

# ANNUAL GOVERNANCE REVIEW V2

## 2019/20 Evidence Table

**Incorporating contributions from the following areas of the Council:**

Legal  
Strategy and Partnerships  
Finance  
Human Resources  
Internal Audit  
Corporate Anti-Fraud  
Information Governance  
Procurement  
Complaints  
Community Directorate  
People Directorate  
Resources Directorate

## Core principles and sub-principles of good governance

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**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

**1. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.** (2007 Framework Core Principle 3: Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour.)

Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions across all activities and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<b>Behaving with integrity</b>				
1.1	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	<p>Codes of conduct for staff and members are in place Council values launched in March 2016 have been incorporated into the staff induction programme.</p> <p>The refreshed appraisal framework includes an assessment of individual demonstration of the values. The Council values endorsed by Cabinet 2016 are integrated into the Corporate Plan. A review of the Council's recruitment processes has been completed and a more values based approach was introduced February 2018.</p> <p>A Staff Reward and Recognition scheme initially in relation to the work undertaken by staff during the COVID 19 pandemic has been launched in 2020/21.</p>	<p>Code of Conduct (GS)</p> <p>Corporate Plan (GS)</p>		HR-TC 08/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
1.2	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	<p>Code of conduct for Members in place as well as a Code of conduct for Employees.</p> <p>On election Members are given induction training and there is an annual training programme devised by the Membership Development Panel.</p> <p>Following the local government election in May 18, a welcome evening was held for all elected members on 8 May to cover Council values, conduct and member interests plus a Members marketplace was held on 15<sup>th</sup> May to explain key council services and there was a programme of Member mandatory training in May/June 2018.</p> <p>All Members have been provided with an induction pack post- election in May 2018. Current workshops with Members to establish behaviours aligned with the Doing it Together values and the Nolan principles. Leadership behaviours have also been included.</p> <p>Staff are briefed on the Code of Conduct in their informal induction sessions with their line manager.</p> <p>The Staff employee Code of Conduct is accessible to all staff on the <a href="#">Hub</a>. The link is now sent along with the relevant employee handbook to all new starters.</p>	<p>Code of conduct for Members (GS)</p> <p>Code of conduct for Employees (GS)</p> <p>Induction Checklist (GS)</p>		<p>Legal-CE 03/06/20</p> <p>HR-TC 08/06/20</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
1.3	Leading by example and using the above standard operating principles or values as a framework for decision making and other actions	<p>The Governance Audit and Risk Management Committee was amalgamated with the Standards Committee on 12 June 2014. Terms of reference for the Committee are contained in the constitution. Dates of meetings can be found on the Council website. Declarations of interests made at meetings.</p> <p>Members' code of conduct requires that members have regard to advice given by Monitoring Officer and Chief Finance Officer and that they must not act in a manner which causes the Council to act unlawfully.</p> <p>Templates for committee and cabinet decisions include sections on options, financial implications, risk management and legal implications.</p> <p>Example of minutes where interests were declared can be found on the Council website.</p> <p>A minor gap was identified in 2017/18 regarding the risk management section of Cabinet reports. It was agreed that when reviewing reports in their name Corporate Directors would ensure that all potential key risks relating to the proposals in the reports had been identified along with the current controls in place, underway or planned to mitigate the risks within the risk management section of the report in accordance with corporate guidance. It was agreed that a sign-off process would be introduced and evidence on the committee reports for Corporate Directors to sit alongside the statutory officer sign-offs. A new template has been produced and will be used from April 2019. Additional guidance on Corporate Director sign-off to be included from July 2019.</p>	<p>Terms of Reference (GS)</p> <p>Minuted declarations of interests</p> <p>Members code of conduct (GS)</p> <p>Template for committee and cabinet decisions (GS)</p>	<p>Minor Gap 17/18 IA review identified that risk management section of Cabinet reports not robust, this continued to be a gap during 2018/19 however new Corporate Director sign-off process introduced in April 2019 with specific responsibility for ensuring risk section robust will close this gap for 2019/20. 2019/20 Gap closed</p>	<p>Legal -CE 03/06/20</p>

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1.4	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	<p>Members' code of conduct requires members to declare interests and if it is a Disclosable Pecuniary Interest as defined in legislation to withdraw from the room and not to participate any further in any discussion or vote. Members are required to declare their interests on a register of interests and these are published on the Council's website. Example of minutes where interests were declared can be found on the Council website.</p> <p>The Gifts and Hospitality Protocol provides guidance to members on acceptance of gifts and hospitality and when and how these must be declared. A register of members' gifts and hospitality is kept up to date.</p> <p>Employee code of conduct sets out rules on the acceptance of gifts and hospitality. Registers are kept in each department.</p> <p>Whistleblowing policy is available to staff on the intranet and available to the public on the governance pages of the website.</p> <p>2019/20 Management Assurance exercise has confirmed that register of interests and gifts&amp; hospitality maintained and updated by each Directorate.</p> <p>The Council has a two stage Complaints process with the aim to get things right first time and to resolve the issue as quickly as possible. The Council will investigate all complaints and when a mistake has been made or the Council has caused the problem has been caused we will apologise and rectify the situation. The Council works closely with the Local Government Ombudsman to ensure that complaints are handled in a confidential manner and reviewed objectively.</p> <p>The Corporate Anti-Fraud and Corruption Strategy 2016-19 was reviewed during 2019-20 but no changes were made due to an expected update to the Local Government Fighting Fraud &amp; Corruption Locally Strategy (FFCL) in 2019-20. The refreshed FFCL Strategy was published online on 26<sup>th</sup> March 2020 and therefore during 2020-21 the authorities' own strategy will be reviewed and updated to reflect any changes and best practice the new FFCL Strategy recommends.</p> <p>The Council's Corporate Anti-Fraud Team undertook a self-assessment against the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) during 2019/20 that reviewed progress against the five main principles within the code to improve the Council's arrangements. The result was a compliance level of 78%, unchanged from 2018/19 indicating that the authority has maintained a 'good level' of performance against the code. Further actions have been built into the 2019/20 Corporate Anti-Fraud plan to improve fraud risk resilience and progress against the actions contained within the Fraud Strategy will be reported to the GARMS Committee in September 2020.</p>	<p>Members code of conduct (GS)</p> <p>Gifts and Hospitality Protocol (GS)</p> <p>Employee code of conduct (GS)</p> <p>Whistleblowing policy (GS)</p> <p>Corporate complaints policy (GS)</p> <p>Corporate Anti-Fraud and Corruption Strategy 2016-19 (GS)</p>		<p>Legal-CE 03/06/20</p> <p>IA – SD 24/08/20</p> <p>CS&amp;BS- JM 20/05/20</p> <p>CAFT -JP 05/06/20</p>

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	<b>Demonstrating strong commitment to ethical values</b>				
1.5	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	<p>Financial regulations Contract procedure rules Constitution</p> <p>The scrutiny function comprises an overview and scrutiny committee, a performance and finance sub- committee, and lead scrutiny councillors for:</p> <ul style="list-style-type: none"> <li>• Public Health and Wellbeing</li> <li>• Community and Regeneration</li> <li>• Children and Families</li> <li>• Adult Services</li> <li>• Corporate Resources</li> </ul> <p>The function is driven by the need to hold the council and our partners to account for their performance and the establishment of the performance and finance sub- committee as the driver of scrutiny is a key component in ensuring that the function is focused on the issues of the greatest importance to the council. The lead members ensure that expertise to tackle particular areas of service delivery is maintained.</p> <p>The structure is subject to regular review and is supported by meetings of the scrutiny leadership group, comprising the leads and the chairs and vice chairs of the committees, which considers agenda and review programmes, provides strategic direction for the function and overall co-ordination between the leads and committees.</p>	<p>Financial Regulations (GS)</p> <p>Contract Procedure Rules (GS)</p> <p>Constitution (GS)</p>		Legal-CE 03/06/20
1.6	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	<p>Employee code of conduct includes rules about general standards of conduct, personal interests, corruption and political neutrality. This is enforced via the Council's disciplinary policy.</p> <p>A whistleblowing procedure is available on the intranet.</p> <p>On election Members are given induction training and there is an annual training programme devised by the Membership Development Panel.</p> <p>Following the local government election in May 18, a welcome evening was held for all elected members on 8 May and there was a programme of Member mandatory training in May/June 2018.</p>	<p>Employee Code of Conduct (GS)</p> <p>Councils Disciplinary Procedure (GS)</p> <p>Whistleblowing Procedure (GS)</p> <p>Member mandatory training</p>		Legal-CE 03/06/20

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1.7	Developing and maintaining robust policies and procedures which place emphasis on <u>best practice and legislation</u>	<p>All our policies incorporate <u>legislation and employment law</u> best practice. Specifically Paragraph 1.4 of the Induction checklist under Knowledge and Understanding staff are asked to become aware of the range of Employment policies including Code of Conduct, Whistle Blowing Policy, Corporate Governance, Financial Regulations and Standards, Health &amp; Safety Polices, Equal Opportunities Policy etc. There is also the workforce equalities report that goes to the Employees' Consultative Forum each year.</p> <p>An annual report is produced covering equalities for the whole borough and not just the workforce. The last report was produced by the Policy Team for 2018/19 (see attached (1.7.5) below) in April 2019 and went to the Consultative Forum in the autumn of 2019. The annual Equalities in Employment report was produced for HR in January 2020. The approach and timescale for production of these is currently under review having been suspended due to Covid19 issues and a revised approach and timeline to produce a more integrated report will be published by September 2020 for development of the 2020/21 and beyond reports.</p> <p>The Corporate learning and development programme includes events and activities supporting and promoting the Council's Equality Objectives. Copies of the evaluation sheets for these events are available to review. For the new Corporate Programme for 2020/22 our approach is to embed Diversity and Inclusion and the Council's values into the design of the learning solutions</p> <p>Recruitment and selection training has been rolled out to Panel members to provide confidence in using indicators of values and behaviour in the shortlisting and selection process. This training included confidence to identify unconscious bias.</p> <p>There is also a mandatory E learning module on an Introduction to Equalities and Diversity on the Council's e-learning portal 'POD'. Compliance is monitored quarterly and reported as KPI. Staff are required to refresh their training every two years. A reminder is sent from the Learning POD. An Equalities session is also included in the Corporate Induction.</p> <p>A commercial &amp; Procurement Strategy is in place. A commercial &amp; Procurement Strategy is in place. This will be reviewed in 2021 to incorporate any changes to the procurement strategy resulting from any new post Brexit procurement regulations implemented in the UK. Secondly to also realign the strategy to the Councils ambition plans, regeneration strategy and climate change strategy.</p>	<p>Induction checklist (GS)</p> <p>Equalities vision</p> <p>Workforce equalities report</p> <p>Policy Team annual report</p> <p>Equalities in Employment report</p> <p>Equalities and Diversity mandatory e-learning</p> <p>Corporate Induction Equalities Session</p> <p>Commercial &amp; Procurement Strategy (GS)</p>		<p>HR – TC 08/06/20</p> <p>SP–MR+ MG 8/6/20</p> <p>HR – TC 08/06/20</p> <p>Proc –NM 26/05/20</p>

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1.8	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation	<p>The principles of integrity, compliance and ethical standards which were originally established in the now disbanded Harrow Strategic Partnership are taken forward through 3 principal partnership bodies.</p> <p><b>Health and Wellbeing Board</b> – Terms of Reference</p> <p><b>Safer Harrow</b> – see ToR</p> <p><b>Harrow Community Partnership</b> – Terms of Reference and Memorandum of Understanding</p> <p>Commercial partnerships, shared services and external funding are covered by contracts/Inter Authority Agreements and service level agreements that detail standards required.</p>	<p>Health &amp; Wellbeing Terms of Reference (GS)</p> <p>Safer Harrow Terms of Reference (GS)</p> <p>Harrow Community Partnership – ToR and MoU</p>		<p>SP – MG/RG 18/08/20</p> <p>IA -SD 21/08/20</p>
<b>Respecting the rule of law</b>					
1.9	Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	<p>Constitution is kept up to date and compliant with the law. Reports recommending a decision to committees/cabinet/Council are cleared by a lawyer. Policies and practices are kept up to date and follow legal requirements. The Monitoring Officer attends the Corporate Board, Cabinet and Council.</p> <p>Changes made to the constitution in July 2019 in respect of the following:</p> <ul style="list-style-type: none"> <li>- Changes required to put in place a disciplinary procedure for statutory chief officers</li> <li>- Inserting terms of reference for the Corporate Strategic Board and the Building a Better Harrow Board</li> <li>- Principles of Decision Making</li> <li>- Code of Conduct for Members</li> <li>- Officer Employment Procedure rules</li> <li>- Chief Officers Employment Panel</li> </ul>	Constitution (GS)		Legal–CE 03/06/20



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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
1.10	Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	<p>Support from Legal Services and Democratic Services who advise members and officers about any relevant legislative or regulatory requirements.</p> <p>Reports recommending a decision to committees/cabinet/Council are cleared by a lawyer.</p> <p>Any specific legislative requirements are set out in the terms of reference for the particular body e.g. Council must approve the appointment of a Head of Paid Service (Chief Executive).</p> <p>Contract procedure rules Financial regulations Delegations to officers are set out in part 3B of the constitution.</p> <p>The Monitoring Officer attends the Corporate Board, Cabinet and Council.</p> <p>CIPFA's <i>Statement on the Role of the Chief Financial Officer in Local Government</i> (CIPFA, 2016) was complied with during 2019/20.</p>	<p>Contract Procedure Rules (GS)</p> <p>Financial Regulations (GS)</p> <p>Delegations to officers (GS)</p> <p>CIPFA Statement of the Role of the CFO in Local Government (GS)</p>		<p>Legal–CE 03/06/20</p> <p>Finance – Sdan 28/05/20</p>
1.11	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	<p>Legal support is provided for all major Council projects.</p> <p>The Monitoring Officer is a lawyer and attends the Corporate Board.</p> <p>Cabinet decision reports require legal clearance and decision report templates require legal comments which form the record of legal advice.</p>	Decision report template (GS)		Legal–CE 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
1.12	Dealing with breaches of legal and regulatory provisions effectively	<p>Reports recommending a decision to committees/cabinet/Council are cleared by a lawyer and the report template contains a section for legal comments.</p> <p>Members' code of conduct requires that members have regard to advice given by Monitoring Officer and Chief Finance Officer and that they must not act in a manner which causes the Council to act unlawfully.</p> <p>Whistleblowing procedure Complaints policy Disciplinary procedure</p>	<p>Decision report template (GS)</p> <p>Members Code of Conduct (GS)</p> <p>Whistleblowing Procedure (GS)</p> <p>Complaints Policy (GS)</p> <p>Disciplinary Procedure (GS)</p>		Legal-CE 03/06/20
1.13	Ensuring corruption and misuse of power are dealt with effectively	<p>The Corporate Anti-Fraud and Corruption Strategy 2016-19 was reviewed during 2019-20 but no changes were made due to an expected update to the Local Government Fighting Fraud &amp; Corruption Locally Strategy (FFCL) in 2019-20. The refreshed FFCL Strategy was published online on 26<sup>th</sup> March 2020 and therefore during 2020-21 the authorities' own strategy will be reviewed and updated to reflect any changes and best practice the new FFCL Strategy recommends.</p> <p>The Council's Corporate Anti-Fraud Team undertook a self-assessment against the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) during 2019/20 that reviewed progress against the five main principles within the code to improve the Council's arrangements. The result was a compliance level of 78%, unchanged from 2018/19 indicating that the authority has maintained a 'good level' of performance against the code. Further actions have been built into the 2019/20 Corporate Anti-Fraud plan to improve fraud risk resilience and progress against the actions contained within the Fraud Strategy will be reported to the GARMS Committee in September 2020.</p>	<p>Corporate Anti-Fraud and Corruption Strategy (GS)</p> <p>Self Assessment against Code of Practice</p>		CAFT -JP 05/06/20

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**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

**2. Ensuring openness and comprehensive stakeholder engagement** . (2007 Framework Core Principle 6: Engaging with local people and other stakeholders to ensure robust public accountability.)

Local government is run for the public good, organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<b>Openness</b>				
2.1	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<p>The local authority website is a main channel for communication and includes information on Freedom of Information and a publication scheme (disclosure log)  <a href="http://www.harrow.gov.uk/site/custom_scripts/php/FOI/FOISearch.php">http://www.harrow.gov.uk/site/custom_scripts/php/FOI/FOISearch.php</a></p> <p>Harrow's Ambition Plan (Corporate Plan) demonstrates the organisation's commitment to openness. It is refreshed each year with a review of achievements and plans for what will be delivered.</p> <p>The original Harrow Ambition Plan 2020, 2019 refresh, contains courses of action to be taken by the Council to implement the vision during 2019/20. Usually an annual update on progress against the plan is reported to Cabinet and Council however due to the Covid-19 Pandemic the Policy Team, who undertake the review, were re-deployed to the Community Hub and thus there was no capacity to undertake the review. A report on the new Council Delivery Plan is due to be presented to Cabinet in November 2020 and will cover progress during 2019/20 against the Harrow Ambition Plan.</p> <p>In February 2020 the Council adopted its Borough Plan, which will succeed the Harrow Ambition Plan for 2020/21 onwards.</p> <p>Openness is also maintained through regular publication of 'Harrow People' a free magazine for all residents published quarterly, which covers the local community issues alongside information on Council services</p> <p>Council tax information including a booklet explaining the make up is made available via the web and a letter from the leader of the council explaining the changes to costs and details of just some of the services that CT pays for goes to all CT payers annually alongside their bill.</p>	<p>Harrow Council Website</p> <p>Harrow's Ambition Plan, Borough Plan (GS)</p> <p>Harrow People</p>		SP-RG + HM +MR 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
2.2	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	<p>Templates for committee and cabinet decisions include sections on options, financial implications, risk management and legal implications. Minutes record the reasons for a decision.</p> <p>Reports are published on the website and meetings are held in public unless there is a good reason for not doing so under the legislative rules and these are specified. The practice is that important discussions take place in public even if confidential papers are circulated to members.</p> <p>Access to Information rules are in the constitution.</p>	<p>Cabinet Decision template (GS)</p> <p>Access to Information Rules (GS)</p>		Legal-CE 03/06/20
2.3	Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear	<p>Templates for committee and cabinet decisions include sections on options, financial implications, risk management, equalities and legal implications (GS) that record professional advice. Minutes record the reasons for a decision.</p> <p>Agendas are published in accordance with the statutory requirements.</p> <p>A calendar of dates is produced for officers to ensure that reports are submitted, published and distributed in accordance with the statutory timescales.</p> <p>Decision making protocols included in Constitution – these were reviewed and updated in 2019/20 as agreed as part of the Regeneration action plan.</p>	<p>Cabinet Decision template (GS)</p> <p>Agendas of meetings (on Council website)</p> <p>Calendar of dates (GS)</p> <p>Decision making protocols (in Constitution – GS)</p>	Minor Gap 17/18 & 18/19 as per 1.3 2019/20 Gap	Legal- CE 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
2.4	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action	<p>A range of formal and informal consultations with a wide range of stakeholders informs Harrow's plans, priorities and targets. Harrow's current consultations can be found listed on the website.</p> <p>A full list of Harrow's current (and previous) consultations can be found on the website at . <a href="https://consult.harrow.gov.uk/consult.ti/system/listConsultations?type=all">https://consult.harrow.gov.uk/consult.ti/system/listConsultations?type=all</a></p> <p>The Consultation Portal is used for consultations and surveys of service users and residents. In addition, an annual Residents Survey is carried out independently by telephone to track residents' views on the Council and key local issues.</p>	Consultation Portal (Council website)		SP –MR + HM 03/06/20
<b>Engaging comprehensively with institutional stakeholders<sup>1</sup></b>					
2.5	Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	Whilst a Communication Strategy/Plan was not in place for 2019/20, the Council's Communications Team worked with all parts of the Council and a wide range of partner organisations and external stakeholders on media relations, marketing, campaigns, consultations, events, publications and social media in order to assist the Council in improving its relationship with its public. This includes keeping residents informed of Council activities, engaging them in dialogue around service delivery and soliciting their views to drive change.		Minor Gap 17/18 & 18/19 as no agreed communications plan in place from when team came back in-house April 18. This gap continues for 2019/20.	SP –HM + MR 03/06/20

<sup>1</sup> Institutional stakeholders are the other organisations that local government needs to work with to improve services and outcomes (such as commercial partners and suppliers as well as other public or third sector organisations) or organisations to which they are accountable.

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2.6	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	<p>Voluntary Action Harrow maintains a list of voluntary sector partners. The Harrow Community Partnership acts as an umbrella organisation for all formal and informal partnerships with the voluntary and community sector.</p> <p>Community Engagement Team has stakeholders' lists – e.g. park users, community champions.</p> <p>Other lists of stakeholders and user groups are maintained in other services around the Council e.g. Children Looked After representatives, Adult Social Care service users groups.</p> <p>Partners are meeting at a very senior level, with our managerial and political leadership. The partnership is something that was being developed around the borough plan and therefore not at the stage of developing these wider responses around outcomes and achievements. Much more will become evident over time as discussions continue around working together, co-location and other proposals which were being discussed with individual partners prior to covid. These will be informing the borough plan's further development and the implementation plans that will be a part of this as they are produced in the coming months.</p>	Stakeholders list		SPC –MR + RG 03/06/20
2.7	Ensuring that partnerships are based on: <ul style="list-style-type: none"> <li>• Trust;</li> <li>• a shared commitment to change;</li> <li>• a culture that promotes and accepts challenge among partners; and that the added value of partnership working is explicit</li> </ul>	<p>The framework of effective working with partners and stakeholders is established in the values and priorities of the Harrow Ambition Plan (Borough Plan for 2020/21 onwards).</p> <p>Establishment of shared commitment, trust and a culture of openness and challenge is exemplified in the terms of reference and constitution of the principal partnership bodies, Safer Harrow, the Health and Wellbeing Board and Harrow Community Partnership</p> <p>Partnership arrangements reviewed in 2019/20 (assisted self-assessment) for HBPL, Concilium Business Services, Smart Lettings, and Sancroft) demonstrated that these partnerships are based on trust a shared commitment to change; a culture that promotes and accepts challenge among partners; and that the added value of partnership working is explicit.</p>	<p>Harrow Ambition Plan (GS)</p> <p>Partnership arrangement self-assessment</p>	Minor Gap 2019/20 governance arrangements for Concilium Assets LLP to be assessed.	<p>SP –RG +MR 03/06/20</p> <p>IA – SD 24/08/20</p>

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	<b>Engaging with individual citizens and service users effectively</b>				
2.8	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	<p>Consultation Standards were adopted by Cabinet in July 2015 – see item 23 p803-816. See file Consultation Standards 2015 or link below.</p> <p>This sets out the way in which the Council will consult with residents and local organisations and business to ensure the right contributions to decision making.</p> <p>A record of public consultations both currently open and closed is held on the Consultation Portal</p> <p><a href="https://consult.harrow.gov.uk/consult.ti/system/listConsultations?type=O">https://consult.harrow.gov.uk/consult.ti/system/listConsultations?type=O</a></p>	<p>Consultation Standards (GS)</p> <p>Consultation portal (Council website)</p>		SP –MR + HM 03/06/20
2.9	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	Weekly Portfolio Holder meetings with Communications Team, Leader and Corporate Directors plus meetings on individual campaigns with key officers to monitor progress against the key campaigns and other major work e.g. Harrow People, etc.			SP –MR + HM 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
2.10	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs	<p>Communications Strategy see 2.5/2.9</p> <p>Harrow's Joint Strategic Needs Assessment aims to provide analysis of a wide range of analysis of health and wellbeing of the local population and can be found via this link <a href="https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment?documentId=12490&amp;categoryId=210266">https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment?documentId=12490&amp;categoryId=210266</a></p> <p>Related documents</p> <ul style="list-style-type: none"> <li>• Harrow Vitality Profiles</li> <li>• <a href="https://www.harrow.gov.uk/council/vitality-profiles?documentId=12986&amp;categoryId=210283">https://www.harrow.gov.uk/council/vitality-profiles?documentId=12986&amp;categoryId=210283</a></li> <li>• Child Poverty Strategy</li> <li>• Economic Impacts Dashboard</li> <li>• School Place Planning / Demography Report</li> </ul> <p>A strategic assessment of crime and anti social behaviour is produced for the Safer Harrow Partnership which analyses key local issues. This informs the annual Community Safety and Violence, Vulnerability and Exploitation Strategy.</p> <p>A Reputation Tracker survey was reintroduced in 19/20 to test impacts of campaigns after a year's break in 2018/19 due to cost.</p> <p>Value modes are used to evidence how campaigns are constructed and delivered.</p> <p>Origins population analysis and 'Cohesion Atlas' has been delivered across Harrow, Barnet and Brent in 2019/20 under the CMF funded 'Engaging Eastern European Communities programme'.</p>	<p>Communications Strategy</p> <p>Harrow's Joint Strategic Needs Assessment</p> <p>Harrow Vitality Profiles</p> <p>Child Poverty Strategy</p> <p>Economic Impacts Dashboard</p> <p>School Place Planning / Demography Report</p> <p>Community Safety and Violence, Vulnerability and Exploitation Strategy</p> <p>Reputation Tracker</p>	<p>Minor Gap 18/19 – No reputation tracker in used (due to cost) however it has been recognised as a gap and is being re-introduced for 2019/20-2019/20</p> <p>Gap closed</p>	<p>SP-MR + HM</p> <p>03/06/20</p>
2.11	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	<p>Consultation protocols adopted in 2015 see 2.8.</p>	<p>Consultation Protocols</p>		<p>SP –MR</p> <p>03/06/20</p>



## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
2.12	Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity	<p>Consultations carried out with residents and stakeholders during 2019/20 are listed in the Consultation Portal – included annual budget, murals in three town centres, town centre improvements, CPZs, Council Tax Support scheme  <a href="https://consult.harrow.gov.uk/consult.ti/system/listConsultations?type=all">https://consult.harrow.gov.uk/consult.ti/system/listConsultations?type=all</a></p> <p>Services run user groups e.g. adult social care user groups, young people’s forums to get a wide range of views and ensure that voices of less active are heard.</p>	Consultation Portal		SP –MR + HM 03/06/20
2.13	Taking account of the impact of decisions on future generations of tax payers and service users	<p>Examples of taking account of future impact of decisions can be found in Cabinet Papers. For example</p> <p>Cabinet 11 Apr 2019:</p> <ul style="list-style-type: none"> <li>Homes for Harrow: Grange Farm Regeneration</li> </ul> <p>Cabinet 10 Oct 2019</p> <ul style="list-style-type: none"> <li>Council Preparations for Brexit</li> </ul> <p>Cabinet 13 Feb 2020:</p> <ul style="list-style-type: none"> <li>Adult Social Care Charging Policy Review</li> </ul> <p>Harrow’s Joint Strategic Needs Assessment looks at long term trends and impacts and informs planning around health and social care  <a href="https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment?documentId=12490&amp;categoryId=210266">https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment?documentId=12490&amp;categoryId=210266</a></p>	<p>Example Cabinet papers</p> <p>Harrow’s Joint Strategic Needs Assessment</p>		SP –MR 03/06/20

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**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

**3. Defining outcomes in terms of sustainable economic, social, and environmental benefits** (2007 Framework Core Principle 1: Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area.)

The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<b>Defining Outcomes</b>				
3.1	Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions	<p>Harrow's vision is laid out in the Ambition Plan and is refreshed on an annual basis (succeeded in 2020/21 by the Borough Plan).</p> <p>The Harrow Ambition Plan forms the basis for all corporate and service planning.</p> <p>Management Assurance exercise confirmed that service plan in place for each division within Community. All service plans reviewed link to Corporate Priorities. In Resources service plans in place for Strategic Commissioning Division &amp; Customer Services &amp; Business Transformation Division, Procurement Section, Internal Audit, Corporate Anti-Fraud and Revenues. In the People Directorate, Children and Young People Services have service plans in place for each service and Adults have a 'comprehensive programme plan' in place.</p>	<p>Harrow Ambition Plan (GS)</p> <p>Service Plans</p> <p>Inter-Authority Agreement for HR</p>	<p>Minor Gap: 2017/18 &amp; 2018/19 &amp; 2019/20 The Finance &amp; Legal Divisions do not have up to date Service Plans</p>	<p>SP – DH/MR M Randall 3/6/20</p> <p>IA – SD 24/08/20</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
3.2	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	<p>Service plans are developed for each Division which reflect the priorities and values in the HAP and detailed impact assessments are carried out for any major changes in service provision, particularly important for those driven by reduction in budget</p> <p>See also</p> <ul style="list-style-type: none"> <li>• Consultation Standards &amp; Consultation portal – links at 2.8</li> </ul> <p>Management Assurance exercise confirmed that service plan in place for each division within Community. All service plans reviewed link to Corporate Priorities. In Resources service plans in place for Strategic Commissioning Division &amp; Customer Services &amp; Business Transformation Division, Procurement Section, Internal Audit, Corporate Anti-Fraud and Revenues. In the People Directorate, Children and Young People Services have service plans in place for each service and Adults have a 'comprehensive programme plan' in place.</p>	<p>Service Plans</p> <p>Consultation Portal</p> <p>Inter-Authority Agreement for HR</p>	2019/20 Minor Gap as at 3.1	<p>SP–DH/MR</p> <p>IA – SD 24/08/20</p>
3.3	Delivering defined outcomes on a sustainable basis within the resources that will be available	<p>Progress is tracked through the quarterly cycle:</p> <ul style="list-style-type: none"> <li>• Performance Briefings</li> <li>• CSB performance discussions</li> <li>• Joint Cabinet/CSB discussions</li> <li>• Strategic Performance Report to Cabinet</li> </ul> <p>This looks at progress against the Harrow Ambition Plan. Note that, in the last quarter of 2019/20, amended, emergency reporting arrangements were put in place in consequence of the Covid-19 emergency. The Annual Statement of Accounts provides a summary of achievements for each year.</p>	Annual Statement of Accounts (GS)		SP –MR 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
3.4	Identifying and managing risks to the achievement of outcomes	<p>Weekly/monthly/quarterly &amp; annual performance information tracker process &amp; outcome indicators in place identifying trends or deficits and acting upon them. Evidence example: Quarterly Children's Safeguarding Reports</p> <p>A risk register is maintained for each major service area and is reported quarterly to the Directorate Management Team.</p> <p>The Corporate Risk Management Strategy was last reviewed and updated in 2016/17 and was due to be re-reviewed in 2019/20 – although this process was started it has yet to be completed. The Corporate Risk Register is maintained and updated regularly.</p>	<p>Performance Tracker</p> <p>Quarterly Children's Safeguarding Reports</p> <p>Risk Registers</p> <p>Corporate Risk Management Strategy 2016/17 (GS)</p> <p>Corporate Risk Register</p>	<p>Minor Gap 2019/20 – review of the Corporate Risk Management Strategy overdue</p>	<p>SP –MR 03/06/20</p> <p>IA – SD 21/08/20</p>
3.5	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	<p>The Harrow Ambition Plan and the related Corporate Scorecard which is reported in the Strategic Performance Report, referenced above, provide a clear set of priorities.</p> <p>See Strategic Performance Report Q2 2019/20 (Cabinet Jan 2020) for example of reporting progress against HAP priorities and Corporate Scorecard.</p> <p>Service plans match the available resources with an aim to provide value for money wherever possible, most often in the environment of reducing resources.</p>	<p>Harrow Ambition Plan (GS)</p> <p>Corporate Scorecard (GS)</p> <p>Strategic Performance Report</p>		<p>SP –MR 03/06/20</p>
<p><b>Sustainable economic, social and environmental benefits</b></p>					

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
3.6	Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision	<p>2019/20 – 2020/21 draft agreed by December 2018 Cabinet and final agreed at February 2019 Cabinet.</p> <p>Three year Capital Programme reviewed and updated annually. 2020/21 – 2022/23 draft agreed by January 2020 Cabinet and final agreed at February 2020 Cabinet. The work takes place during 2019 on the production of the Capital Programme for the following year.</p> <p>In 2018/19 under the Prudential Code there was a new requirement for a more detailed capital strategy as part of the Treasury Management (TM) strategy and this was first put to cabinet in February 2019 and is an annual requirement. The Capital Strategy was updated during 2019 and was included in the Treasury Management Strategy report and for 2020/21 went to cabinet in February 2020.</p>	<p>Capital Programme (GS)</p> <p>Prudential Code</p> <p>Treasury Management Strategy</p>		Finance – Sdan 29/05/20
3.7	Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	<p>Templates for committee and cabinet decisions include sections on options, financial implications, risk management, equalities and legal implications. Minutes record the reasons for a decision.</p> <p>Article 13 of the constitution sets out the principles of decision-making.</p> <p>Cabinet reports required to have Finance clearance and comment.</p>	<p>Cabinet Decisions Template (GS)</p> <p>Article 13 in Constitution (GS)</p>		Legal–CE 03/06/20
3.8	Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	<p>Templates for committee and cabinet decisions include sections on options, financial implications, risk management, equalities and legal implications. Minutes record the reasons for a decision.</p> <p>Article 13 of the constitution sets out the principles of decision-making..</p> <p>All key decisions are recorded in Committee Documents which are made public, available via link below: <a href="http://www.harrow.gov.uk/www2/ieDocHome.aspx?bcr=1">http://www.harrow.gov.uk/www2/ieDocHome.aspx?bcr=1</a></p> <p>See Consultation Standards adopted in 2015 <a href="https://www.harrow.gov.uk/council/consultation-standards">https://www.harrow.gov.uk/council/consultation-standards</a></p>	<p>Cabinet Decisions Template (GS)</p> <p>Article 13 in Constitution (GS)</p> <p>Consultation Standards</p> <p>Committee Documents</p>	Minor gap 2017/18 & 2018/19 as per 1.3 2019/20 Gap closed	Legal–CE 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
3.9	Ensuring fair access to services	<p>Service provision is measured in key areas – social care, housing, education, youth offending – to compare provision and outcomes for different groups – by age, ethnicity and other protected characteristics.</p> <p>See equality and diversity section of Harrow Website  <a href="https://www.harrow.gov.uk/council/Equality-diversity?documentId=12871&amp;categoryId=210283">https://www.harrow.gov.uk/council/Equality-diversity?documentId=12871&amp;categoryId=210283</a></p> <p>The annual equalities report provides a narrative of the services and projects being delivered by the Council which not only support our Corporate Priorities but address inequality, advance equality and foster good relations.</p> <p>Equality Impact Assessments are required to be carried out on any major service change to ensure any disproportionate impact is understood and mitigated where possible.</p> <p>There is a mandatory e-learning module on an Introduction to Equalities and Diversity on the Council's Learning Hub. The performance measure covers e-learning and face-to-face training (of which the greater part is e-learning). At Q3 2019/20 the compliance data was: New starters (within 12 weeks of start) 67%. The Corporate Development Programme includes events and training supporting and promoting the Council's Equality Objectives, e.g. MH peer training, Mindful Manager.</p> <p>The Council has adopted an Equality in Procurement guide which includes the aspiration that "As a procurer of goods and services, we are committed to ensuring our commissioning processes are fair and equitable and that service providers delivering a service on our behalf share our commitment to equality and diversity."</p> <p>Complaints procedure                      The Council takes account of any recommendations arising from inspections by external bodies.                      Data is collected about characteristics of service users.</p>	<p>Harrow Council Website – Equality &amp; Diversity</p> <p>Equality &amp; Diversity mandatory e-learning and performance measure</p> <p>Corporate Development Programme</p> <p>Equality in Procurement Guide</p> <p>Complaints Procedure (GS)</p>		<p>SP- MR 12/08/20</p> <p>SP- RG/MR 03/06/20</p> <p>Legal -CE 03/06/20</p>

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**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

### 4. Determining the interventions necessary to optimise the achievement of the intended outcomes *(Not covered in the 2007 Framework)*

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimised.

	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<b>Determining Interventions</b>				
4.1	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided	<p>Templates for committee and cabinet decisions include sections on options, financial implications, risk management, equalities and legal implications.</p> <p>Article 13 of the constitution sets out the principles of decision-making</p>	<p>Cabinet Decision Template (GS)</p> <p>Article 13 of the Constitution (GS)</p>	<p>Minor Gap 17/18 &amp; 18/19 as per 1.3 2019/20 Gap closed</p>	<p>Legal- CE 03/06/20</p>
4.2	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	<p>The work on the Final Revenue Budget 2020/21 and Medium term Financial Strategy 2020/21 – 2022/23 was reported to Cabinet in February 2020 but takes place during 2019. This report included a section on the stakeholder consultation undertaken. This is set out in section 2 of the report.</p> <p>Cabinet report covers details of the budget consultation.</p> <p>There was wide public consultation on the whole budget framework above (see budget report section for detail) and incl. the Final Revenue Budget 2020/21 and MTFS in the report 2020/21 – 2022/23.</p>	<p>Final Revenue Budget 2020/21 (GS)</p> <p>MTFS 2020/21 – 2022/23 (GS)</p> <p>Cabinet Report</p>		<p>Finance-SDan 29/05/20</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<b>Planning Interventions</b>				
4.3	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	Key decision schedule. All Council committees have a calendar of dates for Legal/ Finance clearances of reports and report submission that must be adhered to.	Key decision schedule (GS)		Legal-CE 03/06/20
4.4	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	See 2.5 above  Harrow Ambition Plan + MTFS determine how to deliver. Communications team then support.	Harrow Ambition Plan  MTFS 2020/21 – 2022/23 (GS)		SP- MR 03/06/20
4.5	Considering and monitoring risks facing each partner when working collaboratively, including shared risks	See examples for partnership protocols and framework above at 1.8.  Shared Service reviews (assisted self-assessment) confirmed covered by Inter-Authority Agreements	Self Assessment Shared Services		SP- MR 03/06/20  IA-SD 24/08/20



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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
4.6	Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances	<p>Council is agile and flexible in responding to the reality of huge funding cuts and minimising impact, plus in generating new income streams.</p> <p>Recent examples of flexibility in application of council resources in changing circumstances include:</p> <p>Innovative and preventative approaches to children’s services in response to growing demands and reduction in resources, redeploying staff and working with health and other partners e.g. Early Support, Keeping Families Together/Edge of Care.</p> <p>Transformation in adult social care – Early Intervention, prevention, improved pathways through care.</p> <p>It is possible to waive the contract procedure rules in some cases including emergency. The Constitution contains provisions for urgent decisions to be made where this cannot otherwise be done by the usual process.</p> <p>Under the scheme of delegation in the constitution the Chief Executive can take any decisions which are delegated to the corporate director.</p> <p>Arrangements to take on agency staff to deal with peaks or troughs in workload can be made through the Council’s contract with Pertemps.</p> <p>Have the adaptability to respond effectively to major business disruptive incidents that impacts the Councils services by:</p> <ul style="list-style-type: none"> <li>- convening of an Incident Management Team shaped to the scale of the incident, as detailed in the Corporate BC Plan</li> <li>- real time messaging alerts for incidents</li> </ul>	<p>Contract Procedure Rules (GS)</p> <p>Constitution (GS)</p> <p>Corporate and Individual Business Continuity plans</p>		<p>SP- MR</p> <p>Legal-CE 03/06/20</p> <p>EP&amp;BC – RW 18/08/20</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
4.7	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	<p>Each service area contributes to a Directorate scorecard of key indicators which is produced quarterly and reported to the Directorate Management Team and bi-annually to Corporate Strategic Board. The most important indicators feed into the Corporate Scorecard.</p> <p>Detailed scorecards and related documents are available via Sharepoint or from Directorate performance officers.</p> <p>See Strategic Performance report for example of final quarterly report to Cabinet.</p> <p>Management Assurance exercise confirmed KPIs established for each Division within Community, People and Resources and reported quarterly.</p>	<p>Scorecard directorate &amp; corporate</p> <p>Strategic Performance Report</p> <p>Management Assurance</p>		<p>SP- MR 03/06/20</p> <p>IA-SD 24/08/20</p>
4.8	Ensuring capacity exists to generate the information required to review service quality regularly	As above – see Performance Briefing papers, CSB and Cabinet/CSB performance discussion papers and Strategic Performance Reports to Cabinet, which are produced quarterly.	Performance Briefing and related papers		SP- MR 03/06/20
4.9	Preparing budgets in accordance with objectives, strategies and the medium term financial plan	Feb 2020 Cabinet report above demonstrates the links between budgets set in-line with council objectives (see Background Section). See also link to MTFS in 4.2.	Cabinet report Feb 2020		Finance-SDan 29/05/20
4.10	Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	<p>Corporate Plan and Medium Term Financial Plan as above in place.</p> <p>There is a corporate plan in place, the Harrow Ambition Plan, which is updated annually.</p> <p>Budget Guidance and protocols covered in Financial Regulations</p>	<p>Corporate Plan (GS)</p> <p>Medium Term Financial Plan (GS)</p> <p>Financial Regulations (GS)</p>		Finance-SDan 29/05/20
<b>Optimising achievement of intended outcomes</b>					

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
4.11	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	<p>Member and Officer financial and budget away days for the 2020/21 budget held in October 2019 with separate away days for capital.</p> <p>Medium term financial strategy links to the Corporate objectives that link to service objectives.</p> <p>Member and senior management review of 2020/21 budget proposals (similar to commissioning panels)</p>	Medium Terms Financial Strategy (GS)		Finance-SDan 29/05/20
4.12	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term	<p>Budget guidance and protocols contained in Financial Regulations</p> <p>See 2020/21 budget report (February 2020)</p>	<p>Financial Regulations (GS)</p> <p>Budget Report</p>	—	Finance-SDan 29/05/20
4.13	Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage	Medium Term Financial Strategy (GS) in place and sets context – see Cabinet reports Jan 20 and Feb 20.	<p>Financial Regulations (GS)</p> <p>Cabinet reports Jan20/ Feb 20</p>		Finance-SDan 29/05/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
4.14	Ensuring the achievement of 'social value' through service planning and commissioning	<p>The Procurement Strategy (GS) covers Sustainability – Delivering Local Economy, Social and Community Benefits. Additionally we have a Social Value Policy which is embedded into the procurement process to maximise the delivery of Social Value through our supply chain.</p> <p>Helping the Council achieve social value is part of the procurement vision. The monitoring of the delivery of Social Value offers from organisations that are awarded council contracts is undertaken by the ED team. A Internal Audit review undertaken as part of the 2019/20 IA Plan identified weaknesses in the adequacy of the corporate monitoring of Social Value.</p> <p>Management assurance exercise confirmed that social value is considered as part of service planning process and is monitored and reported upon in Community, People and Resources Directorates.</p>	<p>Procurement Strategy (GS)</p> <p>Management Assurance</p> <p>Social Value monitoring tracker 2019/20</p>	<p>Minor gap 2019/20 in terms of adequacy of monitoring via the Social Value tracker</p>	<p>Proc – NM</p> <p>IA - AA 18/08/20</p> <p>IA-SD 24/08/20</p>

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**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

**5. Developing the entity's capacity, including the capability of its leadership and the individuals within it** (2007 Framework core Principle 5: Developing the capacity and capability of members and officers to be effective and Core Principle 2: Members and officers working together to achieve a common purpose with clearly defined functions and roles.)

Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an organisation operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of individual staff members. Leadership in local government is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<b>Developing the entity's capacity</b>				
5.1	Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	See quarterly process for accountability and governance <ul style="list-style-type: none"> <li>• Performance Briefings – available via Sharepoint</li> <li>• CSB and Cabinet/CSB performance discussions</li> <li>• Strategic Performance Report to Cabinet</li> </ul>	Performance Board papers  Strategic Performance Report		SP-MR 03/06/20
5.2	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently	Benchmarking is a standard part of reporting on services and nearest neighbour and national comparators are provided as part of service performance reporting. The Council participates in the London Councils benchmarking service (LAPS).  2019/20 Management assurance exercise has confirmed that benchmarking and other options are used within Community, People and Resources to improve the use of resources.	Service scorecards. LAPS outputs.  Management Assurance		SP-MR 03/06/20  IA-SD 24/08/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
5.3	Recognising the benefits of partnerships and collaborative working where added value can be achieved	<p>For examples of collaborative working and effective partnership see details of Health and Wellbeing Board, Safer Harrow and Harrow Community Partnership at 1.8 above.</p> <p>Further examples are</p> <ul style="list-style-type: none"> <li>▪ Harrow Safeguarding Children's Board <a href="http://www.harrowlscb.co.uk/">http://www.harrowlscb.co.uk/</a></li> <li>▪ Harrow Youth Offending Board</li> </ul> <p>Full sets of agenda and papers available on request</p> <p>Shared Service assessments confirmed IIAs in place for shared services covering effective operation and agreed outcomes.</p>	<p>Health &amp; Wellbeing / Safer Harrow Terms of Reference/ Harrow Community Partnership – ToR and MoU</p> <p>Shared Service assessments</p>		<p>SP- MR 03/06/20</p> <p>SP – MG/RG 18/08/20</p> <p>IA-SD 24/08/20</p>
5.4	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	<p>Workforce data including turnover, use of agency staff, sickness absence etc is reviewed by Improvement Boards quarterly and improvement actions put in place where required. Improvement Boards were retitled "Performance Boards" at Q2 2018/19. Performance Boards were replaced by Performance Briefings at Q1 2019/20. All meetings held have been physical meetings, they were suspended after the Q2 cycle 2019/20 (Nov 2019) owing to the pandemic.</p> <p>The OD agenda has been an area of focus for the last 9 months – work to build line manager capabilities has been a priority. Work to develop effective metrics and measures for HR&amp;OD and to start to develop the people strategy are underway. A new 'vision' for how we want to work in the future has been developed by CSB and is being integrated into our plans. Due to the pandemic the timelines for consulting and engaging with key stakeholders have been delayed.</p> <p>Plans for the HR&amp;OD restructure includes strengthening data / analytics capacity for effective reporting and workforce planning.</p>	Performance Briefings	Minor Gap 17/18 & 18/19 & 2019/20 - Organisational Development Plan and Corporate Workforce Strategy still in development	<p>HR-TC 08/06/20</p> <p>HR- MR 12/08/20</p>
<p><b>Developing the capability of the entity's leadership and other individuals</b></p>					

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
5.5	Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	<p>Member officer protocol</p> <p>Portfolio Holder roles are defined in the constitution</p> <p>Areas of responsibility of Chief Executive is set out in Article 12 of the Constitution</p> <p>Constitution sets out the role of the Chief Executive and the Leader</p> <p>Member/Officer roles and relationships are covered in the Member development training programme. Following the local government election in May 2018, a welcome evening was held for all elected members on 8 May together with a programme of Member mandatory training in May/June 2018.</p>	<p>Member officer protocol (GS)</p> <p>Portfolio Holder roles are defined in the constitution (GS)</p> <p>Areas of responsibility of Chief Executive is set out in Article 12 of the Constitution (GS)</p> <p>Constitution sets out the role of the Chief Executive and the Leader (GS)</p>		Legal-CE 03/06/20
5.6	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	<p>Constitution sets out functions reserved to full council or are for Cabinet and those which are delegated to committees or officers.</p> <p>Financial Regulations (updated in February 2019 following a review) and Contract Procedure Rules reviewed regularly.</p>	<p>Constitution (GS)</p> <p>Financial Regulations and Contract Procedure Rules (GS)</p>		Legal-CE 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
5.7	Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority	<p>Member officer protocol (GS)</p> <p>Areas of responsibility of Chief Executive is set out in Article 12 of the Constitution</p> <p>Constitution sets out the role of the Chief Executive and the Leader (GS)</p> <p>Regular one to one meetings are held between the Leader and the Chief Executive.</p>	Member officer protocol (GS)		Legal-CE 03/06/20



## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
5.8	<p>Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:</p> <ul style="list-style-type: none"> <li>ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged</li> <li>ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis</li> <li>ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external</li> </ul>	<p>Regular training sessions are held for members.</p> <p>Following the local government election in May 2018, a welcome evening was held for all elected members on 8 May together with a programme of Member mandatory training in May/June 2018</p> <p>During 2019/20:            Member Training was conducted on 24/06/19 - How to use social media (24/06/19 4 attendees); Homelessness and Rough Sleeping (21/10/19 21 attendees) and EU Settled Status (04/03/20 21 attendees)</p> <p>Members received a mix of face to face and online training by the DPO, 83% of all members have now had training within the last 12 months (was initially 14% at start of the year)</p> <p>Senior manager capabilities are reviewed at appraisal and discussed during 1:1 with Line Manager and at annual Appraisal meetings with a further review at 6 months.</p> <p>All managers and staff are required to have a personal development plan related to their performance objectives and appraisal. The Council runs Corporate Induction sessions to ensure all new members of staff including Agency staff are inducted in a timely manner. HR policy has been changed to ensure that new members of staff should not pass probation unless they have attended induction.</p> <p>For 2019/20 there were 7 Induction sessions held and 107 staff attended.</p> <p>The Corporate Induction covers:</p> <ul style="list-style-type: none"> <li>Welcome from Leader and Chief Executive (their expectations from staff)</li> <li>Vision and priorities</li> <li>Values and Behaviours for both Staff and Managers</li> <li>Organisation structure</li> <li>Equalities and Diversity</li> <li>Completion of Mandatory training (for staff who do not have IT access)</li> </ul> <p>Directorates and Services provide role specific induction including relevant training.</p> <p>CSB are working with an external supplier on their development as a team</p>	<p>Member mandatory training</p> <p>Appraisals</p> <p>Corporate Induction</p> <p>Staff Induction Checklist</p> <p>Online training on training portal</p>		<p>Legal-CE 03/06/20</p> <p>IG – DD 02/06/20</p> <p>HR – TC 08/06/20</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
5.9	Ensuring that there are structures in place to encourage public participation	<p>See details on consultation above at 2.8.</p> <p>A further example is the Residents Regeneration Panel which is in place to get views and inputs to the major regen programme in Harrow; also the Wealdstone Action Group and South Harrow Action Group.</p> <p>Specific residents groups are set up where there is value; examples are adult social care user groups, tenants and leaseholders groups, park user groups, Landlord's forum organised by Residential Licensing.</p>	<p>Consultation Portal</p> <p>Residents Regeneration Panel</p> <p>Resident Groups</p>		SP- MR 03/06/20
5.10	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	<p>Appraisals are carried out at all levels of the organisation including for members and managers and appraises are required to demonstrate alignment with organisational priorities and values <a href="https://harrowhub.harrow.gov.uk/info/200283/learning_and_development/1503/new_appraisal_system_20162017">https://harrowhub.harrow.gov.uk/info/200283/learning_and_development/1503/new_appraisal_system_20162017</a></p> <p>In quarter 2 of 2019/20 a Peer Review focusing on Adolescent Safeguarding identified a number of areas of strength for the Council, and a positive Ofsted report on Special Educational Needs and Disabilities provision confirmed the Council's achievement in the delivery of positive outcomes for service users despite stretched finances. In quarter 3 Ofsted awarded the Children and Families service a judgement of Good, highlighting positive outcomes for children, strong leadership and good partnerships. All reviews are used to drive service improvement and Peer Reviews especially involve a strong degree of self- assessment and peer input.</p>	<p>Appraisals</p> <p>External Reviews</p>		SP-MR 03/06/20

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
5.11	Holding staff to account through regular performance reviews which take account of training or development needs	<p>Staff are held to account over regular 1:1 with their Line Manager and annual performance review meeting followed by review (6 month). All managers and staff are required to have a personal development plan related to their performance objectives and appraisal.</p> <p>Completion of the Appraisals is monitored for compliance and reported as a KPI.</p> <p>There is a Corporate Development Programme which is reviewed and aligned to business priorities annually.</p> <p>For 2020 to 2022 the new corporate priorities will be reviewed to see if it is more practical and feasible for the corporate development programme to be aligned to them as business priorities.</p> <p>All managers and staff are required to have a personal development plan related to their performance objectives and appraisal.</p>	Corporate Development Programme		HR-TC 08/06/20
5.12	Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing	<p>A range of HR policies/services are in place to support the health and wellbeing of staff including:</p> <ul style="list-style-type: none"> <li>• Occupational Health Services - a new contract has been commissioned from June 2020 to the end of June 2021, which includes Health Surveillance Programmes for staff ;</li> <li>• Employee Assistance Programme - includes Career Support Portal (covering mental wellbeing) support and Critical Incident Support for individual staff, teams and managers.</li> <li>• For 2020/21 it is proposed to devise and roll out Mental Health wellbeing development initiatives and support covering: <ul style="list-style-type: none"> <li>○ Mental Health Awareness for Managers Workshops</li> <li>○ Mental Health Awareness E-Learning for staff</li> <li>○ Mental Health First Aiders in place – coordinated by Public Health</li> </ul> </li> </ul>	HR Policies and Services		HR-TC 08/06/20

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**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

**6. Managing risks and performance through robust internal control and strong public financial management** (2007 Framework Core Principle 4: Taking informed and transparent decisions which are subject to effective scrutiny and managing risk.)

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery and accountability.

It is also essential that a culture and structure for scrutiny are in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful service delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
<b>Managing risk</b>					
6.1	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	Covered by the Risk Management Strategy and Policy + covered in Committee report template	Risk Management Strategy and Policy (GS)		IA-SD 21/08/20
6.2	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	A Risk Management Strategy and Policy is in place, (currently being reviewed and updated) that outlines the robust and integrated risk management arrangement required. The Corporate Risk Register was reviewed and updated quarterly throughout 2019/20 and Directorate risk registers are reviewed and updated regularly.	Risk Management Strategy and Policy (GS)  Quarterly Corporate risk Management reports to CSB/GARMS		IA-SD 21/08/20

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.3	Ensuring that responsibilities for managing individual risks are clearly allocated	Responsibility for managing individual risks are clearly allocated and recorded in agreed format for risk registers.	Corporate/Directorate risk registers.		IA-SD 21/08/21
<b>Managing performance</b>					
6.4	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	<p>Timetable and guidance for quarterly performance in place</p> <p>Outputs:</p> <ul style="list-style-type: none"> <li>• Performance Briefing reports</li> <li>• CSB and Cabinet/CSB performance discussion</li> <li>• Strategic Performance Report to Cabinet</li> </ul> <p>Note section 3.3 regarding temporary change in reporting arrangements (Q4)</p> <p>Key decision schedule in place</p>	<p>Timetable on Harrow Hub</p> <p>Performance Briefing papers are held on the relevant SharePoint site (by Directorate).</p> <p>CSB papers on SharePoint</p> <p>Strategic Performance Reports to Cabinet on Council website</p> <p>Key decision Schedule (GS)</p>		<p>SP- MR 03/06/20 &amp; 12/08/20</p> <p>Legal-CE 03/06/20</p>

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.5	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	<p>There is guidance on the implications of decisions for committees that includes environmental implications on the Hub. Templates for committee and cabinet decisions include sections on options, financial implications, risk management, equalities and legal implications.</p> <p>Article 13 of the constitution sets out the principles of decision-making.</p> <p>All agenda and minutes of Committee meetings are published on the Council's website.</p>	<p>Templates for committee and cabinet decisions (GS)</p> <p>Article 13 of the constitution (GS)</p> <p>Committee agenda and minutes on Council website</p> <p>Committee reports – implications guidance</p>	<p>Minor Gap 17/18 &amp; 18/19 as per 1.3 2019/20 Gap closed Minor gap 209/20 templates not specifically covering social and environmental position.</p>	<p>Legal – CE 120/8/20</p>

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.6	Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible	<p>The scrutiny function comprises an overview and scrutiny committee, a performance and finance sub- committee, a health and social care sub-committee , and lead scrutiny councillors for:</p> <ul style="list-style-type: none"> <li>• Health</li> <li>• Community</li> <li>• People</li> <li>• Resources</li> </ul> <p>The function is driven by the need to hold the council and our partners to account for their performance and the establishment of the performance and finance sub-committee as the driver of scrutiny is a key component in ensuring that the function is focused on the issues of the greatest importance to the council. The lead members ensure that expertise to tackle particular areas of service delivery is maintained.</p> <p>The structure is subject to regular review and is supported by meetings of the scrutiny leadership group, comprising the leads and the chairs and vice chairs of the committees, which considers agenda and review programmes, provides strategic direction for the function and overall co-ordination between the leads and committees.</p>	<p>Scrutiny ToR (GS)</p> <p>Details of Harrow's scrutiny function can be found on the Council's website</p>		Legal-CE 03/06/20
6.7	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	<p>Timetable and guidance for quarterly performance in place.</p> <p>Outputs:</p> <ul style="list-style-type: none"> <li>• Performance Briefing reports</li> <li>• CSB and Cabinet/CSB performance discussion</li> <li>• Strategic Performance Report to Cabinet</li> </ul> <p>Note section 3.3 regarding temporary change in reporting arrangements (Q4)</p>	<p>Timetable and guidance for quarterly performance on Harrow Hub</p> <p>See evidence for 6.4</p>		SP- MR 03/06/20 & 12/08/20

## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.8	Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg financial statements)	Financial Regulations and Contract Procedure rules in place.  Budget monitoring undertaken monthly for revenue and quarterly for capital – reported to CSB monthly and Cabinet at least quarterly (P2, Q1,Q2, Q3, outturn).	Financial Regulations (GS) Contract Procedure Rules (GS)  CSB reports on SharePoint  Cabinet reports on Council's website		Finance-SDan 29/05/20
<b>Robust internal Control</b>					
6.9	Aligning the risk management strategy and policies on internal control with achieving objectives	Risk Management Strategy in place, Corporate Risk Register, Internal Audit Plan and reports aligned to Corporate and service objectives.	RM Strategy (GS)  Corporate Risk Register reports to CSB + GARMS  Internal Audit Plan report to GARMS (GS)		IA-SD 21/08/20
6.10	Evaluating and monitoring risk management and internal control on a regular basis	Risk Management strategy/policy in place and currently being reviewed and updated.		2018/19 & 2019/20 Minor Gap – Risk Management Strategy be formally approved once updated	IA-SD 21/08/20
6.11	Ensuring effective counter fraud and anti-corruption arrangements are in place	Compliance with Code monitored and action plan in place – 2019-20 self-assessment Green Assurance – 78% compliance (see 1.13)	2019/20 Self-Assessment		CAFT-JP 05/06/20



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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.12	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	An effective IA service was resourced and maintained during 2019/20 – independently reviewed every five years and self-assessed against PSIAS annually. HIA overall statement included in AGS.	Peer review 2017/18  2018/19 self-assessment		IA-SD 21/08/20
6.13	Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body: <ul style="list-style-type: none"> <li>provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment</li> <li>that its recommendations are listened to and acted upon</li> </ul>	Audit Committee in place, ToR in place (updated 2018/19 as a result of the Audit Committee Review)), cross party membership and training undertaken.  Internal Audit assisted self-assessment of the Audit Committee against CIPFA Guidance undertaken in 2018/19. An Amber/Green assurance was given to the performance of the Audit Committee (GARMS) against the good practice principles outlined in the CIPFA Guidance indicating that the committee is soundly based and has in place a knowledgeable membership. Overall, 71% of the good practice was found to be in place and operating or substantially operating effectively. As a result, an annual report was introduced in 2019/20 providing assurance to Council on the performance of the committee.	AC ToR in Constitution (GS)  AC Membership on Council's website  Final AC report presented to GARMS Committee April 2019		IA-SD 21/08/20
<b>Managing data</b>					

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.14	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data	<p>The GDPR had its second anniversary in May 2020 work continues to embed the rights of data subjects and embed the requirements for the council as a data controller. In August 2018 a Data Protection Officer was appointed in compliance with the new legislation.</p> <p>A range of Information Management policies and procedures are in place including data protection. During 2019/20 the Acceptable Use Policy and Information Governance and Security Policy was refreshed to strengthen the council security posture and encompass the move by the workforce towards greater remote working and cloud based applications.</p> <p>The Information Governance Board is in place and has met regularly during the year. Representation for all departments is ensured.</p> <p>The Data Protection Officer achieved Certification as a Data Protection Officer and is now a C-DPO.</p> <p>GDPR compliance is an ongoing requirement and work continues with Information Asset Registers (record of processing activities), DPO has oversight of all contracts that involve the processing of data, and data protection impact assessments have been embedded within new projects.</p> <p>External Website updated with a new customer friendly view of privacy notices <a href="https://www.harrow.gov.uk/privacy">https://www.harrow.gov.uk/privacy</a></p> <p>Members received a mix of face to face and online training by the DPO, 83% of all members have now had training within the last 12 months (was initially 14% at start of the year)</p> <p>Mandatory online training for all staff on information governance, cyber security and the new Data Protection legislation was developed and introduced across the Council in October 2018. Work is still required to improve the quarterly percentage of staff having taken this training. At the end of Q4 only 65% of staff were currently certified. The use of meta-compliance will need to be considered again for staff who fail to comply with mandatory training.</p>	<p>Data Protection Officer Role Profile (GS)</p> <p>Information Governance policies (GS)</p> <p>Acceptable Use Policy (GS)</p> <p>Information Governance Board Terms of Reference (GS)</p> <p>Gap Analysis</p> <p>Notes of Members Briefing sessions</p> <p>Online training on training portal</p>		IG-DD 02/06/20

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.15	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies	<p>Data sharing agreements are put in place according to need e.g. agreement with Met and other partners to share information to reduce gang activity.</p> <p>GDPR contracts entered into with DPO and Legal oversight</p> <p>An Information Asset register which includes details of privacy notices and data sharing is maintained by Corporate IT.</p> <p>Information Governance Training is mandatory for all staff.</p> <p>Guidance and further information is available via the link <a href="https://harrowhub.harrow.gov.uk/info/200145/">https://harrowhub.harrow.gov.uk/info/200145/</a></p>	<p>Data sharing agreements held by Directorates</p> <p>Information Asset register</p> <p>Mandatory Training</p> <p>Contract Templates</p>	Minor Gap 2019/20 lack of centralised record of signed data sharing agreements.	IG-DD 02/06/20
6.16	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	<p>A Data quality Policy is in place and kept under review.</p> <p>Ongoing data quality work includes:</p> <ul style="list-style-type: none"> <li>▪ 'Data days' in social care, youth offending, housing where practitioners bring records up to date and work through exception reports produced by analysts</li> <li>▪ Regular management information to service with information on missing data e.g. ethnicity, gender, school etc</li> <li>▪ Reconciliation of datasets to ensure completeness and high quality e.g. UPRN matching</li> </ul>	Data quality policy (GS)		SP- MR 03/06/20
<b>Strong public financial management</b>					
6.17	Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance	<p>Finance Business Partner model in operation.</p> <p>Finance input to all Cabinet decision reports.</p>	Cabinet reports (Council website)		Finance-SDan 29/05/20

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.18	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	<p>As above re budget monitoring</p> <p>Risks covered in Budget report to Cabinet</p> <p>Strategic Financial risks covered in Corporate Risk register reported to CSB and GARMS</p>	<p>Budget report to Cabinet</p> <p>Corporate Risk Register</p>		Finance-SDan 29/05/20

## Core principles and sub-principles of good governance

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**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

### 7. Implementing good practices in transparency, reporting, and audit to deliver effective accountability *(Not covered in the 2007 Framework.)*

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	
	<b>Implementing good practice in transparency</b>				
7.1	Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	<p>Web content is submitted to the Digital Services team to ensure that our data principles are met, ensuring that all articles are written in plain English and are accessible against a number of recognised standards. In February the Council's website topped the SOCITM accessibility index and has remained in the top ten sites since.</p> <p>All changes to the website are reviewed and tracked to ensure accountability throughout the team.</p> <p>Templates and guidance for committee and cabinet decision reports include sections on options, financial implications, risk management, equalities and legal implications.</p> <p>All reports are published on the Council's website unless there is a need for confidentiality in line with legislation.</p> <p>Article 13 of the constitution sets out the principles of decision-making</p>	<p>Cabinet Decision report and committee report templates (GS)</p> <p>Article 13 of the Constitution (GS)</p>	<p>Minor Gap 17/18 &amp; 18/19 as per 1.3 2019/20 Gap closed</p>	<p>CS&amp;BS-JM 20/05/20</p> <p>Legal-CE 03/06/20</p>

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	
7.2	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	Templates and guidance for committee and cabinet decision reports include sections on options, financial implications, risk management, equalities and legal implications.	Cabinet Decision report and committee report templates (GS)		Legal-CE 03/06/20
<b>Implementing good practices in reporting</b>					
7.3	Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way	<p>Progress is tracked through the quarterly cycle:</p> <ul style="list-style-type: none"> <li>• Performance Briefings</li> <li>• CSB and Cabinet/CSB performance discussions</li> <li>• Strategic Performance Reports to Cabinet</li> </ul> <p>As above</p> <p>This looks at progress against the Harrow Ambition Plan. An annual refresh of the HAP also tracks progress and is a public document.</p> <p>The Annual Financial Statements also provide a summary of achievements for each year.</p>	<p>Harrow Ambition Plan (GS)</p> <p>Annual Financial Statements</p>		<p>SP-MR 03/06/20</p> <p>Finance-SDan 29/05/20</p>
7.4	Ensuring members and senior management own the results reported	As 7.3 above – regular reporting goes to the Corporate Strategic Board (CSB – senior management), Portfolio Holders and the Leader of the Council via quarterly reporting cycle.	CSB Minutes		SP-MR 03/06/20

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	
7.5	Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)	Evidence based annual review of governance undertaken that assesses the extent to which the principles contain in the Framework have been applied. The results are published in the AGS and an action plan developed where significant gaps identified.	Annual Review of Governance (Council website)		IA-SD 21/08/20
7.6	Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate	Shared Service/Partnership self-assessment undertaken to feed into the annual governance review and the AGS.	Shared Service Self Assessment		IA-SD 24/08/20
7.7	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations	CIPFA best practice followed, checked by External Auditors, statutory timescales met. Statement a public document allowing for comparison with other similar organisations.	Financial Statement (Council website)		Finance-SDan 29/05/20
<b>Assurance and effective accountability</b>					
7.8	Ensuring that recommendations for corrective action made by external audit are acted upon	Recommendations implemented wherever possible and progress reported annually to GARMS and reviewed annually by External Auditor. Evidence report to GARMS.	External Audit Letter (GARMS reports on Council Website)		Finance-SDan 29/05/20

## Core principles and sub-principles of good governance

## APPENDIX 2

	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence GS = contained in Governance Structure	Gap	
7.9	Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon	Effective IA service in place with direct access to members. Assurance on governance provided annually via IA Plan, annual governance review and HIA Opinion. Level of implementation of IA recommendations monitored and reported twice a year to GARMS Committee –target exceeded 2019/20. CIPFA Statement on Role of HIA complied with and compliance with PSIAS self assessed annually and independently every five years – 2017 (generally conforms). Agreed actions implemented.	Internal Audit Plan 2019/20 (GS)  Mid & Year End Reports (GARMS reports)  PSIAS Self Assessment		IA-SD 21/08/20
7.10	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	LGA peer review took place in 2016 and was used as an opportunity to drive learning and improvement  Annual self assessment is produced in Children’s Services – in evidence folder. This is used as basis for peer scrutiny under Sector Led Improvement, plus the ‘annual conversation’ with Ofsted.  See 5.10 for Peer Review and inspections in 2019/20.  Review of scrutiny function carried out in 2017 – recommendations implemented.	LGA Peer review  Annual Self Assessment		SP-MR 03/6/20
7.11	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	Covered in Annual Governance Statement  Partnership/Shared Service reviews (assisted self- assessment) confirmed IIAs/contracts cover risks associated with delivering services and that risk register/risk reviews in place.	Annual Governance Statement  Shared Service Self Assessments		IA-SD 21/08/20
7.12	Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met	See examples of key partnerships with accountability structures at 1.8  Partnership/Shared Service reviews (assisted self- assessment) confirmed that IIAs/contracts clearly cover accountability.	Shared Service Self Assessments		IA-SD 21/08/20



## Core principles and sub-principles of good governance

## APPENDIX 2

### Committee on Standards in Public Life review of Local Government Ethical Standards – New 2019/20

2019/20 New Requirements	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2019/20	Evidence	Gap	Evidence Provider +Date
<p><b>Best practice 14: (i)</b>Councils should report on separate bodies they have set up or which they own as part of their annual governance statement and give a full picture of their relationship with those bodies.</p>	<p>Details of the Council's separate bodies have been included in the AGS</p>	<p>2019/20 AGS</p>		<p>IA-SD 21/08/20</p>
<p><b>Best practice 14: (ii)</b>Separate bodies created by local authorities should abide by the Nolan principle of openness and publish their board agendas and minutes and annual reports in an accessible place.</p>	<p>Enhanced self-assessments completed for Legal shared service, Concilium Business Services and Sancroft – assessment of Concillium Assets LLP outstanding + not all these bodies are yet publishing their board agenda, minutes and annual reports.</p>	<p>DC E-mail plus report to GARMS</p>	<p>Minor Gap 2019/20- Bodies to publish board agendas minutes and annual reports</p>	<p>IA – SD 21/08/20</p>