

Corporate Improvement Scrutiny Committee – Meeting held on Thursday, 4th January, 2024.

Present:- Councillors Shaik (Chair), Khawar (Vice-Chair), Escott, Hulme, Mann, Matloob, Mohindra, O’Kelly and Stedmond

Also present under Rule 30:- Councillors Bedi and Smith

Apologies for Absence:- Councillor Iftakhar

PART 1

1. Declarations of Interest

No declarations were made.

2. Minutes of the last meeting

Resolved – That the minutes of the meeting of 28 November 2023 be approved as a correct record.

3. Register of Recommendations and Action Tracker

The Chair advised that he would be further reviewing the register and tracker documents with scrutiny officers. There were no comments from Members on the report.

Resolved: That the Register and Tracker be noted.

4. Update on Progress from the Improvement and Recovery Board

The Lead Member for Improvement & Recovery, Performance, Governance and Young Futures stated that the Council was at a pivotal juncture in the Government intervention and in his view, good progress was being made on the recovery journey.

The Commissioners were due to submit their fourth report on the Council’s capability and capacity to discharge its duties. It was important that the Commissioners should have confidence in Slough’s ability to fully function and complete the improvement programme.

A full draft budget and an MTFFS (medium term financial strategy) had been approved at December Cabinet. However, recently the Council’s financial position had worsened following the discovery of financial issues dating back to 2021, which had added £5M to the cost of the MRP (minimum revenue provision).

This additional cost would have a significant impact on future projections, on achieving a balanced budget and would need to be recovered through asset sales, as required by the Directions.

The Q2 budget report showed a significant overspend of £8.2m. Fifty percent of this related to the cost of providing TA (temporary accommodation). The overspend resulted from an inadequate budget being set for the service area, coupled with a significant increase in demand for TA. Nevertheless, the SBC Executive Director of Finance was confident that budget savings for the current financial year were on target to be delivered.

Areas of good progress included the successful completion of the recent IT migration of data to a new data centre; timely submission of the quality report, which had been rated as 'excellent'; the DfE (Department for Education) review of Slough's SEND provision had found it to be on a positive trajectory; the draft budget and MTFS had been published in December 2023. There remained much to do, but he was pleased with progress made to date.

The SBC Executive Director of Strategy & Improvement welcomed Members' views on recommendation B of the report, which focussed on how future such reports could be structured and improved and related items be included in the Committee's work programme. She acknowledged that a different version of the report had been sent to Members before the agenda had been published, the appendix for which had not yet been completed due to time constraints. This would be done. It was the remit of the IRB (Improvement & Recovery Board) to evaluate specific progress against the Directions, and the report provided a RAG rating of the workstreams for each Direction.

A Member emphasised the importance of following best practice in the conduct of scrutiny meetings, as advised by the CfGS (Centre for Governance & Scrutiny), which stressed that party politics and political point scoring had no place in scrutiny meetings.

Members asked about the overdue internal audit items for 2021/22 the whether the 2022/23 audit was likely to be completed.

The Lead Member advised that there was a national backlog in processing and signing-off local government accounts, which was exacerbated by a severe shortage in the availability of accredited auditors. This coupled with a lack of available data at Slough, which was required to complete the audits, were the main causes for the backlog. The accountants had been obliged to give a 'qualified opinion' on 2018/19 accounts, which had been received in December 2023. The 2019/2020 accounts were currently being audited. Furthermore, internal audit work had revealed a misallocation of funds in 2021/2022, which had since been accredited to HRA (housing revenue account). Everything possible was being done to clear the backlog, but ultimately the matter was in the hands of the auditors.

The Chair of the Audit Committee re-iterated that this backlog was not a local Slough issue, but a national one. The Council's auditors, Grant Thornton, had advised that a key factor in the delay was the lack of adequate HR data. This fact highlighted the importance of having an adequately resourced HR function. He added that proposed changes in auditing regulations was also

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causing uncertainty, and further guidance from Central Government was awaited.

ACTION: A Member pointed out that the content, style and level of technical detail contained in the reports (which had already been submitted to other internal bodies), was not always relevant to the work of the committee, which was mainly concerned with the impact of the interventions and the pace of delivery of the improvements. Scrutiny Members would find information about the pace of recovery, where the bottlenecks were, rag rating of workstreams, and the impact of the work undertaken more useful. The Executive Director undertook to incorporate the above suggestions into future reports.

Following a question regarding whether some of the milestones in the report would be carried forward and the trend in the RAG rating, the Executive Director advised that the trend related to the trend in the RAG and did not relate to the delivery of the improvement item. It assessed whether the RAG rating had moved up or down, adding that this information would be made more explicit in future reports. She added that good progress had been made in key areas such as ICT and there was a well-developed modernisation programme that would be LGA (Local Government Association) peer-reviewed. There continued to be challenges around pace. The senior management restructure was in progress and there remained some gaps in capacity. Discussion with Commissioners about setting the correct priorities were ongoing. She advised that the milestones in the report were colour coded, blue indicating completion, the green ones were on track, and amber ones would require further intervention. Inevitably, some items would be carried forward and require adaptation, and these would be reported on.

It was advised that the recovery report focused solely on the Directions. Human resources (HR) was covered under two of the Directions - Recruitment & HR and a wider Direction to ensure that support services were fit for purpose. The Executive Director structure had been completed in 2022. Although the Directions did not directly reference HR services as a whole, the wider HR function had been identified as requiring improvement and included in the improvement plan.

Action: Following a question regarding the procedures for maintaining the contracts register, the Executive Director stated that this was not her area of responsibility and that she would request the relevant head of service to respond to the committee after the meeting.

A Member asked the Lead Member, what element he considered to be the biggest risk to delivering the improvement plan. The Lead Member stated that it was IT. He elaborated that improvements in IT provision and infrastructure would lead to improvements in customer service, better data management and data use, more timely resolution of residents' queries, drive greater efficiencies and help deliver the Corporate Plan.

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Action: A Member asked whether monies from the sale of assets had been correctly allocated. The Executive Director of Finance and Commercial would be requested to provide a response at the next meeting.

Action: The Chair requested that more high-level information (which would enable Members to better understand the status of each of the workstreams in the plan) and the most recent data available should be included in future reports.

Resolved: That the report be noted.

5. Human Resources Improvement Programme: Update on Progress and Future Plans

The Lead Member began by acknowledging that the HR (human resources) service had been in need of significant improvement for some time. These improvements would underpin the Council's recovery journey. The HR function had been substantially reduced as part of a whole Council restructure in 2020, with the aim of implementing a fully self-service HR operating model. The restructure had been flawed, failed to achieve its stated goals, cost more money than it had saved and was never fully implemented.

He added that improving HR reporting and service delivery would require considerable investment to build up capability and capacity of the service – e.g., addressing staff training needs, ensuring an adequate internal infrastructure to support the function, necessary data capture and reporting. HR Systems and policies in place were not currently properly supported. The Directions required the Council to ensure adequate recruitment and staffing to support the recovery. Significant progress had been made in relation to workforce reporting, developing KPIs (key performance indicators), and measurable outcomes for the service. The service could now mine Agresso data, was trialling a wellbeing app for staff and focussing more on staff wellbeing which would help reduce levels of absenteeism. It was collating and reporting on equalities data; it had implemented a new application tracking system, was working in partnership with new providers to achieve a more inclusive and diverse workforce.

Action: The Executive Director of Strategy and Improvement requested Members' feedback on the content and format of the report. She undertook to provide an informal briefing to Members on the HR improvement plan. A Member requested that the briefing should clarify how IT would be used to support the HR improvement plan.

She added that the HR service had been considerably depleted following the restructure. There were high levels of vacancies, an over-reliance on temporary staff, poor and outdated practices and procedures and a lack of appropriate software. Improvement work was focussed on fixing these fundamentals. The HR priorities set out in the report were therefore tactical rather than strategic. Ensuring availability of representative management information on items such as sick rates, staff turnover rates, EDI (equality,

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diversity & inclusion) rates. Significant improvements had been achieved in the last seven months, however, it would take time for the service to catch-up to achieve baseline functionality.

Members asked about the progress to date of the goals in the HR improvement plan and timelines for their completion; digitisation of the service and the 'one click' model; timelines for filling senior HR posts; how recruitment and retention rates and morale would be boosted and measured? A Member pointed out that there were areas of overlap in the scrutiny of HR improvements by both the scrutiny Committee and the Employment Committee and she wondered how duplication or omission of items in their work programmes could be avoided.

The SBC Executive Director of Strategy and Improvement advised that each of the workstreams had a project plan and timeline, however this was highly detailed and contained hundreds of actions which would be difficult to present in the report in a meaningful way. Interviews for the Director of HR was imminent and heads of service recruitment would follow. Once the senior staff had been embedded, they would be tasked with formulating a workforce strategy. This would take time and would require consulting all internal stakeholders to identify training and development needs. It was inevitable there would be some areas of overlap in reporting to both committees.

Action: Following discussion, it was agreed that a meeting of the Chairs of the Employment Committee and the Corporate Improvement Scrutiny Committee be arranged to discuss the separate and distinct roles of each committee with regard to scrutinising the HR function and HR improvement plan.

The Executive Director stated that as part of the digitisation of HR services, an applicant tracking system had been introduced. This provided an end-to-end process and had made the overall recruitment process far smoother for the manager, as it required less human intervention and fewer emails to be sent. Early indications were that it was working well. The 'one click' approach was linked to wider work to update the intranet and would enable managers to find supporting data easily. Implementation of a single HR portal was work in progress.

She advised that most progress been made in the area of recruitment aided by the recently introduced applicant tracking system. There was a new recruitment site and brand in place for Slough. Informal feedback from staff and applicants indicated that this has had a high impact and attracted candidates to Slough. Early signs were that the tracking systems was shortening the overall recruitment timeline. There was more work to be done with regard to retraining, retaining, training and motivating staff, the latter goal being closely aligned with the culture change agenda. Further work was needed to improve management of information and data. These would help drive forward other areas. A new management training offer would be rolled out shortly.

The HR service was being stabilised through rebuilding the basic foundations, creating a new leadership structure, which included an Executive Director and three heads of service, one of which was a fixed term appointment and would be tasked with driving the HR transformation programme. Processes and procedures would need to be fully embedded in the team before improvement could be considered to have been completed. There was a large amount of information and benchmarking available in the public domain on what a 'good' HR service in a complex organisation looked like and formulas for calculating how many HR staff were needed per capita of employees; other measures included digital tools, behavioural approaches and testing against peers.

The considerable reduction in staff levels under the transformation programme had been applied to every service area. Executive Directors were not in a position to guarantee similar cuts would not be made to the service in the future. It should be noted that HR staff had advised that the model proposed under the transformation was inadequate and unsustainable. External benchmarking of the service would demonstrate what levels of resourcing would be required for a good service.

There was an interim HR Director currently in post and the heads of service would be recruited at the same time as the Executive Director. This was a long-term improvement strategy that would take time to fully embed as the service area had been severely diminished under the transformation programme.

Action: Following a question regarding the HR Budget, the Executive Director undertook to update the Committee after the meeting.

A Member stated that the report did not set out attrition rates and associated risks. Equality monitoring data was inadequate, training was not being undertaken, some new staff were leaving after a short period; there was not enough mention of culture, staff adherence to regulations – she requested that future update reports should provide this information.

The Executive Director advised the above information was reported to the Employment Committee. Currently the staff turnover rate was 19% compared to an average of 12% in other authorities and that this data needed further evaluation. She added that HR's role was to enable a positive culture but not to deliver it.

A Member stated that she would like future reports to show the impact of the actions taken and levels of success. The lack of BAME staff at a senior level was of concern and this had been referenced in the Commissioners' initial letter. She asked about the robustness of the EQIAs relating to the senior staff restructure, whether they were available to view and asked what steps were being taken to retain the corporate memory of long-standing staff who were leaving.

The Executive Director advised that a significant part of HR's brief was to ensure diverse shortlists. Applicants from diverse backgrounds had responded to recently advertised roles. The initial EQIA had been submitted

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to Council as part of the restructure report and another had been carried out after all the senior appointments had been made.

Action: She undertook to share the EQIAs with Members

Action: Following questions regarding the results of the recent staff survey, the Executive Director undertook to verify whether the staff survey results had been published online and to share the results with the Committee.

She added that a number of in-depth workshops with staff had been undertaken following the survey, and a draft report on this was imminent. The results would help define the next stage of the culture change and retention programme.

She added that work had been undertaken in recruitment and on the Council's employer brand. Staff had been involved in the project and new staff had provided quotes about the experience of working in Slough. This had prompted more candidates to explore jobs on the new recruitment site. Information on the site described the challenges of the Council's recovery journey, and was more focussed on diversity in recruitment. Once completed, the workforce strategy would provide more detail on these.

In response to an earlier question, the Lead Member advised that regular exit interviews were carried out by either HR or the line manager in a bid to ensure corporate memory was retained. He added that the response rates to current vacancies was high.

Following a comment about the self-service function, whether there was right staff capacity at the Council and hybrid working, the Executive Director advised that self-service HR would support improvements, citing the successful example of the recently introduced applicant tracking system. Under the Transformation programme, staff resource had been taken out of HR on the premise that processes would be digitised. However, following significant staff cuts, digitisation was not invested in and there were no policies or processes in place to enact self-service. It was crucial to have the software, training and capacity for managers to do this.

The improvement programme would focus on achieving the right capacity in terms of HR staff and managerial staff, ensuring they each had the right tools and capacity. She confirmed that the new staff hybrid working policy had been rolled out in November 2023. Collaborative working between HR service teams had improved significantly in recent months.

Resolved – That the report be noted.

6. Update on task and finish report: Review of Workforce Strategy Business Case for Slough Children First (SCF)

The Lead Member for Education & Children's Services introduced the report stating that SCF (Slough Children First) had been under statutory DfE (Department for Education) intervention for a number of years. She had been a member of the T&FG (task & finish group) which had reviewed the workforce strategy business case for SCF in early 2023.

The DfE considered the service to have made satisfactory progress in relation to 16 of out the 18 recommendations made by the T&FG, though further work would be required on recommendations 6 & 9. The latter related to commissioning of services. She commended all those involved in undertaking this work and concluded by saying that she would be working closely with the Executive Director of Children's services and her team to drive forward the improvements.

The Assistant Director of Legal & Governance stated that the Executive Director of SCF was unable to attend the meeting due to illness. She said that recommendations 6 & 9 were made to Council were focussed on the commissioning of prevention services (mental health, domestic abuse, substance misuse) - these three issues were known to create high levels of risk for children and young people); and on joint commissioning with health partners. Therefore, ensuring robust service provision in the area of prevention would have a considerable impact on reducing the demand on Children's services.

A Member stated that domestic abuse support services were being reviewed, hence how was the safety of children being ensured? How well was the new family hub model operating and how would the quality of support provided to vulnerable families be assessed?

The Assistant Director advised that the Council was assessing its strategy, and there was a cabinet report in the public domain setting this out. Existing services took the form of advocacy services for victims and these would continue while the Council carried out a more in-depth review of its strategy. Work was in progress to move from a children's centre model to family hub model. Data and performance indicators for children's centres would continue to be collected during the review. The proposed family hub models would need to be embedded and tested.

Action: She would request the Executive Director of children to provide a more detailed response to the Committee regarding family hubs.

A Member asked on what basis did the report state that satisfactory progress had been made against each of the recommendations of the T&FG. The report failed to provide any data or evidence to support this, which meant Members could not properly scrutinise the report's claims.

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The Assistant Director stated that this was an officer report that set out steps taken to date and had been written following discussions with the Executive Director of SCF, the Council's safeguarding lead, the new Director of Commissioning, the Director of Education, and linked back to what had been agreed at Cabinet regarding strategy. She advised that the Committee was not in a position to scrutinise all aspects of SCF and would need to focus on specifics and drill down into one or two key areas, while maintaining an overall watching brief. She added that the DLUCH Commissioners had made no comments on the report.

The Member responded that some of the recommendations were very recent so it would be difficult to ascertain levels of progress made. The report did not provide any evidence or baseline figures to measure progress against. It was difficult to assess whether outcomes for people and children had been addressed. If there were capacity issues in the Committee to effectively scrutinise this topic, then perhaps the operating model for the committee required re-evaluation.

The Chair stated that the claims in the report should have been backed up by data, and asked (the Assistant Director) whether, in her view, it was sufficiently evidenced for inspectors to be able evaluate progress.

The Assistant Director advised that the DLUCH Commissioner had made no comments on the report. The DfE commissioner who was involved in the review had stated that his professional opinion was that some of the recommendations were aiming for what 'good' looks like. He also chaired the 'Getting to Good Board', and was generally pleased with the direction of travel. He had assessed the services against the OFSTED framework. She directed Members to the recent CfGS best practice guidance regarding OFSTED readiness to aid them in their discussions.

Action: CfGS best practice guidance regarding OFSTED readiness to be circulated to the committee.

A Member pointed out that the T&FG had been convened under different scrutiny committee arrangements. Scrutiny had a crucial role in looking at children's services in order to ensure robust safeguarding of Slough's children. However, this would need to be balanced against capacity issues in the Committee to undertake this work. She noted that there was an item on SEND (special educational needs and disability) provision in the Committee's work programme for February 2024.

The Director of Governance & Scrutiny stated that Members could decide to re-evaluate current scrutiny arrangements and propose a different structure going forward - amending the current structure and terms of reference of the scrutiny committee was a decision for Council. Members needed to consider which children's items to include in their work programme and ensure they gave it sufficient weight. The forward work programme contained the SEND item and 'the journey to good' for SCF. He stated that the report was an update on previous work undertaken by the T&FG. In future, if Members

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required more data and evidence and greater independent assurance, this could be provided.

Following a question about OFSTED metrics being applied to assess this work, the Assistant Director clarified that the DfE commissioner was chair of the 'Getting to Good Board. He reported back to the DfE regarding improvements made taking into account the OFSTED framework. He was also involved in the business plan for the company. He had commented that newly implemented contractual KPIs with the company, which in his view were more focussed on partnership working and supporting families at an earlier stage.

She could not confirm whether letters from the DfE Commissioner to the DfE were published. The OFSTED inspection had taken place in January 2023 and this information was in the public domain.

Action: The March T&FG to note the recommendations arising from this T&FG.

Resolved – That the update be noted.

7. The Forward Work Plan

Resolved – That the forward work programme be noted.

8. Attendance Report

Resolved – That the attendance report be noted.

9. Date of Next Meeting

30 January 2024.

(Note: The Meeting opened at 6.30 pm and closed at 8.57 pm)