff in Q3 and beyond.</p>			<p><b>GREEN</b></p>	<p><b>Stable</b></p>
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**Commentary:**

Managing Attendance

Efforts to support staff to attend continue to demonstrate success with improvements in attendance levels.

Action plan following the annual Employee Opinion Survey

Progress with our Training Needs Analysis is continuing, and new themes are being developed associated with wellbeing and leadership following the publication of the latest survey results.

## HR, LEGAL AND PERFORMANCE

### Key function: Human Resources

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Reduce sickness absence	8.5 days average per employee per year	8.5	8.5			AMBER	Steady
Successfully manage organisational change	Achieved	Achieved	Achieved			GREEN	Steady
No successful Employment Tribunal cases as a result of poor HR practice	Achieved	Achieved	Achieved			GREEN	Steady
Maintain recruitment end-to-end times below 70 days	65 days	64 days	82 days			AMBER	Declining
Increase numbers of apprenticeships	133	133	178			GREEN	Improving

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Business as usual performance in HR remains strong, with no major performance issues. Some pressures exist with job evaluations, with higher-than-average number of evaluations required. Sickness absence remains stable but wellbeing project now well underway. Recruitment service being reviewed to ensure it continues to meet business need, and new Learning & Development structure bedding in.

Pay settlement for 18/19 now implemented. 19/20 settlement now close to agreement.

Living Wage (as recommended by the Living Wage Foundation) agreed by Employment Committee and successfully implemented.

Dying to Work Charter adopted.

Disability Confident Employer status now achieved

Apprenticeships continues to be an area of success (reported separately to Employment Committee).

Key function: Legal Services							
Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Turn around childcare cases within 26 weeks	86%	TBC	83%			G	Steady
No major projects delayed due to failure to provide effective legal support	Achieved	Achieved	Achieved			A	Steady
Complete land charges searches within 20 working days	100%	Achieved	Achieved			G	Steady

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Commentary: Business as usual work on track. Continued strong performance on child protection cases compared to target and with other local authorities. Significant projects requiring legal support include VESL (energy company), City Centre Road scheme, ongoing PFI negotiations, and a number of contract re-lets. Performance in this area is rated as Amber due to challenges in maintaining skills and capacity in Legal to meet ever-changing demands of these projects.

**Key function: Internal Audit**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Complete 100% of annual audit plan	100%	23%	41%			G	Steady
Number of exceptions identified	0 critical, 90 High Risk	0 critical, 14 high risk	0 critical, 20 high risk			G	Steady

Commentary: Business as usual audit work continuing well, alongside income-generating work for external clients. Larger than usual number of special investigations. More detailed Audit update report provided to GAS Committee under separate heading.

**Key function: Corporate Strategy and Community Safety**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Maintain schedule of funding opportunities	Achieved	Achieved	NO LONGER REQUIRED BY THE ADMINISTRATION AND NEW POST RECRUITED IN ANOTHER DIRECTORATE. TARGETED SUPPORT STILL PROVIDED ON REQUEST			GREEN	Steady
Achieve statutory deadlines regarding annual governance statement and performance statement	Achieved	Achieved	ACHIEVED			GREEN	Steady

Commentary: Majority of strategy work relates to projects (see below) and support to partnerships. Core activities all progressing well.

**Key function: Directorate**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Reduce dependency on cash limit finance by developing trading opportunities	52% of service cost met through income and recharges	Achieved	Achieved			GREEN	Improving

Commentary : Ongoing work to win new clients, especially for audit, HR and Legal. Commercial strategy in place with key markets identified. Dependency on cash limit to be reduced further as a result of ongoing need to make budget savings.



**Key function: Financial Services**

Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Supporting the organisation in the delivery of the Medium Term Financial Strategy	Financial & Capital strategy refreshed annually	MTFS approved by full Council as part of annual Budget in February 2018	Capital strategy being prepared for Council meeting March 2019			Green	Progressing
Page 248	Revenue Budget & Council tax setting	Budget setting process started- Savings targets issued to services	Proposed savings for 2019/20 scheduled for publication in November 2018 (published)			Green	Progressing
	5 year capital programme	5 year capital programme approved by Council in February 2018	Existing capital programme refresh underway and new bids proposals being worked up			Green	Progressing



	Maintain Minimum level of General reserve balances	General Reserves stand at £21m (Minimum Level set at £8m for 2018/19). Forecast balance as at end 2018/19 - £16m	General Reserves stand at £21m (Minimum Level set at £8m for 2018/19). Forecast balance as at end 2018/19 - £17m			Green	Stable
	Provision of timely accurate & relevant management information online	Data refresh within 24 hours 95% of time	Data refresh within 24 hours 100% of time			Green	Improving
Page 249	Maximise income opportunities	<ul style="list-style-type: none"> <li>Take up of AVC salary sacrifice scheme continues to grow</li> <li>Achieved return on investment of surplus cash balances .21% above Libor swap curve</li> </ul>	<ul style="list-style-type: none"> <li>Take up of AVC salary sacrifice scheme continues to grow</li> <li>Achieved return on investment of surplus cash balances .15% above Libor swap curve</li> </ul>			Green	Improving

Safeguarding of and transparency in the use of public funds	Treasury Management activity in line with policy	Activity compliant with policy	Activity compliant with policy			Green	Stable
Page 250	Quarterly Financial and Treasury Management reporting to members	<ul style="list-style-type: none"> <li>Statutory accounts presented to GA &amp; S committee on 27 July.</li> <li>Q 1 reporting to Cabinet scheduled for September</li> </ul>	<ul style="list-style-type: none"> <li>Treasury management mid-year review report to GA&amp;S due in November (achieved)</li> </ul>			Green	Progressing
	Statutory Financial Statements within Statutory timescale	Annual target date of 30 June has been achieved	n/a			Green	Achieved
	Unqualified Audit Opinion	PCC received unqualified Audit opinion for 2017/18 accounts on 31 July	n/a			Green	Achieved

Supporting service managers informed decision making to deliver value for money	Provision of management information tools & support to budget managers	Monthly online financial management information and drop in training sessions for budget managers	Rollout of additional management information dashboards to managers			Green	Progressing
	Maintaining system availability	EBS availability within performance standard of 98% during working hours met	Availability maintained			Green	Stable
Page 251	Service delivery within agreed budgets including achieving agreed savings targets	Highest spending portfolios are overspending	Funding reductions coupled with increasing demand which is causing overspends is likely to increase the Council's savings requirements in the future if services unable to contain their costs.			Red	Deteriorating

	Payment performance within 30days target @ 90%	83%	85%			Amber	Stable
	Continuity for key financial activities	Business Continuity Plan updated	n/a			Green	Achieved
	Bank reconciliations completed within 20 days	April, May & June complete	July & August complete			Green	Stable
Page 252	Publication of Transparency Information	Available on Council's website by due date	Available on Council's website by due date			Green	Achieved
Maintain & develop a professional, informed and reliable workforce	Training & development Plan	<ul style="list-style-type: none"> <li>• Currently 8 Apprentices &amp; 3 professional accountancy trainees</li> <li>• Timetabled in house training updates</li> </ul>	<ul style="list-style-type: none"> <li>• Currently 9 Apprentices &amp; 3 professional accountancy trainees</li> <li>• Timetabled in house training updates</li> </ul>			Green	Improving

**Key function: Information Technology**

Objective	2018 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
Availability (24/7)						Green	Stable
1. Availability of the LAN	100%	100%	100%			Green	Stable
2. Availability of the WAN	99.40%	99.60%	99.63%			Green	Stable
3. Availability of the WAN Network	99.90%	99.81%	97.93%			Green	Stable
4. Availability of Telephone System	100%	100%	99.86%			Green	Stable
5. Availability of Top 30 Systems	98.70%	99.46%	*No data			Green	Stable
6. Availability of The Peoples Network	99.60%	99.63%	99.73%			Green	Stable
Service Desk							
1. Phone calls answered < 30 secs	95.20%	90.39%	86.55%			Green	Deteriorating

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2. Phone call abandonments	2.50%	3.32%	4.17%			Green	Deteriorating
3. Incidents resolved at first point of contact	91.40%	93.71%	74.78%			Amber	Deteriorating
Incidents - an incident is an unplanned disruption that needs to be resolved immediately, either through a permanent fix, workarounds or temporary fix							
1. Raised	503	533	672			Green	
2. Currently Open	227	247	208			Green	N/A
Requests - a service request is a request from a user requesting advice, information, a change, or access to a service							
1. Requests Currently Open	336	390	902			Amber	N/A

Key function: Procurement							
Objective	2017 Baseline (where known)	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	RAG rating	Trend
and affect availability or the fix is temporary and will fail, this becomes an problem							
1. Problems Raised (% incidents becoming problems)	2.50%	1.20%	0			Green	
Problems Open	101	82	55			Green	
Security - % blocked							
1. SPAM	99.90%	99.03%	93.38%			Green	Stable
2. Malware	99.6%	99%	99.29%			Green	Stable
<p><b>Commentary:</b> The previous IT service management system E works had been out of support from the provider for 3 years and that system was replaced with a modern IT service management system called vFire. This new system reports on a more accurate level than its predecessor on Live call data so there is an element of system change impacting on the figures in Q2 . The new system results in some difference in data capture which is reflected in some areas above where past records do not reflect new capture. The system was implemented in July and initial effort focused on operational issues including configuration, full reporting and the self service User Hub launch is forecast in March 2019. Part of the new system will be the launch of a self service user hub - in Liverpool City Council this resulted in 30% reduction in call volume to the service desk. The increased availability of Analyst time following the User Hub implementation plus the improved work flows will result in improved outcomes.</p>							

<u>Gateway Board</u>	68 (17 per Q avg.)						
# of Gateways		19	19			Green	Stable
# of 1 & 2 (Strategy)	15 (4 per Q avg.)	6	5			Green	
# 3 (Out to tender)	19 (5 per Q avg.)	4	8			Green	
# 4 (Proposed award)	20 (5 per Q avg.)	1	2			Green	
# Extensions	6 (1-2 per Q avg.)	7	2			Green	
# Waivers	8 (2 per Q avg.)	1	2			Green	
# Price increase approvals.	nil	Nil	Nil			N/A	



<p><u>Strategic Contract Management Board</u></p> <p>#Contract Alerts issued</p> <p># of post implementation reviews</p> <p># of disputes</p> <p># of contract reviews</p> <p># of negotiation support</p> <p>Page 257</p>	<p>12 (3 per Q)</p> <p>2 (0-1 per Q)</p> <p>3 (underway)</p> <p>1 (started)</p> <p>1 (concluded)</p>	<p>3 (Allied Healthcare Ltd, Capita plc, Herbert H Drew Ltd)</p> <p>3</p> <p>2</p> <p>3</p> <p>0</p> <p>Currently reviewing:</p> <ul style="list-style-type: none"> <li>•LD PFI Day Services</li> <li>•Comserv and Mountjoy housings repairs and maintenance contracts</li> </ul>	<p>4 (Rolserv Ltd, Daisy IT Managed Services Ltd, PT Contractors Ltd, Lakehouse Contracts Ltd)</p> <p>0</p> <p>2</p> <p>1 (underway)</p> <p>0</p> <p>Currently reviewing:</p> <ul style="list-style-type: none"> <li>•LD PFI Day Services</li> </ul>			<p>Green</p>	<p>N/A</p>
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<u>Strategic contracts</u> <ul style="list-style-type: none"> <li>- Gold</li> <li>- Green</li> <li>- Amber</li> <li>- Red</li> <li>- Should be scored but haven't been</li> </ul>	16 (24%)  26 (39%)  4 (6%)  0 (0%)  13 (19%)	13 (17%)  41 (55%)  2 (3%) (Highways PFI, Energy gas)  0 (0%)  10 (13%)	15 (16%)  46 (49%)  2 (2%)(Arboricultural works,MSTAR)  0 (0%)  15 (16%)			Green  Green  Green  Green  Amber	n/a
<u>Compliance</u> - % compliance for quarter - Number of new waivers - Spend under waiver (new & old).	89%  181 (45 per Q)  £2.86M	93%  58  £4.41M	97%  51  £3.80M			Green  Green  Green	Stable
# of Tendering challenges	0	0	0			Green	Stable

**Commentary:** The City Solicitor has written to the Directors of Strategic contracts which have not had their KPI's scored which is known to GAS. It was agreed at the Strategic Contract Management Board that Directors not scoring contracts will now have to present to the SCMB as to why.



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Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track (RAG rating)	Key project risks
<b>CHILDREN'S SERVICES</b>						
<b>Deliver strategy to boost recruitment and retention of teachers in the city</b>	Dec 2018	PEP Teacher Recruitment and Retention Group agreed Action Plan for 2018/19, but it was recognised this was not going to be sufficient to make a significant impact. Priority will be given to a more comprehensive strategy and set of actions - to be completed by end of Q3. Teach Portsmouth Week to be held in Q3 1 <sup>st</sup> - 5 <sup>th</sup> Oct 2018. Teacher Recruitment Fair to be held in Q4 on 19 <sup>th</sup> January 2019. _completed	AMBER	AMBER	AMBER	
<b>Refresh the strategy to improve school attendance including a high-profile public campaign from Summer 2018</b>	Dec 2018	The School attendance strategy is being refreshed and a behaviour change campaign is underway, including a targeted publicity campaign to be rolled out during the autumn term - campaign underway.	GREEN	GREEN	GREEN	Secondary school overall and persistent absence continued to rise. The publicity campaign is being tested to maximise impact.

<p><b>Continue to encourage all schools to join a strong multi-academy trust</b></p>		<p>60% of schools are not part of a Multi Academy (65% of pupils attend an academy). This is likely to increase to 70% by the end Q4, but little movement beyond that date is expected. Some rationalisation of MATs is being pursued commencing with the re-brokering of Stamshaw Junior School.</p>	<p>AMBER</p>	<p>AMBER</p>	<p>AMBER</p>	<p>Vulnerability of small LA maintained schools in terms of future resilience and ability to manage finances, recruit and develop staff and improve outcomes for pupils.</p> <p>Limited capacity of the RSC to challenge and support academies and engage in re-brokering has been the case with Stamshaw Junior.</p>
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<p><b>Implement recommendations of the 2017/18 strategic review of SEND, including securing a new free school for children with autism and challenging behaviour</b></p>		<p>All of the actions arising from the recommendations in the SEND Strategic Review have been incorporated into the 9 ambitions within the SEND 0-25 Joint Commissioning Plan. Accountability for delivery of these actions will be to the SEND 0-25 Joint Commissioning Group. At key parts in the development and roll-out of this plan, we will ensure the right decision-making body is engaged - e.g. schools forum, CCG Clinical Committee, LA Cabinet. All actions are on track.</p>	<p>GREEN</p>	<p>AMBER</p>	<p>GREEN</p>	<p>There is increasing pressure on the High Needs funding within the Dedicated Schools Grant which means that it will be difficult to fund any additional provision required to meet the growing need.</p>
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<p><b>Review and strengthen Alternative Provision arrangements in the city</b></p>		<p>Successful Portsmouth Education Partnership bid for DfE innovation funding over 2 years to improve the reintegration of pupils at Key Stage 3 from AP into mainstream or special school placements.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	<p>Pressure on school budgets are leading to increasing difficulties in meeting the needs of students who require additional support to what is ordinarily available.</p>
<p><b>Continuing to improve the quality of education at LA maintained schools prioritised for support and working with the RSC to ensure improvement at academies where necessary</b></p>		<p>Contract in place with the Portsmouth Teaching School Alliance for 2018/19 to challenge and support LA maintained schools. Prioritisation letters together with PEP Dashboard information due to go out to LA maintained schools in Q3 (October) - completed</p>	<p>AMBER</p>	<p>AMBER</p>	<p>AMBER</p>	<p>Limited funding available to support school improvement and limited levers that can be used to insist that LA maintained schools respond positively to the support that is being provided.</p>



<p><b>Delivering expansion of secondary schools (The Portsmouth Academy, Trafalgar School, Charter Academy, St Edmund's Catholic School and Admiral Lord Nelson School) to meet need for additional places</b></p>		<p>There are four expansion schemes in place, which are all progressing in line with the project programme and to budget. All four schemes will deliver additional places by September 2020. An additional scheme at St Edmund's Catholic School is being considered by Members as part of the latest round of capital bids.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	<p>There are consequential works at ALNS in relation to moving the nursery within the site, which are being explored and may add minor additional costs to that project.</p>
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Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track (RAG rating)	Key project risks
<p><b>Health &amp; Social Care Blueprint</b> (Integrated Working Localities Intervention)</p>	<p>Ongoing</p>	<p>Integrated Working Localities Intervention commenced in the first quarter. Experimentation phase commenced 28<sup>th</sup> Aug 18. No strict timescale but likely to take around 8 weeks. This will provide learning as to how to most effectively work together in an integrated model.</p>	<p>AMBER</p>	<p>AMBER</p>	<p>AMBER</p>	<p>Staffing capacity within the redesign phase.  Structural/ organisational barriers to the required change.</p>

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track (RAG rating)	Key project risks
						<p>Pressure from the wider health and care system to move at a faster pace.</p> <p>Risks are being managed through the Multi-Speciality Community Provider (MCP) and the Integrated Localities Programme Board.</p>
<p><b>Transition between Swift / AIS and System 1</b></p>	<p>Revised to end March 2019</p>	<p>The project plan has been revised in accordance with what is needed to deliver against project and delivery outcomes, and has involved a comprehensive analysis of requirements, resource, dependencies and risk. Business requirements have</p>	<p>RED</p>	<p>AMBER</p>	<p>RED</p>	<p>Finance have identified a number of options to address overspend. Rated as red re time but project now</p>

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track (RAG rating)	Key project risks
		<p>been mapped and agreed. Data migration and archive solutions have been agreed. Technical configuration remains underway.</p>				<p>significantly improved in terms of rates of progress as a result of comprehensive analysis around project requirements.</p>
<p><b>Achieving Financial Balance</b></p>	<p>March 2019</p>	<p>The financial outturn for 2018/19 was projected to be circa £3.1m in excess of the current Portfolio cash limit at the end of Quarter 1, as formally reported to the Council. Adult Social Care are developing a long term strategic plan and care model for the service, which will seek to enable the service to become financial sustainable in the future within its</p>	<p>RED</p>	<p>RED</p>	<p>RED</p>	<p>ASC continues to operate in a challenging budget environment, with considerable market instability and the increasingly complex needs of people who have care and support needs.</p>

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track (RAG rating)	Key project risks
		available resources.				<p>Savings Plans have been submitted by service areas.</p> <p>Current overspend is as a result of the ongoing cost pressures within Daycare and Supported Living following their restructuring in 2016/17. This also reflects the ongoing pressure as a result of the closure of residential homes in the city.</p>

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track (RAG rating)	Key project risks
						The overspend is also driven by the current pressures arising from meeting the regulatory standards within PCC's residential units.
<b>Accommodation strategy</b>	April 2021	<p>Promotion of independence through transformation of Learning Disabilities (LD) housing/support.</p> <p>Plans are in place to provide new build accommodation for approx. 35 people over the next 5 years providing local cost effective alternatives.</p> <p>Savings target £150,000. Savings</p>	GREEN	GREEN	GREEN	Service is becoming aware of a small, but significant, number of children due to transition within 3 years who have very complex (and costly) care packages.

		<p>achieved of £688,000 through creating local alternatives and negotiation. Some of these savings will offset payments of uplifts.</p>				<p>A key risk is the overspend in the LD service area as reported at Quarter 1. The overspend was constituted mainly from in-house residential care and LD services.</p> <p>Another key risk is the increasing number of people with profound and multiple disabilities who will require accommodation and support</p>
<b>Domiciliary Care - Intervention</b>	Commenced end of Qtr 1	Comprehensive analysis of Domiciliary Care system using systems thinking method for review. 'Check' phase now completed. Redesign phase to	GREEN	AMBER	N/A until Redesign	Resourcing redesign phase effectively (sourcing number of carers)

		commence Jan 2019.				required).
<b>Telecare/assistive technology</b>	June 2018	Support to Discharge Service to reduce packages of care/support and enable people to go home with the help of assistive technology. Development of assistive technology strategy and development of Board to ensure delivery. Ongoing work to raise awareness around technology in maintaining people's independence.	GREEN	GREEN	AMBER	Ensuring resource is known/utilised effectively. Need to highlight the hospital discharge project through housing colleagues. (Development of Assistive Technology Strategy and subsequent promotion plans will address some of these issues)
<b>Oakdene</b>	Spring 2020	Supported accommodation for people whose primary needs are linked to their mental health. Purchase of the building has yet to be finalised and is dependent on a gain share agreement being secured with the Clinical Commissioning Group (CCG).	RED	RED	RED	Funding in place. Once the gain share arrangements are agreed by the CCG the purchase of the building can proceed.

<p><b>Transition Beds for Edinburgh House</b></p>	<p>Completed</p>	<p>Service providing short stay beds following a person's discharge from acute services prior to arranging a longer term package of care, or to enable a 'step up' from the community to cover a crisis before returning to their previous level of independence back home.</p>	<p>Green</p>	<p>Green</p>	<p>N/A</p>	<p>Project Completed</p>
<p><b>New Models of Care (NMoC)</b></p>	<p>In operation</p>	<p>Development of Community Independence Service (CIS) to increase re-ablement and rehab capacity whilst adding in house carers to be able to rapidly respond to people in crisis. The purpose being to keep people independent for longer thus reducing long term care (domiciliary and residential / nursing).</p> <p>In Quarter 1 the development of key metrics that provide an accurate picture of reducing demand for health and care service, to achieve sustainability after transformation funding, was completed. Team Manager recruited in Quarter 2. Focus on recruiting Reablement Assistants in</p>	<p>Amber</p>	<p>Green</p>	<p>Amber</p>	<p>If service is not able to help reduce avoidable hospital admissions then demand for ASC services will increase.</p> <p>Service needs community focus and work to reduce long term pressures that result from demand from the acute hospital.</p>



		Quarter 3.				
<b>Review of high cost packages of care</b>		Resource has been put in place to review clients with more complex needs to ensure they have access to the right level of care from the right organisation.	Green	Green	Green	Resource now identified. Initial review of clients has begun.  Low success of negotiations with host authorities.  Low numbers of clients where complex needs have improved.
<b>Project Bridge</b>		Part One - 3 years funding to facilitate the Voluntary and Community Sector (VCS) and the Local Authority coming together as a consortium. Part Two - development and delivery of VCS sitting service provision - My Time (funding for 1 year then plan to be self-sustaining)	Red	Green	Green	My Time now have sufficient volunteers to meet current demand, where it is appropriate for a volunteer to be offered.

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track - outcomes (RAG rating)	Key project risks
<p><b>Horatia House &amp; Leamington House - strengthening, recladding, install of sprinklers (total package of works)</b></p> <p><b>(Tower Blocks, LA Owned)</b></p>	<p>Spring 2019</p>	<p>Initial feasibility work highlighted an issue with concrete strength in both blocks leading to a decision to rehouse both blocks (see below).</p> <p>Feasibility to strengthen commissioned study is being undertaken to evaluate options for strengthening, recladding and installing sprinklers to both blocks</p>	<p>GREEN</p>	<p>RED</p>	<p>N/A</p>	<p>Central Government (MHCLG) have confirmed that grant will be available for recladding works only. A funding application has been submitted but no formal decision has been made to date</p>

<p><b>Horatia House &amp; Leamington House Decant (Tower Blocks, LA Owned)</b></p>	<p>Spring 2019</p>	<p>76% (184/241) of families have accepted an offer of a new tenancy</p>	<p>GREEN</p>	<p>AMBER</p>	<p>N/A</p>	<p>Funding for the home loss payments and rehousing costs. Impact on the housing waiting list.</p>
<p><b>Water Safety Management System</b></p>	<p>1 April 2019</p>	<p>A review of the legionella policy has identified areas for improvement in the water safety management system for PCC (in relation to all assets). A water safety group is being established to manage implement the new policy. The Water Hygiene Centre (independent experts) will audit the water safety plan which will be reported to GASC via Internal Audit.</p> <p>For Q3 performance reporting from the plan will form a separate performance report to GASC.</p>	<p>GREEN</p>	<p>N/A</p>	<p>GREEN</p>	<p>Risk is not implementing policy impacts on risk prosecution</p>

<p><b>New Electrical MTC (Measured Term Contract)</b></p>	<p>1 April 2019</p>	<p>Existing contract to be extended to 31<sup>st</sup> March 2020 in accordance with the contract conditions. Retender exercise to commence 1 April 2019</p>	<p>GREEN</p>	<p>N/A</p>	<p>GREEN</p>	<p>Risk non-compliant contract is not retendered on time or impact on service provided (electrical work corporate assets)</p>
<p><b>Site - Kingsclere Avenue</b> <b>Name of Development - <u>Fred Francis Close</u></b> <b>No. of Properties - 38 (30 x Houses, 8 x flats)</b></p>	<p>March 2019</p>	<p>Project started 8 months later than planned due to delays with HCC and the s278 process. Project now proceeding as per the contractors target programme.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	<p>The contractor is hinting at a slightly earlier completion, but this won't be reported until we are sure it can be achieved.</p>

<p><b>Universal Credit Full Service roll-out in Portsmouth and Havant</b></p> <p><b>DWP scheme, PCC role is to support our residents with the changes and ensure our staff are trained.</b></p>	<p>Sept 2018</p>	<p>Universal Credit (UC) introduced for new claims in Portsmouth and Cosham 26 Sep 2018 (Havant scheduled for 28 Nov 2018), but families with 3 or more children currently excluded.</p> <p>Working with Jobcentre and other key partners to respond to issues arising.</p> <p>Moving on to UC can create additional complexity and therefore increased demand on area office resources.</p> <p>Staff training and tenant awareness raising is ongoing.</p> <p>Potential changes to UC regulations in Autumn budget</p>	<p>GREEN</p>	<p>N/A</p>	<p>N/A</p>	<p>UC is due to be extended to new claims from families with 3 or more children from 1 Feb 2019. This will increase the number of UC claimants and include families subject to the Household Benefit Cap.</p> <p>No details released on Managed Migration, but likely this will not start in Portsmouth until 2020.</p>
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<p><b>Sheltered Housing Care Provision - currently running a trial at Ian Gibson Court to provide care to residents in a new way</b></p>	<p>Nov 2018</p>	<p>Pilot project underway whereby PCC directly employs staff to provide ASC funded/arranged packages of care to residents of Ian Gibson Court.</p> <p>Evaluation complete - proceeding to decision to sustain the model at the scheme and consider a wider roll out to other schemes.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	<p>Final costs outcome will depend upon the final model of provision.</p> <p>However these costs will likely be mitigated by consistent and better managed care provision.</p>
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<p><b>Revise the accreditation scheme for the private rented sector</b></p>	<p>March 2019</p>	<p>The Additional Licensing scheme ended on 27<sup>th</sup> August 2018. The criteria for Mandatory licensing changed on 1<sup>st</sup> October 2018 due to government legislation, to include all HMOs occupied by 5 or more tenants. As of 1<sup>st</sup> October 426 new mandatory licenses had been received due to the new licensing criteria, with a further 186 applications anticipated.</p> <p>A Report regarding HMO Licensing is going to Cabinet in December 2018 with a review of the current licensing situation and the recommendation to review the Governance Panel for licensing to gather data regarding the impact of the new Mandatory Licensing criteria and any demand for further Additional Licensing schemes in the City.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>AMBER</p>	<p>The new Mandatory licensing criteria has increased the number of HMOs requiring this type of license, which will affect any decision concerning the possible implementation of a designation area for additional licensing under section 56 Housing Act 2004. A revised Governance Panel could be implemented to identify the need for any further licensing schemes in the City.</p>
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<p><b>Waste Collection Contract Extension decision (contract period ends 30 Sep 2019 with option to extend for 2 years)</b></p>	<p>Jul 2018</p>	<p>Currently working on appraisal of options with regard to extending or procurement</p> <p>Consideration required regarding the future approach to waste collection (trials ongoing)</p> <p><b>June 2018</b> - Variation of Contract Extension is currently with Legal Services</p> <p><b>October 2018</b> - variation with Biffa to sign.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	<p>Contract extension to September 2021 now approved</p>
<p><b>Sustaining the High Street Wardens / Increasing the number of Community Wardens</b></p>	<p>Oct/Nov 2019</p>	<p>Portfolio reserves have been made available to recruit four new High Street Wardens who have the purpose of helping to keep the city safe, clean and tidy. Team in place from April 2018 evaluation shows positive impact. Administration keen to retain the HSW and expand the wider community warden team.</p> <p>Project underway to secure funding to sustain and expand the service for 1 - 2 years.</p> <p>Cabinet decision 8 October to recruit 8 additional CW to replace 4 HSW and also provide a night time patrol cover to LAH blocks - recruitment underway. Funding ends 31 March 2020, further review of funding and demand in October 2019</p>	<p>GREEN</p>	<p>AMBER</p>	<p>GREEN</p>	<p>The service is a non-statutory service and there remain challenges in finding long term funding for the service.</p> <p>Funding secured until end of March 2020. Further review in October 2019</p>



<p><b>Waste and Safe, Clean &amp; Tidy IT system development</b></p>	<p>April 2019</p>	<p>Following interventions into these areas, new IT systems are being developed for the collection and allocation of work. These will enable the customers and staff to log demand in an effective and efficient way. They will also interconnect with the PCC website and My Portsmouth App. Work is being undertaken with no additional resources.</p> <p>Some hold ups with testing - Consideration of Maestro system (used by PFI contractor) now being made.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	<p>The project relies upon the Channel Shift team, who could be redirected onto other work. The exact timetable for introduction depends upon workloads, and the success of testing</p> <p>Development continues - delivery date now more likely April 2019</p>
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<p><b>Street homelessness and rough sleeping partnership strategy</b></p>	<p>Ongoing</p>	<p>The work builds on the foundations established to address the issue of rough sleeping in the city. The Homeless &amp; Rough Sleeping Strategy Programme Manager's post is funded until March 2019. The post is coordinating the development and delivery of a strategy which will lead to a recommissioning of services to move from a provision of shelter to one that links support &amp; accommodation (Q.1 2019)</p> <p>Draft strategy was endorsed by Housing Cabinet in September 2018 and is under consultation until 31 December 2018</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	<p>Portsmouth's work in addressing the issues of rough sleeping has attracted MHCLG funding for 2018/19. Additional funding will be available in 2019/20.</p>
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<p><b>Voids and Allocation Intervention</b></p> <p><b>(Review of the housing services management of void properties)</b></p> <p>Key aim is to identify efficiencies and reduce the end to end time.</p>	<p>Early 2019</p>	<p>Scoping complete. Check phase has completed and the team has moved into redesign, new ways of working should be ready to launch in Q1 (2019/20)</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	
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<p><b>Additional Borrowing for the Housing Revenue Account</b></p>	<p>Sept 2019</p>	<p>The government announced on the 26<sup>th</sup> June a programme that allows qualifying local authorities to bid for additional borrowing to enable local authorities to build new council homes. Qualifying local authorities are those identified in high affordability pressure areas, where the difference between social rents and private rents is more than £50 per week. Authorities can bid for borrowing ability to meet local need.</p> <p>Portsmouth is a qualifying local authority and we are looking to submit a bid by the closing date for submissions which is the 7<sup>th</sup> September. The minimum bid value should achieve a development of at least 65 units but it for local authorities to determine the level of bid they wish to make identifying in the process development sites which can be used. The results of bids will be announced in the autumn with the additional borrowing made available from April 2019.</p> <p>The link below takes you to the specific prospectus and the detail for this initiative.</p> <p><a href="https://www.gov.uk/government/collections/additional-housing-revenue-account-borrowing-programme">https://www.gov.uk/government/collections/additional-housing-revenue-account-borrowing-programme</a></p> <p><b>Sept 2019</b> Update - the additional borrowing submission was made which focussed on three HRA sites to be developed for affordable housing. In <b>October 2019</b> the PM announced that the HRA borrowing cap would be removed. The implications of that and the impact on the submissions made are not known and further detail is anticipated to follow in Late October / Early November.</p>	<p>GREEN</p>	<p>N/A</p>	<p>GREEN</p>	<p>Potential opportunity to build additional council housing using HRA owned sites.</p>
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<p><b>Hospital Discharge Project (Private Sector Housing and Adult Social Care)</b></p>	<p>March 2019</p>	<p><b>Purpose</b></p> <p>To assist in the timely discharge of patients back home to live independently, safely and securely.” HDT Project runs alongside our Telecare &amp; Homesafety Team where we already provide Telecare, Homesafety, SIDS and Handyperson. The HDT Project is a bespoke service to patients with assisting them to continue to live independently at home by working alongside ASC, Hospital staff, patients and their families. The project started in February 2018 funded from the ASC transformation fund and is due to run until March 2019</p> <p>Mid-point evaluation showed positive outcomes with reduced hospital stays (average 2 days per patient) and ongoing engagement with telecare services. Full evaluation will determine the future scope for the service and funding sources.</p>	<p>GREEN</p>	<p>GREEN</p>	<p>GREEN</p>	
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Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track - out comes (RAG rating)	Key project risks
<p><b>Deliver a new community in the Tipner masterplan area, including a minimum of 1,250 new homes and a marine and maritime hub.</b></p>	<p><b>Start on site 2020</b></p>	<p>This is being taken forward in collaboration with the forthcoming Local Plan. Public consultation is planned for autumn 2018 with the aim of making a formal planning application in mid-2019 for the site infrastructure and development phase one.</p>	<p><b>AMBER</b></p>	<p><b>GREEN</b></p>	<p><b>AMBER</b></p>	<p>The ecological aspects of the project may require mitigation and replacement of ecological habitat in the harbour area which could increase the time taken to complete this stage.</p> <p>The planning application is dependent on the Local Plan timetable so any slippage will impact on this project.</p>

<p><b>Development of City Centre Road.</b></p> <p><b>Development of City Centre North</b></p>	<p><b>Start on site Q3 2019</b></p>	<p>Procurement for the Early Contactor Involvement and the Stage 2 Design and Build contractor has commenced. We have made a bid for funding of the scheme.</p> <p>Early engagement with potential developers / land owners within the city centres has commenced for the development of City Centre North.</p>	<p><b>AMBER</b></p>	<p><b>AMBER</b></p>	<p><b>AMBER</b></p>	<p>Securing funding and planning permission.</p> <p>Ensuring ongoing stakeholder support for this key regeneration scheme.</p>
<p><b>North Portsea Island Flood Defence scheme</b></p>	<p><b>2022</b></p>	<p>Phase 3 is under construction at Tipner. Completion is expected in Q3 with a phased opening of the footpaths and cycle-ways from the Mounbatten Centre to Matapan Road. Efficiency savings have been achieved on the project so far.</p> <p>Public consultation will begin in November for the Eastern Road phase of the scheme.</p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p>Unforeseen ground conditions and significant areas have caused some delay and resulted in additional work. The overall project within budget and time.</p>

<p><b>Southsea Flood Defence scheme</b></p>	<p><b>2026</b></p>	<p>The Design Development phase is complete with work well underway on the Principle Design phase. This will conclude with a planning application and submission of the Full Business Case to the Environment Agency, DEFRA and the Treasury for approval of the construction funding.</p> <p>Public Consultation is underway on principle design options.</p> <p>We are now awaiting market price returns on unit costs.</p>	<p><b>GREEN</b></p>	<p><b>AMBER</b></p>	<p><b>GREEN</b></p>	<p>Scheme affordability under the Environment Agency's Partnership Funding system continues to be a risk. Additional funding will be required to contribute towards the overall scheme and to fund additional public realm improvements and enhancements identified as an objective/outcome of the scheme.</p>
<p><b>Dunsbury Park</b></p>	<p><b>2018</b> <b>2018</b> <b>2019</b> <b>2019-25</b></p>	<p>Enabling works were completed in Q2 (July 2018).</p> <p>Plot 3a is let to VW Breeze Group. Expected completion 26 November 2018.</p> <p>Plot 3b is a speculative unit. Expected completion is spring 2019.</p> <p>Planned letting and completion of other plots.</p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p>The Dunsbury Hill development represents a significant investment by PCC. The ability to attract business tenants and recover that investment is partly dependent on the performance of the UK economy.</p>



<p><b>Eastern Corridor phase 2 and central corridor feasibility</b></p>	<p><b>Mar 2020</b></p>	<p><b>Eastern Corridor</b></p> <p>Construction of the small works schemes is underway.</p> <p>Milton Common cycle path design underway and construction works are due to start in 2019/20.</p> <p>Phase 2 feasibility study regarding widening the carriageway widening is underway.</p> <p><b>Central Corridor:</b></p> <p>Consultation on the proposed began early October</p> <p>Proposed works to start Jan 2019 for approximate 4 months. It involves the construction of raised tables at various sites along the A2047 and improvements to the cycle lane. Further improvements are planned for the next financial year 2019/20.</p>	<p><b>AMBER</b></p>	<p><b>AMBER</b></p>	<p><b>GREEN</b></p>	<p>Information regarding the route of key utilities is being reviewed with the utility companies and assessed against the proposed design. We will need to review the project if the impacts of the utility apparatus on the proposed design are significant and a redesign is required.</p> <p>Eastern Corridor:</p>
<p><b>Anglesea Road/ Park Road junction improvements</b></p>	<p><b>Apr 2018</b></p>	<p>The new crossing fully installed. Crossing capacity compared to previous is greatly improved as is pedestrian safety.</p> <p>Work on the SW corner to expand the standing area has been delayed due to MoD constraints. This work due to begin Winter 2018.</p> <p>Bridge abutment removal capital bid was unsuccessful. Work is ongoing to determine alternative options for "re-purposing" the abutments.</p>	<p><b>AMBER</b></p>	<p><b>AMBER</b></p>	<p><b>AMBER</b></p>	<p>There remains a risk to the budget. The unsuccessful capital bid the removal of the abutments has meant that alternative solutions will be considered.</p>

<p><b>Street lighting upgrade</b></p>	<p><b>May 2019</b></p>	<p>5,500 of the 14,500 lights planned have been installed to date (37% of project complete).</p> <p>Savings projected is around 40% of pre LED electricity consumption.</p> <p>Greater savings will be enabled after Variable Lighting Policy is implemented.</p> <p>Additional 1,500 "Heritage" lights and many lights managed by other PCC directorates also have the capability to be converted. This is being investigated and associated Salix funding bid anticipated.</p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p>Achieving agreement to the necessary changes to the PFI contract - This process is progressing and has not affected the progress of the project.</p>
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<p><b>Cathodic protection project at the Hard Interchange. Sub structure improvements</b></p>	<p><b>Autumn 2019</b></p>	<p>Cathodic repairs are required to mitigate the effects of The Hard's structure's continued exposure to salt water. This will prolong its life and ensure that future maintenance costs are considerably reduced.</p> <p>Work will comprise investigation, procurement and construction.</p> <p>Once installed, the Cathodic Protection will be monitored in-house through remote technology.</p> <p>Preparation for the shortlisting has begun</p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p>The works are specialised in nature and various alternative systems are available each providing different levels of protection. If there is a late decision to upgrade to an enhanced protection system the cost will rise. This will be mitigated through a thorough initial investigation and appropriate design.</p> <p>If no protection is put in place progressive corrosion of the structure will occur resulting in the extra cost of concrete repair work. Early installation of cathodic protection will mitigate this risk.</p>
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<p><b>MMD Commercial Port site improvements.</b></p>	<p><b>Dec 2019</b></p>	<p>Demolition of the existing sheds is complete.</p> <p>The shortlisting process for the construction tender has concluded, with four suppliers chosen to go to the next stage, these are also on a framework for other similar works in the future.</p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p>There is a budget risk if tendered prices for the main construction works come in higher than expected. Mitigation measures will include de-scoping and value engineering.</p>
<p><b>International Port Berth 2 levelling</b></p>	<p><b>June 2020</b></p>	<p>The procurement strategy has been agreed and preparation for the shortlisting of contractors has begun.</p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p>Preparing accurate budget estimates for the funding. The mitigation is to approach suppliers and request they provide a high level cost estimate.</p>
<p><b>International Port Berths 3 and 4 replacement of Passenger Boarding Bridge</b></p>	<p><b>June 2020</b></p>	<p>The consultancy, Atkins, has produced a Design Basis Statement.</p> <p>The draft outline design has been shared with the Council.</p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p><b>GREEN</b></p>	<p>Preparing accurate budget estimates for the funding. Mitigation is to approach suppliers and request they provide a high level cost estimate.</p>

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track - outcomes (RAG rating)	Key project risks
<p><b>Successful delivery of the landing Craft tank project</b> working in partnership with the National Museum of the Royal Navy (NMRN) on the development phase of the Landing Craft Tank</p>	<p><b>April 2020</b></p>	<p>Review of implications for on any existing leases in existence in this vicinity</p>	<p><b>Green</b></p>	<p><b>Green</b></p>	<p><b>Green</b></p>	<p>Maintenance is a risk of this project if the HLF bid is successful and the finer detail of the operational will be discussed with our partners NMRN</p>

Appendix 3 - Projects

<p>Complete Beach huts - capital build lumps fort</p>	<p><b>March 2019</b></p>	<p>Capital bid of £50k is secured in capital round. Intend opportunity will be developed to publish this project on Intend in Q4</p>	<p><b>AMBER</b></p>	<p><b>AMBER</b></p>	<p><b>AMBER</b></p>	
<p>Delivery of Health and Wellbeing project funded from the Public Health Transformation Fund, over four-year project with a value of £174,000 which will create health hubs in libraries across the city to support and improve the health and wellbeing of residents and to deliver the Libraries universal offer to support health and wellbeing</p>	<p><b>2021</b></p>	<p>£174,000 secured from the Public Health Transformation Fund April 2018.</p>	<p><b>GREEN</b></p>	<p><b>AMBER</b></p>	<p><b>GREEN</b></p>	

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track - outcomes (RAG rating)	Key project risks
<b>COMMUNITY AND COMMUNICATIONS</b>						
<p><b>Delivery of the channel shift/digitalisation programme</b></p> <p>This is a corporate capital programme, which is in its second phase. The programme aims to deliver both financial benefit and improvements to customer service.</p> <p>Key objective for 2018/19 are:</p> <ul style="list-style-type: none"> <li>• Deliver year one of programme plan</li> <li>• Achieve year one benefit realisation</li> </ul>	<p>On-going</p>	<ul style="list-style-type: none"> <li>• Ground Floor Reception alterations delivered</li> <li>• Year One plan scoped and resourced</li> <li>• Revised website plans</li> <li>• Planning to move to BAU for year 2.</li> </ul>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>• Resources from services available to agree work and undertake UAT</li> <li>• Specialist resource availability</li> <li>• Changing priorities</li> </ul>

<p><b>Implementation of Universal Credit (including the Local Support Framework)</b></p>	<p>On-going</p>	<ul style="list-style-type: none"> <li>• Digital support had been planned to be run through libraries/VCS, however DWP has recently announced, that local authorities will not be funded to provide Universal Support from 1<sup>st</sup> April 2019, with responsibility for moving to the Citizens Advice Bureau. The DWP advise that this move will create consistency and a streamlining of service for Universal Credit claimants across the country.</li> <li>• Further working with VCS to support residents.</li> <li>• Support through Civic Offices to UC customers.</li> <li>• Full service roll out for Portsmouth is as follows: Portsmouth and Cosham Job Centre Plus on 26th September 2018 , Havant JCP on 28<sup>th</sup> November 2018</li> </ul> <p>We have been advised that full migration of relevant housing benefit caseloads has been put back to 2023.</p> <p>It is too early to report on impact at this stage.</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>• Department for Work and Pensions delaying the full service go live date and full migration.</li> </ul>
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<p><b>Voluntary sector partnership development:</b></p> <ul style="list-style-type: none"> <li>• Deliver the HIVE building project - Dec 18</li> <li>• Deliver HIVE Co-operative/ Alliance - including governance arrangements. - April 2019</li> <li>• Produce HIVE (Asset Based Commissioning Strategy) Strategy for partnership work. - April 2019</li> <li>• Deliver Project Bridge Toolkit. - September 2018</li> <li>• Deliver access and information interactive map. - July 2019</li> <li>• Provide Infrastructure support. - April 2019</li> <li>• Publish City Priority Standards. - October 2018.</li> <li>• Develop SE market - Resource from September 2018</li> <li>• Review and deliver volunteer capacity to support PCC Services.</li> <li>• Run 4 x Project Bridge per annum</li> <li>• Run 4 x VCSE Support Sessions per year</li> </ul>	<p>On-going</p>	<ul style="list-style-type: none"> <li>• HIVE site has now been agreed and work on project scope has commenced</li> <li>• Alliance model has been agreed as partnership board for year 1.</li> <li>• Toolkit delivered.</li> <li>• Pilots on infrastructure support underway</li> <li>• SE post appointed.</li> </ul>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>• VCSE don't buy in to the new ways of working: mitigate by senior leadership and key influencers in the sector.</li> <li>• Key players from the VCS leave: mitigate by working with the sector on succession planning and partnership working.</li> <li>• Funding sources for the VCS reducing: mitigate by investigating opportunities re bid writing and CLT.</li> <li>• Statutory partners not buying in to this new way of working: mitigate by senior leadership,</li> <li>• Leadership capacity mitigated by building resilience in core VCSE Team and facilitating relationships.</li> <li>• Political influences mitigated by communication, engaging and evidencing.</li> </ul>
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<p><b>General Data Protection Regulations:</b></p> <p>To ensure the Council complies with the GDPR and new Data Protection Act which came into force 25 May 2018. To avoid monetary penalties for non-compliance.</p> <p>To deliver all training and communications detailed in the GDPR project plan by 25 May 2018.</p> <ul style="list-style-type: none"> <li>To review all Information Asset Register Spreadsheets by 25 May 2018 and provide each business area with an action plan</li> <li>To provide access for all Information Asset Owners and co-ordinators to the Electronic Information Asset Register by 30 June 2018 to enable them to keep details of their assets up to date.</li> </ul>	<p>On-going</p>	<p>Review of Information Asset Register and actions arising in all areas have all been reviewed.</p> <p>IT service is still working on the electronic information asset register to enable nominated officers (information asset owners and other nominated co-ordinators) to have access. The deadline for completion of this was extended due to a change in the distinct roles.</p> <p>The team has reviewed and updated all privacy notices and continues to work with business areas to ensure privacy notices are included in new communications where necessary. All relevant areas now have their own additional privacy information on the main Data Protection Privacy Notice page on the website.</p> <p>Training and communications have been shared with all partners as planned. A successful workshop was run for schools aimed at Data Protection Officers and follow up forum groups will be held termly.</p> <p>Information Sharing Agreements exist/don't exist and where they have expired and need updating.</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>Lack of resource to carry out the work</li> <li>Inability to get providers of systems to make changes that allow us to be compliant</li> <li>Cost of making system changes</li> </ul> <p>Mitigating actions</p> <ul style="list-style-type: none"> <li>Inform Michael Lawther in his capacity as GDPR project sponsor of resource issues and use allocated budget to engage necessary staff</li> <li>IT service to work with providers of systems to address non-compliant issues and keep records of correspondence as evidence of our attempts</li> <li>Expensive changes to systems to be agreed by Michael Lawther on a risk-based approach and a record of the decisions to be kept as evidence</li> </ul>
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<p><b>...continued</b></p> <ul style="list-style-type: none"> <li>• To review and update all existing privacy notices and communicate the impending changes under GDPR to the public via Flagship by 25 May 2018</li> <li>• To meet with all partners and other groups for whom PCC has a level of responsibility (Solent LEP, PCMI, The Port, Schools, Gosport Borough Council) to deliver training and advice and agree actions required by 25 May 2018</li> <li>• To identify all contracts that do not have GDPR compliant clauses and issue deeds of variation by 30 December 2018</li> <li>• To identify all Data Processors with whom no Data Processing Agreement exists and issue a GDPR compliant agreement for signing by 30 December 2018</li> <li>• To review and update all existing Information Sharing Agreements and introduce new agreements where none currently exist by 30 December 2018.</li> <li>• To review all PCC systems to ensure they allow us to be GDPR compliant in terms of security, access and deletion of records by December 2018.</li> </ul>		<p>...continued</p> <p>All contracts over £5000 involving personal data have been categorised as either Strategic, Operational or Transactional contracts. Contract managers for all Strategic contracts have been sent details of relevant contracts and guidance has been provided to enable them to ensure the contracts are GDPR compliant. Additional resource in the form of a temporary member of staff has been agreed to enable greater focus to be given to this work and the review of PCC's systems to ensure they are compliant.</p> <p>Reporting functionality for the Information Asset Register is still in the process of being built, which will enable us to identify where</p>				
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Appendix 3 - Projects

<p><b>Equality Strategy:</b></p> <p>Following consultation in quarter 2, produce an equalities strategy and action plan for sign off in quarter 4 2018/19.</p>	<p>On-going</p>	<p>Draft strategy and questions being developed ready for the undertaking of consultation starting in August. Consultation is in progress.</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>Limited staff capacity and resources from Equalities: mitigated by allocating time specifically to the project</li> </ul>
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<p><b>Business Rates Retention:</b></p> <p>Develop a business rates strategy to meet the requirements of evolving Local Authority Finance systems.</p> <ul style="list-style-type: none"> <li>• Review of all business rates policies - December 18</li> <li>• Develop a timetable and process for the periodic review of all business rates reliefs - September 18</li> <li>• Delivery of a briefing to Cabinet on the importance of business rates, supported by IRRV if necessary - September 18</li> <li>• Engage with directors on impact of business rate, defining responsibilities in relation to the accuracy of the rating list - December 18</li> <li>• Develop a process to ensure an inspection routine is made across the city - September 18</li> </ul>	<p>On-going</p>	<p>A first review of our draft strategy has been completed by Finance, and shared with the Cabinet member for resources. We are currently in the process of planning to send an open invite to all elected members to provide a briefing to also include the impacts, as we understand them, of the recent budget announcements,</p> <p>Reviews of existing council policies are in progress, however work will be limited until such time that the approach described in our strategy have been formally approved.</p> <p>Following the development of inspection plans, we have commenced a routine 'grid reference' inspection of the city, with a specific focus on the review of ratepayers receiving small business rates relief or mandatory rate relief.</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>• Buy in from the Administration and Directors could compromise the ability to create a cohesive approach across the authority: mitigated by continued engagement with Finance, and agreement/and support of strategy from S151 Officer and Portfolio Holder.</li> <li>• Resourcing levels presents potential risk: mitigated by exploring relationship between resource input and revenue opportunity for future spend to save proposals.</li> <li>• Lack of primary legislation is delaying full rates retention nationally and future changes to the way local authorities retain greater level of business rates are to be determined, as is greater flexibilities with regards economic development: mitigated through engagement and lobbying. In future there will be more frequent revaluations, which provides less certainty to authorities on future income levels and may increase workload for the VOA unless the approach to valuation changes, e.g. the potential for self-assessment: mitigated by engaging in any future consultations, and lobbying.</li> </ul>
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<p><b>...continued</b></p> <ul style="list-style-type: none"> <li>• Enable all council staff to contribute to inspection of the city - Dec 18</li> <li>• Ensure financial appraisal associated with planning/development decisions includes consideration to the impacts of domestic vs commercial property taxation - Dec 18</li> <li>• Engage other local authorities to lobby via LGA to give businesses responsibility for identifying themselves for rating purposes, for councils to have increased working relationship with the VOA, including the ability to fund resources to speed decision making, and for simplification of business rates reliefs - December 18</li> <li>• Lobby in relation to learning from the Solent Business Rates Pool, and for future flexibility with business rates as part of the intended change to the national retention scheme - April 2019</li> </ul>					
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<p><b>Revenues debt recovery strategy:</b></p> <p>To review the current recovery process and develop a strategy which results in best practice, maximising recovery and support to the most vulnerable customers. Strategy to be developed and work streams agreed by the end of December 18. Implementation plan to be developed by Q4 with implementation anticipated to be completed in 2019/20..</p>	<p>On-going</p>	<p>Operational Review has commenced and team is now in consultation.</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>• Increase in length of time taken to recover debt from most vulnerable customers.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Engagement and community development strategy:</b> develop consultation events - target of three events per quarter</li> <li>• review and relaunch citizens panel - target of 1,000 members</li> <li>• increase number of resident engagements per annum - establish baseline in 18/19 and measure from 19/20</li> <li>• develop and implement the HIVE programme (see voluntary sector partnership above)</li> </ul>	<p>On-going</p>	<ul style="list-style-type: none"> <li>• consultation process developed and sign-off agreed</li> <li>• engagement events planned and in place - initial focus on budget consultation with positive impact on participation (more than 50% increase)</li> <li>• baseline of resident engagement being established</li> <li>• preparation for citizens panel relaunch complete - relaunch planned for Q3</li> </ul>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>• Lack of buy-in from directorates: mitigate through on-going internal stakeholder engagement.</li> <li>• lack of engagement with consultation approaches: mitigate through effective marketing and ease of use</li> </ul>

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track - outcomes (RAG rating)	Key project risks
Devolution/ combined authority	N/A	We have seen a letter sent to a local MP saying that this is not progressing. We are discussing a Housing Deal with Hampshire authorities	N/A	N/A	N/A	Dependant on political and governmental decisions
Business Intelligence	31/12/18	Initial implementation now complete. Future development and roll-out of BI now being scoped and progressed.	GREEN	GREEN	GREEN	Complex project involving Finance and IS as well as HR. Risks around technology, data conversion and management buy-in



Appendix 3 - Projects

Apprenticeship levy (potential cost c£700k per year)	31/3/19	Majority of framework contracts now let for array of training provision. Work ongoing with services to identify opportunities for apprenticeships. Overall number of apprentices continuing to increase. Schools apprenticeship officer now in post and working with schools to identify opportunities	GREEN	GREEN	GREEN	Risk of not having sufficient training providers to meet demand. Also risk of having insufficient job roles suitable for apprenticeships
Strategic Partnership Review	31/3/19	Review of council's key strategic partnerships to ensure right structure, membership and scope. Draft proposals produced and consulted on with key partners. New arrangements now need to be put in place. Revised Terms of Reference for Health and Wellbeing Board to GAS March 2019.	GREEN	GREEN	GREEN	Failure to gain agreement from key partners on proposals
Military Covenant	31/3/19	Successfully gained Gold award under Employer Recognition Scheme. Ongoing work to deliver other aspects of covenant and ensure that partnerships with military community are strengthened and delivering outcomes. Needs assessment now complete	GREEN	GREEN	GREEN	Maintaining profile of covenant amongst other service pressures and priorities

Appendix 3 - Projects

Workplace Wellbeing	31/3/19	Wellbeing Co-Ordinator working with service departments to understand priorities and develop interventions. Includes targeted resilience/stress awareness training, office environment audits and health campaigns	GREEN	GREEN	GREEN	Difficulties measuring impact of interventions. Availability of funding to support wellbeing initiatives in longer term
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Finance and IS Projects						
Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track - outcomes (RAG rating)	Key project risks
Hampshire Community Bank	Ongoing	Milestone reached for second instalment and bank currently progressing towards challenge stage of authorisation process	Red	Green	Red	Failure to achieve license by shareholders longstop date

<b>Municipal Energy company</b>	<b>N/A</b>	Cabinet agreed to cease further investment in Victory Energy	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>SystemOne/ContrOCC (replacement of Adult Social Care SWIFT AIS)</b>	<b>March 2019</b>	Works continue across system configuration, migration preparation, Service reporting requirements and training. Technical design for archive solution continues alongside commercial negotiations with OLM (Swift supplier)	<b>Amber</b>	<b>Green</b>	<b>Green</b>	Availability of reporting resource from ASC Performance from 3 <sup>rd</sup> party supplier (TPP) for development requests
<b>Mosaic (replacement of Child Social Care SWIFT CCM)</b>	<b>June 2019 [tbc]</b>	Task detailing, resource planning and verification continue; working for a new baseline project schedule Forms build continues, addition resource to support discussed and approved	<b>Red</b>	<b>Amber</b>	<b>Green</b>	Availability of requested resource from CSC
<b>vFire implementation (replace e-Works, obsolete IT service management software)</b>	<b>Phase 2: [tbc]</b>	Phase 1 snagging and reporting issues completed with supplier. Phase 2: customer portal (first stage) and additional workflows in development. Schedule of work to be finalised with supplier.	<b>Amber</b>	<b>Green</b>	<b>Amber</b>	Resource availability and timetable with supplier
<b>Windows 10</b>	<b>December 2019</b>	Adult social care services roll out started in October 2018 Engagement with next Services on going - Children's social care, Children and education, Housing, City Helpdesk, Learning and Development Application review and preparation progressing Service by Service.	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>	Application consolidation One user/one new device rule Addition of previous out of scope works
<b>Local Full Fibre Network (Solent Network)</b>	<b>March 2021</b>	DCMS Checkpoints B(1) passed for our Invitation to Participate (September 2018) Suppliers for Initiation to Tender shortlisted, ITT out early December Mid-year review with DCMS 19 <sup>th</sup> November	<b>Green</b>	<b>Green</b>	<b>Green</b>	Site surveys highlight - <ul style="list-style-type: none"> <li>• additional access works (dig costs)</li> <li>• additional way leave costs</li> </ul>



## Appendix 4 - Quarter Two risk register

Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
<b>CHILDREN'S SERVICES</b>								
Alison Jeffery (Director of Children's Services)	Demand pressures leading to increased workloads for social care staff	Ongoing monitoring	High	High	High	Increased risk around quality of social work practice	Ongoing monitoring as part of quarterly reporting. This risk has begun to materialise, notwithstanding additional investment in SW posts. The position is being monitored closely against the background of keen competition regionally to recruit social workers.	Personal injury to child;
Alison Jeffery (Director of Children's Services)						Reduced attractiveness of PCC as an employer		financial loss to authority; failure to achieve objectives
Alison Jeffery (Director of Children's Services)	Increased incidence of domestic violence in the city.		Medium	Medium	Medium	May increase severity of harm (last 3 Serious Case reviews have featured domestic abuse, 70% protection plans feature domestic abuse and 50% children removed into LA care have experienced domestic abuse).	Linked to Stronger Futures Programme for developing effective early help services for the city. The inclusion of DA services within Children and Families should help to ensure DV expertise across a wider workforce.	Personal injury; reputational damage through poor inspection judgement leading to pressure on social workers.

## Appendix 4 - Quarter Two risk register

Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
Alison Jeffery (Director of Children's Services)	Refocusing staff time on more vulnerable families increases rather than decreases demand on statutory social care as more need is uncovered	In quarterly reporting	Medium	High	High	Increased demand and pressure on resources - this is now manifesting	Referrals into CSC have risen significantly	financial loss to authority; failure to achieve objectives
Alison Jeffery (Director of Children's Services)	Failure to make successful claims under Troubled Families Programme		Low	High	Medium	Reduced income available to the authority for investment in services	Struggling to capture progress adequately in order to make claims but are making progress.	financial loss to authority; failure to achieve objectives; reputational damage
Alison Jeffery (Director of Children's Services)	Implementation of new children's IT system		Low	Low	Low	System becomes unaffordable and ineffective as user base reduces (ASC withdrawal) - local and national risk	Decisions have been taken and funding allocated for a new system. Implementation will be a key project for 17/18	Financial loss; failure to achieve objectives
Alison Jeffery (Director of Children's Services)	Process of academisation for schools distracts schools from improving teaching and learning		Low	Low	Low	Deterioration in outcomes for children	The LA is working closely with the Regional Schools Commissioner to ensure that LA maintained schools have access to good information about the	Failure to achieve objectives

Appendix 4 - Quarter Two risk register

Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
							process and details of strong MATs that have capacity for growth and a good track record. The LA is also working closely with MATs operating in the area and ensuring that academisation of local schools is done in a considered but robust way.	
Alison Jeffery (Director of Children's Services)	Failure to provide enough secondary school places in 2022		Medium	Medium	Medium	Failure to meet statutory duty to provide school places; secondary school pupils in Portsmouth have to attend schools outside the city (if places are available).	The risk can only be mitigated through obtaining and using sufficient basic need capital allocations to provide new places. Members have now approved significant capital investment to reduce this risk	Breach of statutory duty; significant impact on students and reputational damage.
Alison Jeffery (Director of Children's Services)	Failure to attract sufficient high quality teaching and school leader posts		High	High	High	Vacancies in key subject areas and leadership posts and reliance on temporary / supply / interim positions will impact on progression and	The PEP has identified this risk as a key priority and an Initial Teacher Training / Teacher Recruitment & Retention Group has been established. An action plan for 2018/19 has been agreed. Greater prioritisation given in 2018/19 and new strategy in	Reputational damage. Failure to achieve targets set by the PEP.

## Appendix 4 - Quarter Two risk register

Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
						attainment of pupils.	development.	
Alison Jeffery (Director of Children's Services)	Demand for special school places / pressure on high needs funding		High	High	High	Failure to meet statutory duty to provide special school places. Increasing pressure on the High Needs budget if specialist placements have to be sought out of the city.	Proposals are being taken to Schools Forum in October for managing the increasing need within the available resources.	
Alison Jeffery (Director of Children's Services)	Reductions in school budgets		Medium	High	Medium	Viability and resilience of schools.	LA maintained schools are closely monitored and where surpluses are reducing significantly the LA will challenge and support.	



## Appendix 4 - Quarter Two risk register

Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
Alison Jeffery (Director of Children's Services)	Short-term nature of service funding							
Alison Jeffery (Director of Children's Services)	Continued demand for UASC support							

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Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk Impact	Risk Status	Potential Outcome	Mitigation / Commentary	Type of risk
<b>ADULT'S SERVICES</b>								
Innes Richens (Director of Adults Services)	PCC owned and Operated Residential Care Homes		High	High	High	More frequent hospital admissions or moves to a nursing home as behaviours cannot be managed within current staffing ratio.	Exploring funding options for staff across the 3 dementia units  Action Plan drafted and submitted to CQC addressing immediate concerns. Second action plan to address further being prepared. Extensive	

Appendix 4 - Quarter Two risk register

Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk Impact	Risk Status	Potential Outcome	Mitigation / Commentary	Type of risk
						Adverse ratings for PCC homes	<p>work has been done by the turnaround team to improve standards in PCC's residential units resulting in:</p> <ul style="list-style-type: none"> <li>• Shearwater and Hilsea - both homes been re-inspected and gained a 'Requires improvement' rating from the Care Quality Commission (CQC) with elements of 'good' domains in 'Caring and responsive'.</li> <li>• Russetts has gained a 'requires improvement in Effective &amp; well-led' with 'Safe, caring &amp; responsive' rated as good. Report published 26/5/18</li> <li>• Edinburgh house</li> </ul>	

Appendix 4 - Quarter Two risk register

Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk Impact	Risk Status	Potential Outcome	Mitigation / Commentary	Type of risk
							was inspected on 23/25 <sup>th</sup> July. Outcome as overall 'Requires improvement' with a good for the care domain. However the turnaround team were deployed to Edinburgh shortly before the inspection to support leadership in the home. This deployment was well received by CQC during their inspection.	
Innes Richens (Director of Adults Services)	Investment in workforce		High	High	High	Failure to manage and invest in workforce will impact on ability to deliver against ASC strategy and will increase risk e.g.	Plan submitted for revised residential home staffing establishments. Being presented at Cabinet 30/10/18. Full council decision meeting 20/11/18.	

**Appendix 4 - Quarter Two risk register**

Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk Impact	Risk Status	Potential Outcome	Mitigation / Commentary	Type of risk
						quality and levels of staffing in residential homes		
Innes Richens (Director of Adults Services)	Delivering ASC Interventions to improve services		High	High	High	Moving to a systems thinking approach requires establishing 'constancy of purpose' and creating the right conditions for staff to work in a systems thinking way. Centralised support services are often unable to support ASC, due to driving waste steps into process. Some corporate policy frameworks conflict with the local direction of the service.	Ongoing - prioritisation of intervention resources and strategic priorities will determine whether support is available for this intervention.	

## Appendix 4 - Quarter Two risk register

Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk Impact	Risk Status	Potential Outcome	Mitigation / Commentary	Type of risk
Innes Richens (Director of Adults Services)	Achieving a Balanced Budget		High	High	High	Not delivering a balanced budget due to insufficient resources.  Not being able to deliver against statutory/legislative requirements.	The financial outturn for 2018/19 was projected to be circa £3.1m in excess of the current Portfolio cash limit at the end of Quarter 1, as formally reported to the Council. Adult Social Care are developing a long term strategic plan and care model for the service, which will seek to enable the service to become financial sustainable in the future within its available resources.	
Innes Richens (Director of Adults Services)	SWIFT/AIS Migration		Medium	High	High	Previous delays in implementation have constituted a significant risk to PCC given that SWIFT/AIS support is being reduced and is likely to deteriorate.	A comprehensive project plan has been established highlighting project risks and dependencies and with a clear timeline for delivery. Implementation is scheduled for March 2019, therefore there is reduced risk re loss of SWIFT support as read only access will still be available for a designated period of time.	
Innes Richens (Director of	Domiciliary Care Resources		High	High	High	Continued inability to	Transformation fund bid approved to recruit for a	

## Appendix 4 - Quarter Two risk register

Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk Impact	Risk Status	Potential Outcome	Mitigation / Commentary	Type of risk
Adults Services)						contract for domiciliary care support for people living in their own homes. Risk of impact on health & wellbeing, increased risk of admission to residential care. Impact on ASC budget of more expensive provision.	'wrap around' domiciliary care service based on reablement. There remains a recruitment challenge.	
Innes Richens (Director of Adults Services)	Provider Failure		Medium	High	Medium	Both Domiciliary and Residential Care provider failure has significant impact on being able to provide vulnerable people with appropriate care and support	Monitoring mechanisms in place. 'Large Scale Enquiry' co-ordinated approach used to mitigate impacts of provider failure. Provision of advice and support.	
Innes Richens (Director of Adults	Future Population Demographics		High	High	High	Failure to assess future	Plans to assess this as part of Adult Social Care Strategy development.	

## Appendix 4 - Quarter Two risk register

Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk Impact	Risk Status	Potential Outcome	Mitigation / Commentary	Type of risk
Services)						population data predictions in terms of increasing demographics will mean the service may not be fit for purpose in the longer term		
Innes Richens (Director of Adults Services)	Fulfilling safeguarding responsibilities		Medium	High	High	Failure to respond appropriately to safeguarding referrals	In addition to current work within the Adult MASH Safeguarding Team to make improvements, the possibility of an intervention to do a comprehensive analysis of demand and improvements required is being explored.	

## Appendix 4 - Quarter Two risk register

Risk owner	Risk area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
<b>PUBLIC HEALTH</b>								
Dr Jason Horsley (Director of Public Health)	Insufficient focus on system prevention and early intervention in system-wide plans	System wide working with partners	Low	Medium	Low	Failure to reduce demand on services	Working with partners to ensure the Portsmouth Health and Care Programme is sufficiently focused on prevention and early intervention	Failure to achieve objectives
Dr Jason Horsley (Director of Public Health)	Reduction in funding in services, including for vulnerable people eg. drug and alcohol services, oral health, healthy child programme	Commissioned services	High	Medium	High	Population health outcomes decline	Managed through service redesign, retender of services and performance management of providers, where possible.	Failure to achieve objectives



## Appendix 4 - Quarter Two risk register

Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
<b>HOUSING, NEIGHBOURHOOD AND BUILDING SERVICES</b>								
James Hill/Meredydd Hughes	Removal and replacement of the ACM cladding system on Leamington House and Horatia House	MHCLG testing of cladding systems			Low	If Central Government do not fund the removal costs re-cladding this will be a budget pressure on the capital programme	MHCLG have confirmed grant availability for de-cladding and re-cladding. Grant bid submitted to Homes England 31 <sup>st</sup> August. Application for £13m to ACM Cladding remediation Fund	Financial risk
James Hill/Paul Fielding	Rehousing households from Leamington House and Horatia House	BRE concrete core samples	Low	High	Low	Risk associated with a non-piped gas explosion, likelihood of incident is low and mitigated by measures in place but the impact is high and the building will not respond as it should.	Measures in place and rehousing scheme underway	Reputational/financial risk

**Appendix 4 - Quarter Two risk register**

David Mearns/Mark Sage	Universal Credit Full Service roll out in Portsmouth/Cosham and Havant in Sep and Nov 2018	Current experience of UC Live Service and feedback from others already on Full Service	Medium	Medium		Increase in rent arrears Increased demand for support to manage claim and budget, including rent arrears payments	Staff training and tenant awareness raising is ongoing	Financial risk Risk of homelessness Risk of service deterioration
Colette Hill/Vince Venus	Waste Management - Fluctuations in the income received from the sale of recyclable material	PI risk register	High	Medium	High	Change in the currency exchange rates, plus changes in national and international markets, could lead to a reduction in the income received	Veolia have short-term contracts in many of the markets around the world	Financial

## Appendix 4 - Quarter Two risk register

Colette Hill/Vince Venus	Waste Management - Change in the structure of the waste management arrangements in Hampshire over the long term could impact upon the costs and environmental impacts of recycling and disposing of household waste	PI risk register	Low	High	Medium	The current contract for waste disposal across Hampshire ends in 2030. Changes in arrangements before this time could lead to financial costs for the three disposal authorities, which includes Portsmouth.	PCC works at all levels with other political organisations in Hampshire. Contract is in place until 2030	Political and financial
Colette Hill/Vince Venus	Waste Management - Approaching the end of the current waste collection contract in 2019	Waste Collection contract risk register	High	Low	Medium	Current contractor may not retain the contract A new operator would need to take control of the service and this could lead to a temporary interruption in service	Two year extension now approved (now ends in 2021)	Financial and contractual

Risk Owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of risk
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**Appendix 4 - Quarter Two risk register**

<b>REGENERATION</b>								
All managers and staff	Risk arising in the course of delivering infrastructure projects and maintaining the road network; enforcement of proper use of the network; delivering travel related events, business events and town centre management ; managing business premises; providing transport and delivering employment learning and skills services for vulnerable children and adults.	Ongoing monitoring	Low	High	Medium	Reputation of the city and the City Council with residents, businesses, investors and funding agencies.	Meeting legal requirements under Health and Safety legislation for working on the highway and other sites. Procurement of contracts to include health and safety requirements. Health and Safety training for all staff and sharing of good practice. Management of Health and Safety including fire protection in all premises. Protective measures and equipment for particular vulnerable workers. Quality control in Highways design. Safeguarding and risk assessments included in service and event planning.	Personal injury / harm (to staff/contractors and residents)

## Appendix 4 - Quarter Two risk register

<p>Pam Turton Martin Lavers Claire Upton- Brown, Natascha McIntyre Hall</p>	<p>Risk to air quality from vehicles especially in areas of congestion. Flooding from sea water and surface water. Risk to the environment as a result of Planning policy and the site Planning Application process. Risk to the environments in the course of delivering Strategic Development Projects.</p>	<p>Ongoing monitoring</p>	<p>Medium</p>	<p>High</p>	<p>Medium/High</p>	<p>Negative impact on public health. Damage to property; disruption to businesses and services; financial loss.</p>	<p>Cross directorate Air Quality Action Plan in place to tackle air pollution which includes improvements to the road network, behaviour change and a shift to cleaner travel options. Sea defence strategy flood defences underway; and improvements to surface water management the city. All environmental risks are identifies and assessed as part of the Planning Policy and planning application processes. Specialists are employed or commissioned to ensure this is fully resourced. Strategic Development projects will include environmental impact analysis and mitigation arrangements as part of the project initiation process.</p>	<p>Environmental damage</p>
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## Appendix 4 - Quarter Two risk register

<p>Natascha McIntyre Hall, Pam Turton, Martin Lavers, Liz Crate</p>	<p>Overspend on large infrastructure projects and contractual issues. That the city's parking strategy discourages travel to the city for business and leisure. Failure to generate sufficient income from contracts and services to sustain Employment, Learning and Skills programmes.</p>	<p>Ongoing monitoring</p>	<p>Low</p>	<p>Low</p>	<p>Low</p>	<p>Poor use of capital finance and impact on effect on future programmes. Negative impact on the local economy and income for the council.</p>	<p>Effective management and governance of projects. Have an effective parking strategy for the city that balances the needs of all stakeholders. The ELS service works to maintaining excellent standards to secure full payment of all income due; and a positive reputation to secure access to future contracts and funding streams.</p>	<p>Financial loss</p>
<p>All managers</p>	<p>E.g. Statutory Planning responsibilities, Blue badges and s278 notices. Flood Waters Act and Health and Safety at Work Act.</p>	<p>Ongoing monitoring</p>	<p>Low</p>	<p>Low</p>	<p>Low</p>	<p>Reports to monitoring agencies, changes, possible fines.</p>	<p>Maintaining priority focus on and adequate resourcing and expertise in these areas of responsibility.</p>	<p>Compliance with statutory duties and responsibilities.</p>

## Appendix 4 - Quarter Two risk register

All managers	Lack of investment or failure to secure capital for major strategic an infrastructure projects, or that we would not have the capacity to deliver these. Delayed city development due to slippage in Planning policy and guidance timescales. Market conditions negatively impact on regeneration and city growth schemes, projects and developments. Lack of consensus to enable strategies to be implemented in full e.g. active	Ongoing monitoring	Medium	High	Medium	Failure to deliver regeneration of the city Effect on bidding for funding and contracts, reduced investment and growth. Poor service delivery, and loss of potential to deliver future services. Reputational damage and its effect on future plans, projects and initiatives. Fines and referral to other government agencies for resolution.	Work with internal and external partners to ensure support and commitment for strategic projects and major schemes and ensure that the delivery teams are adequately resourced. Ensure that operational teams delivering day-to-day services have the resources and effective practices to meet their service objectives. Work closely with Portfolio holders to ensure support for plans and ensure the governance processes followed. Implementation of key strategic plans, such as the Local Plan; raising the profile of affordable housing in shaping the future of Portsmouth; promotion of the city as an investment destination. The team structure for the directorate provides a core of experienced staff supported by flexible resources with specialist skills to provide value for money.	Failure to achieve objectives (both strategic and operational)
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**Appendix 4 - Quarter Two risk register**

	<p>travel, air quality, and sustainable transport.                  Insufficient staff capacity due to reduced funding and pay constraints.                  Lack of revenue funding to maintain or improve current levels of service, e.g. road safety education and campaigns.                  Under-achievement on the Employment, Learning and Skills (ELS) programmes.</p>						<p>Continue to bid for funding for transport initiatives to ensure that resources can be recruited to deliver them.                  Continue to bid for internal and external funding to support critical work programmes and transport initiatives that address travel and transport issues in the city.</p>	
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Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
<b>CULTURE AND CITY DEVELOPMENT</b>								



## Appendix 4 - Quarter Two risk register

Stephen Baily (Director of Culture and City Development)	Reduction in budgets					Reduced services and resilience	Forecast outturn for 2017/18 as at Q2 indicates an overspend of £4k.  It is likely that this will be absorbed in the remaining months of the year and that the service will be within budget by 31 March 2018.  Plans are currently being formulated to deliver the required 2018/19 savings.	Failure to meet objectives
Stephen Baily (Director of Culture and City Development)	Reduction in budgets					Deterioration of buildings and assets		
Stephen Baily (Director of Culture and City Development)	Safety and security of buildings and assets (including collections)					Damage to buildings or collections; risk to building users if non- compliant (fire, legionella etc)	Operational plans and training of staff; actions in place following extreme weather	Personal injury, environmental, legal
Museums and Visitor Services	Security of collections against loss, theft, damage by fire or flood	At any time and especially when showing a particularly valuable or rare collection	L		L	Loss or damage and collections for city and for loan internationally	PDR's, 1:1's every 4 weeks and team meetings. Collections Policy and actions. Accreditation standards. Invest in Volunteer standards and	Financial and reputational
Events service	Events not properly risk assessed	At any time and especially at large events	L		L	Significant risk to public safety	PDR's, 1:1's every 4 weeks and team meetings. Robust events process/ PESAG process/ wash up process / events strategy / events review/ partnership working	Legislation (e.g. Health & safety)
Cemeteries	Cemeteries lack of capacity; Changing community needs e.g. different	Constant as demography of the city changes Once capacity is	L		L	Failure to deliver our statutory duty	Prepare a report on the future of burials in the city - to include estimated religious needs; Be aware of statutory	Environmental/ reputational

## Appendix 4 - Quarter Two risk register

	religions; Reduction in demand for traditional burials, increase in other religious/cultural burials, insufficient space/layout to accommodate, extra land required, financial impact	approaching maximum					legislation and requirements, plan alternatives if necessary e.g. land buying. 15-20 year capacity	
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Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
<b>COMMUNITY AND COMMUNICATIONS</b>								
Louise Wilders (Director of community and communications)	Requirement to deliver substantially the same portfolio of services whilst reducing costs by more than 10% each year	Budget Impact Statement	High	Med	Med	Increased service times, increase in error rate, reputational damage	Reviewing opportunities of partnership working and new income streams . Channel shift implementation	Failure to achieve objectives
Louise Wilders (Director of community and communications)	Ability to implement change - level of corporate buy-in and	Project documentation.	Med	High	Med	Wasted opportunity to achieve on-going corporate savings Poor customer	Channel shift moving to BAU and digitisation programme. More services are requesting support.	Failure to achieve objectives

## Appendix 4 - Quarter Two risk register

	<ul style="list-style-type: none"> <li>&gt; channel shift</li> <li>&gt; equalities</li> <li>&gt; business rates retention</li> </ul>					service outcomes		
Louise Wilders (Director of community and communications)	Heavy exposure to national political dynamic around welfare reforms and local taxation, electoral issues	Project / Operational plans.	High	High	High	Abandonment of existing plans, changes in scope and responsibility, new initiatives (e.g. property revaluation)	Managing resources to meet needs but impacts on budgets of some changes a concern particularly valuation impact on NNDR	Failure to achieve objectives
Louise Wilders (Director of community and communications)	Resourcing and ability to run elections. Currently resourced by a very small team, and under-resourced in relation to comparators. Currently supported through the good will of staff across the organisation, but the experience that is periodically used to support the	Operational plans.	Low	Low	Low	Delays / reputational damage.	Appropriate funding levels have now been agreed, as a result impact reviewed as low.	Failure to achieve objectives

**Appendix 4 - Quarter Two risk register**

	running of elections is also beginning to leave the organisation.							
Louise Wilders (Director of community and communications)	The Electoral Commission requires local authorities to review polling stations every 5 years, with our next review required to be completed by December 19. An increasing number of schools are declining requests to be available as polling stations, impacting both the review of polling stations and creating additional burdens due to the lack of alternatives for forthcoming elections.	Operational plans	Med	High	Med	Reputational damage and increased costs.	The lack of alternatives presents risk of additional costs through the provision of inferior alternatives such as portakabins. This can be mitigated through support of relevant directors and the Returning Officer to ensure the continued availability at schools which receive public funding.	Failure to achieve objectives

## Appendix 4 - Quarter Two risk register

Louise Wilders (Director of community and communications)	Voluntary Sector - HIVE. Ability to achieve agreement on creation of a co-operative/alliance and SLA on property and buy-in for IAG Map , would result in opportunity loss and return to provider commissioner relationship.	Programme plans	Med	High	Med	Reputational damage, increased cost, opportunity loss, loss of opportunity around cost avoidance	Project teams for each strand has been agreed and colleagues from VCSE engaged	Failure to achieve objectives
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Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
<b>HR, LEGAL AND PROCUREMENT</b>								
Jon Bell (Director of HR, Legal and Performance)	Reduced capacity	Day to day management activity	Low	High	Low	Risk to maintaining areas of business activity	Directorate has successfully delivered year on year savings and reduced in size accordingly. Additional income has been identified to maintain sufficient critical mass to meet organisation's needs. Key areas such as Child Protection Team (Legal)	Failure to achieve objectives

Appendix 4 - Quarter Two risk register

							protected	
Jon Bell (Director of HR, Legal and Performance)	Recruitment and retention of key staff as economy continues to grow	Business Planning and workforce development	Medium	High	Medium	Loss of/difficulty in attracting sufficient skills and expertise	Some recruitment and retention issues being experienced within directorate and across wider organisation in certain specific areas - processes for market supplement payments (MOPs) have been reviewed and improved, and improvements are being made to recruitment/staff sourcing arrangements for particular roles. Also, workforce planning/succession support is being provided to managers in affected areas.	Failure to achieve objectives
Jon Bell (Director of HR, Legal and Performance)	Reduced effectiveness of governance	Audit reports and day to day HR and legal activity	Medium	High	Medium	Increased exposure to the organisation of risk arising from poor governance	Key governance controls in areas such as Internal Audit being maintained. Performance management being strengthened as directed by GAS Committee. Capacity of managers across the organisation to maintain effective governance controls is still a concern.	Failure to achieve objectives

## Appendix 4 - Quarter Two risk register

Jon Bell (Director of HR, Legal and Performance)	Increased dependency on external income	Budget planning	High	Low	Low	Volatility/lack of security of service	Schools income continuing to decline due to academisation programme. Increased income from new temporary agency and new local authority partnerships.	Failure to achieve objectives
Jon Bell (Director of HR, Legal and Performance)	Dependency on key staff to deliver to internal and external clients. Additional strain on staff due to additional travelling etc		Medium	Medium	Medium	Loss of key staff, potential impacts on wellbeing, leading to inability to deliver service	Workforce planning to develop skills of wider group of staff. Regular 1-2--1s for staff where support and welfare needs are discussed	Failure to achieve objectives

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Finance & IT - Risk Register								
Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/ commentary	Type of Risk
Chris Ward, Director of Finance and IT	Maintaining overall financial resilience for the Council	Financial support to services and Council priority schemes	High	High	High	Increases in future Savings Requirements and threat to sustainable public	Delivery of the Medium Term Financial Strategy. Maintaining General Reserves above the minimum	Failure to achieve objectives Risk in complying with statutory duties

**Appendix 4 - Quarter Two risk register**

						services	level	and responsibilities
							Retaining organisational capacity in areas responsible for delivering transformational change	
Chris Ward, Director of Finance and IT	Requirement to produce significant share of the council's savings target	Financial support to services and Council priority schemes	Medium	High	Medium	Reduction in service delivery e.g. income collection, provision of advice and management information for effective decision-making by budget holders.	Service aims to identify new income opportunities and efficiencies to meet savings targets to avoid reducing staffing to levels which compromise service delivery	Failure to achieve objectives and deliver expected service  Risk in complying with statutory duties and responsibilities
Chris Ward, Director of Finance and IT	Maintaining financial resilience arising from staff reductions	Lack of cover, expertise and continuity	Medium	Medium	Medium	Reduction in service delivery and financial control	Ongoing review of business processes to ensure efficient service delivery. Raise income as a mechanism to avoid staff reductions	Delay in achievement of objectives  Risk of breaching statutory duties and responsibilities
Chris Ward, Director of Finance and IT	Default of an investment counterparty where the council has invested significant sums	Treasury Management strategy	Low	High	Low	Financial loss	Changing credit ratings of counterparties is kept under constant review.	Financial loss  Reputational damage



Appendix 4 - Quarter Two risk register

Chris Ward, Director of Finance and IS	Ability to restore financial and other systems post 'event'	IT DRP	Low	High	Medium	Impact on trading services/external clients as well as PCC	A full disaster recovery exercise of the Council's enterprise resource planning system has not been tested in the recent past. The robustness of the current plan cannot therefore be fully ascertained.	Financial loss Reputational damage
Chris Ward, Director of Finance and IS	Pay levels - currently unable to compete in the financial market to attract, recruit and retain appropriately skilled staff	Professional Accountancy staff EBS	High	High	High	Increased costs to PCC of consultants, agency staff and recruitment campaigns	Development of in-house trainee programme for finance including maximising opportunities from apprenticeship levy finding to upskill staff	Failure to achieve objectives  Risk in complying with statutory duties and responsibilities
Chris Ward, Director of Finance and IS	Maintaining closing of accounts deadline at new statutory deadline of 31 <sup>st</sup> May	Resourcing priorities	Medium	High (Reputationally) Low (on Council services)	Low	Reduction in time to complete accurate statutory reports Adverse Audit report	Deadline achieved in 2017/18 maintains risk status at L based upon current resource levels	Failure to achieve objectives  Risk in complying with statutory duties and responsibilities  Reputational damage

## Appendix 4 - Quarter Two risk register

Chris Ward, Director of Finance and IS	Meeting customers' expectations re new technology that is in general use by other organisations or day-to-day personal use	Aging technology increases risks to PCC business modernisation	Medium	High	Medium	Inefficient ways of working across PCC and partners	With the IT Strategy, Category Plan , IT restructure and Digital City Strategy either complete or underway likelihood is now downgraded from H to M	Failure to achieve objectives and deliver expected service
Chris Ward, Director of Finance and IS	Project delivery	Potential insufficient resource to address business need	Medium	Medium	Medium	Impact upon business change Impact upon time, cost and quality schedules	Use of 3 <sup>rd</sup> parties to provide capability/capacity but skill set(s) not always readily available. Adherence to robust governance & resource planning/prioritisation essential with dedicated teams	Failure to achieve objectives and deliver expected service. Impact on conflicting BAU/modernisation programme requirements
Chris Ward, Director of Finance and IS	Roadmaps, contract pipeline and NPD - project prioritisation, supplier relationship management (SRM)and contract management	Increased costs to PCC	High	High	High	Risk that parts of the IT infrastructure become obsolete /out of support(e.g. Server 2008).	Introduction of "best in Class" Architect Practice and Competencies. Focus on Business engagement with Directors to inform project prioritisation and SRM with Commercial Manager.	Financial loss; Operational degradation; reputational damage
Chris Ward, Director of Finance and IS	Changes from central government - ongoing risk of	Changes required to systems and IT infrastructure	Low	High	Medium	Loss of PSN accreditation; security or data breach	Latest Security audit was credited with being the best that the IT has had so far. External threats however	Financial loss; Failure to maintain organisational business objectives;

**Appendix 4 - Quarter Two risk register**

	changes to either PSN or service department data requirements	cannot be achieved on time					remain an ever present risk.	reputational damage
Chris Ward, Director of Finance and IS	Strength of Cyber-security arrangements - other local authorities have received ransomware attacks: end user alert-based system at the moment leaves PCC vulnerable because a "zero day attack" could evade our current defences.	Loss of key business systems and data breaches	High	High	High	Potential multiple impacts - high likelihood and high impact	Continuous improvements to detection and protection are being implemented. Work underway to further procure and implement industry standard detection and remediation. Measures taken to address issue include educating the authority on how to identify malicious emails and security threats and PCC have received national recognition in their involvement in developing education material.	Financial loss; Operational degradation; reputational damage
Chris Ward, Director of Finance and IT	Single points of failure in ICT infrastructure and systems access	Loss of key business systems and ability to maintain IT operations to support PCC business activities	High	High	High	Key information unavailable - impacts on frontline and critical activity	IT Strategy programme including use of Azure and effective reconfiguration will increase corporate resilience and less reliance on Data centre.	Failure to achieve objectives; Operational degradation; Impact on Frontline Service Delivery

## Appendix 4 - Quarter Two risk register

Chris Ward, Director of Finance and IT	Legislative/statutory guidance/budget changes	External	Medium	High	Medium	Unable to borrow to replace existing property rental purchases	Mitigation in part by establishment of investment reserves	Financial loss
Chris Ward, S151 Officer	PFI contract	Renegotiation of contract	Medium	Low	Medium	Unaffordability / contract failure	Strong negotiating strategy, effective engagement with contractor, strong contract intelligence	Financial loss
Chris Ward, Director of Finance and IT	Serious instance of fraud	Council wide	Low	High	Low		Robust Audit plan including fraud detection strategy	Reputational damage
Chris Ward, S151 Officer	Data Breaches		Low	High	Low		Clear desk policy Policy reminders	Reputational damage & fine
Chris Ward, S151 Officer	Failure to deliver a balanced budget over time	Delivery of Council services	Low	High	Medium	Unable to deliver service outcomes. Not fulfilling statutory role	Delivery of the Medium Term Financial Strategy.  Maintaining General Reserves above the minimum level  Retaining organisational capacity in areas responsible for delivering transformational change  Prioritise resource towards high risk activities	Risk in complying with statutory duties & responsibilities with an impact on the delivery of a wide range of discretionary services

**Appendix 4 - Quarter Two risk register**

Chris Ward, S151 Officer	Failure of income generation activities	Review of Investment Case for Victory Energy Supply Company	<b>High</b>	<b>High</b>	<b>High</b>	Reduction in medium to long term income opportunities	Reviews undertaken by independent experts, strong & experienced management structure, scenario modelling, robust risk management framework, legal advice, strong performance management, solid due diligence & frequent monitoring	Financial loss Reputational damage
Chris Ward, S151 Officer	Failure to deliver a balanced budget over time	Delivery of Council services	<b>Low</b>	<b>High</b>	<b>Medium</b>	Unable to deliver service outcomes. Not fulfilling statutory role	<p>Delivery of the Medium Term Financial Strategy.</p> <p>Maintaining General Reserves above the minimum level</p> <p>Retaining organisational capacity in areas responsible for delivering transformational change</p> <p>Prioritise resource towards high risk activities</p>	Risk in complying with statutory duties & responsibilities with an impact on the delivery of a wide range of discretionary services

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**STRATEGIC RISK SUMMARY**

<b>Strategic Risk</b>	<b>Where noted</b>
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## Appendix 4 - Quarter Two risk register

1.	Pressures lead to increased caseloads and therefore reduced practice quality in children's social care, increasing vulnerability of children and leading to a preventable incident.	Children's quarterly risk register
2.	Challenges in recruiting and retaining key staff and skills into the city, meaning that key services are compromised.	Various directorate registers
3.	Pressures in the local market for care services, including residential and domiciliary care, mean that care of vulnerable adults is compromised, leading to a preventable incident.	Adult's quarterly risk register
4.	Reduction in services for vulnerable people, such as domestic violence and substance misuse service, lead to poorer outcomes and increased demand for other services.	Public health and children's quarterly risk register
5.	Failure to protect the city environment, including in relation to air quality, flood defence and natural and heritage assets.	Regeneration risk register
6.	Exposure to national level political and legislative change (such as welfare reform) including impact on scope of duties, powers, responsibilities and service demand.	Various directorate registers and AGS
7.	Exposure to system failure, including support expiry, single points of failure, cyber-security and system recovery	Various directorate registers and AGS
8.	Failure to ensure the City Council's information is held and protected in line with Information Governance policies and procedures	Various directorate registers and AGS
9.	Failure to fulfil health and safety responsibilities, including in respect of operational and heritage buildings.	Various directorate registers
10.	Increased partnering, alternative delivery models and commercial approaches increase pressure on capacity, challenge governance arrangements, and increase risk of income loss if arrangements cease.	Various directorate registers and AGS
11.	Addressing underlying budget pressures and delivering effective and sustainable services, particularly in children's and adults' services.	Various directorate registers and AGS
12.	Major incident or service disruption (including serious health protection threats) leading to delivery failure that significantly impairs or prevents the Council's ability to deliver key services and/or statutory functions.	Various directorate registers
13.	Failure to deliver strategic improvements for the city, due to wider market factors	Various directorate registers

**Title of meeting:** Governance & Audit & Standards Committee

**Date of meeting:** 1 February 2019

**Subject:** Data Security Breach Report

**Report by:** Michael Lawther, City Solicitor/Senior Information Risk Owner

**Wards affected:** All

**Key decision:** No

**Full Council decision:** No

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**1. Purpose of report**

To inform the Committee of any Data Security Breaches and actions agreed/taken since the last meeting.

**2. Recommendations**

It is recommended that Members of the Governance & Audit & Standards Committee note the breaches (by reference to Appendix A) that have arisen and the action determined by the Corporate Information Governance Panel (CIGP).

**3. Background**

The Corporate Information Governance Panel, formed of representatives from across the authority and chaired by Michael Lawther in the role of Senior Information Risk Owner (SIRO) meets every other month to

- establish policy and procedures for Information Governance;
- maintain a log of data breaches and determine and monitor onward action.

The Senior Information Risk Owner will update the Committee on any ongoing breaches and notify the members of any new incidents.

**4. Reasons for recommendations**

To ensure the Governance & Audit & Standards Committee has an oversight of the Data Security Breaches to be able to determine whether any trends appear and any further actions should be recommended.

**5. Equality impact assessment**

An equality impact assessment is not required as the recommendation does not have a negative impact on any of the protected characteristics as described in the Equality Act 2010.

**6. Legal implications**

The Council is required to ensure that it has robust procedures in place to comply with its obligations under the General Data Protection Regulation (GDPR) 2016. Bringing this report to the Committee's attention will assist in meeting those requirements.

**7. Director of Finance's comments**

The ICO can issue fines of up to €20 million or 4% of the authority's annual turnover for serious breaches of the GDPR. Breach of the Privacy and Electronic Communications Regulations also incurs a financial penalty. The size of any monetary penalty is determined by the Commissioner taking into account the seriousness of the breach and other factors such as the size, financial and other resources of the data controller. Any breaches put the City Council at risk of the unbudgeted cost of a financial penalty which would have to be met from the service responsible for the breach.

.....  
Signed by:

**Appendices: One Appendix - Appendix A**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
None	



Appendix A - Extract from Incident Log - October 2018

Reference/ Date	Description	Data Type - Personal/sensi tive	Number of individuals affected	Medium e.g. paper, email	Action Taken	ICO informed
DB2018/55 17/10/18	Document sent to recipient of penalty charge notice with vehicle registration numbers removed using ineffective method enabling the recipient to remove the redaction and read the numbers.	Vehicle registration numbers	69 numbers	Paper	Matter referred to Data Protection Officer for immediate advice. A response to the member of the public who alerted us to the issue will be sent. Member of staff involved given training in how to correctly redact documents.	No - Level 1 incident
DB2018/56 10/10/2018	Member of staff's home telephone number appeared on purchase orders in error	Ex-directory telephone number	1	paper	Record within EBS corrected. Finance and HR to meet to agree process for adding information to record to mitigate risk of re-occurrence	No - Level 1 incident
DB2018/57 19/10/2018	Outcome of school teacher's moderator interview sent to incorrect recipient	Name of teacher/ school, specific feedback from their interview	1	Email	Apology email was immediately sent out with the correct letter. School that received the incorrect email asked to delete it and confirm that they have done so. Administration team concerned instructed to double check emails and attachments before sending.	No - Level 1 incident
DB2018/58 July 2018	Lost work mobile phone.	Work related names/ telephone numbers	50+	Mobile phone	Phone was encrypted and SIM blocked by Vodaphone. Phone not listed on IS Console as provided directly by service so unable to remotely wipe. Service to ensure all phones issued in future are provided via IS.	

Appendix A - Extract from Incident Log - October 2018

DB2018/59 29/11/2018	Note book containing details and case notes relating to clients and carers left in a carers home.	Names, addresses, phone numbers, NHS numbers, health information, financial information, details of family needs	13	paper	Reported immediately by the carer and the book recovered. All data subjects contacted with an explanatory letter and apology. Reported to ICO	Yes
DB2018/60 7/11/18	Mobile phone lost	The service manager who reported the incident advised that the phone did not contain personal data	0	Mobile phone	Incident also reported to IS Service Desk 7/7/2018. Phone was encrypted and SIM cancelled	No - Level 0
DB2018/61 31/10/2018	Mobile Phone lost	Service users and professional's mobile numbers	30+	Mobile phone	Incident reported to IS Service Desk. Phone was encrypted and SIM cancelled	No - Level 1 incident
DB2018/62 06/11/2018	Document belonging to an officer found in a pool car by the next officer to use the car.	Name and address of parent/child. Child's Date of Birth and high level details of concern	2	paper	Document returned to Manager of social worker. Social worker reminded of Council's Data in Transit policy	No - Level 1 incident

Appendix A - Extract from Incident Log - October 2018

DB2018/63 14/11/2018	Mobile Phone lost/stolen	Clients names, details of assessments and appointments.	Approx. 20	Mobile phone	Full search carried out by team both inside and outside of cupboard where phone was locked away. Facilities, Security and reception contacted in order to check whether phone had been handed in. Clients have been informed. Phone remotely wiped by IT.	Yes - data breach notification sent 19/11/18
DB2018/64 14/11/2018	Mobile phone lost/stolen.	Sensitive - device had access to work emails, text messages and contact details of families SW is working with	Approx 10 contacts in phone, however, phone was also linked to work email and therefore number could be much higher (100+)	Mobile Phone	Checked with lost property at the location where the phone went missing - device not handed in. Team Leader informed. Phone was encrypted and remotely wiped by IT.	No - Level 1 incident
DB2018/65 19/11/2018	Council tax bill sent to incorrect resident	Name of both liable parties, address, council tax account reference, council tax band, charge, details of council tax discount.	2 (both liable parties for the property)	Paper	Incorrect recipient confirmed letter has been shredded. Director of Community & Communications informed. Reconciliation of council tax print file and number enveloped by OPS carried out - no discrepancy so determined as isolated incident rather than an enveloping issue, and will be the result of an officer making a manual administrative error. Staff subsequently refreshed on their responsibilities and consequences of data issues.	No - Level 1 incident

Appendix A - Extract from Incident Log - October 2018

DB2018/66 22/11/18	Mail wrongly delivered by Royal Mail and opened by incorrect recipient.	Name, address, high level details of meeting with Social Worker	1	Post	Letter retrieved from incorrect recipient and delivered to correct address. Data Subject informed.	No - Level 1 incident
DB2018/67 28/11/18	Internal door to Modern records store not locked immediately after use by contractor carrying out repairs	Sensitive - Modern records contains personal and sensitive records in respect of service users	100,000+	Paper records	Store is in a secure area of the building and no evidence of area having been accessed. Premises locked by PCC Security. Process for when contractors are on site reviewed.	No - Level 1 incident
DB2018/68 28/11/18	Email sent to Portsmouth GP Practices requesting information in respect of an adult at risk.	Name and former address, and homeless status.	1	Email	Portsmouth Primary Care Alliance Data Protection Officer (who reported the incident to the council) has advised the GPs to assist the requester if they are in possession of the relevant information and to delete the email in question. Manager reminded the team of the appropriate route for obtaining such information is through the Adult Services Multi Agency Safeguarding Hub.	No - Level 0 incident

Appendix A - Extract from Incident Log - October 2018

DB2018/69 14/12/2018	Email sent internally to incorrect officer.	Sensitive (health)	1	Email	Email recalled and unintended recipient advised to delete the email from their inbox and all Outlook folders to ensure permanent deletion. Staff reminded of importance of checking recipient details before sending email.	No -Level 1 incident
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**Title of meeting:** Governance & Audit & Standards Committee

**Date of meeting:** 1 February 2019

**Subject:** General Data Protection Regulation Programme Report

**Report by:** Michael Lawther, City Solicitor/Senior Information Risk Owner

**Wards affected:** All

**Key decision:** No

**Full Council decision:** No

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**1. Purpose of report**

To inform the Committee of the work already undertaken and ongoing to ensure the Council's compliance with the General Data Protection Regulations and Data Protection Act 2018.

**2. Recommendations**

It is recommended that Members of the Governance & Audit & Standards Committee note the actions taken.

**3. Background**

PCC was first made aware of the emerging requirements of the General Data Protection Regulations (GDPR), in January 2016. The Information Commissioners Office (ICO) continued to develop and define the impact on UK organisations throughout 2016 and PCC commissioned specific consultancy to assess its position. This review and scoping took place in January 2017 and defined what PCC needed to accomplish to meet the 25<sup>th</sup> May 2018 deadline when the GDPR and Data Protection Act 2018 came into force.

A corporate programme was established in May 2017 to define and manage the work streams required. The programme has been overseen by a Board headed by Michael Lawther as Senior Information Risk Officer (SIRO). Programme and Project management resource has been supplied by the IT Service Programme and Projects team and delivered according to the established delivery standards. The Board has met monthly to review progress, address issues and help mitigate risks with additional fortnightly meetings of the Project Team.

The identified workstreams were:-

**1. To carry out a corporate-wide data mapping exercise**

This identified all of the Council's uses of personal data and actions required to ensure its lawful processing under the new Regulations. Actions included the

review and development of Privacy Notices, Contracts/Agreements, retention of records and system functionality. In parallel the IT Development team produced an Electronic Information Asset Register to hold the gathered data, allow updates and refinements as well as providing reporting functionality to enable the management of information assets going forward.

**2. To review all relevant policies and procedures to ensure they reflected the new requirements.**

All policies and procedures involving the processing of personal data were identified and reviewed. Policy authors were provided with suggested wording to enable them to update the documents. Policies will continue to be regularly reviewed in line with Council requirements via PolicyHub.

**3. To raise staff awareness through Corporate Communications and sector specific groups.**

Corporate messages (Intranet and email) were issued to all staff to raise awareness and the Corporate Information Governance team delivered bespoke sessions to individual teams including Councillors. A dedicated page of guidance was developed in Intranet including fact sheets and templates.

**4. To formulate and deliver specific GDPR related training.**

A mandatory online training module was developed and rolled out to all staff and Councillors in February 2018. All managers were reminded to ensure staff completed the training by 25th May 2018, and further corporate messages re-enforced this to all staff. Completion of the module has been monitored on a monthly basis since then and reported to the GDPR Programme Board. Lists of staff not having completed the training have been provided to managers to facilitate follow-up. Compliance is currently at approximately 90% of all staff. It should be noted that the percentage of non-compliant staff includes those who are on maternity leave/long term sickness absence and those on the temporary employment register who are not currently engaged by the Council.

**5. To work with partners or organisations for whom the Council has some responsibility to ensure their compliance.**

Members of the Project Team met with relevant groups (e.g. Schools, Solent Local Enterprise Partnership, Portsmouth International Port, PCMI, Gosport Borough Council) and mirrored the work being done across the Council to ensure their compliance.

Following the May 2018 launch of GDPR, IT Service has continued to provide programme management and oversight of the identified work streams and is working towards the transition to Business As Usual (BAU). Work has continued with the following streams:-

**Training** - (work-stream owned by the Corporate Information Governance Team)  
The module is under review and will be updated and rolled out again in early 2019. A bespoke online module has been developed for Councillors and is available now on the Portsmouth Learning Gateway. The Information Governance team will



continue to work with Corporate Communications to issue reminders to staff, monitor compliance rates and report to the Corporate Information Governance Panel going forward.

**IT applications** - (work-stream owned by the IT Service) The data mapping exercise prior to 25<sup>th</sup> May 2018 identified applications containing personal data and GDPR compliance works are underway with a number of applications. All works required to remaining applications are being reviewed, risk assessed and prioritised. Some compliance issues will be addressed by the planned replacement of applications with more up-to-date alternatives e.g. the migration from Swift AIS to SystmOne for Adult Social Care case management. The works required to meet GDPR compliance for all identified applications represents a significant investment of time and resources by PCC and in most cases is dependent on the supplier. In general 'works' will consist of a system upgrade which requires installation of a test system, technical/system testing, integration testing (links to other systems e.g. EBS/finance), user acceptance testing, training and launch. In the future, once the review of all the applications is complete this will be covered by the ongoing BAU activities for the applications

**Contracts** - (work-stream owned by Legal Service) The wording of all new contracts has been developed in accordance with ICO guidance to ensure suppliers' responsibilities under GDPR and DPA 2018 are accurately reflected going forward. Work to review existing contracts (strategic, operational, or transactional) has continued to ensure they are compliant. This is being achieved by issuing a Deed of Variation to the contracted party for signature and the relevant amendment being made to the contract. Work has been prioritized using a risk matrix. Advice is being sought from the ICO and industry peers to inform the adaption of the Council's existing contract monitoring process to ensure contractors are fulfilling their responsibilities under GDPR on an ongoing basis.

**Information Asset Register and Information Asset Owners** (work-stream owned jointly between IT and Corporate Information Governance) Reporting functionality and configuration for administration and account access within the Electronic Information Asset Register has been developed and is being tested with users in early 2019. Once signed off, the Information Asset Owners and other nominated staff will be trained in the use of the application which will enable them to update/amend entries relating to their area of the business. A regular programme of updating the register will be rolled out.

The ICO continues to refine and develop guidance on GDPR and the Data Protection Act 2018 and PCC responds to these updates as and when they are issued. In addition PCC's Data Protection Officer and Information Security Officer are in regular contact with the ICO and industry peers as working practices are developed.

#### 4. **Reasons for recommendations**

To ensure the Governance & Audit & Standards Committee has an oversight of the work completed.

**5. Equality impact assessment**

An equality impact assessment is not required as the recommendation does not have a negative impact on any of the protected characteristics as described in the Equality Act 2010.

**6. Legal implications**

The Council is required to ensure that it has robust procedures in place to comply with its obligations under the General Data Protection Regulation (GDPR) 2016. Bringing this report to the Committee's attention will assist in meeting those requirements.

**7. Director of Finance's comments**

The Programme Manager is working with IT officers to identify the cost implications of the GDPR compliance works associated with existing IT applications. Wherever possible expenditure will be met from within existing Portfolio Cash Limits however, any shortfall may become a call on the Councils contingency budget.

The ICO can issue fines of up to €20 million or 4% of the authority's annual turnover for serious breaches of the GDPR. Breach of the Privacy and Electronic Communications Regulations also incurs a financial penalty. The size of any monetary penalty is determined by the Commissioner taking into account the seriousness of the breach and other factors such as the size, financial and other resources of the data controller. Any breaches put the City Council at risk of the unbudgeted cost of a financial penalty which would have to be met from the service responsible for the breach.

.....  
Signed by:

**Appendices: None**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
None	



<b>Title of meeting:</b>	Governance & Audit & Standards Committee
<b>Date of meeting:</b>	1 February 2019
<b>Subject:</b>	Report to Governance & Audit & Standards Committee on complaints received into alleged breaches of the Code of Conduct by Members of the Council for the calendar year 2018
<b>Report by:</b>	City Solicitor
<b>Wards affected:</b>	N/A
<b>Key decision:</b>	No
<b>Full Council decision:</b>	No

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## **1 Purpose of report**

- 1.1 To update Members of the Committee in relation to complaints which have been progressed within the calendar year 2018 and which allege that Councillors may have breached the Code of Conduct.

## **2 Recommendations**

- 2.1 It is recommended that Members of the Committee note the report.  
2.2 It is recommended that Members of the Committee consider whether any further action is required by them.

## **3 Background**

- 3.1 Upon acceptance of office, all Councillors undertake to comply with the Code of Conduct. In the event that a Councillor may have failed to comply with the Code of Conduct, a complaint may be made. The City Solicitor, as the Council's Monitoring Officer, is appointed to receive such complaints. The complaints are then considered in accordance with the guidance provided under the Local Government Act 2000.
- 3.2 The City Solicitor, as requested by the Governance & Audit & Standards Committee, maintains records on the progress of complaints and each year produces a report to this Committee. This year's report is attached at Appendix A.
- 3.3 The Monitoring Officer has, in this report, detailed the nature of the complaints, but is constrained by the information which can be provided in an open report, to protect the identity of the Subject Member, particularly in those cases where the Sub-Committee has decided that the Code has not been breached. In the circumstances the Monitoring Officer advises that if Members require more detailed information they should seek it from the Monitoring Officer prior to the

Committee meeting or during the meeting. If the latter, the meeting will be moved into exempt session.

- 3.4 After having considered Appendix A, Members are asked to decide whether there are any matters of concern or whether further action is required by the Committee or City Solicitor.

**4 Reasons for recommendations**

- 4.1 To make Members of the Committee aware of the current position with regard to complaints and ensure that appropriate action is taken.

**5 Equality Impact Assessment (EIA)**

- 5.1 An equality impact assessment is not required as the recommendations do not have a negative impact on any of the protected characteristics as described in the Equality Act 2010.

**6 Legal implications**

- 6.1 The City Solicitor's comments are included in this report.

**7 Finance comments:**

- 7.1 There are no financial implications arising from the recommendations set out in this report.

.....  
City Solicitor

**Appendices: Appendix A - Schedule of Complaints**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

Appendix A - Schedule of Complaints - for year 2018

*Note this schedule covers complaints received prior to but concluded in 2018 and received and concluded in 2018*

	<i>Date complaint received</i>	<i>Summary &amp; outcome of alleged complaint</i>	<i>Complaint by public or councillor</i>
1.	09.11.2017	<p>The subject member failed to:</p> <ul style="list-style-type: none"> <li>• Treat others with respect;</li> <li>• Conducted himself in a manner which brought the Authority into disrepute;</li> <li>• Attempted to use his position improperly.</li> </ul> <p>The Initial Filtering Panel ("IFP") decided there was no breach of the Code as the complaint concerned a notice of motion which progressed via correct procedure.</p> <p>The complainant requested review.</p> <p>The Assessment Sub Committee found no breach of the Code. It was noted that the complaint did not fall within the jurisdiction of the Sub Committee but concerned dissatisfaction with a Council decision.</p>	Public
2.	28.11.2017	<p>The subject member:</p> <ul style="list-style-type: none"> <li>• Sought to intimidate the complainant;</li> <li>• Compromised the impartiality of the Authority's officers;</li> <li>• Sought to prevent a person gaining access to information to which they were entitled;</li> <li>• Conducted himself in a manner which could reasonably be regarded as bringing his office</li> </ul>	Public

		<p>or the Authority into disrepute;</p> <ul style="list-style-type: none"> <li>• Attempted to use his position as a member improperly to confer advantage;</li> <li>• Improperly sought to use resources for political purposes;</li> <li>• Disregarded relevant advice from the Authority's officers.</li> </ul> <p>The IFP decided that there was no breach of the Code as the complaint did not fall within the jurisdiction of the Local Assessment Criteria.</p> <p>The complainant requested a review.</p> <p>The Assessment Sub Committee found no breach of the Code as there was no evidence that the behaviour of the subject member could be assessed as having breached the Code.</p>	
3.	21 May 2018	<p>The subject member:</p> <ul style="list-style-type: none"> <li>• failed to treat others with respect;</li> <li>• bullied a person;</li> <li>• compromised the impartiality of the Authority's officers;</li> <li>• conducted himself in a manner which could be regarded as bringing his office or the Authority into disrepute.</li> </ul> <p>The IFP decided that there had been a breach of the Code as an inappropriate comment had been made which fell below the usual high standard of conduct of the said Member.</p> <p>The agreed action was for the Deputy Monitoring Officer ("DMO") to write to the subject member and</p>	Public

		invite him to send a written apology to the complainants having reflected on his conduct.	
4.	1 October 2018	<p>The subject member:</p> <ul style="list-style-type: none"> <li>• Failed to treat others with respect;</li> <li>• Bullied a person;</li> <li>• Conducted herself in a manner which could be regarded as bringing her office or the Authority into disrepute;</li> <li>• Did not have regard for relevant advice from the Authority's officers or give reasons for decisions.</li> </ul> <p>The IFP decided that there had been a breach as there was sufficient evidence that the subject member had conducted herself in a manner which could be regarded as bringing her office and the Authority into disrepute.</p> <p>The agreed action was for the DMO to have a discussion with the subject member regarding how Members can present themselves in the public arena to avoid the impression that they are acting as a councillor (unless that is their intention).</p>	Public

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<b>Title of meeting:</b>	Governance & Audit & Standards Committee
<b>Date of meeting:</b>	1 February 2019
<b>Subject:</b>	Whistleblowing
<b>Report by:</b>	City Solicitor
<b>Wards affected:</b>	Not applicable
<b>Key decision:</b>	No
<b>Full Council decision:</b>	No

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## 1 Purpose of report

- 1.1 To update Members of the Committee on the nature and handling of any whistleblowing concerns which have been raised in the past year.

## 2 Recommendations

### **RECOMMENDED that Members of the Committee:**

- 2.1 **note the report;**  
2.2 **consider whether any further action is required by them.**

## 3 Background

- 3.1 The Public Interest Disclosure Act 1998 gives employees certain rights in relation to whistleblowing. An employee has a right to make a protected disclosure to prescribed persons where the employee reasonably believes:
- 3.1.1 A criminal offence has, or is going to be committed;
  - 3.1.2 There is a breach of a legal obligation;
  - 3.1.3 A miscarriage of justice;
  - 3.1.4 There is a danger to the health and safety of any individual;
  - 3.1.5 There will be damage to the environment; or
  - 3.1.6 There is deliberate concealment of information tending to show any of the above five matters.
- 3.2 The Act provides that employees shall suffer no detriment to their employment as a result of blowing the whistle, including disciplinary action.
- 3.3 The Policy applies to all Council staff, including employees, temporary workers, agency staff and any contractor remunerated by the Council.

- 3.4 The City Solicitor, as requested by the Governance & Audit & Standards Committee, produces a report each year in respect of whistleblowing concerns. This year's report is attached as "Appendix A".
- 3.5 After having considered "Appendix A" Members are asked to decide whether there is any cause for concern and to consider whether any further action is required by the Committee, or the City Solicitor.
- 3.6 Five investigations were commenced in 2018. Recommendations were made and action taken as appropriate, as noted on Appendix A.

**4 Reasons for recommendations**

- 4.1 To make Members of the Committee aware of the current position with regard to whistleblowing and ensure that any appropriate action is taken.

**5 Equality Impact Assessment (EIA)**

- 5.1 An equality impact assessment is not required as the recommendations do not have a negative impact on any of the protected characteristics as described in the Equality Act 2010.

**6 Legal implications**

- 6.1 The City Solicitor's comments are included in this report.

**7 Director of Finance's comments:**

- 7.1 There are no financial implications arising from the recommendations set out in this report.

.....  
 City Solicitor

**Appendices: Appendix A - Schedule of Whistleblowing Concerns**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Whistleblowing Policy	<a href="https://www.portsmouth.gov.uk/intranet/documents-internal/fin-whistleblowing-revised0213.pdf">https://www.portsmouth.gov.uk/intranet/documents-internal/fin-whistleblowing-revised0213.pdf</a>

Appendix A - Schedule of Whistleblowing (2018)

Date	Area	Investigated / Referred	Outcome
June 2018	Children's Social Care - report of data breach	Investigated	Closed / no further action
July 2018	Parking Enforcement - Council Tax fraud	Investigated	Closed / no further action
August 2018	Children's Social Care - report of data breach	Investigated	Closed / no further action
October 2018	Parking Enforcement - false hours of work	Investigated	Referred to department for further work
November 2018	Financial Services - Grant Recipient relating to Economic Development	Investigated	Currently open

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<b>Title of meeting:</b>	Governance and Audit and Standards Committee
<b>Date of meeting:</b>	1 February 2019 - Governance and Audit and Standards Committee 12 February 2019 - Full Council
<b>Subject:</b>	Constitution Part 4D - Protocol for Member / Officer relations
<b>Report by:</b>	City Solicitor
<b>Wards affected:</b>	N/A
<b>Key decision:</b>	No
<b>Full Council decision:</b>	Yes

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## 1. Purpose of report

- 1.1. To ask Members to consider proposed changes to the current Member / Officer Protocol as set out in the Constitution, Part 4D.

## 2. Recommendations

- 2.1. It is recommended that Members consider the proposed amendments as set out in the appendix: Paragraph 6: 'Officers and party political groups'.
- 2.2. Members are asked to:
  - 2.2.1. Recommend adoption by Full Council on 12 February 2019 to approve the proposed changes shown as track changes in the Appendix; and
  - 2.2.2. Agree that if approved by Full Council, the City Solicitor may make the proposed amendments to the Protocol for Member / Officer relations in Part 4D of the Constitution.

## 3. Background

- 3.1. The Council has an agreed protocol which sets out what can be expected in relations between Officers and Members.
- 3.2. Central to this protocol is the ongoing need for all officers:
  - 3.2.1. To be seen to serve the Council as a whole, whilst accepting that the greatest demand for their time will be from whichever political group forms the administration;
  - 3.2.2. to at all times be considered to be politically impartial; and
  - 3.2.3. to assist all councillors in a fair and even handed manner.

**4. Reasons for recommendations**

4.1. The proposed changes to the Member Officer Protocol provide clarity to the relationship between Officers and Members and will bring the Constitution up to date so that it reflects the current practice of the Council.

**5. Equality impact assessment**

5.1. The contents of this report do not have any relevant equalities impact and therefore an equalities assessment is not required.

**6. Legal implications**

6.1. The City Solicitor's comments are included in this report.

**7. Director of Finance's comments**

7.1. There are no financial implications arising from the recommendations set out in this report.

.....  
Signed by:

**Appendix - Track changes to the Member Officer Protocol, Constitution Part 4D - paragraph 6 'Officers and party political groups'**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by ..... on .....

.....  
Signed by:



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## 6. Officers and party political groups

6.1 It must be recognised by all Officers and Members that in discharging their duties and responsibilities Officers serve the Council as a whole and not exclusively any political group, combination of groups or any individual Member. However it should be noted that:-

6.1.1 Officers serving the Council as a whole may attend meetings at the request of individual Members without the respective Cabinet Member or other representative of the administration being present. Any advice or assistance given at those meetings should be considered to be confidential unless the Member agrees to it being shared.

6.16.1.2 In providing such advice or assistance to the Member the Officer will also respect the need to keep confidential any information which may relate to advice given to the administration which is not yet in the public domain.

6.2 There is statutory recognition for party political groups and it is common practice for such groups to give preliminary consideration to matters of Council business in advance of such matters being considered by the relevant Council decision making body. Senior Officers may properly be called upon to support and contribute to such deliberations by political groups but must at all times maintain political neutrality. All Officers must, in their dealings with political groups and individual Members, treat them in a fair and even-handed manner.

6.3 The support provided by Officers can take many forms, ranging from a briefing meeting with the Leader of the Council, a lead member/chair/spokesperson prior to a Council, Cabinet, committee or sub-committee meeting to a presentation to a political group meeting. Whilst in practice such Officer support is likely to be in most demand from whichever political group is in control of the Council at the time, assistance is available to all party groups.

6.36.4 In recognition of the important role provided by Portsmouth's Members of Parliament to the life of the city, Officers may also provide advice and assistance to them in a similar manner to that provided to Members namely in relation to the business of the Council.

6.46.5 Directors are responsible for deciding, who, apart from themselves, in their services (and in what circumstances) is responsible for giving policy advice to Members or dealing with Members' non-routine questions.

6.56.6 Certain points, however, must be clearly understood by all those participating in this process, Member and Officer alike. In particular:

6.5.16.6.1 Requests for Officers to attend any political group meeting must be made only to the appropriate Director. Normally only that person will attend the meeting, although in exceptional circumstances the

Officer may be accompanied by one or more senior Officers.

~~6.5.26~~6.2 Unless otherwise agreed in advance with the Chief Executive, Officers will not attend political group meetings that include persons who are not Members. However, where the Chief Executive has authorised such attendance special care needs to be exercised by Officers involved in providing information and advice to such political group meetings. Persons who are not elected Members will not be bound by the Code of Conduct for Members (in particular, the provisions concerning the declaration of interests and confidentiality) and for this and other reasons Officers may not be able to provide the same level of information and advice as they would to a Members only meeting.

~~6.5.36~~6.3 Officer support (whether in the form of a written report or otherwise) must not extend beyond providing information and advice in relation to matters of Council business. Officer support will be limited to a statement of material facts and identification of options and the merits and demerits of such options for the authority. Reports or other support will not deal with any political implications of the matter or any option, and Officers are not expected to be present at meetings or part of meetings when matters of party business are to be discussed.

~~6.5.46~~6.4 Political group meetings, whilst they form part of the preliminaries to Council decision making are not empowered to make decisions on behalf of the Council. Conclusions reached at such meetings do not therefore rank as Council decisions and it is essential that they are not interpreted or acted upon as such.

~~6.5.56~~6.5 It must not be assumed by any political group or Member that any Officer is supportive of any policy or strategy developed because of that Officer's assistance in the formulation of that policy or strategy.

~~6.5.66~~6.6 Officers must respect the confidentiality of any political group discussions at which they are present in the sense that they should not relay the content of any such discussion to another political group or Member thereof. However, Members should be aware that this would not prevent Officers from disclosing such information to other Officers of the Council so far as is necessary to perform their duties.

~~6.5.76~~6.7 Where Officers provide information and advice to a political group meeting in relation to a matter of Council business, it should be understood that the Officers have a statutory duty to provide all necessary information and advice to the Cabinet or relevant committee/sub-committee when the matter in question is considered.

~~6.66~~7 Members should not ask staff to assist with any personal, business or party political matters, attend surgeries or decide how case work will be dealt with. Although Section 9 of the Local Government and Housing Act, 1989 allows the political affiliation of an individual to be taken into account in the appointment of any political adviser/assistant, they remain Officers of the

Council and must therefore not undertake any activity, which may be deemed unlawful. In this context, it should be realised that Officer support to the political groups is in the context of their role in the discharge of Council business and although it may require liaison with political parties, at both local and national level, should not be used in promoting the views of an individual political party or undertaking campaigning or other party political business.

6.8 Any particular cases of difficulty or uncertainty in this area of Officer advice to political groups must be raised with the Chief Executive who will discuss them with the relevant group leader(s).

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<b>Title of meeting:</b>	Governance and Audit and Standards Committee Full Council
<b>Date of meeting:</b>	1 February 2019 - Governance and Audit and Standards Committee 12 February 2019 - Full Council
<b>Subject:</b>	Delegated Authority to City Solicitor to settle claims on behalf of the Council
<b>Report by:</b>	City Solicitor
<b>Wards affected:</b>	N/A
<b>Key decision:</b>	No
<b>Full Council decision:</b>	Yes

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## 1. Purpose of report

To ask Members to consider proposed changes to the delegated authority granted to the City Solicitor to settle claims on behalf of the Council, as set out in the Constitution, Part 2 Responsibility for Functions, Delegation to Directors, delegation to City Solicitor.

## 2. Recommendations

- 2.1. It is recommended that members consider the proposed amendments set out in the report.
- 2.2. Members are asked to:
  - 2.2.1. Recommend adoption by Full Council on 12 February 2019 to approve the proposed increase to the delegated authority granted to the City Solicitor to £75,000 to settle claims on behalf of the Council; and
  - 2.2.2. Agree that if approved by Full Council, the City Solicitor may make the appropriate amendments to the Delegation to Directors in the Constitution.

## 3. Background

- 3.1. The present limit to the delegated authority granted to the City Solicitor to settle claims on behalf of the Council is £50,000.
- 3.2. The City Solicitor requests a nominal increase to £75,000 for the reasons set out in paragraph 4 below.

**4. Reasons for recommendations**

- 4.1. There has been a recent increase in the excess limit from £50,000 to £75,000 therefore it would be prudent to increase the City Solicitor's authority to settle claims in line with this increase.
- 4.2. There has been recent occasion to seek specific authority under Standing Order 58 due to the current limit on the City Solicitor's delegated authority. Revising the limit to the delegated authority will avoid the need to invoke Standing Order 58 and therefore assist with the smooth running of the Council.

**5. Equality impact assessment**

The contents of this report do not have any relevant equalities impact and therefore an equalities assessment is not required.

**6. Legal implications**

The City Solicitor's comments are included in this report.

**7. Director of Finance's comments**

There are no financial implications arising from the recommendations set out in this report.

.....  
Signed by:

**Appendices:** Nil

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/  
rejected by ..... on .....

.....  
Signed by:

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# Agenda Item 14

## THIS ITEM IS FOR INFORMATION ONLY

(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)



Portsmouth  
CITY COUNCIL

<b>Title of meeting:</b>	Governance & Audit & Standards
<b>Subject:</b>	Update on Equality impact assessment monitoring
<b>Date of meeting:</b>	01 February 2019
<b>Report by:</b>	Access & equality advisor
<b>Wards affected:</b>	All

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### 1. Purpose

- 1.1. To update the Committee on the Equality Impact Assessments undertaken in 2018

### 2. Background

- 2.1. The council has legal obligations under the Equalities legislation to eliminate unlawful discrimination, and to take account of needs of our staff, residents and visitors in our day-to-day work with respect to their age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership.
- 2.2. The council makes use of its Equality Impact Assessment process to identify any potential equality issues and any measures that can be used to eliminate or mitigate any disproportionately negative impact, EIAs are used to provide a mechanism for members to question prior to a decision being made. Where required committee reports have a completed EIA attached before they go forward for decision.

### 3. Equality impact assessments

The council has a well-established Equality Impact Assessment (EIA) process which contributes to the Equality Duty. The process requires that a preliminary EIA, if relevant, should be undertaken at the initial stage of (re)design / development of a policy, strategy, project or service. If the preliminary EIA identifies a potential negative impact on any of the groups protected under the Equality Act 2010, a full EIA should be undertaken before any final decision is made. The full EIA should take into account results of any public consultation and any other relevant local and national information available, including any effects of similar initiatives elsewhere in the UK.

**THIS ITEM IS FOR INFORMATION ONLY**  
**(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)**

- 3.1. EIAs form only one of the mechanisms that assist the Council in meeting its responsibilities under the public sector equality duty and they are not a legal requirement in themselves.
- 3.2. Since changing the process in 2016 there are now no omissions of EIAs as committee reports will not go forward unless this has been completed. All committee reports that have EIAs attached are published on the council's website as part of the agenda papers for the relevant forthcoming meeting. This gives an opportunity for interested persons to question the EIA before the decision is taken.
- 3.3. In 2018, 85 Equality impact assessments were completed, 78 were preliminary and 7 (8%) were full EIAs. A full list of the EIAs that were completed are in Appendix 1.
- 3.4. EIAs that were not part of a committee report will be published on the council's website on a year rolling programme.

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 Signed by (Director)

**Appendices:** Appendix 1-List of EIA's completed in 2018

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

## Appendix 1

EIA ref	EIA title	Director	Directorate	Function	Preliminary EIA date	Committees	Committee details
243	Senior Management Restructure, Support Services	David Williams	Chief Executive	N/A	29/11/2018	Regulatory committee	Employment
190	Sickness Absence	Jon Bell	HR, legal, procurement and information services	Human Resources	14/06/2018	Regulatory committee	Employment
196	Armed Forces Covenant - Defence Employer Recognition Scheme (ERS) Gold award sustainability plan	Jon Bell	HR, legal, procurement and information services	Human Resources	16/09/2018	Regulatory committee	Employment
197	Apprenticeship Levy	Jon Bell	HR, legal, procurement and information services	Human Resources	16/09/2018	Regulatory committee	Employment
198	Employment Committee report, Senior Management Structure	Jon Bell	HR, legal, procurement and information services	Human Resources	11/09/2018	Regulatory committee	Employment
200	Signing up to the Trade Union Congress (TUC) "Dying to Work" Charter.	Jon Bell	HR, legal, procurement and information services	Human Resources	11/09/2018	Regulatory committee	Employment
201	Sickness Absence	Jon Bell	HR, legal, procurement and information services	Human Resources	14/09/2018	Regulatory committee	Employment
225	Safer Portsmouth Partnership Plan 2018-20	Jon Bell	HR, legal, procurement and information services	Strategy ( including Traded Services)	27/09/2018	Full cabinet	
240	Sickness Absence	Jon Bell	HR, legal, procurement and information services	Human Resources	26/11/2018	Regulatory committee	Employment

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242	Gender Pay Gap Action Plan	Jon Bell	HR, legal, procurement and information services	Human Resources	27/11/2018	Regulatory committee	Employment
139	Cleaning of Civic Offices.	James Hill	Property and housing	Clean City Team	12/02/2018	Additional EIA's	
202	Community Warden team	James Hill	Property and housing	Clean City Team	02/10/2018	Full cabinet	
218	New build mobility property to be held in the Housing Revenue Account.	James Hill	Property and housing	Supported housing	10/10/2018	Cabinet portfolio	Housing
221	Five projects delivery new homes: Southsea Community Centre, Former Records Office, Hambrook St, Arundel St, Doyle Avenue.	James Hill	Property and housing	Property Management & Maintenance	07/09/2018	Full cabinet	
238	Licensing of Houses of Multiple Occupation	James Hill	Property and housing	Private Sector Housing	25/10/2018	Full cabinet	
141	Westover Rd School Crossing Improvement	Tristan Samuels	Transport, environment and business support	Highways engineering & Major Projects	29/01/2018	Cabinet portfolio	Traffic and transportation
159	Cottage Grove - School zig zag parking restrictions	Tristan Samuels	Transport, environment and business support	Highways PFI Management	29/01/2018	Cabinet portfolio	Traffic and transportation
161	Magdalen Road Junction Safety Improvement	Tristan Samuels	Transport, environment and business support	Highways PFI Management	29/01/2018	Cabinet portfolio	Traffic and transportation
162	Gladys Avenue School Crossing Improvement	Tristan Samuels	Transport, environment and business support	Highways PFI Management	29/01/2018	Additional EIA's	Traffic and transportation
163	Cycle safety improvements at the Holbrook Rd/Lake Rd roundabout	Tristan Samuels	Transport, environment and business support	Highways PFI Management	13/03/2018	Cabinet portfolio	Traffic and transportation

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164	Elkstone Road Traffic Calming Scheme	Tristan Samuels	Transport, environment and business support	Highways PFI Management	08/02/2018	Cabinet portfolio	Traffic and transportation
165	Malins Road School Crossing Improvement	Tristan Samuels	Transport, environment and business support	Highways PFI Management	29/01/2018	Additional EIA's	Traffic and transportation
166	Penhale Rd school zig zags and drop kerbs	Tristan Samuels	Transport, environment and business support	Highways PFI Management	29/01/2018	Additional EIA's	Traffic and transportation
181	Havant Road - Lower Farlington (minor works)	Tristan Samuels	Transport, environment and business support	Transport Services	05/06/2018	Additional EIA's	
183	Safer Routes to School - Allaway Avenue Zebra Crossing	Tristan Samuels	Transport, environment and business support	Highways PFI Management	01/08/2018	Additional EIA's	
188	Cycle Training and Learn to Ride training.	Tristan Samuels	Transport, environment and business support	Transport Services	10/07/2018	Additional EIA's	
192	Clean Air Grant Fund 2018/2019 - Personal Journey Planning (PJP) - Residents JU4 1R1. Delivery by Steer Davies Gleave	Tristan Samuels	Transport, environment and business support	Transport Services	14/06/2018	Additional EIA's	
204	Pompey Monster Walk to School Challenge	Tristan Samuels	Transport, environment and business support	Road safety & active travel	09/07/2018	Additional EIA's	
205	The council were successful in obtaining DEFRA funding via the Air Quality Grant programme for School Travel Planning, inclusive of Scootability Training	Tristan Samuels	Transport, environment and business support	Road safety & active travel	18/07/2018	Additional EIA's	

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206	Workplace Sustainable Travel Fund (WSTF)	Tristan Samuels	Transport, environment and business support	Road safety & active travel	19/08/2018	Additional EIA's	
208	Fratton Road - Goldsmith Roundabout	Tristan Samuels	Transport, environment and business support	Transport Services	05/06/2018	Additional EIA's	
209	Havant Road - Lower Farlington (minor works)	Tristan Samuels	Transport, environment and business support	Transport Services	05/06/2018	Additional EIA's	
212	Project: Winston Churchill Avenue - Victoria Road North roundabout (Bradford Junction)	Tristan Samuels	Transport, environment and business support	Transport Services	28/09/2018	Additional EIA's	
213	Project: Holbrook Road/Arundel Street roundabout	Tristan Samuels	Transport, environment and business support	Highways PFI Management	28/09/2018	Additional EIA's	
217	A2047 (London Rd/Kingston Rd/Fratton Rd) cycle junction improvements	Tristan Samuels	Transport, environment and business support	Highways PFI Management	08/10/2018	Additional EIA's	
222	TRO 87/2018: Proposed Residents' Parking Zone (MC)	Tristan Samuels	Transport, environment and business support	Transport Services	15/10/2018	Cabinet portfolio	Traffic and transportation
226	TRO 84/2018: Proposed Residents' Parking Zone (MB)	Tristan Samuels	Transport, environment and business support	Transport Services	15/10/2018	Cabinet portfolio	Traffic and transportation
227	A27 Southampton Road - Safer Roads	Tristan Samuels	Transport, environment and business support	Highways engineering & Major Projects	18/10/2018	Additional EIA's	

228	The Hard - Highway Improvement scheme at Victory Gate entrance to Portsmouth Historic Dock Yard	Tristan Samuels	Transport, environment and business support	Highways engineering & Major Projects	18/10/2018	Additional EIA's	Traffic and transportation
231	Safer Routes to School - Allaway Avenue Zebra Crossing	Tristan Samuels	Transport, environment and business support	Road safety & active travel	01/08/2018	Cabinet portfolio	Traffic and transportation
236	Review of Portsmouth Craft and Manufacturing Industries (PCMI)	Tristan Samuels	Transport, environment and business support	PCMI Manufacturing	06/11/2018	Additional EIA's	
237	TRO 78B/2018 - The Portsmouth City Council (Various Routes) (Waiting Restrictions and Amendments) (No 78) Order 2018	Tristan Samuels	Transport, environment and business support	Parking Operations	04/10/2018	Cabinet portfolio	Traffic and transportation
142	Internal volunteering Strategy 2018-2021 for PCC	Louise Wilders	Community and communication	Community Engagement	19/02/2018	Cabinet portfolio	Resources
149	Civic offices ground floor refurbishment project 2018.	Louise Wilders	Community and communication	Democratic Services	14/02/2018	Additional EIA's	
151	Risk Based Verification Policy - for housing benefit and council tax support	Louise Wilders	Community and communication	Revenue & Benefits (excluding Counter Fraud)	28/02/2018	Regulatory committee	Governance and audit and standards
152	General Data Protection Regulation (GDPR)	Louise Wilders	Community and communication	Communications	23/01/2018	Additional EIA's	Governance and audit and standards
155	A review of the Traded Services requirements as a corporate function - January 2018	Louise Wilders	Community and communication	Communications	09/01/2018	Additional EIA's	

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180	Corporate complaints policy	Louise Wilders	Community and communication	Help Desk	10/07/2018	Regulatory committee	Governance and audit and standards
210	A review into models of supported accommodation for people with learning disabilities and whether similar provision can be extended to others with a support need.	Louise Wilders	Community and communication	Democratic Services	04/10/2018	Scrutiny panels	Adult social care and public health
211	A review of general parking issues in Portsmouth with a view to considering alternative strategies.	Louise Wilders	Community and communication	Democratic Services	04/10/2018	Additional EIA's	
215	Education, Children and Young People Scrutiny Review into School Attendance and Reduced Timetables in Portsmouth.	Louise Wilders	Community and communication	Democratic Services	04/10/2018	Additional EIA's	
232	Central Debt Recovery Review	Louise Wilders	Community and communication	Revenue & Benefits (excluding Counter Fraud)	07/11/2018	Cabinet portfolio	Resources
235	HIVE-(Home of Innovation, Valuing Everyone)-Accommodation	Louise Wilders	Community and communication	Community Engagement	20/11/2018	Additional EIA's	
244	To transfer 1-3 Angerstein Road to the Portsmouth Community Housing Trust	Louise Wilders	Community and communication	Community Engagement	29/11/2018	Cabinet portfolio	Resources
145	Monuments and Memorials Policy	Stephen Baily	Culture and city development	Parks & Open Spaces	10/01/2018	Cabinet portfolio	Resources
153	Report to Culture, Leisure and Sport Portfolio: Library Fines and Reservation Fees	Stephen Baily	Culture and city development	Libraries	09/02/2018	Cabinet portfolio	Culture, leisure and sport



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167	Portsmouth City Council Playing Pitch Strategy 2018 - 2022	Stephen Baily	Culture and city development	Development Team	07/02/2018	Cabinet portfolio	Culture, leisure and sport
178	Portsmouth BookFest	Stephen Baily	Culture and city development	Libraries	29/06/2018	Cabinet portfolio	Culture, leisure and sport
179	Events and activities to commemorate the 75th Anniversary of D-Day in 2019.	Stephen Baily	Culture and city development	Museums	13/06/2018	Cabinet portfolio	Culture, leisure and sport
186	Assessment of air quality, publication of Annual Status Report 2018	Stephen Baily	Culture and city development	Environmental Health	05/06/2018	Cabinet portfolio	Environment and community safety
193	Landing Craft Tank project in partnership with NMRN	Stephen Baily	Culture and city development	Museums	11/07/2018	Cabinet portfolio	Culture, leisure and sport
207	Summer Reading Challenge.	Stephen Baily	Culture and city development	Libraries	26/09/2018	Cabinet portfolio	Culture, leisure and sport
214	Public Spaces Protection Order (PSPO) is statutory requirement to replace the existing Dog Control Order (DCO)	Stephen Baily	Culture and city development	Environmental Health	03/10/2018	Cabinet portfolio	Environment and community safety
224	Journeys Festival Service Level Agreement	Stephen Baily	Culture and city development	Tourism & Events	18/09/2018	Cabinet portfolio	Culture, leisure and sport
230	Animal Welfare Licensing Paper 2018/2019	Stephen Baily	Culture and city development	Environmental Health	04/10/2018	Cabinet portfolio	Environment and community safety
233	Supporting the bereaved in Portsmouth - a strategy for the future provision of burial services in Portsmouth	Stephen Baily	Culture and city development	Cemeteries	08/10/2018	Cabinet portfolio	Culture, leisure and sport
146	Harry Sotnick House Transition Arrangements	Innes Richens	Adult services and NHS Portsmouth CCG	Older Persons Service	28/02/2018	Cabinet portfolio	Adult social care and public health

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157	Acquisition of Oakdene	Innes Richens	Adult services and NHS Portsmouth CCG	Adult Mental Health	21/02/2018	Cabinet portfolio	Adult social care and public health
184	Arrangement fees for self-funders	Innes Richens	Adult services and NHS Portsmouth CCG	Continuing Health Care	30/07/2018	Cabinet portfolio	Adult social care and public health
189	Integration of Health and Social Care to Support Continuing Health Care.	Innes Richens	Adult services and NHS Portsmouth CCG	Integrated Commissioning	16/08/2018	Cabinet portfolio	Adult social care and public health
194	Removal of the Day Service financial cap	Innes Richens	Adult services and NHS Portsmouth CCG	Continuing Health Care	14/08/2018	Regulatory committee	Health and wellbeing
195	Arrangement Fees for self-funders	Innes Richens	Adult services and NHS Portsmouth CCG	Continuing Health Care	30/07/2018	Regulatory committee	Health and wellbeing
154	A review of the post-16 participation and progression team structure - February 2018	Alison Jeffery	Children services and education	Integrated Targeted Youth Service	29/01/2018	Additional EIA's	
182	Regional Adoption Agency	Alison Jeffery	Children services and education	Adoption & Fostering	12/05/2018	Full cabinet	
203	Re-tendering of Family Group Conference service	Alison Jeffery	Children services and education	Troubled Families	05/06/2018	Additional EIA's	
216	Recommendations from the SEND Strategic Review to Schools Forum relating to managing the spend within the High Needs Block of the Dedicated Schools Grant	Alison Jeffery	Children services and education	Inclusion & Admissions	12/09/2018	Cabinet portfolio	Education
229	Revised care leaving offer, following the children and Social Work Act 2017	Alison Jeffery	Children services and education	Looked After Children	25/10/2018	Full cabinet	
199	Food Safety Operating Plan 2018-2019	Dr Jason Horsley	Public health	Health Protection	10/09/2018	Cabinet portfolio	Health and wellbeing

EIA ref	EIA title	Director	Directorate	Function	Full EIA date	Committees	Committee details
191	Implementation of the Living Wage	Jon Bell	HR, legal, procurement and information services	Human Resources	18/06/2018	Regulatory committee	Employment
187	Waste Management Policy	James Hill	Property and housing	Waste Disposal	08/10/2018	Cabinet portfolio	Environment and community safety
223	Mobility Scooter Storage Policy	James Hill	Property and housing	Local Authority Housing	19/09/2018	Additional EIA's	N/A
185	Community Transport Review - Update following cessation of Dial-a-Ride.	Tristan Samuels	Transport, environment and business support	Transport Services	25/01/2018	Cabinet portfolio	Traffic and transportation
220	Seafront Masterplan Supplementary Planning Document	Tristan Samuels	Transport, environment and business support	Transport Services	04/10/2018	Cabinet portfolio	Planning, Regeneration & economic development
239	Southsea Coastal Scheme (new coastal defences for Southsea)	Tristan Samuels	Transport, environment and business support	Flood Defence	26/11/2018	Full cabinet	
234	Closure of in-house care homes, re-purposing of one site to deliver Extra Care for older people with dementia, and repatriation of Harry Sotnick Hous	Innes Richens	Adult services and NHS Portsmouth CCG	Older Persons Service	10/10/2018	Cabinet portfolio	Health, wellbeing & social care

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