

INTRODUCTION

The Improvement Plan Steering Group (IPSG) is a sub-committee of the Audit and Assurance Committee (AAC). The IPSG consists of a board member from the AAC, a member of the leadership team and an employee representative. The Ceannard attends the IPSG. The IPSG has oversight of the Improvement Plan which was developed originally as a result of the Audit Report prepared by Deloitte in 2019.

The purpose of the Improvement Plan is to demonstrate and track that actions are being taken to ensure that the organisation is meeting the required improvements identified in the Audit Reports.

In addition, the Improvement Plan contains improvement actions identified by employees as a result of the Employee Survey undertaken in May 2020.

This plan is effective until a further Audit is undertaken.

The plan will be updated by the Leadership Team who will liaise with the Workstream/Action Leads in order to monitor progress, identify issues and evidence improvements.

The workstreams have been identified as a result of the Audit Report and Employee Survey. Workstreams are agreed by the Audit and Assurance Committee after discussion and review by the ISPG.

A baseline of actions has been agreed by the AAC. Changes to existing actions or new actions can only be agreed by the Improvement Plan Steering Group, which will be reported to the Audit and Assurance Committee.

Risks and Issues associated with the Plan will be reviewed by the IPSG and will be referred to the Audit and Assurance Committee in line with the guidance below.

COMPLETION GUIDANCE

IP Updates and monitoring: LEADERSHIP TEAM

New/Change to actions: To be agreed by the IPSG

Workstream Leads: As named

Responsible for communication of activity -and actions to be undertaken by other employees in BnG. Details to be noted in Comments/Update section of plan.

WORKSTREAM STATUS: Red/Amber/Green (RAG)

Indicator	Red	Amber	Green
Time	Expected improvement delivery more than 30 days later than agreed plan	Expected improvement delivery up to 30 days later than agreed plan	Expected improvement delivery on track and no likely risks or issues to indicate otherwise
Scope	A significant change to the scope of the workstream has been agreed with the IPSG in the last quarter	Not used	Project scope remains as agreed with the Project Sponsor and there are no likely risks/concerns to indicate otherwise. This will include minor changes that are routine and can be accommodated without changes to estimate or schedule above the agreed tolerance.
Cost	Costs expected to exceed current agreed estimate by more than 20%	Costs expected to exceed current agreed estimate by between 10-20%	Costs expected to meet current agreed estimate (with 10% tolerance)
Improvements (Benefits)	A reduction in benefits is likely to be more than 10%	Reduction in improvements of around 10%	Improvements are on target
Overall Project Status	RED if one or more of the above indicators are RED.	AMBER if one or more of the above indicators are AMBER and none are RED.	GREEN if all of the above indicators are GREEN.

RISKS & ISSUES (R&I)

There is a separate agreed R&I log for the overall programme of change. New and Changed R&I will be highlighted in this report.

An issue is anything that is causing an adverse impact on planned progress, cost or quality of the plan including when an action goes to Amber or Red. An issue exists today and must be resolved quickly (as distinct from a risk, which is yet to happen).

Workstream Leads are responsible for resolution and management of issues that can be resolved within their areas.

A risk is an undesirable event that, if it occurred, would impact the delivery or benefits of the plan. A risk is yet to happen and needs to be avoided or mitigated (as distinct from an issue which already exists today). Mitigating actions may be taken to reduce the likelihood of the event happening or to minimise its impact. Contingency action plans may need to be drawn up in case the risk event actually eventuates and therefore the risk becomes an issue.

ACTIONS IN PROGRESS

WORKSTREAM 1: Workforce

KPI/Target		<p>Target: A management structure will be agreed and costed with a supporting succession plan to include actions to manage any gaps in business-critical roles.</p> <p>Impact: A route map to deliver the revised management structure which, when implemented, will deliver the required capacity and capability to achieve the organisation's stated aims and objectives.</p> <p>Metric: Proposal and Succession Plan approved by Board</p> <p>Timescale: by 31/03/2021</p>					
1.1	Ceannard	A revised management structure will be required to deliver organisational strategy with clear roles and responsibilities laid out for each position and a revised structure in place for the beginning of 2021/2022.					
Ref	Lead	Date Added	Improvement/Action	Due Date Revised Date	Deliverable	Comment/Update	Status
1.1.5	Cathraiche	25/10/20	Board to continue to monitor that management structure is effective.	31/10/2021	Performance Review Reports on implementation of Operational Plan (Quarterly), ISA 260 Report, Progress on Improvement Plan	04.08.2021: Progress on Operational Plan 20/21 reported to the Board on 24.02.2021; and 16.06.2021. Commended by the Board for progress. The Board will be in a position to assess effectiveness of revised structure post October Board meeting, when the ISA 260 Report and Operational Plan progress will be reviewed.	Open
1.2	Ceannard	A workforce plan is in place and agreed. An organisation wide training plan is developed and implemented, which centrally captures identified training needs, to ensure the organisation has sufficient skills/capabilities to deliver the strategy.					
Ref	Lead	Date Added	Improvement/Action	Due Date Revised Date	Deliverable	Comment/Update	Status
1.2.4	Operations Manager (HR)	25/10/20	Updated training policy guidance and procedures	28/02/2021 Amended to 18/05/2021	Training Policy Three yearly review of procedures in Work Planner	30.06.2021 – A streamlined policy and updated procedures were reviewed by LT on 13.2.21. Policy has been consulted on and agreed by staff and was approved at the Policy and Resources Committee on 18.05.21.	Closed

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						The policy will be reviewed as part of the 3 year review process included within the Work Planner.	
1.2.5	Operations Manager (HR)	25/10/20	Training Review report for both staff and board members format drafted and agreed	31/03/2021 Amended to 16/06/2021	Training Report	30.06.2021 – This has been completed, and has been presented to the Board. The training report will be presented to the Board annually going forward.	Closed
1.2.7	Cathraiche	25/10/20	Board to consider whether spend on training is sufficient.	31/10/2021	Training Reports	30.06.2021 – This has been completed, and has been presented to the Board. The training report will be presented to the Board annually going forward.	Closed

WORKSTREAM 2: Governance and Transparency

KPI/Target		<p>Target: Bòrd na Gàidhlig governance measures operate to the required standards Impact: The organisation operates effectively with appropriate governance structures and transparency Metrics: Internal Audit Report, External Audit Report, Board and Committee effectiveness reviews. Timescale: 31 May 2021</p>					
2.1	Head of Finance	A holistic review of the governance arrangements in the organisation will be carried out. Any recommendations arising from this review will be added to this improvement plan.					
Ref	Lead	Date Added	Improvement/Action	Due Date Revised Date	Deliverable	Comment/Update	Status
2.1.6	Cathraiche	04/02/21 (IA Report)	We also recommend that consideration be given to having a catch-up meeting with the Chair and/or Chief Executive after the new Board member has attended a few meetings. This will give the Chair and/or Chief Executive the chance to make sure the new member is aware and understands their role and responsibilities and what is expected of them as a Board member. It will also give the new Board member the opportunity to raise any comments/concerns/queries on the operation of the Board and the governance arrangements away from the meetings.	01/10/2021		04.08.2021 - An evaluation template to monitor effectiveness of induction processes has been developed to be used within 6 months of appointment. The link to this evaluation template is included within the Induction pack. This has been completed by the 2nd most recent appointment to the board. A meeting has been arranged for 7 September 2021, with the Chair, Ceannard and the Board member appointed on 1 April 21, to obtain	Open

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						feedback and conclude on his induction process.	
2.2		Ensure compliance with standing orders					
2.2.2	Cathraiche	25/10/20 (ISA260 – 2019-20)	Board to consider whether Standards Officer has sufficient skills and capacity to perform the role effectively and if not, what support/alternative measures can be put in place to bridge gaps identified	30/11/2020 Amended to 16/06/2021	Board SO's Performance Review and support plan	04.08.21 Standards Officer report provided to Cathraiche on 30/03/2021. Feedback has now been received from the Board, and the report has been revised and re-circulated. It has now been presented to the Board (16 Jun 21).	Closed
2.2.3	Office Manager	18.01.2021 (2019-20 IP)	Preparation of desktop instructions for the preparation and distribution of board and committee papers. (SO22) Develop desktop instructions for the appropriate provision of translation at meetings. (SO10) Further development of the verification checklist to include a line for date for distribution of documents. (SO22)	31/03/2021 Amended to 30/08/2021	Easy to follow information available for all staff involved in this work; consistent approach to delivery.	26.08.21 Desktop instructions have been expanded from a guide for admin staff to a more expansive instruction for staff on the process around preparation of papers for Board and Committee meetings. Head of F&CS, Ceannard and Admin team have walked through these new procedures several times now. This has helped to ensure they are complete and accurate, and can be used by those with no, or little, experience. These are now final and have been translated.	Closed
2.4		Board Training and Effectiveness					
2.4.1	Cathraiche	25/10/20	Board to agree whether all their main training needs are being met in line with an agreed training plan	30/04/2021 Amended to 16/06/2021	Board training report discussed at board meeting	04.08.21 PDP guidance and template issued; to be returned by 08.02.21. All board members completed and returned PDPs. The Board training report has been agreed by Board (16 June 21).	Closed

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2.4.3	Operations Manager	25/10/20	Monitoring system for ensuring that training requests are actioned and monitored and report to board	Annually	Board Training Review report	<p>04.08.21: PeopleHR has been developed to capture all training requests. This proposed improvement to the Training process has been included within the latest draft of the Policy which is to be presented to the CSD for approval.</p> <p>To increase resilience, the staff member responsible for managing training requests is currently training another team member on the process.</p> <p>A new 'Training review' monthly meeting is to be implemented in 21/22. Part of the agenda will be to monitor and action training requests if appropriate. The Operations Manager will attend these meetings.</p> <p>Reporting to Board has now taken place, and has been included within the Work Planners to ensure an update is presented annually.</p>	Closed
2.4.4	Ceannard/Cathraiche	25/10/20	Self-assessment of leadership team, committee and board should be developed into a 3-year programme with external assessment every 3 years	31/03/2022	Board and Committee assessment plan	<p>04.08.21 Paper was presented to AAC on 12.11.20 for Internal Audit review of effectiveness as part of 3-year cycle.</p> <p>Internal Audit plan 21/22 includes a plan for Board and Committee assessment.</p> <p>Action considered closed.</p>	Closed
2.4.5	Office Manager	25/10/20	Key governance documents which are on the website should be updated and made available on website immediately	31/05/2021	Website updates within 10 days of approved bilingual document available	<p>04.08.21 Checks are made to ensure documents are current. The system is being strengthened by ensuring responsibilities for implementation have been documented (final draft). These are at final draft stage, awaiting final approval and translation.</p>	Closed

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2.5	SML	Change Management Support					
2.5.2	Ceannard/ Cathraiche	25/10/20	Board to continue to monitor implementation of the programme for change and ensure it is delivered effectively	31/10/2021	Report to board on implementation of programme for change	04.08.21: Taylor Clarke (TC) have completed their programme of work. Exit meetings have been held with the staff team, the SMT and a joint Board/SMT meeting. The final draft report from TC has been issued to the A&AC for their review and approval.	Open
2.7		Developing the Improvement Plan					
2.7.1	Ceannard	26/01/21	Process and criteria for adding actions to the Improvement Plan to be developed	31/03/2021 Amended to 16/06/2021	Process agreed by IPSPG	04.08.21 Discussions have been held with the Chair of the IPSPG on systems for embedding continuous improvement and a paper on the options for achieving this has been brought to the IPSPG meeting on 5 May 2021. The final governance step of Board approval was obtained on 16 June 2020.	Closed

WORKSTREAM 6: Communication

KPI/Target		<p>Target: Ensure effective communication internally Impact: Improved employee satisfaction Metrics: Employee Survey continues to display evidence of improvement over periods of time. Employee feedback via employee rep at Improvement Plan Steering Group, Employee wellbeing survey reporting 90% staff expect to have their POPs. Timescale: 31 July 2021</p>					
Ref	Lead LNI	Date Added	Improvement/Action	Due Date Revised Date	Deliverable	Comment/Update	Status
6.1	Operations Manager	Improving internal communication, particularly around the Improvement Plan					
6.1.3	Cathraiche	25/10/20 (2018/19 action)	Board and staff engagement – board should evaluate whether engagement is effective and whether more should be done through reflection on staff survey report and other assessments and agree actions (BnG-03-1920-15)	31/12/2020 Amended to 02/07/2021	Board engagement actions	04.08.21 A report on engagement actions was circulated to Board members by email on 28 June. The report recommended that no action is required other than that the Board are informed of the outcomes of the	Closed

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						annual staff survey. Board members were asked to respond with questions/comments by 2 July; two members replied stating that they were content with the recommendation and pleased with the results.	
6.3		Improvements arising from Employee Survey April 2020 and agreed by the whole team in September 2020					
6.3.2	Operations Manager - process	25/10/20	CPD/Self-led learning (e.g. webinars, books, peer learning). Employees should have an agreed amount of time to undertake learning activities. Learning Activity should be reviewed at the 6 weekly review and recorded in People HR. (Link to Workstream 1)	31/12/2020 Amended to 30/05/2021	People HR Report PDP process	04.08.21 A self-led learning morning was timetabled for all staff on 16.02.21 as the first in a quarterly programme of self-development opportunities. These are timetabled in all staff diaries. The revised Learning & Development policy was approved by the Policy & Resources Committee on 18 May 2021. PeopleHR will be used for staff training (both formal and informal) requests. Guidance on the new process has been prepared, the Policy has been translated, and the new bilingual policy and guidance has been circulated to staff and discussed under HR at the Dè thd Dol meeting.	Closed

COMPLETED ACTIONS (As agreed by Improvement Plan Steering Group)**WORKSTREAM 1 - Workforce**

1.1.1	Ceannard	25/10/20	Proposal on revised management structure to go to December Board Meeting	31/12/2020	Board paper	11.01.21 – Paper submitted and further meeting held; proposals agreed on 21.12.20	Closed
1.1.2	Ceannard	25/10/20	Proposal to have a funding plan/strategy in place	31/03/2021	Strategy approved by the Board	25.02.2021 Business Case approved by the Board on 24.02.2021 (BnG-06-2021-06.1 PT3)	Closed
1.1.3	Ceannard	25/10/20	Succession plan prepared and agreed by leadership team	28/02/2021	Succession Plan	25.02.2021 Workforce Plan with succession plan agreed by the Board on 24.02.2021 (BnG-06-2021-06.1 PT1)	Closed
1.1.4	Ceannard	25/10/20	Communication and Implementation plan for revised structure developed	31/03/2021	Communication and Implementation plan	27.04.2021: Communication and implementation plan was prepared by HR adviser in February 2021 on time. Target dates for deliverables on the plan have been extended to take account of staff workload and absences. We recognise the changes in structure are still being progressed but the Communication and Implementation plan (deliverable) was delivered on time. We therefore recommend to close this action.	Closed
1.2.1	HR	25/10/20	Workforce plan objectives and actions are reworked to provide sufficient detail	February 2021 board meeting	Workforce Plan	25.02.21 The Workforce Plan was presented to, and approved by, the Board on 24 February 21 (BnG-06-2021 - 6.1 PT1 Workforce Plan).	Closed

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1.2.2	Operations Manager	25/10/20	Undertake individual and organisational training needs analysis through personal development plans	31/01/2021	Staff and board members with PDPs Organisational Development Needs identified by leadership team	14.01.21 Guidance issued to staff on 21.12.20, with training session for line managers on 18.01.21 on implementation of guidance. PDPs are complete and have been collated.	Closed
1.2.3	Operations Manager (HR)	25/10/20	Undertake individual and organisational training needs analysis through personal development plans	28/02/2021 Amended to 29/03/2021	Training Plan	13.04.21 – Plan has now been completed and we have the overall budget for the year. Those courses planned on being run early in the financial year have been costed in detail within the plan.	Closed
1.2.6	Operations Manager (HR)	25/10/20	Recruitment documentation records consideration for requirements on a case by case basis around Gaelic essential or not	31/12/2020	Recruitment documentation	14.01.21 – This process is in place.	Closed
1.2.8	Operations Manager (HR)	19/01/21 (IP 2019-20)	Strengthen recruitment, selection and onboarding	30/04/2021	Annual new recruit survey for staff and board	13.04.21 Induction pack for both staff and board members has now been finalised. There is a link to this included within the Manager's Staff Induction pack.	Closed

WORKSTREAM 2 – Governance and Transparency

2.1.1	Head of Finance	25/10/20	Internal Audit process undertaken, and report submitted to Audit and Assurance Committee	28/09/2020 audit starts; AAC meeting November 2020	Audit report and recommendations	11.1.21 – Internal Audit report rating Substantial (Controls largely satisfactory although some weaknesses identified, recommendations for improvement made.) 1 Medium & 4 Low recommendations; 1 Low rec has been completed; the remainder are in progress.	Closed
2.1.2	Cathraiche	04/02/21 (IA Report)	We recommend that the Organisation consider the skills mix on the Board and Committees and seek to hold discussions with the Scottish Government about recruiting additional members.	01/04/2021	Meeting with SG to discuss recruitment of additional Board members	This was reviewed at a meeting between SG & BnG in October 2020. A new Board member (Donald McKay) was appointment 1 April 21.	Closed
2.1.3	Ceannard	04/02/21 (IA Report)	We recommend that Board and Committee members and senior staff are requested to complete the Code of Conduct Declaration each year.	24/12/2020	Code of Conduct Declarations	This was completed on 08.01.2021, and is included in the Work Planner to ensure the Declaration is completed each year.	Closed

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2.1.4	Ceannard	04/02/21 (IA Report)	We also recommend that the Organisation review its Code of Conduct document periodically to ensure that it is still relevant and conform with good practice and is in line with the conduct the Organisation wishes its members and staff to uphold.	There is no implementation date for this as it is dependent on parliamentary process.	Revised Code of Conduct	04.02.2021 - The Model Code of Conduct is a document which is published by Scottish Ministers and was last updated in 2014. A consultation has opened to review and update the Model Code of Conduct. Once the revised Code is published, Bòrd na Gàidhlig in conjunction with update its Code and will submit its Code to Scottish Ministers and the Standards Commission for approval. This will be added to the Work Planner.	Closed
2.1.5	Ops Manager	04/02/21 (IA Report)	We recommend that an induction checklist is produced to be completed when the new member is undergoing the induction.	28/02/2021 Amended to 31/03/2021	Checklist created	25.02.2021 – Induction pack for board members is being revised and improved. See also IP 1.2.8 08.03.21 Induction pack for board members has been revised and improved, and is now complete.	Closed
2.1.7	Cathraiche	04/02/21 (IA Report)	We recommend that Bòrd na Gàidhlig continue to develop its training programme with on-going refresher training being given to the Board members at least every couple of years on areas such as Risk Management, Fraud Awareness, Finance for non-Financial Board members, corporate governance training and GDPR amongst others. These could be delivered as short sessions either before or after the Board or Committee meetings. The training could include training for any new Chairs on how to run and control a meeting.	25/11/2021 Amended to 31/03/2021	Training evaluation forms completed	13.04.2021 – These generic items have been included in the training plan.	Closed
2.2		Ensure compliance with standing orders					
2.2.1	Office Manager	25/10/20 (2019-20 IP)	Training on standing orders for board and staff to ensure compliance. (SO 10, 22 and 57)	31/12/2020 Amended to 01/04/2021	Training completed	13.04.2021 The training was delayed due to staff absences. Board training was completed on 22 February and staff training on 1 April 2021.	Closed

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2.3		Covering Reports should include sufficient information					
2.3.1	Ceannard - LT	25/10/20	Greater information required in Impact sections of reports including links and impact on other plans, budgets and further development and consideration of risk	31/12/2020	More detailed Impacts sections on Covering reports Training for relevant employees on requirements	11.1.21 Draft guidance was created and discussed with all managers at SMT meeting (04/11/2020). Board feedback on quality of papers will provide the monitoring loop on effectiveness.	Closed
2.4		Board Training and Effectiveness					
2.4.2	Cathraiche	25/10/20	Board to refamiliarize itself with its governing legislation, Standing Orders, Terms of Reference, to ensure they are aware of process for making key governance changes and are able to challenge when these processes are not followed	31/12/2020 Amended to 06/04/2021	Board regular reading and reviewing included as part of agenda	13.04.21 Refamiliarisation session held on 6 April 2021; attendance by 5 out of 7 board members plus SMT. Powerpoint sent on to board members unable to attend.	Closed
2.4.6	Cathraiche	04/02/21 (IA Report)	We recommend that consideration should be given to members meeting for 5 - 10 minutes after the Board/Committee meetings to discuss and assess the meetings and papers presented. This will allow any issues identified to be resolved quickly and will give members a chance to discuss any concerns etc they have in respect of the meetings and/or the information presented.	02/12/2020	Board paper presented to June 21 meeting	04.03.21 – This process is now in place with it being an item noted at the end of the agenda.	Closed
2.5.1	Ceannard	25/10/20	Change management support to ensure completion of Change Implementation Plan. Paper to Board on 23/09/20	Dependent on Scottish Ministers approval for spend	Change management support in place and terms of reference agreed	25.02.21 Approval was received on 7.12.20. Taylor Clarke Partnership appointed; commenced work with the organisation on 17.02.2021.	Closed
2.5.3	Ceannard	25/10/20	First review of timescales for implementing recommendations in improvement plan to be undertaken and cross-organisation input completed.	30/11/2020	Implementation Plan timescales agreed	11.1.21 All-staff review of IP was held	Closed
2.5.4	Head of Finance & Corporate Services	25/10/20	Board to improve its processes for capturing and reporting progress on actions arising from Board and Committee meetings and from audit, and board members need to scrutinise management updates on those areas to a greater degree. (Links to 2.	16/12/2020 Amended to 31/03/2021	Board/Committee minutes	13.04.21 A centralised spreadsheet has been created and is maintained by the Head of Finance & Corporate Services. All Board and Committee actions are held there. On a monthly basis, and prior to Board and Committee papers being prepared, updates are requested from action owners.	Closed

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2.5.5	Ceannard	25/10/20	Review of governance – internal audit 28/09/20	31/12/2020	Internal Audit Report	18.01.2021 Internal Audit report completed and recommendations being implemented.	Closed
2.5.6	Ceannard	25/10/20	A review into effectiveness of committee structure should be carried out – internal audit underway w/c 28/09/2020	31/12/2020	Internal Audit Report	18.01.2021 Internal Audit report completed and recommendations being implemented.	Closed
2.5.7	HR	25/10/20	Have SMART targets for each Workstream in IP (KPIs)	30/11/2020	Improvement plan targets agreed	11.1.21 After a full consultation process, the IP was presented to the Board for approval on 02.12.2020.	Closed
2.5.8	HR		In order to improve monitoring of progress, a new format of Improvement Plan and Reporting should be established.	08/10/2020	Improvement plan	11.1.21 After a full consultation process, the IP was presented to the Board for approval on 02.12.2020.	Closed
2.6.1	Ceannard	25/10/20	The framework document needs to be updated to reflect the changes agreed with the Sponsor Division.	When SG changes are incorporated	Framework Document	05.03.2021 The document was updated (Board meeting 23/09/2020). The revised Framework document was approved by the Deputy First Minister, and this was received on 23.02.21. The document is now on our website.	Closed

WORKSTREAM 3 – Financial Management

3.1.1	Head of Finance	25/10/20	Budget in place and structure to report on performance against operational plan	Board meeting February 2021	Budget report	25.02.21 – Budget for 21/22 was presented to the Board on 24.02.2021 (BnG-06-2021-11.3) and a section was included in the Operational Plan 2021-22 to identify budgets to achieve outcomes.	Closed
3.1.2	Head of Finance	25/10/20	Set out outcomes which the budget aims to progress demonstrating the impact on MTFP	Board meeting February 2021	Budget presented for approval	05.03.21 – The 2021/22 Budget, and indicative budget for 2022/23 - 2025/26 (BnG-06-2021 - 11.3 Buidseat 2021/22) and the 2021/22 Operational Plan (BnG-06-2021 - 10.1 PA Plana Gníomh 2021/22), were presented to, and approved by, the Board on 24 February 21. The Budget paper presented the high level budget for the 5 years in the MTFP. The 21/22 Operational Plan paper included a more indepth	Closed

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						breakdown of the budget and how it was mapped to the Operational Outcomes (and also the Corporate Outcomes).	
3.1.3	Head of Finance	25/10/20	Add additional review in procurement exercise documenting qualitative considerations	30/11/2020	Qualitative measures added to procurement process	05.03.21 – The Operations Manager provided additional advice around qualitative considerations during tender processes to those with procurement responsibilities. At the end of the financial year, the Head of Finance & Corporate Services is required to investigate and report to the Board on compliance with BnG's Procurement policy. This review will include a look at the consideration of qualitative measures as part of tender awards.	Closed
3.1.4	Operations Manager	25/10/20	Training on procurement should be provided to those involved in procurement process	15/12/2020	Training	14.01.21 First session delivered (8/10/2020); 2nd session delivered at the all staff development session on 08.12.20. A further session to be delivered by SG colleagues is planned for all-staff conference in April 21.	Closed

WORKSTREAM 4 - Financial Sustainability

4.1.1	Ceannard	25/10/20 (2019/20 action)	Business Case to be updated to focus on making best use of totality of funding with clear outcomes delivered	31/03/2021	Business case	25.02.2021 – Business case agreed by the Board on 24.02.2021 (BnG-06-2021-06.1 PT3) with clear outcomes identified.	Closed
4.2.1	Head of Finance	25/10/20 (2018/19 action)	MTFP to updated to include: - Best- and worst-case scenarios - Analysis of previous year statistics - Links between staffing changes and MTFP - Detail on actions to close the funding gap - Additional section on assumptions and risks	Revised draft – December 2020; Final version – February 2021	MTFP	05.03.21 – The final MTFP (BnG-06-2021 - 6.1 PT2 MTFP) was presented to, and approved by, the Board on 24 February 21. Within this paper, were 4 scenarios, with the Current Budget (also approved by the Board on 24 Feb) being the basecase scenario.	Closed

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						A business case was also presented to, and approved, by the Board (refer to Item 4.1.1). This paper details BnG's proposal to SG to close the funding gap.	
4.2.2	Head of Finance	25/10/20 (2019/20 action)	MTFP to be updated to reflect changes implemented by the organisation and the impact of the current Covid19 pandemic and in conjunction with reviews of other plans.	Revised draft – December 2020; Final version – February 2021	MTFP	05.03.21 – The final MTFP (BnG-06-2021 - 6.1 PT2 MTFP) was presented to, and approved by, the Board on 24 February 21. The planned organisational changes and the impact of Covid on BnG were considered when preparation this paper.	Closed

WORKSTREAM 5 – Value for Money

5.1.1	Director LP & CD	25/10/20 (2018/19 action)	Consultation Plan completed and findings agreed.	31/03/2021	Consultation Plan Board Updates	10.3.21 Consultation completed and findings agreed by the board in February 2021. Board agreed to establish a working group to implement the findings for the 21/22 financial year onwards.	Closed
5.1.2	Director LP & CD	25/10/20 (2018/19 action)	Analysis of 3-year funding. Does it provides better value for money than 1 year or one-off grants?	31/03/2021	Self-assessments from funded organisations Stakeholder feedback Internal evaluation of impact	10.3.21 Consultation completed and findings agreed by the board in February 2021. Board agreed to establish a working group to implement the findings for the 21/22 financial year onwards. Self-assessment by funded organisation showed that 3-year agreements had been very helpful to them. Evaluation of the impact is on-going, with COVID-19 playing a significant part in outcomes – both negative and positive. The Funding team’s Work Planner for 21/22 includes the requirement for the analysis of the 3-year funding grants to be completed at the end of the 3-year term.	Closed

WORKSTREAM 6 – Communication

6.1.1	Staff member, IPSG	25/10/20	Establish a mechanism for monitoring staff opinion in relation to specific actions undertaken as a result of the improvement plan	12/11/2020	Employee feedback on IP	18.01.21 Process agreed by IPSG and discussed at all staff meeting. Invite to first discussion sent out w/c 13/01/21.	Closed
6.1.2	Chair, IPSG	25/10/20	Extend invite to other members of staff to observe conduct of Improvement Committee meetings e.g. (Trade Union representatives)	12/11/2020	Employee rep attendance at IPSG	26.01.21 Steering group reviewed the mechanisms and agreed an alternative route forwards which will be reviewed after 6 months.	Closed
6.1.4	Office Manager	25/10/20 (2019/20 action)	System for reporting reason as to which language a paper is presented in – consistency of system for checking Gaelic/English are increased	02/12/2020	Paper submission process	14.01.21 Written guidance for cover papers developed which includes guidance on language use.	Closed
6.1.5	Operations Manager	25/10/20	Internal communications – review to see what further improvements can be made	30/11/2020	Internal Comms Strategy	14.01.21 Operations Manager & Communications officer developed and distributed Communication Survey for staff, 4-19 November 20; the outcomes were discussed at all-staff development session on 08.12.20.	Closed
6.1.6	Operations Manager	26/01/21	Ensure notification is placed on sharepoint to inform staff that meetings of board, committee or Improvement Plan Steering Group are available	31/03/2021	Message on sharepoint consistently	04.04.21 This has been in place for the recent cycle of meetings. 05.03.21 This instruction is now included in the desk instructions for meting administration.	Closed
6.2.1	Operations Manager	25/10/20	Encourage recognition as part of normal performance conversations (linked to values)	31/12/2020 Amended to 31/03/2021	SLT/Management development on positive reinforcement	05.03.21 A question has been added to POPs to ask which value staff member is going to focus on in the next period, and then discussed at next POP. Further work on this was delivered through managers' training session on 18.01.21.	Closed
6.2.2	LT	25/10/20	Employee achievement is recognised as part of the normal team meetings	30/11/2020 Amended to 28/02/2021	Feedback on employee achievement noted at team meetings by all employees	05.03.21 There are various mechanisms where Employee Achievements are recognised: * At the monthly Leadership Team meeting, there is a session with Managers on team successes. * Dè tha Dol? fortnightly all staff meeting. * Managers team meeting * Each dept talk about successes at their meetings	Closed

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6.3.1	Manaidsearan	25/10/20	Follow and implement the Learning & Development policy and provide opportunities for the team (Link to Workstream 1)	31/01/2021	Managers reporting that they are comfortable with L&D policy and processes	08.03.21 A consultation of the draft policy was undertaken, and no objections were received. Therefore consider action to be closed.	Closed
6.3.3	LT	25/10/20	Recognition of wider skillset across the organisation and how it could be used in different situations. (Link to Workstream 1, Action 2.2)	28/02/2021	PDPs Skills matrix	14.01.21 This is underway, for example, the all-staff session on 08.12.20 comprised different training sessions all delivered by our own staff and we will continue to create these opportunities. It is reinforced by the increased cross-team working on projects and initiatives. PDPs have now been completed.	Closed
6.3.4	Operations Manager	25/10/20	Implement time off for volunteering activities through special leave policy – reminder at POP that this is available	31/12/2020	Volunteering process	14.01.21 Draft special leave policy, which has been consulted on, includes time off for volunteering. Staff requested a specific amount of time to be agreed. LT on 13.12.20 agreed 1 day volunteering pa per person. This was communicated to all staff through Dè tha Dol.	Closed
6.3.5	Operations Manager	25/10/20	Discuss wellbeing policies regularly and improve access of these to the team – following outcomes of Wellbeing Surveys	30/11/2020	Wellbeing Review	14.01.21 There are regular reminders about wellbeing support and information on policies at Dè tha Dol; two wellbeing surveys have been carried out; and HR will deliver a session tailored to the results on 16.02.21.	Closed
6.3.6	Manaidsearan	25/10/20	Performance success is measured on outputs of work rather than time at work. Ensure a focus on individual achievements that should be linked to the operational plan via POPs.	28/02/2021	POP Objectives	14.01.21 POPs link objectives to the operational plan and the review of objectives includes recognition of achievements.	Closed
6.3.7	Operations Manager	25/10/20	Clear communication and systems to let employees know relevant information about what is happening in the organisation e.g. re-introduction to the office – linked to 6.3.9	30/04/2021	Team meeting minutes Information on news page on sharepoint Internal Comms strategy	14.01.21 Regular updates to all staff on SharePoint and at Dè tha Dol (followed by notes from the meeting for those staff who were not present). 05.03.21 Internal communications plan in place and is updated monthly. Information continues to be disseminated at Dè tha Dol meetings and through SharePoint news.	Closed

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6.3.8	Office Manager	25/10/20	Workload – while continuing to work from home, support wellbeing appropriately e.g. regular screen breaks etc	30/11/2020	Wellbeing Review POPs	05.03.2021 Additional H&S appointments were conducted for all staff with Peninsula Employee Support, with findings being submitted to Operations Manager. 14.01.21 Two wellbeing surveys carried out and outputs to be developed at 18.02.21; H&S training and review delivered at staff conference in April 20; this to be refreshed in April 21. All staff are encouraged to request equipment to facilitate home-working safely and to access online support.	Closed
6.3.9	Operations Manager	25/10/20	As part of Internal Communications strategy, present overview of all organisational set meetings, purpose, and feedback mechanisms	31/01/2021	Internal Comms Strategy	04.04.21 Document created and shared on intranet.	Closed
6.3.10	Cathraiche		Feedback on information provided for board, external stakeholders, and recognition of what has been delivered.	28/02/2021	Comms reports	23.04.21 Following a meeting with various Officers in BnG, it became apparent that it is not clear what this action is intended to achieve. We therefore cannot provide an update on progress.	Unresolved
6.3.11	Operations Manager		Employees have time to review information and are signposted to where the information can be found.	31/01/2021	Employee Communication Agreement	05.03.21 A communication charter was draft and consulted on for 2 weeks, ending on 25.02.21. It was approved and will be published on SharePoint and all staff will sign up to the charter.	Closed