

#### **Audit and Standards**

#### **Committee Report**

Interim General Counsel Report of: 22 June 2023 Date: Update on Governance Issues outlined in the Annual Subject: Governance Statement 2021/22 **Author of Report:** David Hollis, Interim General Counsel **Summary:** As part of its annual Statement of Accounts, the Council must prepare and obtain approval for an Annual Governance Statement (AGS). The statement serves as an evaluation of the effectiveness of the Council's internal control system. There were several control weaknesses identified in the AGS 2021/22 that the Council must rectify. The enclosed report provides an overview of the measures that have been implemented or are planned to address these identified weaknesses. **Recommendations:** To acknowledge the actions being taken to address the control weaknesses relating to Human Resources and Information Governance, which are all being closely monitored by the Council's Performance and Delivery Board and Strategic Leadership Team. **Background Papers:** None **Category of Report:** Open

## **Statutory and Council Policy Checklist**

Financial Implications
NO
Legal Implications
NO
Equality of Opportunity Implications NO
Tackling Health Inequalities Implications
NO
Human rights Implications
NO:
Environmental and Sustainability implications
NO
Economic impact
NO
Community Safety implications
NO
Human Resources implications
NO
Property implications
NO
Area(s) affected
Relevant Cabinet Portfolio Member
NO
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
NO

# AGS 2021/22 Non-Compliances Update – Human Resources

Non-Compliance Issue	Personal Development Review (PDR) completion rates are significantly lower than target.
Description	PDRs are something that everyone is expected to have annually, to discuss performance, set objectives and identify development and wellbeing needs. The PDR process continues to have a longstanding trend of very low completion, and performance has not improved in the past 12 months. PDR completion rates are low - 21.4% (started or completed end March 2023) yet the target is 95%.
Improvement Actions	Managers told us that the issues of low completion rate were due to the inability to record completion in the HR system, rather than them not completing a PDR conversation. We have listened to feedback and streamlined the system element of the PDR process. Managers now only need to confirm a PDR is complete and enter the date of completion. Employees have visibility of this and both manager and employee receive a notification when the following PDR is due. We have also routinely provided performance data for all services to view and new step-by-step guidance and templates to support a quality PDR conversation are available on the Council Intranet. The timescales have been outlined for completion with Senior Managers having their PDRs April to June and all employees June to September. This importance of completion will continue to be communicated via the Manager Bulletin, Intranet and Chief Executive's messages.  Actions were implemented earlier this calendar year, meaning this issue was also identified as a non-compliance in the AGS 2022/23.

Description	While there has been a notable increase in the completion rates for required training courses for employees such as GDPR, safeguarding, and Equality, Diversity and Unconscious Bias, the majority of employees still fall short of the 85% target for other required learning.
Improvement Actions	The Council has reviewed all mandatory learning requirements and made significant changes to streamline the process. Now, staff are only asked to complete three topics, while managers have six. This reduction in the number of topics aims to focus on the most crucial areas of learning, ensuring that individuals receive targeted and relevant training specific to their service area.  Go Learn, our new learning platform was implemented in October 2022, increases flexibility and provides more opportunities for individuals to engage in learning and development activities by exploring and piloting different functionalities, such as the ability for employees to upload training
	resources via social learning channel that may be of interest to colleagues.  As part of the commitment to ensuring completion of mandatory learning, new employees are now expected to complete these within their probation period, whilst reminders continue to be issued to ensure that individuals stay on track with their required learning. Additionally, we are actively exploring methods for reporting and sharing compliance information, enabling managers to monitor and track progress effectively. To further assist managers, a checklist and new reporting is being developed to help them oversee and ensure their team's completion of mandatory learning.
	Actions were implemented earlier this calendar year, meaning this issue was also identified as a non-compliance in the AGS 2022/23.

Non-Compliance Issue	Inconsistent establishment controls could hinder our ability to review service efficiency and effectiveness.
Description	Establishment controls tasks are not consistently applied by managers resulting in a lack o understanding of the entire establishment at any given time.
Improvement Actions	We have comprehensively reviewed the existing HR processes to enhance efficiency and effectiveness. One key aspect involved providing managers with clearer instructions and guidelines on the required steps and actions. This work included the review and simplification of the HR forms associated with these processes, aiming to eliminate complexity and ultimately manager 'avoidance' with the process. We have also set out the processes to ensure continuous changes are quickly identified and implemented.  We are currently reviewing the process for establishment controls beginning with a review of fixed term and temporary contracts. By working collaboratively with managers, we will be developing new processes and templates to support managers in fulfilling their responsibilities whilst also meeting the requirements of the Human Resources Service. Our aim is to remove all existing barriers to completing the required process, leaving compliance as the only remaining concern.

## AGS 2021/22 Non-Compliances Update – Information Governance

Non-Compliance Issue	Retention and Disposal Schedules are not present or not routinely applied.
Description	Under the UK GDPR, The Council should not keep personal data for longer than needed. Staff should be reviewing the data they hold and erase or anonymise it, if no longer needed. Currently, personal data is not routinely reviewed and deleted so SCC holds data that should have been destroyed as per the Corporate Retention Schedule.
Improvement Actions	As part of the Council's Tech2020 Project, an IT initiative was launched with the aim of transferring all documents and records to SharePoint. This migration would enable users to apply retention labels and policies to electronic records, allowing for automated deletion of records based on specified timeframes.  The transfer of documents to SharePoint was on hold but is now in the process of being resumed.
	This setback resulted in the inability to apply automatic retention policies. Consequently, staff members have been required to manually delete their data in accordance with the Corporate Retention Schedule 2023-24, which has been made available. The Corporate Retention Schedule serves as a resource for staff to; Identify records that have reached their retention period, both paper and electronic and unstructured records (i.e. emails); decide what happens to the personal data, i.e. delete, archive, anonymise; and then document the decision.
	Work is currently in progress to make sure that new or replacement systems incorporate inquiries aimed at fully understand the capabilities of the systems in terms of deletion and anonymisation, at the tendering process. This will integrate robust data management into all the Council's technology.
	Actions continue to be implemented, meaning this issue was also identified as a non-compliance in the AGS 2022/23.

Non-Compliance Issue	The Record of Processing Activities (ROPA) is not kept up to date.
Description	It is a legal requirement to document all processing activities. The ROPA includes what information is held, where it is and how it is processed. The Council's ROPA is not up to date meaning it is not evidencing the 'accountability' principle of the UK GDPR.
Improvement Actions	Across some Services, there has been a drop in updating or reviewing the ROPA, as Services make changes to their processing activities. This has been acknowledged by the Data Protection Officer and a plan of action has been agreed to start, this autumn. There has been progress within specific Services to review and update the ROPA. For example, the ROPA is Adult Social Care is regularly reviewed as part of the submission of the Date Security Protection Toolkit, and the ROPA for Council Housing Service is currently under review.
	From autumn, there will be a council-wide project to not only update the ROPA but to carry out a comprehensive data mapping exercise to ensure the Council understands what data it holds and where. The ambition for the ROPA, is that it will link not only to the retention schedule, but also to the Data Privacy Impact Assessment (if relevant), privacy notice, contract and any security incident related to that particular processing. This will ensure the Council not only meets its legal obligations. It is anticipated that this work will be completed by March 2024.
	Meanwhile, updating the ROPA is the final part of the Data Privacy Impact Assessment (DPIA). Once a DPIA is signed off, staff are required to update the ROPA. This ensures all new projects going forward are recorded. Some services have been reviewing the privacy notices against the ROPA to ensure the council meets its lawful basis transparency and reviewing requirements relating to obtaining consent from individuals.
	Actions continue to be implemented, meaning this issue was also identified as a non-compliance in the AGS 2022/23.

Non-Compliance Issue	Not processing information requests (FOI, EIR and SARs) within timescales
Description	Under UK GDPR, individuals have the right of access to information and the Council should respond, within the legal timeframe. There is a significant backlog of requests, brought about by the pandemic and resource issues across the Council, in addition to the difficulties with the retention schedule.
	The Council continues to receive a significant number of requests, particularly SARs but does not have the structure in place, both in personnel resource and technological resource to respond within the timeframe. The Information Commissioner's Office expects data controllers to have the resource in place to comply with requests, if it wishes to process personal data.
Improvement Actions	By reallocating staff resources and temporarily putting other Information Governance work on hold, our focus has been towards prioritising current and in time responses of information requests. We employed temporary resource to address the backlog. As a result of these measures, we have seen improvements in compliance rates and a reduction in the backlog.
	We are currently scoping out a new information governance designed case management system that will support the scale of information requests that the organisation receives. The systems currently being considered automate much of the process, from emails and reminders to communications to the customer. In addition, the systems being considered automatically create a ticket when the customer places an information request and publishes the FOI at the end of the process. The publishing of FOIs not only ensures the organisation meets its obligation to be more transparent, but has additional benefits, such as allowing the customer to see that we are open and transparent with information, and also potentially reducing the number of information requests, if an already published FOI answers their question. The data analysis and dashboards provided give greater information to managers to support with planning and strategy. In the meantime, additional resource to fund the case management system is being sought.
	Furthermore, the recent trial of new redaction software has delivered remarkable time savings in the process of collating and redacting personal information. Previously, this task could take several days, but with the software, it can now be accomplished in less than 10 minutes on some occasions. Again, additional resource to fund the bundling and redaction software is being sought.

There is ongoing work to support the organisation in meeting its obligations, by improving written templates, working with services to provide information at point of contact and looking for efficiencies in processes and procedures to support customers when they make an information request.

Further improvements and efficiencies can be made not only with improved technology, in the form of systems but also by a review and increase in the IG Team size to ensure it meets the year on year increase in demand on its services.

Actions continue to be implemented, meaning this issue was also identified as a non-compliance in the AGS 2022/23.

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