Portsmouth City Council have completed a number of actions over the last year, that have addressed or alleviated significant governance issues identified in the 2013/14 Annual Governance Statement. The following significant governance issues have been identified and further actions have been put in place against each, in order to strengthen the Council's governance arrangements.

Ref	Governance issue	Actions to address the issue	Measures of success	Lead/s	Update on progress	Outcome of monitoring
1	The Constitution has not been reviewed/formally updated for a number of years.	a-Set up a working group to review the Constitution.	Updated constitution published on Council website	Michael Lawther, City Solicitor	This work has progressed and is close to completion. GAS committee have asked to be provided with visibility of the revisions, prior to Full council. Update to be provided at November GAS meeting.	GAS to consider at November meeting if further monitoring required.
2	Mandatory training requirements are unclear and staff are not completing known requirements such as financial rules training.	a-Learning and Development to communicate mandatory training requirements.	100% of staff have completed the mandatory training requirements.	Roland Bryant, Learning and Development Business Partner	Consideration has been given to three key elements of mandatory training - the induction, the annual assessment of learning, and the annual Performance Development Review (PDR). The process of alerting new starters to the expectation that they attend the training will be automated (via MLE). An automated message will be sent to all new starters (in every month) to advise them of booking arrangements. Training will run regular reports on attendance on the induction course, to track compliance.	GAS satisfied at Mar 2015 meeting and therefore not recommended for further monitoring due to system and process in place

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		b-Managers to check staff complete outstanding mandatory training requirements through the PDR process.		Liz Aplin, Operational Training Manager	For the annual assessment of learning, it has been agreed that rather than mandate attendance on a course / completion of e-learning (which is achieving a low level of compliance and potential exposure to risk because the focus is on training rather than demonstration of knowledge), we will mandate that people can demonstrate the required level of knowledge (courses, information and elearning is still available to support people to pass the assessment. This will ensure that we minimise impact on business time (spent in sometimes unnecessary training) and that we can demonstrate that all staff have the required level of knowledge to work safely. The annual PDR paperwork now includes statements about the application of key knowledge to local work practices (e.g. I understand Data Protection arrangements for my work place). As the majority of knowledge of mandatory areas is about local work practices, this will help to ensure that local learning takes place.	GAS satisfied at Mar 2015 meeting and therefore not recommended for further monitoring due to system and process in place
3	Non-completion of financial rules training, resulting in non-compliance with Financial Rules	Training programme on new financial rules to be updated and rolled out.	Training updated and 100% of relevant staff have completed the training	Chris Ward, Head of Finance/ Paul Thomas, Senior Accountant	Consideration has also been given to how we ensure that the correct staff are receiving the correct level of financial rules training, and are able to demonstrate and apply the required level of knowledge. In line with the approach to mandatory training set out above, Directors now receive a regular report that can be shared with managers so that staff who need to undergo the training can be identified and trained accordingly.	Recommended to be included for further monitoring
4	Policyhub is not accessible to all staff and there is scope to improve the reporting capability.	a-Managers to ensure relevant policies are cascaded to and read by staff who are unable to access Policyhub. b-Policyhub board to consider upgrading Policyhub to enable more intelligent reporting.	100% of staff receive relevant policies and reports can be run to check % of staff within each service who have read corporate policies.	Policyhub Board	Update to be provided at September AGS	GAS to consider at September meeting if further monitoring required.

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5	Not all members of staff are receiving Performance Development Reviews (PDRs).	a-Report to be progressed to Employment Committee outlining the findings of the PDR review.	Recommendations to be implemented.	Roland Bryant, Learning and Development Business Partner	Following the review a new PDR process introduced August 2015	This issue will be monitored on an ongoing basis by Employment Committee
		b- All managers ensure that there staff have received a PDR within the last year.	100% staff have received a PDR within the last year			
6	Not all services have completed table-top exercises to test the robustness of their service business continuity plan.	a-All services to complete a table-top exercise and amend their plans based on the findings.	100% of services have completed a table-top exercise. Aim for 30% of services to complete exercise each year.	Kate Scott, Civil Contingencies Officer	Over the last year, 5 tabletop exercises took place with HR, Revenues and Benefits, Public Health, IS and Education. The quality standard for business continuity plans has now changed to ISO22301, and given that all plans will need to be reviewed following the senior management restructure, there will be an opportunity to ensure they meet this new standard. Directors have been asked to identify the key critical continuityareas in their new directorates, and ensure that they are satisfied the procedures in place are sufficiently robust. New templates for completion for full plans will be issued at the end of the calendar year, with an expectation that these are completed ready for the new financial year. It is recommended that GAS committee receives a report on progress with this this issue at the first available meeting in the 2016/17 cycle.	Agreed at June GAS meeting that this would be included for further monitoring
7	There has been an increase in the number of data breaches and there is scope to improve data security.	a-All staff to adhere to the clear desk clear screen policy and Managers must undertake a programme of spot checks to test compliance. If issues are found, they must be escalated and addressed.	Reduction in data breaches.	Helen Magri, Corporate Information Officer/ Michael Lawther, City Solicitor	Breaches in data confidentiality continue to be a priority for the local authority, and all breaches are reported to GAS committee, with an update on any actions that are being taken to mitigate the likelihood and impact of breaches. The most significant ongoing themes relate to staff accessing records not required for their work (in which cases disciplinary action is taken leading to dismissal if appropriate) and failure to correctly secure paper records. A recent Internal Audit review also identified a risk around laptops left in the office without being properly secured, and the need to review some	Agreed at June GAS meeting that this would be included for further monitoring
		b-In order to prevent inappropriate access to customer records for personal gain the following actions need to be	Reduction in number of complaints received/instances identified.			

Ref	Governance issue	Actions to address the issue	Measures of success	Lead/s	Update on progress	Outcome of monitoring
		undertaken: • Formal Action Policy instigated in each case • Incidents reported to the ICO. • Reminder sent to all staff via Team Brief not to access accounts without a business need • Staff with access to certain systems have signed specific declarations to say systems will not be accessed inappropriately • Auditing functionality introduced on systems. • Revisit Data Protection Healthcheck with a view to rolling out again across the Authority			policies, which will be completed by August. Given the importance of this issue, and the potential exposures to the local authority, it is recommended that the GAS committee continues to retain a focus on this issue as one of its most significant governance matters, and continues to receive regular reports as breaches	
8	Corporate performance management arrangements need strengthening.	a-Further develop the corporate approach to performance management, with a greater focus on KPIs, milestones and risk management.	A more consistent approach to the performance management of business plans, identifying performance risks and good practice	Kelly Nash, Corporate Performance Manager	Following the senior management restructure, it is recommended that this is considered quarterly as part of the usual reports	Ongoing reports received as part of GAS monitoring cycle
9	There are public buildings that do not come under the auspices of the Council to undertake legionella testing.	a-A system needs to be established to ensure high risk areas are tested. b-All issues identified need to be escalated to Janet Maxwell, Director of Public Health.	Issues are identified, addressed and flagged with the Director of Public Health.	Mark Tutton	Update to be provided at September AGS	GAS to consider at September meeting if further monitoring required.
10	Understanding of public grant conditions and its intended use is fully understood at political and corporate	a. Improve depth of public health understanding at Head of Service and Member level to facilitate prioritisation of grant investment.	Public Health grant invested in prevention initiatives which deliver	David Price, Head of Business Strategy (Public Health	Significant activity has taken place over the last year to grow the understanding of the public health grant, including the development of the Building Healthier Cities programme as the mechanism for driving strategic redistribution of the grant across	GAS agreed at June meeting that no further monitoring required

Ref	Governance issue	Actions to address the issue	Measures of success	Lead/s	Update on progress	Outcome of monitoring
	levels.	b. Continue to work with Health & Wellbeing Board to support system-wide prevention through partnering arrangements. c. Provide regular reports to Health and Social Care Cabinet. d. Appropriate projects to be submitted to Corporate Project Board. e. Explore changes to corporate policies which have a public health implication being reviewed by the Director of Public Health	improvement in health outcomes defined by Public Health Outcomes Framework	Portsmouth)/ Janet Maxwell, Director of Public Health	the local authority. The Health and Wellbeing Board reviewed the use of the grant at their 17th June meeting, and it is recommended that the HWB continues to keep the issue under review.	
11	Restricted access to NHS data, as a consequence of the Health & Social Care Act, is having a detrimental impact local public health intelligence analysis and forward planning	As a national issue, resolution is being led by Public Health England. Local plan in place to ensure appropriate governance arrangements meet the levels of assurance required by the HSCIC information governance toolkit.	Relevant NHS data is made available	David Price, Head of Business Strategy (Public Health Portsmouth) Janet Maxwell, Director of Public Health	The issue of restricted access to NHS data is a wider national issue following disaggregation of public health from the NHS. In local terms, there are some minor impacts around access to population data, but representations are being made on this issue at a national level through Public Health England. Such progress as can be made locally is being progressed by the Health and Social Care Information Centre Information Governance toolkit.	GAS agreed at June meeting that no further monitoring required
12	The governance, partnership and management arrangements for Portsmouth Youth Offending Team (YOT) were judged to be ineffective by the HM Inspectorate of Probation.	a-The Management Board provides effective leadership by holding the YOT and its partners to account to ensure high quality practice and achieve successful outcomes (HMIP1). b-All partners contribute actively to effective leadership, including through regular attendance at the YOT Management Board (HMIP2).	To have in place an effective YOT Board with full, consistent and appropriate membership to lead the improvement programme.	Stephen Kitchman, Head of Children's Social Care and Safeguarding	The YOT were subject to a reinspection in May 2015 which reviewed the issue and resulted in an improved assessment . As a result of this, it is recommended that this issue is removed.	Not recommended to be included for further monitoring as external inspection has confirmed that the issue has been addressed

Ref	Governance issue	Actions to address the issue	Measures of success	Lead/s	Update on progress	Outcome of monitoring
		c-The YOT have a full complement of competent case managers and other specialist staff in place. This includes a suitably skilled education officer to maintain the effectiveness of this work and to develop the range of training opportunities and links with employers (HMIP3).	To have in place a full complement of suitably qualified and experienced case managers including specialist roles.			
		d- Data on appropriate local outcome measures, including health; education, training and employment; diversity; and safeguarding are received, scrutinised by the YOT Management Board and used to improve services (HMIP4).	The YOT Board has access to accurate and timely data through a new Performance Management Framework			
		e-Case managers have a good understanding of effective practice and YOT expectations upon them, and are subject to effective performance management (HMIP7).	All staff will be clear on effective practice and effectively and robustly performance managed.			
13	During 2013, the Council failed to respond to 15.5% of Freedom of Information requests within statutory timescales.	Actions TBC following completion of audit.	Pending	Helen Magri, Corporate Information Officer	Freedom of information response times are reported quarterly as part of directorate performance reporting, and there has been declining performance. This is largely as a result of increased volumes of requests (outside of business as usual) every year since the introduction of the act (1400 last year against 200 in the first year); and reduced resources to process these requests centrally. Reduced staffing in directorate administration and business management functions also appears to be increasing the length of time for staff to respond to requests. It is recommended that the GAS committee continue to receive reports on performance against FoI response times on a regular basis, and to consider as part of these reports if any additional	GAS agreed at June meeting that further monitoring is required

Ref	Governance issue	Actions to address the issue	Measures of success	Lead/s	Update on progress	Outcome of monitoring
					action is required.	
14	Ofsted action points following inspection July 2014	Monitoring progress of improvement plan following Ofsted inspection.	Issues identified in report, addressed via improvement plan. Progress monitored quarterly.	Di Smith, Director of Children's Services/ Hayden Ginns, Commissioning and Partnership Manager	In response to the report and its findings, a detailed Improvement Plan was put together. This Plan was submitted to Ofsted in December 2014. This Improvement Plan is governed by the Portsmouth Children's Trust Board, as many of the improvement areas are closely related to the Children's Trust Plan 2014-2017. However, the progress is also reported into the Portsmouth Safeguarding Children Board and Corporate Parenting Boards respectively. Monitoring takes place on a quarterly basis. In addition to the headline areas of improvement, the Improvement Plan is also informed by some of the detail in the text of the Ofsted report, the lessons we learnt about safeguarding and care through the inspection preparation and process and lessons learnt from the individual cases Ofsted raised with the local authority during the inspection.	Not recommended for further monitoring as system in place .
15	Member training and political development is not systematic nor sufficiently championed and would benefit from more robust succession planning	Review is now complete; paper that summarises the current training offer and recommendations for a more systematic and tailored political development and training offer needs to be taken to the next group leaders meeting.	New training program is agreed and implemented where appropriate	Michael Lawther	GAS requested that L&D provide an update at the September meeting	GAS to consider at September meeting if further monitoring required
16	Work undertaken by the Building Control Surveyor is not checked	Actions were to fill the Building Control Manager post and carry out spot checks, however this is not currently taking place.	Audit recommendations implemented	Claire Upton-Brown	Internal Audit advised that they are now satisfied with the procedures in place. In May 2015, the service joined the Building Control Partnership and the resultant structure includes a partnership manager post.	Not recommended for further monitoring as Internal Audit now satisfied with procedures