

# PLEASE NOTE VENUE

## PERFORMANCE MANAGEMENT PORTFOLIO DECISION SCHEDULE



**Monday, 23<sup>rd</sup> April, 2007**

**at 9.00 a.m.**

**in Conference Room 1, Belle Vue Community, Sports and Youth Centre,  
Kendal Road, Hartlepool**

Councillor Jackson, Cabinet Member responsible for Performance Management will consider the following items.

**1. KEY DECISIONS**

None

**2. OTHER ITEMS REQUIRING DECISION**

- 2.1 Data Quality Policy – Assistant Chief Executive
- 2.2 Corporate Performance Management Solution – Assistant Chief Executive
- 2.3 Draft Gender Equality Scheme (GES) – Chief Personnel Officer
- 2.4 Draft Working Beyond the Default Retirement Age Policy – Chief Personnel Officer

**3. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**

None

## **PERFORMANCE MANAGEMENT PORTFOLIO**

Report To Portfolio Holder

23 April 2007



**Report of:** Assistant Chief Executive

**Subject:** DATA QUALITY POLICY

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### **SUMMARY**

#### **1.0 PURPOSE OF REPORT**

Seek approval of Council's Data Quality Policy.

#### **2.0 SUMMARY OF CONTENTS**

The report explains why a data quality policy is required. The Data Quality Policy sets out aims and objectives, identifies those responsible for implementing the policy and provides supporting information to assist with its implementation. A number of actions to improve our arrangements are identified.

#### **3.0 RELEVANCE TO PORTFOLIO MEMBER**

This matter forms a part of the Portfolio Holder's responsibilities

#### **4.0 TYPE OF DECISION**

Non key

#### **5.0 DECISION MAKING ROUTE**

Portfolio Holder

#### **6.0 DECISION(S) REQUIRED**

That the Portfolio holder:

- i. Approves the Data Quality Policy.

**Report of:** Assistant Chief Executive

**Subject:** DATA QUALITY POLICY

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**1. PURPOSE OF REPORT**

- 1.1 Seek approval of Council's Data Quality Policy.

**2. BACKGROUND**

- 2.1 The Audit Commission in 2006 introduced an audit of data quality. This was a new development for the Audit Commission but data quality, due to its importance in demonstrating and measuring success, has always been integrated into the planning and performance management arrangements for the Council.

**3. BACKGROUND**

- 3.1 The Audit Commission examined our data quality arrangements and the outcomes were reported to you on 21 December 2006. In summary the findings were that management arrangements, with identified roles and responsibilities and systems are in place; operational guidance is in place, updated and communicated; there is some inconsistency in approach between departments; and there is no stated data quality policy.

**4. DATA QUALITY POLICY**

- 4.1 To further improve its arrangements the Council has developed a Data Quality Policy. Consultation has been undertaken with all departments and the Internal Auditor to ensure the proposed approach is practical and robust. The draft Data Quality Policy is attached to this report.
- 4.2 The policy aims are:
- For HBC to be recognised for good practice on the collection, recording, analysis and reporting of accurate, reliable and consistent performance data to inform the decision making process
  - Provide council employees with a framework to ensure sufficient action is being taken to meet the data quality objectives set
  - Meet external audit standards and requirements

4.3 A wide range of council employees play a role in ensuring data quality but it is recognised that certain individuals and groups are key to this process. These include:

- Corporate Management Team and Departmental Management Teams
- Heads of service/service managers
- PI Co-ordinators
- PI responsible officers

The responsibilities of these groups are set out in the policy. The Policy is being circulated to all officers with responsibilities and where appropriate briefings are being arranged.

4.4 The Policy also refers to the responsibilities for the Portfolio Holder for Performance Management as the lead councillor for performance management which includes data quality and the remit includes data quality (see report to Performance Management Portfolio holder 21 December 2006).

## **5.0 RECOMMENDATIONS**

5.1 That the Portfolio holder:

- i. Approves the Data Quality Policy for dissemination to responsible officers.

## **APPENDIX TO 2.1**

**Hartlepool Borough Council**

**PERFORMANCE MANAGEMENT INFORMATION**

### **DATA QUALITY POLICY AND SUPPORTING INFORMATION - DRAFT**

**February 2007**

## APPENDIX TO 2.1

### Revisions

Date	Revision	Who
November 2006	Clarified responsibilities for performance management and data quality - see Performance Management Portfolio holder report 21/12/06.	Peter Turner
February 2007	Revision of procedure note as strategy and policy	Peter Turner
March 2007	Amendments based on comments from PI Coordinators and others	Peter Turner

## APPENDIX TO 2.1

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### **1. Introduction**

The Council recognises the importance of using reliable data for performance management and service planning purposes (i.e. data which is relevant, accurate, timely and complete) and having appropriate procedures in place to ensure the reliability of performance information being used.

Councillors, managers and partner organisations need to be able to rely on information produced to make sound decisions on spending, service planning or performance improvement. The general public also needs to have trust and faith in the quality of data used to support decisions and reported to them.

Examples of why the policy is required include:

- The policy supports the overall aim of the council by making sure that accurate and trustworthy data are used in the decision making and planning processes.
- As the accountable body for Hartlepool's Local Area Agreement (LAA) accurate, trustworthy and timely data is essential to maximise the reward grant and keeping performance on track.
- In part the Council's reputation is based on its Comprehensive Performance Assessment (CPA) result determined by the Audit Commission (AC) and this depends greatly upon performance indicator data to decide the overall performance category of each authority.
- From 2005/6 the Audit Commission approach to the audit of performance information changed and they now form a judgement on the adequacy of the Council's arrangements to monitor the quality of its performance information, and to report the results to members rather than assess individual PIs. This judgement will form one of the criteria on which the annual use of resources/value for money conclusion will be based.

This policy and its associated supporting information and delivery plan sets out the council's approach to data quality, providing clear guidance to relevant staff for putting in place appropriate controls and other mechanisms aimed at checking and validating data that is produced for performance management.

Sections 2-5 - sets out the further background aims and objectives and scope of the policy

Section 6 - sets out information to support the implementation of the policy and this is regularly reviewed

### **2. Links to other policy areas**

The Data Quality policy is linked to and supported by a number of other policies and processes. These are:

- Performance Management Framework – sets out the arrangements for service planning and management. The



## APPENDIX TO 2.1

Assistant Chief Executive leads on the implementation of the framework.

- Information Security policies - the Council has a suite of Information Security policies to ensure that data resources are held securely and in accordance with all relevant legal requirements and has procedures in place to prevent misuse of personal data which apply to all information systems. The Information Security Group leads the implementation of these policies.
- Business Continuity - All departments have prepared Business Continuity Plans. The BC Group leads the implementation.
- Risk Management Strategy – ensures risks achievement of council objectives identified and controlled. The CRMG leads the implementation of the strategy and oversees the completion of the Statement on Internal Control.
- Corporate Consultation Strategy – the Corporate Consultation Group lead on the implementation of the strategy

### ***3. Aims and objectives of the data quality policy***

The policy aims are:

- For HBC to be recognised for good practice on the collection, recording, analysis and reporting of accurate, reliable and consistent performance data to inform the decision making process
- Provide council employees with a framework to ensure sufficient action is being taken to meet the data quality objectives set
- Meet external audit standards and requirements

It is not possible to apply a universal process covering the collection and collation of performance data as each measure is subject to its own method of counting. However, common framework and principles of accurate data collection and collation can be applied in order to increase the level of confidence in the quality of performance data used.

Collecting performance information efficiently and effectively requires a balance to be struck between the need to maintain the data quality required the level of resources required to collect and use the data. Within this context the data quality policy objectives are:

- To ensure that the Council's performance data is relevant, accurate, timely and complete;
- To ensure that where data is exchanged with other organisations appropriate protocols are in place;
- To ensure that the quality of data is regularly monitored and checked;

- To ensure that appropriate mechanisms are in place to keep relevant staff aware of the Council's data quality requirements and provide with suitable training.

### ***4. Scope of the policy***

A wide range of council employees play a role in ensuring data quality but it is recognised that certain individuals and groups are key to this process. These include:

- Corporate Management Team and Departmental Management Teams (CMT/DMTs)
- Heads of service/service managers
- PI Co-ordinators (PIC)
- PI responsible officers (PIROs)

The responsibilities of these groups are set out in appendix 1.

Members also play a role. The portfolio holder for Performance Management is the lead councillor for performance management which includes data quality and the remit includes data quality (see report to Performance Management Portfolio holder 21 December 2006).

Other executive and scrutiny members are primarily consumers of performance information.

The Council utilises a wide range of data and it is difficult to definitively describe the data to which this policy applies. Primarily the policy is relevant to quantitative data used to manage and report (both internally and externally) on the performance of council services. This would include information gathered through consultation.

### ***5. Policy statement***

The policy requires that:

- The data quality policy and associated supporting information will be reviewed at least once a year and any changes required will be implemented
- A list of the officers and members with responsibility for the implementation of the data quality policy will be kept up to date
- Key people/groups within the scope of the policy will be briefed and provided with relevant information
- A risk assessment of PIs will be conducted at least annually
- Internal testing of data quality arrangements will be completed at least annually
- National PI data submitted will be complete, on time and accurate

## **APPENDIX TO 2.1**

- The external audit will be facilitated and timely response made to recommendations
- The lead elected member for data quality will be kept informed of data quality issues as appropriate

### ***6. Appendices - Supporting information and guidance as at March 2007***

#### **Appendix 1 Current responsibilities and procedures**

##### **Governance – leadership and implementation responsibilities**

The portfolio holder for Performance Management is the lead councillor for performance management which includes data quality. At a member level the Performance Management Portfolio holder has responsibility and for ensuring data quality (see report to Performance Management Portfolio holder 21 December 2006).

The overall corporate responsibility in relation for performance management rests with the Assistant Chief Executive and the Corporate Strategy division. The Corporate Management Team (CMT) supports the ACE in ensuring that the objectives of this Strategy are applied in their departments.

Day to day responsibility for corporate aspects of performance management is delegated to Peter Turner, Principal Strategy Development Officer, who considers issues relating to performance and data quality and where necessary reports significant issues to CMT.

Departments have day-to-day responsibility through their own management procedures for performance management within the departments and their own performance information.

Within departments responsibility rests with departmental management teams and service managers. Each department has appointed a PI Coordinator to oversee performance information management arrangements.

- Chief Executive's – Peter Turner, Wally Stagg, John Morton, Sandra Shears (cost PIs), Liz Crookston (BVPI surveys)
- Adult and Community Services – Trevor Smith
- Children's Services – Alan Macnab
- Neighbourhood Services – Carol Davis and Steve Russell
- Regeneration and Planning – Jeff Mason

Specific arrangements are in place for the calculation of cost PIs and BVPI survey. Finance division have lead responsibility for the calculation of all cost PIs. Corporate Strategy have lead responsibility for the administration of the BVPI surveys which are carried out every 3-years. This includes providing advice and support to ensure the surveys are correctly carried out, submission of the data and dissemination of the information.

DMTs support PI coordinators in ensuring objectives of this Strategy are applied in their departmental services.

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Service managers are responsible for the complete, timely and accurate reporting of data in their area of activity including relevant national and local performance indicators (PIs). They are also responsible for ensuring that staff are aware of their responsibilities in this area and are provided with an appropriate level of training and guidance.

Responsible officers are identified for each PI monitored corporately, including responsibility for data collection, data quality and target setting.

Corporate actions in relation to performance management are identified in the Corporate Strategy divisional service plan. The Council's Corporate Plan includes the organisational development objective of "Development of Service Planning and Performance Management Arrangements" (ref CO90) which encompasses arrangements for PI data quality, demonstrating the authority's commitment to ensuring robust but appropriate arrangements are in place. Progress is managed by Andrew Atkin and monitored by the Chief Executive's Management Team and the Performance Management Portfolio Holder as part of quarterly reports on the service plan.

### **Communications**

Communication regarding data quality is primarily through the PI Coordinators through regular meetings and email and phone contacts. Arrangements are in place with the Assistant Chief Executive to escalate any issues which may require it for consideration at Director/Assistant Director level. Ensuring an appropriate buy in to PI data quality at an operational level but also providing the opportunity to deal effectively and at a senior level with other issues should the need arise.

PI coordinators have responsibility for cascading info to PIROs and within their departments or divisions.

### **Procedures and controls**

The corporate framework for monitoring data quality includes the following. Lead responsibility shown in bold.

- **Corporate Strategy** undertakes a risk analysis of all corporately reported PIs on an annual basis. This takes into account previous history of data quality issues, use of PI information (e.g. CPA, LPSA) and changes to definition/introduction of new PIs.
- **Internal Audit** are tasked annually with undertaking reviews of each selected PI and identifying control issues which are rated as High, Medium or Low (see Appendix 3 for list of testing objectives). Recommendations from Internal Audit are distributed to Corporate Strategy, service managers and PIROs.
- PI challenge prior to reporting. This includes the assessment of annual PI returns and follow-up of queries. Examples of these quality checks have included robustness of base data, calculation methods compared to definition – **Departments/Corporate Strategy**

## APPENDIX TO 2.1

- Departments identify risks, control measures in place and planned control measures associated with their functions in the Corporate Risk Management database. The relevant risk categories for data quality would include Information and technology, Contractors, partners or suppliers and Reputation - **Departments**
- Clear roles and responsibilities for Corporate Strategy, PI Coordinators and PI responsible officers (PIROs) in relation to PIs are established (see above). These are recorded in the PI database and updated at least annually- **Corporate Strategy**
- **Departments** are required to prepare procedure note for each PI collected corporately. Procedure notes are assessed as part of Internal Audit PI reviews to ensure that practice and data reflect procedures notes and definitions. Essentially what auditors want to see is all the relevant information brought together in one file.
- **Corporate Strategy** organises and coordinates the annual PI collection process. This process is structured and subject to CMT approval. All performance measures included in the corporate plan are subject to approval by the Assistant Chief Executive and Corporate Management Team. The outline timetable is:

Corporate Strategy	Prepare project plan and timetable, obtain approval from CMT – Dec
Corporate Strategy	Prepare database with all relevant information (see field list) – Jan Feb
Corporate Strategy	Distribute forms to PI coordinators – Feb
PI Coordinators	Distribute forms to PIROs – Feb
PIROs	Complete and return forms and working papers – Apr-May
PI Coordinators	Check and return forms and working papers to Corporate Strategy – Apr-May
Corporate Strategy	Check forms and resolve queries with PI coordinators/PIROs. Explanatory comments obtained for PIs which vary +/- 10% from previous outturn or target. Queries recorded on database and used as input to following years risk analysis – Apr-June
Corporate Strategy	Submit data via EDC system to Audit Commission – June

Guidance notes are included in the standard outturn and target forms provided for collection and reporting of PIs.

Regular contact with PI coordinators is maintained to identify issues and consider improvements as required. In particular meetings are held at the beginning and end of the PI collection process. **Corporate Strategy**

**Corporate Strategy** team provide first line of support. In addition support is also provided via Internal Audit and external support is occasionally sought from via external auditor and Audit Commission PI team.

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Training of staff is the responsibility of the individual **departments**. Where responsibility changes as a result of staff turnover or reorganisation then support would be provided as part of the usual induction, training and appraisal processes. For example Adult and Community Services have provided support to Children's Services Department to ensure adequate arrangements are in place to collect social care PIs following the corporate restructure.

- Corporate reporting of PIs - PI information collected corporately is used and reported in a number of ways, following formal publication in June as part of the Council's corporate plan. – **Corporate Strategy**

July - report giving overview of improvement, targets met and comparison with Tees Valley neighbours and CPA and national quartile benchmarks. Report identifies potential improvement areas e.g. bottom quartile service areas/function. Report considered by CMT, Cabinet and Performance Management Portfolio Holder

January - report giving overview of improvement, targets met and comparison with Tees Valley neighbours and CPA and national quartile benchmarks (used latest national data). Report considered by CMT, Cabinet and Performance Management Portfolio Holder.

- **Departments** undertake further reporting as they require.

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### Roles and responsibilities

#### **CMT/DMTs/service managers**

Provide support and show leadership to encourage use of performance information and importance of data quality

#### **Departmental PI Coordinators**

Disseminate information to PIROs

Quality control check PI forms prior to return to CSPI team

Internal departmental controls reviewed at least annually to ensure they are working effectively

Regularly monitor latest PI news on the Audit Commission website and distribute relevant info

Co-operate with Internal Audit staff undertaking PI reviews

Follow up and monitor recommendations from Internal Audit

Co-operate with Audit Commission auditor undertaking annual PI audit

Provide CSPI with changes to PIROs

Ensure Data Quality Policy implemented within department

Liaise with Corporate Strategy PI team e.g. attend Pi Coordinator meetings

#### **PI responsible Officers (PIROs)**

Ensure system in place along with appropriate control measures, to collect PI information in accordance with definition including any necessary validation, reconciliation, consistency and accuracy checks on data

Monitor and take account of PI definition changes and guidance on interpretation

Fully complete and check PI forms prior to return to PI Coordinator

Maintain file(s) with all key information relating to a PI

Where appropriate feedback reported to staff that generate the data to reinforce understanding of the way it is used

Co-operate with Internal Audit staff undertaking PI reviews

Act on recommendations from Internal Audit PI reviews

Co-operate with Audit Commission auditor undertaking annual PI audit

Provide all appropriate working papers required for AC audit purposes

#### **Corporate Strategy PI (CSPI) team**

Regularly monitor latest PI news on the Audit Commission website and distribute relevant info to PI Co-coordinators

Distribute latest national ODPM PI guidance to PI coordinators

Organise PI collection process at year end

Risk assess PIs - October each year

Liaise with Internal Audit on completion of audit tests on selected PIs

Quality control check all PI forms returned, raise queries with departments and resolve

Submit PIs to Audit Commission each year via EDC system and organise responses to

Monitor action of high priority recommendations from Internal Audit

Liaise with Audit Commission re on site PI audit



## **APPENDIX TO 2.1**

Complete annual review of PI process and feedback to PI coordinators at end of AC audit

Maintain lists of PI Co-ordinators and PIRO's.

Liaise with Pi Coordinators e.g. arrange meetings as required

### **Internal Audit**

Undertake audit tests on selected PIs and report on control issues to service managers, PIROs, PI Coordinators and CSPI

## APPENDIX TO 2.1

### Appendix 2 Corporate Data Quality Annual Action Plan 2007/8

Chief Executive Departmental Plan objective:

SERVICE/TEAM Corporate Strategy, Policy and Performance Team				
<b>Service Plan Objective:</b> To ensure that the Council's performance data is relevant, accurate, timely and complete				
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pls
	Complete collection of 2006/7 Pls	May 2007	KT/DH	
	Publish national BVPI data via EDC and Corporate Plan	June 2007	KT	
	Facilitate the external audit of 2006/7 Pls	Sept 2007	PT	
	Review Data Quality policy based	Dec 2007	PT	
	Complete up date of PI database remove redundant Pls, add new Pls	Feb 2008	DH	
	Review forms for and commence 2007/8 PI collection	Feb 2008	DH	
<b>Service Plan Objective:</b> To ensure that where data is exchanged with other organisations appropriate protocols are in place				
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pls
	Identify relevant Pls, arrange internal audit assessment of protocols in place and plan implementation of recommendations.	Dec 2007	PT	
<b>Service Plan Objective:</b> To ensure that the quality of data is regularly monitored and checked;				
Ref:	Action	Date to be	Responsible	Associated

## APPENDIX TO 2.1

		Completed	Officer	PIs
	Liaise with Internal Audit to ensure completion of review of selected 2006/7 PIs	June 2007	DH	
	Challenge PIs and targets when annual return completed	June 2007	DH	
	Complete internal audit of selected 2006/7 PIs	June 2007	Internal Audit	
	Complete initial 2006/7 PI report to CMT and members	July 2007	DH	
	Complete comparative 2006/7 PI report to CMT and members	Jan 2008	DH	
	Complete PI risk assessment for 2007/8 PIs	Feb 2008	DH	
	Complete/Organise testing by Internal Audit of selected 2007/8 PIs	March 2008	DH/Internal Audit	
	Complete 2007/8 quarterly reports on corporate and departmental plans	March 2008	DH/KT	
<b>Service Plan Objective:</b> To ensure that appropriate mechanisms are in place to keep staff aware of the Council's data quality requirements and provide suitable training				
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
	Brief PI co-ordinators following completion of external audit of 2006/7 PIs	Sept 2007	PT	
	Brief PI co-ordinators on regular basis	March 2008	PT	
	Identify good practice examples referred to in Audit Commission Data Quality report and share with all departments	July 2007	PT	
	Distribute and raise awareness of Data Quality policy	July 2007	PT/PI Coordinators	

## APPENDIX TO 2.1

### Associated PIs - measures of data quality

Measure	Ref		2005/6	2006/7	2007/8		
<b>Audit Comm. PI reviews completed</b>	DQPI 1	No.	10				
PIs qualified/doubts expressed following external audit	DQPI 2	No.	0				
PIs requiring amendment following external audit	DQPI 3	No	2				
<b>Internal Audit PI reviews completed</b>	DQPI 4	No.	9				
PIs requiring amendment following internal audit	DQPI 5	No.	0				
Recommendations resulting from IA reviews	DQPI 6	No.	2				
IA reviews with no recommendations	DQPI 7	No.	7				
High priority recommendations	DQPI 8	No	0				
DQ plan actions completed successfully and on time	DQPI 9	No	-	-			

Reported annually

### Appendix 3 Objectives for Internal Audit's PI testing

The audit programme is designed to test and evaluate the controls in place by carrying out substantive testing to ensure compliance with the Data Quality Policy overall and in the following specific areas:

Verifying that the calculation of the BVPI is in line with guidance issued

Ensure that the department/section responsible for collecting the data relating to the BVPI have up to date procedure/guidance notes in line with the definition and that these are being adhered to,

Ensure that there are arrangements in place to provide satisfactory evidence that the information provided is accurate and that this is easily identifiable (referenced to calculations etc) and retained,

Ensure that the methods used to collect the information are adequate i.e. reports obtained,

Identify record and test the systems from which the data is extracted to ensure that the information fed into the BVPI is complete and accurate.

## Appendix 4 Guidance on control measures for PIs - overview

This Appendix provides a framework for Internal Audit, PI Coordinators and PIROs to assess data quality and the controls in place for performance information. It may not be possible to apply the whole framework to every PI as each measure is subject to its own method of counting. However, elements of the framework could be applied to most PIs in order to increase the level of confidence in the quality of performance data used.

Some types of controls can be applied to most if not all data systems. These include: allocation of responsibilities; clear definitions; good documentation; and management review of data reliability including tests of the credibility, consistency and completeness of data collection.

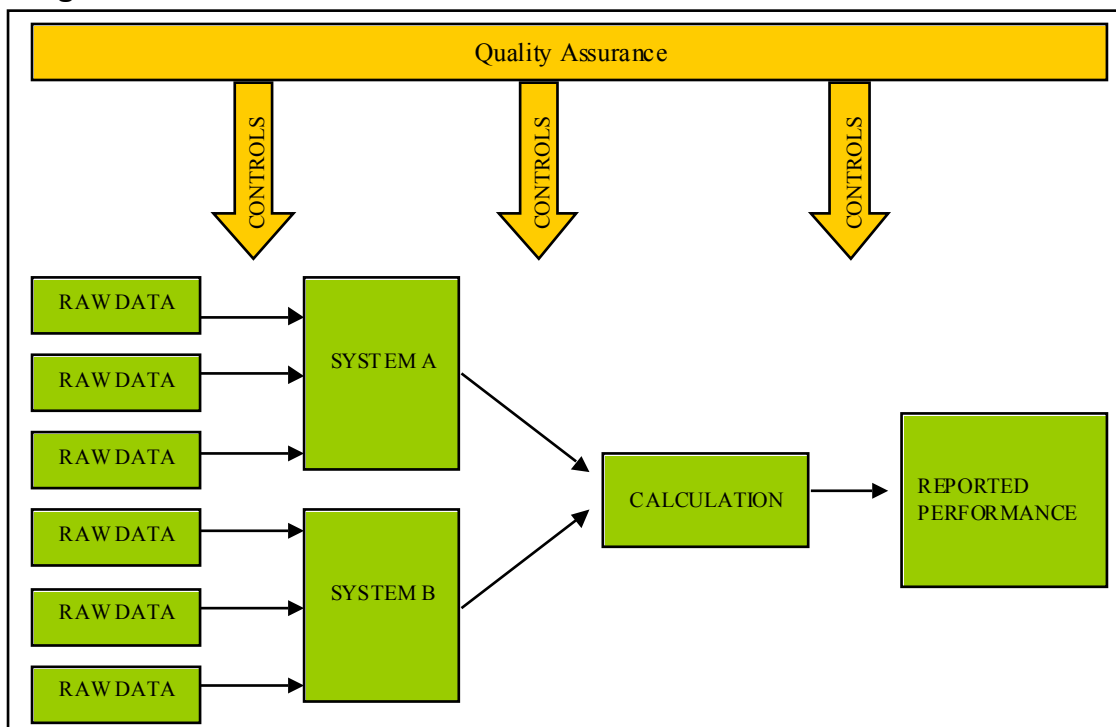
These can all help to spot errors in the data before the final figure is reported.

### Producing Reliable Data

In order to report performance information, data must first be collected before it can be aggregated and calculated to produce the required PI, as shown by the diagram below.

At each of these stages there is a risk that the accuracy of the data will be compromised either due to human or system errors. Therefore at each stage appropriate controls need to be implemented to control this risk, and increase the reliability of the data.

**Diagram 1 - Individual Indicators**



For example, controls might be:

- approval of the of the raw data before it is input onto the system;
- a validation check in a computer system;
- a second person verifying the calculation has used the right source data.

### Producing Verifiable Data

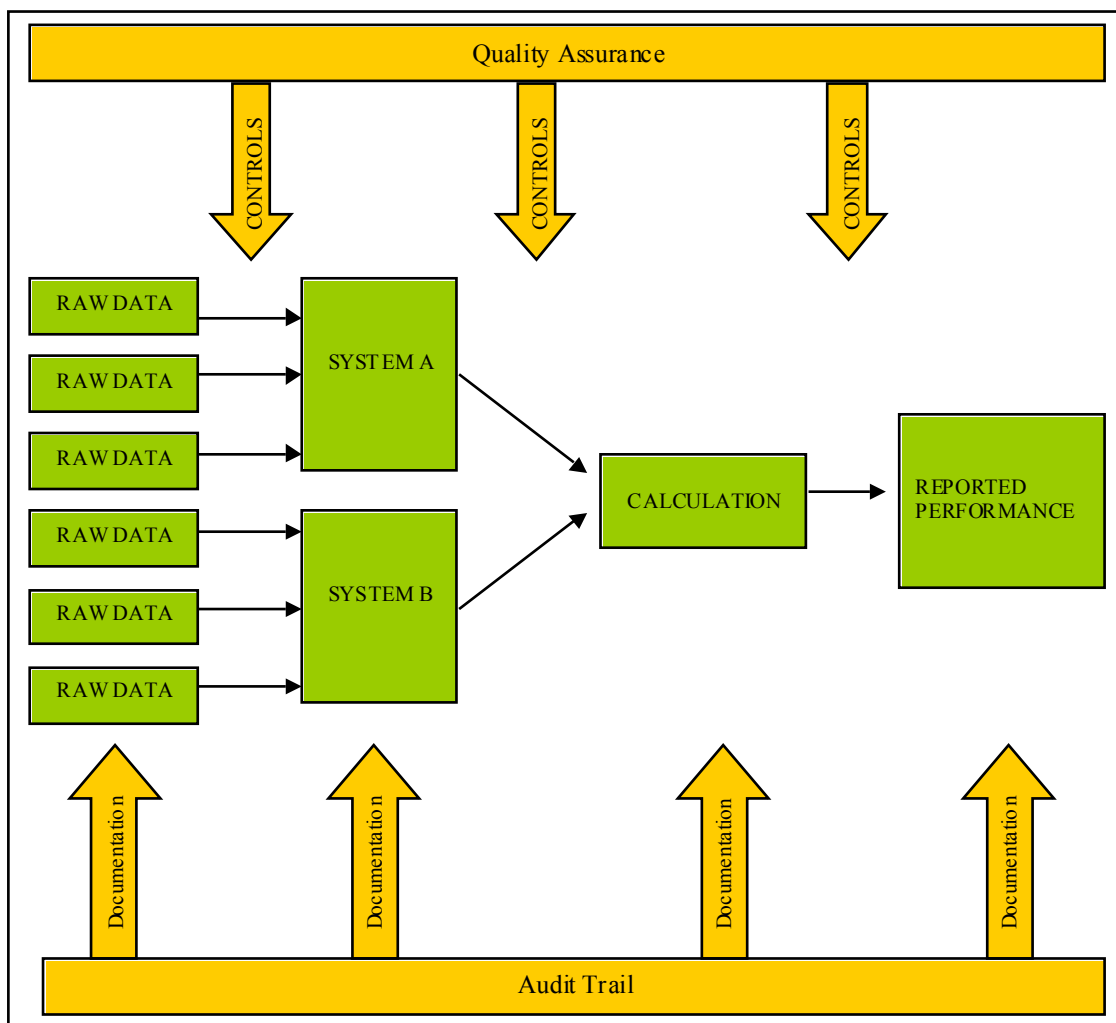
Performance indicators need to be collected and calculated in a way that enables the information and data to be verified.

Documenting the systems and controls in place to produce PIs, will help with:

- training up new members of staff;
- providing a safety net in case of employee absence;
- Internal Audit reviews; and external audit and inspection.

All indicators should have documented evidence available for each stage in the PI collection process, making it possible to verify them. There should be a clear audit trail for each performance indicator that allows managers/auditors to trace the performance information from the original data or transactions through the system to the PI result itself.

Diagram 2 - Audit Trail



- Reconciliation of systems
- Sampling of systems to ensure correct operation
- the fully completed PI form showing final calculation and references to supporting documentation.

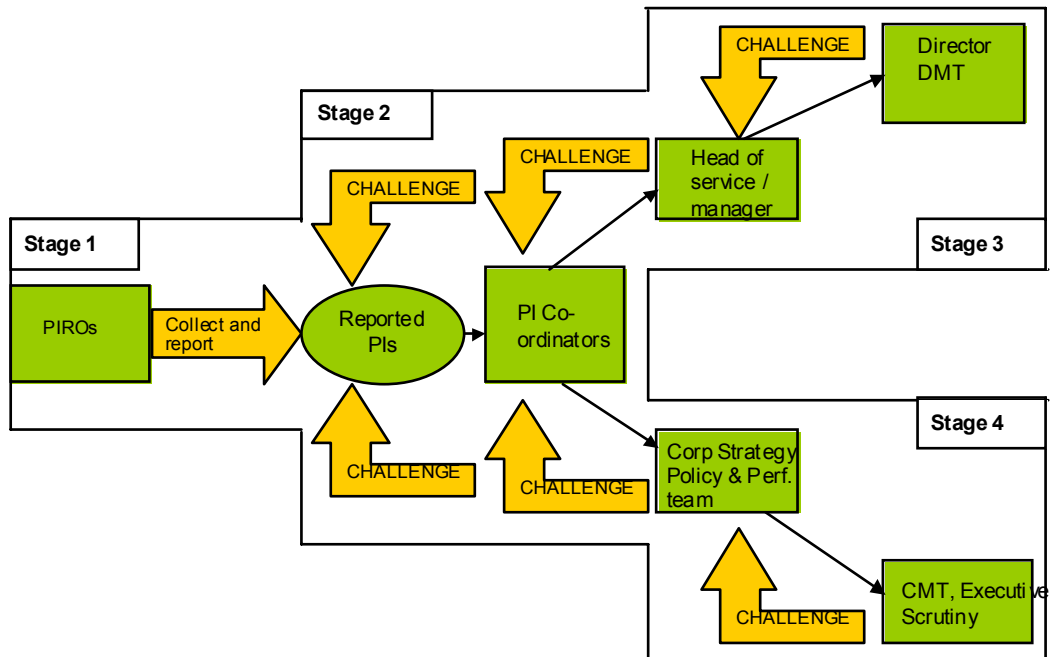
Where data is provided from 3<sup>rd</sup> party sources, contractual arrangements and appropriate protocols should be in place.

### Service, Departmental and Corporate View

Once the performance indicators and associated targets have been produced by the PIRO, to provide added assurance, the information needs to be subject to challenge at a department and corporate level. All levels of challenge, and any resulting amendments,

should be documented, as evidence that the process has been followed. The diagram below gives an overview of the arrangements in place to

**Diagram 3 - Service, Directorate, Corporate View**



**Stage 1** – The PIRO calculates the PI, provides supporting evidence and reports to the PI Coordinator.

**Stage 2** - The PI Coordinators and the PIROs immediate head of service or line manager are best placed to review the data collection processes and challenge performance, as they should have a detailed knowledge of how the information is produced.

**Stage 3** - Heads of Service and Directors have an understanding of the general performance of the services and can therefore challenge performance information within the context of the service as a whole.

**Stage 4** - The corporate level challenge will bring an objective view of performance, and will be able to question assumptions made at service level.



## **PERFORMANCE MANAGEMENT PORTFOLIO**

Report to Portfolio Holder

23 April 2007



**Report of:** Assistant Chief Executive

**Subject:** Corporate Performance Management Solution

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### **SUMMARY**

#### **1.0 PURPOSE OF REPORT**

To inform Portfolio Holder of the intention to procure a Corporate Performance Management Solution and progress made to date. Portfolio Holder's approval to letting the contract on a price/performance basis is also sought.

#### **2.0 SUMMARY OF CONTENTS**

The report provides background to the planned procurement project and proposes a basis for selecting the successful contractor.

#### **3.0 RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio Holder has responsibility for Performance Management.

#### **4.0 TYPE OF DECISION**

Non key.

#### **5.0 DECISION MAKING ROUTE**

Portfolio Holder only.

#### **6.0 DECISION(S) REQUIRED**

The Portfolio Holder is requested to note progress made to date and approve conducting the procurement exercise on the 50:50 price/performance basis proposed.

**Report of:** Assistant Chief Executive

**Subject:** Corporate Performance Management Solution

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## **1. PURPOSE OF REPORT**

- 1.1 To inform Portfolio Holder of the intention to procure a Corporate Performance Management Solution and progress made to date. Portfolio Holder's approval to letting the contract on a price/performance basis is also sought.

## **2. BACKGROUND**

- 2.1 As part of the recent Corporate Assessment inspection the Audit Commission recognised that the Council had "good performance management" and there was a "strong performance management culture throughout the organisation". However, it is acknowledged that the systems that facilitate the Council's Performance Management arrangements are disjointed, with different systems used to monitor and report different aspects of performance management. For example, service planning documents, including the Councils' Corporate Plan, are monitored using an in-house database administered by the Neighbourhood Services Department. The database was introduced council wide in 2004/05 and was identified at the time as a short to medium term solution.
- 2.2 Annual reporting of Performance Indicator information is conducted using a separate database, administered by Corporate Strategy, and information is collected using a paper based collection system. Further analysis of performance information is done manually using Excel spreadsheets, and another Access database.
- 2.3 In addition the Councils' Risk Management arrangements are administered using a separate Access database, which is currently administered by Northgate.
- 2.4 It was agreed by Corporate Management Team in late 2006 that the time has now been reached when a new system should be introduced to bring together all of the Councils performance management requirements.

## **3. PRE QUALIFICATION STAGE**

- 3.1 Initial informal investigations have shown that there are a large number of potential suppliers in the marketplace. However, the Council does

not have an approved contractors list that can be used. Therefore it has been deemed necessary to invite initial expressions of interest to begin the selection process.

- 3.2 An invitation for Expressions of Interest is to be advertised in the local press and a professional journal by the end of April. A pre qualification questionnaire is to be used for the initial short listing purposes
- 3.3 Organisations that are short listed will be invited to tender for the contract. It is anticipated that tender returns will be available for opening at the Contract Scrutiny Panel meeting on 2 July 2007.
- 3.4 As price and the quality of product are equally as important it is proposed to conduct the tender exercise using a Price/Performance ratio of 50:50.

#### **4. RECOMMENDATION**

- 4.1 That the Portfolio Holder notes the content of the report and approves the procurement exercise is conducted on the basis of a Price/Performance ratio of 50:50.

## **PERFORMANCE MANAGEMENT PORTFOLIO**

Report To Portfolio Holder  
23<sup>rd</sup> April 2007



**Report of:** Chief Personnel Officer

**Subject:** DRAFT GENDER EQUALITY SCHEME (GES)

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To obtain the Portfolio Holder endorsement of the Draft Gender Equality Scheme and associated action plan (as required by the Equality Act 2006) and formal consultation proposals, and agreement to determine whether the final scheme (following consultation) should be referred to Cabinet for formal approval when the results of the consultation are reported.

#### **2. SUMMARY OF CONTENTS**

The report provides details of the background information on the Gender Equality Scheme, the legal position, the Council's commitment and arrangements so far, the draft scheme with action plans and future options/recommendations for consideration.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

Corporate Performance

#### **4. TYPE OF DECISION**

This is not a key decision.

#### **5. DECISION MAKING ROUTE**

Portfolio Holder only.

#### **6. DECISION (S) REQUIRED**

Endorsement of the draft Gender Equality Scheme and associated action plan, the proposed consultation with the wider community and agrees to determine whether the final scheme (following consultation) should be referred to Cabinet for formal approval when the results of the consultation are reported.

**Report of:** Chief Personnel Officer

**Subject:** DRAFT GENDER EQUALITY SCHEME (GES)

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**1. PURPOSE OF REPORT**

- 1.1 To obtain the Portfolio Holder endorsement of the Draft Gender Equality Scheme and associated action plan (as required by the Equality Act 2006) and formal consultation proposals, and a determination as to whether the final scheme (following consultation) should be referred to Cabinet for formal approval.

**2. BACKGROUND**

- 2.1 The Council's Corporate Race and Equality Scheme 2005-2008 sets out the planned approach to be taken in order to ensure that HBC is compliant with current equality and diversity legislation and the duties placed on public bodies as a result of this legislation.
- 2.2 The Corporate Race and Equality Scheme, when produced, included all relevant actions to be taken to comply with legislation at that time and made provision to respond to new legislation as necessary.
- 2.3 New legislation on gender has come into force via the Equality Act 2006. The legislation places a general duty on public bodies to actively promote gender equality and eliminate unlawful discrimination. This new duty marks a significant shift in equality law and will require Councils and other public bodies to develop a proactive and positive approach to gender equality in all of their relevant functions, services, and activities.

**3. AN OUTLINE OF THE DUTY**

- 3.1 The general duty is supplemented by additional specific duties which require the Council to have due regard, when carrying out their functions to the following:
- Promoting equality of opportunity between men, women and transgender people.
  - Eliminating discrimination that is unlawful under the Equality Act 2006 and The Sex Discrimination (Gender Reassignment) Regulations 1999.
  - Eliminating harassment on gender related issues.
  - Promoting positive attitudes towards all genders.
  - Encouraging participation by all genders in public life
  - Taking steps to meet people with specific gender issues, even if it requires more favourable treatment.

‘Due regard’ means that the Council is required to give due weight to the need to promote gender equality in proportion to its relevance.

#### **4. THE GENDER EQUALITY SCHEME**

4.1 A central requirement of the new duty is the publishing of a Gender Equality Scheme (GES) by 30th April 2007. In publishing such a scheme, the Council is required to

- Engage and involve people from all genders from the community, employees and trade unions in the development of the scheme and action plan
- Gather and analyse information
- Explain how the impact on men, women and transgender people will be assessed
- Produce an action plan for the next 3 years
- Report on progress every year and review the scheme every 3 years

4.2 The Gender Equality Scheme (GES) will reflect on all policies, procedures and practices that impact on all genders; this includes employees, service users and the wider community and will set about eliminating any potential barriers.

#### **5. COUNCIL’S APPROACH TO DEVELOPING THE SCHEME**

5.1 Consultation and engagement with stakeholders of all genders is key in identifying and prioritising action for inclusion in the scheme. With this in mind, a Gender Equality Employees Working Group consisting of employees and Trade Unions, service users from ethnic minorities (Talking with Communities forum) and representatives from voluntary organisations like the Hart Gables (representing Lesbian, Gay, Bi-sexual and Transgender people) were involved in developing the Gender Equality scheme and associated action plan.

5.2 The Council currently has a Race and Diversity Scheme (which makes provision for future legislative requirements and is due to be reviewed in 2008) and Disability Equality Scheme (which, as an interim measure, is an addendum to the Race and Diversity Scheme and is therefore also due for review in 2008). In order to ensure consistency of approach, it was proposed that the Gender Equality Scheme be developed, as an interim measure, as a further addendum to the Race and Diversity Scheme with a review being needed in 2008. Having a common review date for the 3 schemes will allow consideration to be given, at a later date, to whether we have one combined scheme or 3 separate schemes to be determined in a more considered way. This will be one of the key elements of the 2008 review and It will be necessary to consult further on this. Throughout

the consultation and development of the Gender Equality Scheme, the consultees have supported this approach.

5.5 The Gender Equality Working Group have been involved at all stages of the development of the scheme and action plan (Attached as Appendix A). The action plan summarises those actions included in 2007/8 Corporate and Departmental plans which are directly relevant to the Gender Equality Scheme. As such, progress will be monitored via the Diversity Steering Group and the standard performance management arrangements, as well as via the half yearly and yearly reports to the Performance Management Portfolio Holder and the Annual Diversity report which details progress against the Race and Diversity Scheme (and Disability and Gender Equality Scheme addendums).

5.6 As the Scheme is an addendum to the Race and Diversity Scheme, there will be a short period of consultation with the wider community and it is anticipated that the outcome of this wider consultation will be formally reported at a future Performance Management Portfolio Holder meeting, along with the outcome of the wider consultation in respect of the Disability Scheme. When the draft Disability Equality Scheme was endorsed prior to wider consultation earlier this year, the Portfolio Holder indicated that he would make a decision about whether the Disability Equality Scheme should be formally agreed by Cabinet when the results of the consultation were reported to him. It is recommended that a similar approach be taken in respect of the Gender Equality Scheme.

## **6. RECOMMENDATION**

- endorses the Draft Gender Equality Scheme and associated action plan
- endorses consultation with the wider community and
- agrees to decide whether to refer the final scheme (following consultation) to Cabinet for formal approval when the results of the consultation are formally reported (along with the results of the consultation regarding the Disability Equality Scheme)

## Appendix A

## The Gender Equality Scheme

### Background information

**The Equality Act 2006** amends the **Sex Discrimination Act** to place a statutory duty on all public authorities, when carrying out their functions, to have due regard to the need:

- To eliminate unlawful discrimination and harassment
- To promote equality of opportunity between men & women

This is known as the 'general duty' and will come into effect on 6<sup>th</sup> April 2007.

**The Gender Recognition Act** came into effect in April 2005. This outlines the act and implications for employers. The new Gender Equality Duty also includes specific guidance on transgender issues, which this scheme refers to. The Sex Discrimination (Gender Reassignment) Regulations 1999 already includes some protection for transgendered people on the grounds of gender reassignment or potential gender reassignment in employment and vocational training.

**The Gender Equality Duty (GED)** comes into force in April 2007 and it requires public authorities to promote gender equality and eliminate sex discrimination. Instead of depending on individuals making complaints about sex discrimination, the duty places the legal responsibility on public authorities to demonstrate that they treat men and women fairly. The duty will affect policymaking, public services, such as transport, and employment practices such as recruitment and flexible working.

The duties set out a framework to assist public authorities in planning, delivering and evaluating action to meet the general duty and to report on these activities.

The specific duties that are required by the Council in summary are:

1. Prepare and publish a Gender Equality Scheme showing how it intends to fulfil the general and specific duties and setting out its gender equality objectives.
2. In preparing the Scheme:
  - Consult employees, service users and others (including trade unions)
  - Take into account any information it has gathered or considers relevant as to how its policies and practices affect gender equality in the workplace and in the delivery of its services.
  - In formulating its overall gender equality objectives, consider the need to have objectives to address the causes of any gender pay gap.
3. Ensure that the scheme sets out the actions the authority has taken or intends to take to-
  - Gather information on the effect of its policies and practices on men and women, in employment, services and performance of its functions



- Use the information to review the implementation of the scheme objectives
  - Assess the impact of its current and future policies and practices on gender equality
  - Consult relevant employees, service users and others (including trade unions)
  - Ensure implementation of the scheme objectives
4. Review and revise the scheme at least every three years
  5. Report progress annually

The Council must publish its scheme no later than 30<sup>th</sup> April 2007.

### **The introduction of the Scheme**

Gender includes everyone and our Gender Equality Scheme is a scheme for women, men, girls and boys. It also specifically includes transgender people.

### **Gender Equality Scheme**

Hartlepool Borough Council is committed to implementing gender equality in employment and service provision and complying with Equalities Act, the Equal Opportunities Commission codes of practice, Best Value requirements and any future equality legislation. The commitment includes trying to eliminate any form of discrimination or unfair treatment that may occur because of a person's gender, marital status, sexual orientation or because of gender re-assignment. In its role as an employer, the Council will agree annual action plans that will contain actions and targets specifically aimed at addressing gender and associated work-life balance issues. The Council is also committed to complying with Equal pay legislation. As a service provider, the Council will address gender issues through departmental service planning arrangements and carry out consultation exercises with relevant interest groups as well as other public bodies, voluntary, community and trade union groups. All plans and services will be monitored and regularly reviewed to conform to legal requirements. Hartlepool Borough Council's progress towards achieving the agreed targets will be published annually.

### **Involving employees, service users, trade unions (Engagement & Consultation)**

The scheme will be developed with the involvement and consultation from employees, service users and trade unions, who appear to have an interest in the way the Council carries out its functions. In order to understand which of its functions have greatest relevance to gender equality, the Council will gather information on how women and men are affected by its activities.

By consulting with the Stakeholders the Council will be able to:

- Build up a better picture of the most important gender issues in the Council's work
- Gather evidence to use in determining priorities and in the gender impact assessment process
- Get feedback on the Council's initial draft objectives

- Develop greater ownership and understanding of their gender equality objectives
  - Improve accountability to their staff, service users and the general public
- It is important that men and women are enabled to participate fully in a consultation process. The council will use its current consultation process to consult with employees, trade unions, and specifically consult with BME people from “Talking with Communities”, people with disabilities from “All Ability forum”, Lesbian gay bi-sexual and transgender (LGBT) people from “Hart Gables”, different age groups such as 50+ forum and youth forum.

### **Gathering Information**

In order to meet with the gender equality duty, Council will have to set up systems, or adapt existing systems, to ensure they obtain and monitor the relevant information. In many cases this should involve disaggregating existing information. Information should be collected on the gender profile of service users, on staff and any other people who may be affected by decision –making and policy functions.

Information may also be needed to be collected to compare the profile of potential staff or service users with actual staff or service users.

Quantitative monitoring is likely to be difficult in relation to transsexual staff or job applicants because of very low numbers and privacy concerns. Quantitative data can be supplemented by qualitative information from consultation with stakeholders, including voluntary sector groups, focus groups and trade unions. The council may need to collect information in the following areas and through consultation make progress in promoting Gender Equality:

- Gender differences in service use – needs, expectations, barriers, satisfaction rates, outcomes
- Balance of women and men in key decision-making bodies, including public appointments
- The gender profile of staff, including patterns of part-time staff and those with caring responsibilities.
- The extent and causes of the gender pay gap in the Council for full-time and part-time staff-including data on pay systems, the impact of caring responsibilities and occupational segregation
- The prevalence of harassment and sexual harassment of staff and service users, the number of formal complaints and the outcome of complaints
- Return rates of women on maternity leave and whether they are returning to jobs at the same level of responsibility and pay
- Issues and barriers affecting transsexual staff and potential staff

### **Using the information gathered**

The information gathered is analysed and used to inform Impact Needs Requirement Assessments and Diversity Impact Assessments, identify service plan priorities including policy development and addressing adverse impacts, unmet needs or non-compliance with legislative requirements.

## **Gender Impact Assessments**

The purpose of an impact assessment is twofold:

- To ensure that men, women and transgender is not disadvantaged by the Council's decisions and activities
- To identify where the Council can promote equality of opportunity between men, women and transgender.

The Council has previously adopted methods for assessing the impact of its policies and practices and the likely impact on the proposed policies and procedures on gender equality.

The Council has already implemented retrospective and predictive impact assessments via its Impact Needs Requirements Assessment (INRA) and a Diversity Impact Assessment (DIA) processes which feed into service planning arrangements and require clear objectives and targets to be set. The Council has adopted the Equality Standard for Local Government, which includes Gender as one of the major strands and has complied with relevant legislation accordingly. The INRA process requires input from all departments about their functions and is consistent with Corporate Equality and Diversity policies. It looks at consultation (who, when and how) and asks for any evidence of adverse impact, unmet needs or non-compliance with legislative requirements that have been identified. Any actions required to address such deficiencies are identified and included in the service plans with clear objectives and targets. The potential impact of new policies and arrangements based on gender is assessed via the DIA process. This enables any adverse impact of new policies and arrangements to be considered and addressed whilst they are being developed. The results of the INRA's and DIA's are published annually in the Diversity report and actions in the service plans are monitored on a regular basis.

## **The Action Plan**

The action plan (appendix B) sets out key actions, which the Council will take to promote Gender equality. This can be further be extended to include feedback from consultations.

The Race & Diversity Scheme 2005-2008 has a Corporate Equality Plan (CEP) along with the Service Diversity Plans, which have incorporated Gender as a major strand. The CEP has four main themes:

- Leadership and Corporate Commitment
- Consultation, Development and Scrutiny
- Service Delivery and Customer care
- Employment and Training

The action plan has taken into consideration and reflects the priorities of both men and women and the outcomes are published annually in the Diversity report.

## **Implementing the Scheme**

The Race and Diversity Scheme has already been adopted by the Council and is being implemented. Any gaps in the Race and Diversity Scheme, which are

identified through Consultation, will be incorporated in the scheme as an addendum. The Council maintains the same commitment to implementing this addendum, as the initial Race and Diversity Scheme.

### **Annual Reporting**

The Council will on an annual basis publish a report containing the summary of:

- The actions it has taken to fulfil its gender equality duty
- What the Council has done to eliminate gender discrimination and promote equality of opportunity
- Whether it is meeting its targets
- Summary of the impact assessments undertaken
- Planned actions

The report will be incorporated in the Annual Diversity report and published to demonstrate the Council's commitment to making progress on equality and allow the Council's employees and the community to assess how successfully the Council is delivering Gender equality.

### **The next version of the Gender Equality Scheme**

The Council's Corporate Equality Plan within the Race & Diversity Scheme 2005-2008 incorporates gender in a way which envisages this legislation change and therefore the existing arrangements go a long way to comply with the new duty. In light of this the Council proposes to make such minor amendments as are needed to the existing Race & Diversity Scheme (and include this Gender Equality Scheme as an Addendum to the existing scheme) pending full review in 2008.

The Disability Equality Scheme that was published in December 2006 has been included as an addendum to the current Race & Diversity Scheme. In light of these schemes, there is a need to determine whether the Council needs three separate schemes or one scheme to embrace all strands within the Race & Diversity scheme when reviewed in 2008.

The next version of the Gender Equality Scheme will be reviewed in 2008 (and thereafter every three years) along with the Race & Diversity Scheme of the Council.

### **Who should prepare the Scheme**

The Diversity Steering Group (DSG) of the Council has prepared the Gender Equality Scheme. The DSG is chaired by the Chief Personnel Officer, reports directly to the Corporate Management Team (CMT) and includes representatives from all departments of the Council. The Executive of the Council and CMT will endorse the Scheme. The Chief Personnel Officer will take overall responsibility for the Gender Equality Scheme and the DSG will be responsible for implementing the Scheme and monitoring progress.

### **Publishing the Scheme**

The Gender Equality Scheme will be published and made accessible to the whole community, along with the Race & Diversity Scheme

## Appendix B

Action Plan

	Corporate Objective	Action							
		Departmental Objective	Action						
			Service Objective	Action					
				Workplan Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
OD01	Continued development of service planning and performance management arrangements	Propose improvements to service planning process for 2008/09	Finalise Service Planning Guidance	Review and develop equality aspects of service planning guidance		Dec 07	Wally Stagg		Yes
				Target setting based on equality objectives and monitoring guidance		Dec 07	Peter Turner		Yes
				Improve local population data available			Peter Turner		Yes
									Yes
									Yes
									Yes
	Develop and improve the effectiveness of the overview and scrutiny	Compilation and Delivery of the Scrutiny Work Programme	Agree all Overview and Scrutiny Work Programmes for 2007/08	Explore options re the role of Scrutiny in Equality and Diversity			Charlotte Burnham		Yes
									Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
0D03	process	2007/08							Yes
									Yes
0D05	Put in place arrangements to ensure the structure of the authority and support arrangements are fit for purpose	Identify and implement structures appropriate to delivering high quality, efficient services	Improve Equality structural arrangements	Review location of Equality function within Chief Executive's Department		Jun-07	Joanne Machers		Yes
				Consider appointment of CMT Equalities Champion		Apr-07	Joanne Machers		Yes
						Jun-07	Joanne Machers		Yes
						Mar-08	Joanne Machers		Yes
						Mar-08	Joanne Machers		Yes
	Ensure arrangements	Implement new legislation	Implement Equalities related legislation	Identify and consider options to encourage participation in public life by people in minority groups		Mar-08	CEMT		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
0D06	in place to deal with new and existing legislation					Mar-08	Alison Oxley		Yes
						Mar-08	Alison Oxley		Yes
						Mar-08	Alison Oxley		Yes
0D09	Implement the Communicating with your Council plans	Implement the Corporate Consultation Strategy Action Plan	Promote consultation with "hard to reach" groups	Organise 5 meetings a year of Talking with Communities group		March 2008	Liz Crookston		Yes
				Discuss with young people best ways of consulting with them		Dec 2007	Liz Crookston		Yes
				Develop regular consultations with people with disabilities		March 2008	Liz Crookston		Yes
				Develop regular consultations with LGTB people		March 2008	Liz Crookston		Yes
									Yes
									Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
			Publish, Implement and Monitor Equality Schemes	Publish Annual Diversity report		Jun-07	Vijaya Kotur		Yes
0D010	Enhance Equality and Diversity arrangements and mainstream	Improve Equality and Diversity Leadership and Corporate		Identify and Agree Consultation arrangements with Minority Groups regarding Race, Disability and Gender Equality Scheme(s) 2008-2011		Nov-07	Vijaya Kotur		Yes
				Determine format of, and develop, Race, Disability and Gender Equality Scheme(s) 2008-2011		Mar-08	Vijaya Kotur		Yes
						Mar-08	Vijaya Kotur		Yes
			Improve Equalities BV PI performance	Prepare Action Plan for achieving Level 4 of the Standard		Mar-08	Vijaya Kotur	BVPI2a	Yes



	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF	into all council activities	Commitment	Improve Equalities information included in Reports to Members	Revise Corporate Report Writing Guidance regarding cross referencing DIA's undertaken within relevant reports to Members			Amanda Whitaker		Yes
							Amanda Whitaker		Yes
						Mar-08	Vijaya Kotur		Yes
						Mar-08	Wally Stagg		Yes
OD011	Implement Elected Member Development Strategy	Further develop the skills and knowledge of Elected Members	Develop the Equality and Diversity Skills of Elected Members	Devise and deliver a training programme to meet identified needs		Sep-07	Julie Wilson		Yes
						Sep-07	Julie Wilson		Yes
						Mar-08	Julie Wilson		Yes
						Mar-08	Joanne Machers		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
				Extend Employee/Recruitment Monitoring to include Sexuality and Religious beliefs		Mar-08	Wally Stagg		Yes
				Implement Employee/Recruitment Monitoring in schools		Mar-08	Georgina Taylor	BVPI 11a, 11b, 11c, 16a, 16b, 17a, 17b, new Gender, new - Age	Yes
				Extend Employee Monitoring to include qualification level		Sep-07	Lucy Armstrong		Yes
				Set targets for training and development		Aug-07	Lucy Armstrong		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
0D012		Implement Plans to Continually Improve What We Do	Improve Workforce Profile information and usage	Set targets for recruitment and retention		Jun-07	Georgina Taylor	BVPI 11a, 11b, 11c, 16a, 16b, 17a, 17b, new Gender, new - Age	Yes
				Undertake Employee Monitoring Survey		Feb-08	Angela Lucas	BVPI 11a, 11b, 11c, 16a, 16b, 17a, 17b, new Gender, new - Age	Yes
				Implement Leavers 'Exit Monitoring' arrangements and monitor Turnover		Sep-07	Alison Swann	BVPI 11a, 11b, 11c, 16a, 16b, 17a, 17b, new Gender, new - Age	Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
	Implement the People Strategy and			Improve monitoring and scrutiny arrangements by managers, Members and stakeholders		Mar-08	Wally Stagg		Yes
						Mar-08	Wally Stagg		Yes
			Achieve Corporate IIP status			Mar-08	Lucy Armstrong		Yes
						Mar-08	Joanne Machers		Yes
				Provide training for all staff on the detailed implementation of the Equality Standard including action plans and updates on legal and other developments		Mar-08	Lucy Armstrong		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
	the Workforce Development Strategy	Implement Plans to Develop Skills of the Workforce	Provide Equality Standard Training	Provide training for managers on the implementation of the standard with contractors and partners		Mar-08	Lucy Armstrong		Yes
				Establish a system of guidance, training on relevant equality issues to short listing panels and interviewers		Mar-08	Georgina Taylor	BVPI 11a, 11b, 11c, 16a, 16b, 17a, 17b, new Gender, new - Age	Yes
				Ensure that employees and members are aware of action plans and the implications for services and employment		Mar-08	Lucy Armstrong		Yes
						Mar-08	Lucy Armstrong		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
		Implement Plans to Effectively Recognise, Engage and Reward the Workforce	Manage Employee Consultation	Set up Equalities Employee Focus Group		Oct-07	Vijaya Kotur		Yes
						Mar-08	Wally Stagg		Yes
					Improve Access to Employment opportunities	Mar-08	Georgina Taylor	BVPI 11a, 11b, 11c, 16a, 16b, 17a, 17b, new Gender, new - Age	Yes
		Implement Plans to Effectively use Resources and Invest in the Future	Improve Recruitment Process	Review Recruitment Practices	Develop written recruitment and promotion procedures dealing with equality issues	Mar-08	Georgina Taylor	BVPI 11a, 11b, 11c, 16a, 16b, 17a, 17b, new Gender, new - Age	Yes
						Mar-08	Alison Oxley		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
						Mar-08	Wally Stagg		Yes
			Determine Provisional Pay and Grading Structure	Undertake Equality Impact assessment		Apr-07	Martyn Ingram		Yes
			Communicate Pay and Grading Structure to Workforce and Managers	Undertake Roadshows, briefings etc		Sep-07	Martyn Ingram		Yes
				Prepare Presentational DVD		Jul-07	Martyn Ingram		Yes
				Provide New sletters etc		Apr-07	Martyn Ingram		Yes
						Sep-07	Martyn Ingram		Yes
		Implement Revised Pay and Grading Structure		Develop Job Profiles		Jun-07	Wally Stagg		Yes
				Advise employees of revised contractual arrangements		Sep-07	Wally Stagg		Yes
			Determine and						

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
	Implement Pay and Grading and Single Status arrangements		Implement Final Pay and Grading Structure	Advise Payments of revised contractual arrangements for employees		Oct-07	Georgina Taylor		Yes
				Deal with Appeals		Mar-08	Wally Stagg		Yes
				Support Employees adversely affected by new structure		Mar-08	Alison Oxley		Yes
						Mar-08	Joanne Machers		Yes
			Determine Post Implementation Pay and Grading Arrangements	Determine how to maintain the Pay and Grading structure post implementation		Sep-07	Wally Stagg		Yes
				Develop Pay Policy	Develop equality guidelines on pay	Sep-07	Martyn Ingram		Yes
				Determine Equal Pay Audits, Market Forces data requirements		Mar-08	Wally Stagg		Yes



	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
00014						Mar-08	Wally Stagg		Yes
						Mar-08	Joanne Machers		Yes
			Implement revised Single Status Conditions of Service	Determine Provisional Conditions of Service arrangements	Undertake Equality Impact assessment	Apr-07	Martyn Ingram		Yes
						Aug-07	Joanne Machers		Yes
				Communicate Conditions of Service arrangements to Workforce and Managers	Undertake Roadshows, briefings etc	Jun-07	Martyn Ingram		Yes
					Prepare Presentational DVD	May-07	Martyn Ingram		Yes
					Provide New sletters etc	Apr-07	Martyn Ingram		Yes
						Jun-07	Martyn Ingram		Yes
				Determine and Implement Final Conditions of Service arrangements	Advise employees of revised contractual arrangements	Sep-07	Wally Stagg		Yes
						Sep-07	Joanne Machers		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
						Mar-08	Joanne Machers		Yes
						Mar-08	Joanne Machers		Yes
				Identify and secure Budget provision for External scrutiny		Jul-07	Vijaya Kotur		Yes
				Determine and implement internal and external scrutiny arrangements for INRA's and Self Assessment	Establish External Scrutiny Forum comprising stakeholder representatives	Oct-07	Vijaya Kotur		Yes
		Improve Diversity Scrutiny arrangements	Improve Diversity Scrutiny arrangements		Include Critical analysis of INRA's and DIA's in DSG workplan	Jun-07	Vijaya Kotur		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
					Extend INRA and DIA guidance to include Departmental 'critical friend' role	Sep-07	Vijaya Kotur		Yes
					Establish Employee Focus Group	Oct-07	Vijaya Kotur		Yes
					Publicise planned action on targets	Mar-08	Vijaya Kotur		Yes
						Mar-08	Vijaya Kotur		Yes
						Mar-08	Vijaya Kotur		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
				Implement revised procurement guidance in all new and renewed contracts		Mar-08	Graham Frankland		Yes
				Ensure equality targets in contracts are met through contract management		Mar-08	Graham Frankland		Yes
				Include an equality requirement in all new and renewed contracts		Mar-08	Graham Frankland		Yes
			Embedded Diversity issues into Procurement	Monitor contracts to secure equal employment and service delivery targets		Mar-08	Graham Frankland		Yes
				Implement guidance on requiring contractors to supply monitoring reports on service delivery and take-up		Mar-08	Graham Frankland		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
		Improve Service Delivery and Customer Care		Use monitoring reports from contractors to assess progress against equality targets		Mar-08	Graham Frankland		Yes
						Mar-08	Graham Frankland		Yes
			Depts complete DIA's and INRA's	Implement DIA and INRA programme in Departments			Each department		Yes
						Nov-07	Joanne Machers		Yes
			Embed Diversity issues into Partnership working	Seek agreement on equality targets with partners in local partnerships			Joanne Smithson		Yes
				Ensure Job Centres, Careers Advisers and Employment Agencies are aware of the council's equality in employment arrangements		Oct-07	Georgina Taylor		Yes

	Corporate								
	Objective	Action							
		Departmental							
		Objective	Action						
			Service						
			Objective	Action					
				Workplan					
				Objective	Action	Date to be completed	Allocated to	Associated PI's	DSG Action Plan
REF									
SC05	Freedom from discrimination or harassment					Mar-08	Vijaya kotur		Yes
						Mar-08	Vijaya kotur		Yes
						Mar-08	Vijaya Kotur		Yes

## PERFORMANCE MANAGEMENT PORTFOLIO

Report to Portfolio Holder

23 April 2007



**Report of:** Chief Personnel Officer

**Subject:** DRAFT WORKING BEYOND THE DEFAULT  
RETIREMENT AGE POLICY

### SUMMARY

#### 1. PURPOSE OF REPORT

To obtain Portfolio Holder endorsement of the Draft Working Beyond the Default Retirement Age Policy, as required by the Employment Equality (Age) Regulations 2006.

#### 2. SUMMARY OF CONTENTS

The report considers the main issues surrounding and recommends a policy for the Portfolio Holders consideration.

#### 3. RELEVANCE TO PORTFOLIO MEMBER

Corporate issue.

#### 4. TYPE OF DECISION

Non-key decision.

#### 5. DECISION MAKING ROUTE

Portfolio Holder only.

#### 6. DECISION(S) REQUIRED

Endorsement of the Policy.

**Report of:** Chief Personnel Officer

**Subject:** DRAFT WORKING BEYOND THE DEFAULT RETIREMENT AGE POLICY

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## **1. PURPOSE OF REPORT**

- 1.1 To obtain Portfolio Holder endorsement of the draft Working Beyond The Default Retirement Age Policy (attached as Appendix 1).

## **2. BACKGROUND**

- 2.1 From 1<sup>st</sup> October 2006 the Employment Equality (Age) Regulations made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. These regulations apply to all employers public and private sector.

The regulations set a default retirement age of 65 (to be reviewed 2011), making compulsory retirement below 65 unlawful unless objectively justified.

The Single Table Group has been consulted on the arrangements.

## **3. ISSUES AROUND THE WORKING BEYOND THE DEFAULT RETIREMENT AGE**

- 3.1 There are four main issues:
- All employees have the right to request to work beyond the default retirement Age.
  - All requests must be given due consideration.
  - Employees have the right to appeal against a decision not to allow them to continue working beyond the default retirement age. This is consistent and accords with appeal arrangements in other employments policies and procedures.
  - Agreement of requests to be based on a 3 year extension period.
- 3.2 Corporate Management Group and the trade unions have endorsed the approach being taken.

## **4. PUBLICITY ARRANGEMENTS**



- 4.1 The revised arrangements will be widely publicised to employees via Newslane, the Intranet, e-mail, notice boards etc and via the trade unions.

**5. RECOMMENDATION**

- 5.1 That the Portfolio Holder:
- a) Endorse the draft Working Beyond the Default Retirement Age Policy.

Appendix 1

# HARTLEPOOL BOROUGH COUNCIL



## WORKING BEYOND THE DEFAULT RETIREMENT AGE POLICY AND PROCEDURE

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### HUMAN RESOURCES DIVISION

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Agreed –

# WORKING BEYOND THE DEFAULT RETIREMENT AGE POLICY AND PROCEDURE

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## **1. SCOPE OF THE POLICY AND PROCEDURE**

- 1.1 This policy and procedure applies to all employees, except employees in schools with delegated budgets, which have their own arrangements.

## **2. PURPOSE OF THE POLICY AND PROCEDURE**

- 2.1 The purpose of the policy and procedure is to provide a fair and consistent basis for dealing with a request from an employee to continue working after the default retirement date (Currently their 65<sup>th</sup> Birthday).
- 2.2 This policy supports Strategic Goal number 4 (Promote Healthy Working) of the Council's [People Strategy](#).
- 2.3 This policy ensure compliance with the Employment Equality (Age) Regulations 2006.

## **3. IMPLEMENTATION OF THE POLICY AND PROCEDURE**

- 3.1 This policy and procedure will be effective from 1<sup>st</sup> October 2006.

## **4. INTRODUCTION**

- 4.1 Employees may make a request to continue working beyond the default retirement (Currently Age 65).
- 4.2 This policy details the way in which a requests from an employee should be handled.

## **5. ELIGIBILITY**

- 5.1 All Employees, regardless of length of service, who reach the default retirement age (Currently Age 65), can request to continue to work.

## **6. NOTIFICATION TO THE EMPLOYEE OF THEIR INTENDED RETIREMENT DATE (IRD)**

- 6.1 The employee shall be notified, in writing that when they reach the default retirement age of 65, the Council will retire them from their post unless they make, and have approved , a request to continue working beyond the default retirement age (Currently Age 65). The notification will include:
  - (a) The default retirement date (Currently their 65<sup>th</sup> Birthday)
  - (b) Explain their right to make a request to continue working after that date, and
  - (c) How to make such a request and provide a pro-forma for that purpose

- 6.2 The employee will receive such notification no less than six months before the default date of retirement.

## **7. EMPLOYEE'S REQUESTS TO CONTINUE WORKING**

- 7.1 When an employee makes a request to continue working after their IRD, it should be:
- (a) In writing
  - (b) State that it is a request to continue working after their IRD under Sch.6, para 5 of the Age Regulations
  - (c) Propose that they should continue working after their IRD indefinitely, for a stated period or until a stated date
  - (d) State the date on which they believe that the employer intends to retire them if the employer has not yet notified the employee in accordance with section 6 above.
- 7.2 An employee can only make one such request in relation to an IRD. This should be made no less than three months before the IRD.
- 7.3 No request to work beyond a three year review period will be agreed, thus allowing both parties to consider their position and whether the arrangements should be extended further.
- 7.4 Nothing in this policy prevents an individual from tendering their resignation or advising of their intention to retirement at any point.

## **8. CONSIDERATION OF AN EMPLOYEE'S REQUEST**

- 8.1 All requests will be acknowledge within 10 working days.
- 8.2 A meeting involving the employee, his/her trade union representative or colleague from work and his/her manager shall take place at a mutually convenient time and place as soon as possible and, in any event, not later than 28 working days following the receipt of the request. Where appropriate a Human Resources representative shall attend or alternatively, advice may be sought from Human Resources if necessary.

Where it is not possible to arrange the meeting within 28 working days, an extension shall be agreed with the employee and confirmed in writing.

Where the employee is unable to arrange be accompanied for the notified meeting, they can request an alternative time/date which is convenient for all parties and falls before the end of a seven –day period, beginning with the first day after the day originally proposed for the meeting.

- 8.3 However, it will not be necessary to hold this meeting if either:
- (a) Both parties agree that the employee will continue to work indefinitely and the manager confirms in writing to the employee to that effect;
  - (b) Both parties agree that the employee will continue working for an agreed period and the manager gives notice to the employee of the length of that period and of the date on which it will end.
- 8.4 The employee shall be informed of the manager's decision, in writing, as soon as possible, and in any event, within 10 working days of the meeting. Where it is not

possible to make a decision within 10 working days, an extension shall be agreed with the employee and confirmed in writing.

8.5 Where the request to continue working after the IRD is acceptable to both the Council and the employee, the confirmatory letter must specify:

- Whether the agreement is to work indefinitely or for a temporary period
- Any new working arrangements, i.e. part time hours
- The date on which it will commence, and if temporary when it will cease

8.6 Where it is decided to refuse or not fully accept the request (e.g. the employee requested to continue to work indefinitely but the employer decides that the employee will only continue to work for a specific length of time), the confirmatory letter will also set out the appeal procedure.

## **9. BUSINESS GROUNDS FOR REFUSING A REQUEST**

9.1 It shall not be permitted under this process to refuse a request to extend beyond the default retirement age (Currently Age 65), for reason of :

- Poor performance
- Capability
- Disciplinary issues
- Health & Safety Reasons

unless such issues have previously been dealt with under the normal Council Procedures within the proceeding 12 months before the intended date of retirement.

## **10. APPEALS AGAINST DECISIONS**

10.1 There shall be a right of appeal against the decision made under section 6.

10.2 Appeals specifying the grounds on which the employee is appealing must be made in writing by the employee and be received by the Chief Personnel Officer, within 10 working days of the employee receiving written notification of the decision not to grant his/her request.

10.3 The appeal will be heard jointly by a Chief Officer within the Department with the Chief Personnel Officer (or representative) within 10 working days of receipt of the appeal, unless a later date is agreed by all parties. The employee shall be entitled to be accompanied at the appeal by his/her trade union official or a colleague from work.

10.4 Written confirmation of the outcome of the appeal shall be sent within 14 calendar days. Where the appeal is dismissed, the reasons for the decision shall be included in the confirmatory letter and the employee will be advised that they have no further right of appeal.

## **11. RIGHT TO BE ACCOMPANIED**

11.1 An employee has the right to be accompanied, at a meeting or appeal meeting concerning their request to delay retirement, by a Trade Union Representative or Colleague from work.

## **12. CONSIDERATION OF FURTHER REQUESTS**

- 12.1 Where it has been decided to agree to a request to continue working for a 3 year period, the employee will be informed, no later than 6 months before the end of this period, that the Authority intends to retire them from their post. The employee will then have the right to make a further request to continue working.
- 12.2 Any further request should be made, and dealt with, in accordance with sections 6-9 above.

### **13. CONDITIONS OF SERVICE AND PENSION IMPLICATIONS**

- 13.1 Employees shall be advised of the conditions of service and pension implications of any proposed changes to working arrangements.

### **14. DIVERSITY IMPACT ASSESSMENT**

- 14.2 The policy has implications for all employees that reach the default retirement Age of 65, therefore the Equality (Age) Regulations 2006 have been taken into consideration throughout this policy.

### **15. MONITORING AND REVIEW ARRANGEMENTS**

- 15.1 An initial review of the effectiveness of this policy and procedure will be undertaken 6 months after the date of implementation and thereafter will be monitored every 3 years.

### **16. DATA ACCURACY**

- 16.1 This process relies upon the accuracy of the data provided to the Authority. If the date of birth held by the Authority is incorrect the individual will be required to provide details of the correct date of birth and the Authority will then confirm any amendments to the process.