

Monitoring Report for MSES

September 2003

1. Introduction

1.1 Purpose of Unit: To provide effective and responsive services, guidance and support to Members, managers and employees, that enables continuous improvement at both individual and organisational levels and that underpins the achievement of Council objectives.

1.2 Nature of Unit: We are a new internally-focussed Unit with 19 staff (14 FTE) distributed in four different locations, over one third of whom for a variety of reasons are newly appointed. Although created 1 December 2002 we did not begin to 'come together' until mid-February 2003 with the arrival of the Business Unit Head. The Unit comprises four teams, each of which previously belonged to separate departments:

- Pay and Member Services
- Personnel
- Health and Safety
- Overview and Scrutiny

In addition, we lead on Emergency Planning for the authority.

Pay and Member Services: provide a full payroll service; payment and administration of Members' allowances; service and provide administrative support to the Independent Remuneration Panel; PA support to the Executive; administrative support to all Members.

Personnel: provide legal and professional HR advice to staff, Members and managers; HR policy development and practices; corporate staff development; Members training and development; employee records and information; staff recruitment, appointment and terms/conditions.

Health and Safety: corporate H&S policy development and monitoring; legal and professional advice to staff, Members and managers; develop, implement and oversee a corporate management system for H&S; analyse and report statistics; disseminate and champion good practice

Overview and Scrutiny: plan and co-ordinate work programmes for O&S; lead/co-ordinate reviews/inquiries; provide guidance to members; assist with call-in; monitor progress and reporting of Best Value Reviews; promote O&S and report on progress; ensure O&S decisions are actioned; develop External Scrutiny; (Emergency Planning).

1.3 Establishing our direction: Before we even began to determine our priorities there was urgent work needing to be done in teambuilding, identifying synergies and tackling the sizeable backlog of work. This backlog had built up due to the need to service the 2002 restructuring and externalisation exercises, the four-month absence of a Head of Unit, and the long-term sickness of key players.

2. Corporate Issues

We are the primary 'people Unit' for the authority and so in a sense everything we do could be described as 'corporate'.

2.1 Clarifying our role: There is still a need to clearly establish our role and clarify our relationship with other Business Units. This is an evolving process, and one that needs to be done in conjunction with these other Units. We began by consulting on our Business Plan on the basis that as it is serving these Units, it had to be owned as much by them as by our own staff. I am uncertain as to how effective this first attempt at consultation was, but I believe it is right in principle and as we mature our role it should become a more meaningful exercise.

We exist mainly to help other Units to do their job better (through for example providing the right 'infrastructure' of people-policies etc, advice and guidance) and even where we have the lead responsibility (e.g. sickness absence, health and safety) this principle still holds. We do not want to be doing the jobs of others. Thus providing a safe working environment, for example, is still the responsibility of the Business Unit and not ours. The recent heated debate about the devolution of budgets for qualification study and professional updating suggests that there is more work that needs to be done in order to get a shared understanding of this quite complex relationship.

2.2 Preparing for our role: Expectations were (still are) high across the authority that we would be making a major contribution to the change agenda, proactively assisting the Council to meet its objectives.

In order to meet these expectations our new Unit quickly acknowledged the need for us to become more strategic, innovative and proactive. Our priorities reflected this. However, equally we recognised that much of what we do, although not featuring on the priority list, is profoundly important to Members and staff, and so we have tried to ensure that the need to deliver a quality service (the proverbial ‘day job’) would not be overlooked.

3. Progress

3.1 Key challenges

- Drive achievement of BVPI targets, most notably sickness absence
- Develop a strategic approach to HR and Organisational Development that has the ownership of all stakeholders (particularly Business Units)
- Introduce a Health and Safety management system across the authority
- Implement the improvements identified in the review of Overview and Scrutiny
- Produce and oversee a framework of support for change

- Develop options for a strategic approach to Member Support

Progress against each specific Key Challenge is provided in detail in Appendix 1 to this report.

We have made much more progress than perhaps even we anticipated. My staff must take credit for this of course, but not alone. Fellow Heads of Business Units and many of their staff have contributed significantly to these achievements, for which my thanks.

Of course the proof of the pudding is in the eating and not the making: we await the judgement of others on how effective has been our contribution. Frankly, in my view it is too early to say.

4. Budget update

It is now generally acknowledged that the restructuring process did not provide this Unit with the requisite level of resource to achieve what is expected of it. Members are actively considering how best to invest further.

5. Performance Indicators

See Appendix 2

David Williams

Head of Business Unit

MSES

30 September 2003

k/pers docs/DW/Bus Plan monitoring report Sep 03

Appendix 1

Progress with Key Challenges

KEY CHALLENGE 1. **Achieve BVPI targets**

Actions	Anticipated Outcomes	Progress at September 2003
1. Drive sickness absence Action	Reinvigorated activity at Business Unit level.	Updated action plan approved and monitored by CROS. Training ongoing. New policy drafted. Yet to impact upon statistics.

Plan		
2. Produce Action Plan for other areas	Action Plan for disability and ethnicity. Reinvigorated activity at Business Unit level. Level 1 achieved	Approved by CROS. Too early to say. Little progress in 2003. Identified in CPA as an improvement area
3. Progress Equality Standard		
4. Regular reporting to senior managers and to Members.	Regular reports to CMT and to Overview & Scrutiny Committee	Regular reports been presented to CROS. Presentations made to Management Briefing. A regular agenda item at CMT and at UMTs.

KEY CHALLENGE 2. **Strategic HR**

Actions	Anticipated Outcomes	Progress at September 2003
2,1 Underpin corporate HR and empowerment	Establish Staffing Forum. Business Units' 'ownership' of the MSES Business Plan. Enhanced provision of guidance for managers. PRP scheme for Business Unit Heads and Executive Directors. Reward Strategy ('job evaluation'). Review of Open Door. People-planning within Business Plans New appraisal scheme.	In place. 73 cases heard. 90% of backlog cleared. 88% cases dealt with within 4 weeks. Unclear as to extent of ownership but no significant problems resulting. Ongoing. New Framework proposed and accepted by CMT. Details to be agreed in October. Still to begin work on this, but a new experienced member of staff recently appointed. Scheduled for March 2004. Scheduled for March 2004.
2.2 Establish an enhanced staff development infrastructure and programmes designed to underpin the achievement of Council objectives, and the embedding of Performance Management.	New management development programme (MDP). New framework for Members development. Maintenance of Investor in People status. Authority-wide training programme in customer service. Devolved budgets for qualification study and CPD. Set up Strategic Staff Development Group Dignity and Respect.	Framework accepted by management and unions, and a pilot is now underway for rollout of new scheme across authority Nov 03 – Jan 04. Initial design accepted by CMT. Presented to Management Briefing. Tender exercise for providers underway. Scheduled to start end Oct. New Framework accepted by Members. Detailed design work underway for approval at Council on 4 November. Status retained but significant work to be done to maintain beyond June 04. Action Plan agreed. Scheduled for March 2004. Agreed at CMT to take place in October.

		Established and operational.
2.3 Revise/update HR policies.	Redeployment. Single status. Absence Management	New policy approved by management and unions and implemented, underpinned by authority-wide training programme currently being piloted. Scheduled for March 2004.
2.4 Complete restructuring adjustments	Update Open Door. Review administrative staffing. Align CTS systems, policies and procedures. LSVT transfer part 2. People Strategy.	Only a little progress on this, but a new experienced member of staff recently appointed. New draft is currently out for consultation. Training ongoing. Achieved. Little progress.
2.5 Produce coherent proactive Strategy	Recruitment and Retention Strategy.	Work ongoing. Extra resources provided to assist process.
2.6 Ensure an appropriate staffing resource for Council	Reward Strategy	Achieved relatively painlessly. Scheduled for March 2004.
2.7 Enhanced partnership with unions	Lifelong learning project. Basic Skills Strategy. Corporate consultation on health and safety	CMT approved new Framework for a corporate approach. Problems in 2 Units being addressed. Only a little progress on this, but a new experienced member of staff recently appointed. Little progress. No progress. New consultative committee in place and meeting regularly.

KEY CHALLENGE 3. *H&S management system*

Actions	Anticipated Outcomes	Progress at September 2003
3.1 Raise awareness of H&S across the authority	Promotional campaign, accompanied by Guidance.	Enhanced reporting of accident statistics. Posters ready for distribution. Health awareness. Safety competition. Regular reports for management.
3.2 Enhance the infrastructure for H&S	Unit H&S files. Basic skills integration New Policy. New committee(s). Unit H&S reps. Enhanced training provision.	Extensive work is underway in all Business Units and all files are ready for implementation. No progress. Under development. Corporate working group established. Union Consultative Committee established. Review of training underway: launch in November. Extensive provision of mandatory training maintained meanwhile.

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KEY CHALLENGE 4. **Overview & Scrutiny improvement**

Actions	Anticipated Outcomes	Progress at September 2003
4.1 Implement actions from annual O&S review	Shorter agendas. Fewer formal reports.	Visible progress, more can be done. Visible progress, more can be done.
4.2 Develop Health Scrutiny	More workshop sessions Training delivered. Committee established	Visible progress, more can be done. Achieved. Achieved.

KEY CHALLENGE 5. **Support for change**

Actions	Anticipated Outcomes	Progress at September 2003
5.1 Encourage the empowerment of staff to the most practicable level	New MDP to reflect Council values. New MDP to enable delegation and a blame-free culture. New customer-service training to enable front-line staff to make decisions. Improved sharing of knowledge and information. New Dignity and Respect Policy underpinned by piloted training programme.	Initial design accepted by CMT. Links made with new policy on Dignity and Respect. MDP has been presented to Management Briefing. Tender exercise for providers underway. Scheduled to start end Oct. Scheduled for March 2004. Too early to say. TIRs have been re-invigorated. New policy approved by management and unions and implemented, underpinned by authority-wide training programme currently being piloted. Too early to say. Appraisal designed to help greatly Too early to say. Appraisal should help. Scheduled for March 2004. Scheduled for March 2004.
5.2 Introduce further ways of enabling staff feedback	A culture which encourages feedback. Regular Staff Survey. Staff Suggestion scheme. New corporate induction scheme, coherent with local (BU) induction.	Scheduled for March 2004. Scheduled for March 2004. Work ongoing (e.g. for appraisal and absence management).
5.3 Enhance induction so becomes a means of cultural integration	Improved guidance, checklists etc.	

KEY CHALLENGE 6. **Enhancing Member Support**

Action	Anticipated Outcome	Progress at September 2003
6.1 Determine requirement for strategic support	Role clarity. Expectations understood.	Progress has been made, but work ongoing. Progress has been made.
6.2 Prepare options to progress the delivery of this service	Report for CMT/JMT.	Report for administrative support for Members goes to Council on 4 November.

Appendix 2

Key Performance Indicators

Measure	Latest End-Year Performance Information	Target 2003/4	Target 2004/5	Comments
BVPI 2 Equality Standard for local government.	Level 0	Level 1		No progress in 2003. Identified in CPA as an improvement area
BVPI 12 Sickness Absence – The number of working days/shifts lost to sickness absence (average per employee).	13.1 days per FTE	not exceeding 9 days	6.8 days	Getting worse statistically but infrastructure is in place to drive improvement
BVPI 15 Ill Health Retirements – The percentage of employees retiring on grounds of ill health as a percentage of the workforce.	0.86% of an estimated workforce of 809 FTE.	0.9%.	0.35%	No major developments in 2003

