

# ANNUAL GOVERNANCE REVIEW

## 2021/22 Evidence Table

**Evidence Based Self-Assessment incorporating contributions from the following areas of the Council:**

Legal	Caroline Eccles, Assistant Team Leader - Adults, Education and Employment Team (CE)
Democratic Services	Nikoleta Kemp, Senior Democratic Services Officer (NK)
Strategy and Partnerships	David Harrington, Head of Business Intelligence (DH) Rachel Gapp, Head of Policy
Finance	Sharon Daniels, Head of Strategic and Technical Finance (Deputy s151) (SDan)
Human Resources & OD	Kathryn Cook, Head of Organisational Development (KC) Natalie Powers, Senior HR Business Partner (NP) Akhil Wilson, Head of Resourcing (AW)
Internal Audit	Susan Dixson, Head of Internal Audit & Corporate Anti-Fraud (SD)
Corporate Anti-Fraud	Justin Phillips, Corporate Anti-Fraud Manager (JP)
Information Governance	Marsha White, Information Governance Manager (MW)
Procurement	Nimesh Mehta, Head of Procurement (NM)
Complaints	Jonathan Milbourn, Head of Customer Service & Business Support (JM)
Equalities	Shumaila Dar, Head of Equalities, Diversity and Inclusion (SHD)
Place Directorate	Mark Billington, Head of Enterprise Economic development Tony Galloway, Interim Director Environmental Service Andrew Champion, Head of Asset Management, Housing Nesan Thevanesan, Interim head of Housing Resident Services Matthew Adams, Assistant Director Climate Change and Natural Reserves
People Directorate	David Hughes, Planning Policy Manager Patrick O'Dwyer, Director of Education Shaun Riley, Interim Director of Adult Social Services Peter Tolley, Director of Children Services
Resources Directorate	Johanna Morgan, Divisional Director Commercial & Regeneration Sharon Daniels, Head of Strategic & Technical Finance (Deputy s151) Jessica Farmer, Head of Legal Practice Alex Dewsnap, Director of Strategy & Partnership Ben Goward, Director of ICT

## Core principles and sub-principles of good governance

## APPENDIX 2

**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 2021/22	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 and form part of the Constitution</p> <p>Council values launched in March 2016 have been incorporated into the staff induction programme.</p> <p>A simple appraisal form was launched at the point of lockdown and this applied during 2021/22 – this includes a commentary against performance against values and behaviours but the requirement to enter information into SAP was suspended .</p> <p>A review of the Council’s recruitment processes has been completed and a more values-based approach was introduced February 2018. A further review was undertaken in 2021, this review brought the permanent recruitment of staff back in-house from February 2022. As part of the insourcing the recruitment journey was re-designed with a candidate centered focus.</p> <p>A Staff Reward and Recognition scheme initially in relation to the work undertaken by staff during the COVID 19 pandemic was launched in 2020/21 and this continued to during 2021/22.</p> <p>Code of Conduct for Members in place. This is included in Member Training specifically when new members are being inducted. One new Councillor was inducted during 2021/22 and training provided covering the Code of Conduct. After the local elections in May 2022 all of the Councillors were invited to attend training including training on the Code of Conduct – the majority of Councillors attending this.</p>	<p>Code of Conduct (GS)</p> <p>Corporate Plan (GS)</p> <p>Appraisal Form</p> <p>HR Recruitment &amp; Selection Policy (Jan 2021) (GS)</p>		<p>OD - Kathryn Cook 18/10/22</p> <p>Resource – Akhil Wilson 11/11/22</p> <p>Legal – Caroline Eccles 18/10/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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 this takes place on mass after the local elections and individual after by-elections if required. Ad hoc training is undertaken throughout the year that is non-mandatory.</p> <p>Following the local government election in May 22, a welcome evening was held for all elected members on 10th May to cover an overview of the Council's functions, code of conduct, agile working, personal safety, and IT &amp; Data Protection. From May – July 2022 a series of training sessions some mandatory some non-mandatory were held for members covering for example the Council's finances, code of conduct, safeguarding.</p> <p>Monitoring is undertaken of Member attendance to mandatory training and action taken where necessary.</p> <p>Staff are briefed on the Code of Conduct in their formal induction sessions with their line manager. The induction checklist provided to managers for 2021/22 included the requirement to reference the Code of Conduct.</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><a href="#">Code of conduct for Members (GS)</a></p> <p><a href="#">Code of conduct for Employees (GS)</a></p> <p><a href="#">Induction Checklist (GS) (due to be reviewed Jan 2023)</a></p>		<p>Legal–CE 18/10/22</p> <p>DemServ - Nikoleta Kemp 11/11/22</p> <p>OD- KC 18/10/22</p> <p>HR – Natalie Powers 10/11/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>Example of minutes where interests were declared can be found on the Council website.</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 procurement implications , financial implications, risk management and legal implications with sign-off/clearance required from relevant professional leads. Guidance is also on the Hub to help officers drafting reports.</p> <p>Article 6 of the Constitution covers decision-making and covers responsibility for decision making, principles of decision-making, type of decision, and decision making by Council bodies acting as tribunals.</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 decision reports + guidance (GS)</p> <p>Constitution</p>		Legal -CE 18/10/22

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
1.4	<p>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>	<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 Directorate.</p> <p>Whistleblowing policy is available to staff on the intranet and available to the public on the governance pages of the website. Whistleblowing Policy updated February 2022.</p> <p>Business Support staff have confirmed and provided evidence that staff register of interests and gifts &amp; hospitality maintained and kept up to date for the Resources and the People Directorates and that these moved from a physical folder to an electronic format over 2020/21 &amp; 2021/22. The Place Directorate physical folder however could not be located and no electronic forms were set up for 2021/22. The Business Support Officer (PA to Corporate Director is now taking action to set this up for 2022/23 onwards.</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 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. The Strategy was not reviewed and updated during 2021/22 however due to work on the significant governance gap identified in 2021/22. The strategy is currently under review and due to be presented to the GARMS Committee and consulted on across the Council during November/December 2022.</p>	<p>Members code of conduct (GS)ap</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) – due to reviewed Jan 22</p> <p>Corporate Anti-Fraud and Corruption Strategy 2016-19 (GS)</p>	<p>Minor Governance Gap; Register of Interest for staff not maintained by Place Directorate during 2021/22 – this is currently being rectified for 2022/23 onwards.</p>	<p>Legal–CE 18/10/22</p> <p>IA – Susan Dixon 03/11/22</p> <p>Jonathan Milbourn 10/11/22</p> <p>CAFT - Justin Phillips 11/11/22</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>Following in place: 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 in part by the need to hold the council and our partners to account for their performance and the Overview &amp; Scrutiny Committee and the Scrutiny Leadership Group is the driver to ensure that the function is focused on the issues of the greatest importance to the council. It also has a policy development function. The lead members ensure that expertise to tackle particular areas of service delivery is maintained. There is also in place a London Health Scrutiny Committee (JOSC).</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 sets the scrutiny work programme and 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> <p>O&amp;S, P&amp;F &amp; Health Sub ToRef (GS)</p> <p>JHOSC – Northwest London Health Scrutiny ToRef</p>		<p>Legal–CE 18/10/22</p> <p>Perform – Rachel Gapp 11/11/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
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 this takes place on mass after the local elections and individual after by-elections if required. Ad hoc training is undertaken throughout the year that is non-mandatory.</p> <p>Following the local government election in May 22, a welcome evening was held for all elected members on 10th May to cover an overview of the Council's functions, code of conduct, agile working, personal safety, and IT &amp; Data Protection. From May – July 2022 a series of training sessions some mandatory some non-mandatory were held for members covering for example the Council's finances, code of conduct, safeguarding.</p> <p>Monitoring is undertaken of Member attendance to mandatory training and action taken where necessary.</p>	<p><a href="#">Employee Code of Conduct (GS)</a></p> <p><a href="#">Councils Disciplinary Procedure (GS)</a></p> <p><a href="#">Whistleblowing Procedure (GS)</a></p> <p><a href="#">Member mandatory training</a></p>		<p>Legal–CE 18/10/22</p> <p>DemServ-NK 11/11/22</p>

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1.7	<p>Developing and maintaining robust policies and procedures which place emphasis on <u>best practice and legislation</u></p>	<p>Policies and procedures are developed by individual services, with key policies being approved by Cabinet. It is the responsibility of policy authors to ensure that all policies incorporate <u>legislation and employment law</u> best practice. All key policies are reviewed by legal services as part of the Cabinet approval process.</p> <p>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>The Workforce Equality report for 2020/21 produced in Dec 2021/22 provides a snapshot of the Council's demographic make-up, intersectionality and gaps for us as an organisation. It compares Harrow with other London Boroughs according to Best Value Performance Indicators. The report was presented to the Employees Consultative Forum. (SD +SD to develop governance review for Equality, Diversity &amp; Inclusion 2022/23)</p> <p>The Corporate learning and development programme includes events and activities supporting and promoting the Council's Equality Objectives. Feedback is requested via evaluation sheets for these events however responses received are very low despite chasing. For the Corporate learning Programme for 2021/22 the approach as to embed Diversity and Inclusion and the Council's values into the design of the learning solutions.</p> <p>e-learning recruitment and selection training in place 2021/22. Legislation and best practice included in the Policy when it was updated in 2021.</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 was not monitored quarterly and reported as KPI during 2021/22 however from the end of Q2 2022/23 this has been re-introduced. Staff are required to refresh their training every two years. Reminders were not sent from the Learning POD during 2021/22 but are about to be re-introduced. An Equalities session is also included in the Corporate Induction.</p> <p>A Commercial &amp; Procurement Strategy is in place. In 2021/22 minor changes were made to the Contract Procedure Rules. The Commercial &amp; Procurement Strategy will be reviewed in 2023 to incorporate changes to the Council's vision and priorities. Contract Procedure rules will also be reviewed and updated to reflect changes in procurement law post Brexit.</p>	<p>Induction checklist (GS)</p> <p>Workforce equalities report</p> <p>Equalities and Diversity mandatory e-learning</p> <p>Recruitment &amp; Selection Policy</p> <p>Corporate Induction Equalities Session</p> <p>Commercial &amp; Procurement Strategy (GS)</p>	<p>Minor Governance Gap: Mandatory E learning on Equalities and Diversity (and other areas) compliance not monitored during 2021/22 (reintroduced Q2 2022/23)</p>	<p>IA-SD 11/11/22</p> <p>HR – NP 11/11/22</p> <p>Shumaila Dar 09/11/22</p> <p>OD – KC 18/10/22</p> <p>Resource – AW 11/11/22</p> <p>OD – KC 18/10/22</p> <p>Proc – Nimesh Meta 11/11/22</p>



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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
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> – Crime and Disorder Reduction Partnership - Chaired by PH Angina Patel</p> <p><b>Harrow Community Partnership</b> – Terms of Reference and Memorandum of Understanding in place that covers principals of engagement. Operated well during 2021/22</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) Harrow</p> <p>Community Partnership – ToR and MoU</p>		<p>Perform - David Harrington 24/10/22</p> <p>Rachel Gapp 11/11/22</p> <p>IA -SD 11/11/22</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>The Constitution was updated once during 2021/22 in November 2020.</p>	Constitution (GS)		Legal–CE 18/10/22

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>In place: 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 2021/22.</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 18/10/22</p> <p>Finance – Sharon Daniels 18/10/22</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>	<p>Decision report template (GS)</p>		<p>Legal–CE 18/10/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>In place: 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 18/10/22
1.13	Ensuring corruption and misuse of power are dealt with effectively	<p>The Council has a Corporate Anti-Fraud Team and an Internal Audit Service in place. All allegations of corruption/misuse of power are investigated and reported to the Police as necessary. The Governance, Audit, Risk Management and Standards Committee receives regular reports from both CAFT and Internal Audit.</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 26th March 2020. The Strategy was not reviewed and updated during 2021/22 however due to work on the significant governance gap identified in 2021/22. The strategy is currently under review and due to be presented to the GARMS Committee and consulted on across the Council during November/December 2022.</p>	<p>Corporate Anti-Fraud and Corruption Strategy (GS)</p> <p>Self Assessment against Code of Practice</p>	Minor Governance Gap: Corporate Anti-Fraud and Corruption Strategy not UpToDate – currently under review	CAFT - Justin Phillips 11/11/22

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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 2021/22	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).</p> <p>Harrow's Borough Plan demonstrates the organisation's commitment to openness. It was not refreshed during 2021/22 as work in response to the pandemic was prioritised.</p> <p>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.</p> <p>In February 2020 the Council adopted its Borough Plan, which succeed the Harrow Ambition Plan for 2020/21 onwards. A new plan is currently being developed to reflect the Vision and priorities of the new administration.</p> <p>Council tax information including a booklet (your council tax and business rates guide 2021/22) 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><a href="#">Harrow Council Website</a></p> <p><a href="#">Harrow Borough Plan (GS)</a></p> <p><a href="#">Harrow People</a></p>		<p>Perform - DH 24/10/22</p> <p>IA-SD 11/11/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
2.2	<p>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>	<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><a href="#">Cabinet Decision template (GS)</a></p> <p><a href="#">Access to Information Rules (GS)</a></p>		<p>Legal-CE 18/10/22</p>
2.3	<p>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>	<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><a href="#">Cabinet Decision template (GS)</a></p> <p><a href="#">Agendas of meetings (on Council website)</a></p> <p><a href="#">Calendar of dates (GS)</a></p> <p><a href="#">Decision making protocols (in Constitution – GS)</a></p>		<p>Legal- CE 18/10/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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 smaller range of formal and informal consultations was undertaken during 2021/22 however consultation was increased with community groups on the pandemic. Harrow's current and previous consultations can be found listed on the website.</p> <p>During 2021/22 consultations were undertaken on the following:</p> <ul style="list-style-type: none"> <li>• High Street Fund</li> <li>• Review of Harrow's Covid Testing Service</li> <li>• Harrow Go Green 2021</li> <li>• Dennis Lane</li> <li>• Royston Park Road Traffic Calming Scheme</li> <li>• Review of Polling Districts and Places 2021</li> <li>• Howberry Road 20mph Zone Scheme</li> <li>• 690-736 Kenton Road Area Parking Review</li> <li>• Headstone Manor Visitors Survey 2020/21</li> <li>• Canterbury Road Parking Review</li> <li>• Gambling Policy (Statement of Principles) 2021</li> <li>• Chantry Road Area Parking Review</li> <li>• School Streets</li> <li>• Montgomery Road Area Parking Review</li> <li>• Community School Admission Arrangements and Fair Access Protocol 2023-24</li> <li>• Eastleigh Avenue Area Parking Review</li> <li>• Harrow Council Budget 2022/23</li> <li>• Small Sites Design Code</li> <li>• Stanburn Primary School</li> <li>• Pinner Wood School</li> <li>• Grange Primary School</li> <li>• New Dial-a-Ride Bus Stop</li> <li>• Draft Flood Risk Management and River Basin Management Plans</li> </ul> <p>The Consultation Portal is used for consultations and surveys of service users and residents. The annual Residents Survey carried out independently by telephone to track residents' views on the Council and key local issues was paused during 2019 - 2022.</p>	<a href="#">Consultation Portal (Council website)</a>	<p>Minor Governance Gap: Annual Residents Survey paused 2019-2022</p>	<p>Perform-DH 24/11/22</p>

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	<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	Police, Health Service , Schools, Colleges, Strategic Partnership etc.  Strategic Partnership in place Health & Wellbeing Board, Safer Harrow etc which gives us confidence that the external partner infrastructure in place during 2021/22. Engagement is multifaceted and ongoing.			Alex Dewsnap 11/11/22
2.6	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	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.  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.  During 2021/22 we extended and used our formal and informal partnerships to operationalise the partnerships Covid response e.g. providing food to residents who were self-isolating, setting up and staffing testing sites, promoting vaccinations, supporting community groups in need of assistance and information.			Perform – DH 24/10/22
2.7	Ensuring that partnerships are based on: • Trust; • a shared commitment to change;	The framework of effective working with partners and stakeholders is established in the values and priorities of the Borough Plan.  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	<a href="#">Harrow Ambition Plan (GS)</a>  <a href="#">Partnership arrangement self-assessment</a>		Perform – DH 24/10/22

<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.

## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<ul style="list-style-type: none"> <li>a culture that promotes and accepts challenge among partners; and that the added value of partnership working is explicit</li> </ul>	Commercial partnership arrangements reviewed in 2019/20 (assisted self-assessment) for HBPL, Concilium Business Services, Smart Lettings, and Sancroft and Concilium Assets LLP in 2020/21 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.			IA – SD 11/11/22
<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. These have not been updated to date.</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>Communications Team are the corporate lead on Consultations – There is a consultation tracker - a reformed Consultation Standard is being taken to Cabinet in January 2023</p>	<p><a href="#">Consultation Standards (GS)</a></p> <p><a href="#">Consultation portal (Council website)</a></p>	Minor Governance Gap: Consultation Standards not reviewed and updated since 2015 – currently under review	<p>Perform – DH 24/10/22</p> <p>AD 11/11/22</p>
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			Alex Dewsnap 11/11/22



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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>Harrow's Joint Strategic Needs Assessment (Public Health – Childrens and Adults) 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 Strategy.</p>	<p><a href="#">Communication s Strategy</a></p> <p><a href="#">Harrow's Joint Strategic Needs Assessment</a></p> <p><a href="#">Harrow Vitality Profiles</a></p> <p><a href="#">Child Poverty Strategy</a></p> <p><a href="#">Economic Impacts Dashboard</a></p> <p><a href="#">School Place Planning / Demography Report</a></p> <p><a href="#">Community Safety and Violence, Vulnerability and Exploitation Strategy</a></p> <p><a href="#">Reputation Tracker</a></p>		Perform – DH 24/10/22
2.11	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	Consultation protocols adopted in 2015 see 2.8. Various consultations undertaken annually.	<a href="#">Consultation Protocols</a>		Perform - DH 24/10/22

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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 2021/22 are listed in the Consultation Portal – see 2.4</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>	<a href="#">Consultation Portal</a>		Perform – DH 24/10/22
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.</p> <p>Harrow's Joint Strategic Needs Assessment looks at long term trends and impacts and informs planning around health and social care.</p>	<a href="#">Example Cabinet papers</a>  <a href="#">Harrow's Joint Strategic Needs Assessment</a>		Perform – DH 24/10/22

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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 2021/22	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 was laid out in the Borough Plan and this was refreshed on an annual basis up until 2021/22 when it was not refreshed due to strategic direction.</p> <p>The Borough Plan forms the basis for all corporate and service planning and performance indicators and provides the basis for the organisations overall strategy, planning and decisions. Service plans guidance in place but service plans are not mandatory.</p>	<a href="#">Harrow Borough Plan (GS)</a>		Perform – DH 24/10/22
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>Guidance on Service planning (2016) encourages Division plans which reflect the priorities and values in the Borough Plan 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><a href="#">Service Planning Guidance 2016</a></p> <p><a href="#">Consultation Portal</a></p>		Perform– DH 24/10/22

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
3.3	Delivering defined outcomes on a sustainable basis within the resources that will be available	<p>Performance tracking through the quarterly cycle at the corporate level was paused during 21/22 and re-introduced for Q4 2021/22 in Q1 2022/23 (performance boards)</p> <p>Performance tracking (score cards/KPIs) still continued at a service level during 21/22. This was confirmed as in place for most service areas through out 2021/22 by the Management Assurance exercise.</p> <p>The Annual Statement of Accounts provides a summary of achievements for each year.</p>	<p>Q4 2021-22 Performance Board papers</p> <p>Annual Statement of Accounts (GS)</p>	<p>Minor Governance Gap: Corporate Performance monitoring paused during 21/22 – reintroduced Q1 22-23 for Q4 21-22</p>	<p>Perform – DH 24/10/22</p>
3.4	Identifying and managing risks to the achievement of outcomes	<p>Weekly/monthly/quarterly &amp; annual performance information tracker process at the service level &amp; outcome indicators in place identifying trends or deficits and acting upon them. Evidence example: monthly social care performance reports</p> <p>A Corporate Risk Register is maintained and was reviewed and updated quarterly throughout 2021/22. The register was reviewed and agreed by CSB quarterly and reported to the GARMS Committee. Management Assurance confirmed that Directorate Risk Registers were also in place for each Directorate with the Resources and People Risk registers be updated quarterly throughout 2021/22. The Place Directorate Risk Register was not however reviewed and updated every quarter during 2021/22 – this may in part be due to the change in Corporate Director in year (with a short gap between) and the fact that most the Directorate Management Team were interims.</p> <p>The Corporate Risk Management Strategy was last reviewed and updated in 2016/17 and is currently being review and update.</p>	<p>Performance Tracker</p> <p>Quarterly Children's Safeguarding Reports</p> <p>Directorate Risk Registers</p> <p>Corporate Risk Management Strategy 2016/17 (GS)</p> <p>Corporate Risk Register</p>	<p>Minor Governance Gap: Review of the Corporate Risk Management Strategy overdue – review and update in progress October 2022</p>	<p>Perform – DH 24/10/22</p> <p>IA – SD 11/11/22</p>
3.5	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	<p>The Borough Plan provided a clear set of priorities during 2021/22.</p> <p>Budget and performance monitoring at service level carried out to ensure limited resources used effectively to meet service users needs.</p> <p>Communication channels key to managing service users' expectations.</p>	<p>Harrow Ambition Plan (GS)</p> <p>Corporate Scorecard (GS)</p> <p>Strategic Performance Report</p>		<p>Perform – DH 24/10/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
	<b>Sustainable economic, social and environmental benefits</b>				
3.6	Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision	<p>2021/22 draft budget agreed by December 2020 Cabinet and final agreed at February 2021 Cabinet.                      Three year Capital Programme reviewed and updated annually. 2021/22 – 2023/24 draft agreed by December 2020 Cabinet and final agreed at February 2021 Cabinet. The work took place during 2020 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 is updated and presented annually to Cabinet and was presented in February 2021 for 2021/22.</p>	<p><a href="#">Capital Programme (GS)</a></p> <p><a href="#">Prudential Code</a></p> <p><a href="#">Treasury Management Strategy</a></p>		Finance – SDan 18/10/22
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 5 of the constitution sets out the principles of decision-making.</p> <p>Cabinet reports required to have Finance clearance and comment.</p>	<p><a href="#">Cabinet Decisions Template (GS)</a></p> <p><a href="#">Article 5 in Constitution (GS)</a></p>		Legal–CE 18/10/22

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
3.8	<p>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>	<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 5 of the constitution sets out the principles of decision-making.</p> <p>.</p> <p>All key decisions are recorded in Committee Documents which are made public, available on the Harrow website.</p> <p>Consultation Standards adopted in 2015.</p>	<p><a href="#">Cabinet Decisions Template (GS)</a></p> <p><a href="#">Article 5 in Constitution (GS)</a></p> <p><a href="#">Consultation Standards</a></p> <p><a href="#">Committee Documents</a></p>		<p>Legal–CE 18/10/22</p> <p>Perform – DE 24/10/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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</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>During 2021/22 there was a mandatory e-learning module on an Introduction to Equalities and Diversity on the Council’s Learning Hub. The completion of Mandatory training models was not monitored during 2021/22.</p> <p>An EDI team was established in 2021/22 – followed the Race review. The Council has an Equality of Opportunity Policy in place however this is not up to date.</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>Minor Governance Gaps: Mandatory Training not monitored during 2021/22 and Equality of Opportunity Policy not up to date – Action is currently being taken to monitor the completion of mandatory training by staff</p>	<p>Perform - DH 24/10/22</p> <p>NM 11/11/22</p> <p>Complaints - Johnathan Milbourn 10/11/22</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 2021/22	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 5 of the constitution sets out the principles of decision-making</p>	<p><a href="#">Cabinet Decision Template (GS)</a></p> <p><a href="#">Article 5 of the Constitution (GS)</a></p>		Legal- CE 18/10/22
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 2021/22 and Medium term Financial Strategy 2021/22 – 2023/24 was reported to Cabinet in February 2021 but takes place during 2020. This report included a section on the stakeholder consultation undertaken.</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 2021/22 and MTFS in the report 2021/22 – 2023/24.</p>	<p><a href="#">Final Revenue Budget 2020/21 (GS)</a></p> <p><a href="#">MTFS 2020/21 – 2022/23 (GS)</a></p> <p><a href="#">Cabinet Report</a></p>		Finance-SDan 18/10/22



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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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 18/10/22
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  Borough Plan + MTFs determine how to deliver services  During 2021/22 the Council worked closely with Voluntary sector and community groups to ensure that vital services continued to be delivered during the pandemic and also on the pandemic response.	Harrow Borough Plan  MTFS 2021/22 – 2023/24 (GS)		Perform – DH 24/10/22
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		Perform – DH 18/10/22  IA-SD 11/11/22

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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 e.g. new grants.</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, social work in schools.</p> <p>Transformation in adult social care – Early Intervention and Prevention, 3 Conversations and, improved pathways through care.</p> <p>The Public Contract regulations recognise the need for flexibility from time to time (meeting litmus test). 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. 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>Public Contract Regulations</p> <p>Constitution</p> <p>Corporate and Individual Business Continuity plans</p>		<p>Perform – DH 24/10/22</p> <p>Procure – NM 11/11/22</p> <p>Legal-CE 18/10/22</p> <p>EP&amp;BC – Kan Grover</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>Key service areas have a scorecard of key indicators which is produced quarterly and reported to the Directorate Management Team but not to Corporate Strategic Board during 2021/22. Relevant service level indicators were reported to CSB/Gold.</p> <p>Detailed scorecards and related documents are available via from service performance leads.</p> <p>Management Assurance exercise confirmed KPIs established and monitored for most Divisions within Place, People and Resources during 2021/22.</p>	<p>Scorecard directorate &amp; corporate</p> <p>Management Assurance</p>		<p>Perform – DH 24/10/22</p> <p>IA-SD 11/11/22</p>
4.8	Ensuring capacity exists to generate the information required to review service quality regularly	There are strong QA functions in key areas e.g. childrens and adults.	Performance Briefing and related papers		Perform – DH 24/10/22
4.9	Preparing budgets in accordance with objectives, strategies and the medium term financial plan	Feb 2021 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 18/10/22
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 (Revenue &amp; Capital) as above in place.</p> <p>There was a corporate plan in place in 2021/22, the Harrow Borough Plan.</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 18/10/22
<b>Optimising achievement of intended outcomes</b>					

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>Medium term financial strategy links to the Corporate objectives that link to service objectives.</p> <p>Member and senior management review of 2021/22 budget proposals.</p> <p>Cabinet reports Dec20 and February 21 demonstrates how the MTFS balances service priorities and affordability.</p>	<p>Medium Terms Financial Strategy (GS)</p>		Finance-SDan 18/10/22
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 2021/22 budget report (February 2021)</p>	<p>Financial Regulations (GS)</p> <p>Budget Report</p>		Finance-SDan 18/10/22
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	<p>Medium Term Financial Strategy in place and sets context – see Cabinet reports Dec 20 and Feb 21.</p>	<p>Financial Regulations (GS)</p> <p>Cabinet reports Jan20/ Feb 20</p>		Finance-SDan 18/10/22
4.14	Ensuring the achievement of 'social value' through service planning and commissioning	<p>The Commercial &amp; 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. Procurement and ED team monitor and seek continuous improvement in this area.</p>	<p>Commercial &amp; Procurement Strategy (GS)</p> <p>Management Assurance</p> <p>Social Value monitoring tracker</p>		Proc – NM 11/11/22

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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 2021/22	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	During 2021/22 service performance was reviewed on a regular basis by Directorates (see above)  Use of assets??			Perform – DH 24/10/22
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. Reported in service performance score cards and particular reports e.g. Housemark report for Housing.  2021/22 Management assurance exercise has confirmed that benchmarking and other options are used within Directorates as part of performance monitoring to improve the use of resources.	Service scorecards. LAPS outputs.  Management Assurance		Perform – DH 24/10/22  IA-SD 11/11/22

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>Collaborative working and effective partnership were demonstrated throughout 2021/22 in continuing service delivery during the everchanging situation with lock down etc. Also demonstrated through local partnerships response e.g. food distribution.</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>Perform - DH 24/11/22</p> <p>IA-SD 11/11/22</p>
5.4	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	The OD agenda has been an area of focus during 2021/22 – work to build line manager capabilities was a priority. Work to develop effective metrics and measures for HR&OD and to start to develop the people strategy were underway prior to 2021/22. Reporting for the HR&OD scorecard commenced in 21/22 and further progressed in 22/23.	Performance Briefings	Minor Governance Gap: Corporate Workforce Strategy not in place	OD –KC 18/10/22
<b>Developing the capability of the entity's leadership and other individuals</b>					

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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 7 of the Constitution</p> <p>Constitution sets out the role of the Chief Executive and the Leader</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 7 of the Constitution (GS)</p> <p>Constitution sets out the role of the Chief Executive and the Leader (GS)</p>		Legal-CE 18/10/22
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	Constitution that is published on the Council's website sets out functions reserved to full council or are for Cabinet and those which are delegated to committees or officers.	Constitution (GS)		Legal-CE 18/10/22

## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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 7 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 were held between the Leader and the Chief Executive during 2021/22.</p>	<p>Member officer protocol (GS)</p>		<p>Legal-CE 18/10/22</p>



## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	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>On election Members are given induction training this takes place on mass after the local elections and individual after by-elections if required. Ad hoc training is undertaken throughout the year that is non-mandatory.</p> <p>Following the local government election in May 22, a welcome evening was held for all elected members on 10th May to cover an overview of the Council's functions, code of conduct, agile working, personal safety, and IT &amp; Data Protection. From May – July 2022 a series of training sessions some mandatory some non-mandatory were held for members covering for example the Council's finances, code of conduct, safeguarding.</p> <p>Monitoring is undertaken of Member attendance to mandatory training and action taken where necessary.</p> <p>FOI and Information Governance and subject access requests training provided to the Members following the elections in May 2022. Staff training on subject access requests to Senior Managers and other relevant staff during 2021/22. E-learning for Information Governance Mandatory Training 51% of staff had completed as at March 2022.</p> <p>Senior manager capabilities should be reviewed at appraisal and discussed during 1:1 with Line Manager and at annual Appraisal meetings with a further review at 6 months. However during 2021/22 compliance with this requirement was not monitored.</p> <p>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 and undertaken mandatory training.</p> <p>For 2021/22 there were 6 Staff Induction sessions held and 85 staff attended. There were also 5 Manager Induction sessions undertaken and 51 managers 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>Member mandatory training</p> <p>Appraisals</p> <p>Corporate Induction</p> <p>Staff Induction Checklist</p> <p>Online training on training portal</p>	<p>Minor Governance Gaps 2021/22: (i) Role specific induction patchy- new guidance and a framework for local inductions has been developed – this will be launched in Q4 22-23. (ii) The requirement for annual appraisals of senior managers was not monitored during 2021/22 – plans to address this in 2022/23 are in progress.</p>	<p>DemServ -NK 11/11/22</p> <p>IG – Marsha White</p> <p>OD – KC 18/10/22</p> <p>HR- NP 10/11/22</p> <p>OD – KC 18/10/22</p>

## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
		<p>Directorates and Services provide role specific induction including relevant training –this can be patchy. We have developed new guidance and a framework for local inductions – this will be launched in Q4 22-23.</p>			

## Core principles and sub-principles of good governance

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
5.9	Ensuring that there are structures in place to encourage public participation	See details on consultation above at 2.8. focused largely on services continued to be delivered and response to covid.	<p>Consultation Portal</p> <p>Residents Regeneration Panel</p> <p>Resident Groups</p>		Perform-DH 24/10/22
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>No peer reviews and very few inspections carried out during 2021/22.</p> <p>Management Assurance confirmed that there were no peer reviews only a few inspections carried out during 2021/22: Annual Engagement Meeting with OFSTED (Children); LEXCEL (Legal); PSN Compliance &amp; Payment Card Industry Data Security Standard compliance (IT); Estates Services Review &amp; Housemark Pulse Survey (Housing).</p>	External Reviews		<p>Perform – DH 24/10/22</p> <p>IA-SD 11/11/22</p>
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. However compliance with this was not monitoring during 2021/22 nor was this reported as a KPI.</p> <p>There is a Corporate Development Programme which is reviewed and aligned to business priorities annually.</p> <p>The Pulse survey undertaken in November 2021 confirmed that 71% of staff had regular conversations with their manager about their work and their development and 86% of staff stated that they were clear about what was expected of them.</p> <p>Management Assurance confirmed that not all staff received appraisals during 2021/22 however it was reported that regular 1:1s were undertaken .</p>	<p>Corporate Development Programme</p> <p>Appraisal Process</p>	<p>Minor Governance Gap: During 2021/22 compliance with the Corporate Policy on appraisals was not monitored and via the Management Assurance process many managers have admitted that appraisals were not undertaken. Work is currently underway to</p>	<p>HR – NP 10/11/22</p> <p>OD – KC 18/10/22</p> <p>IA-SD 11/11/22</p>

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	Sub-principles	Examples of systems, processes, and documentation demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
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 was extended until 31/08/22, which includes Health Surveillance Programmes for staff ;</li> <li>• Employee Assistance Programme - includes covering mental wellbeing support and Critical Incident Support for individual staff, teams and managers.</li> <li>• For 2021/22 Mental Health wellbeing development initiatives and support covering in place included: <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> <li>○ Wellbeing Champions</li> </ul> </li> </ul>	HR Policies (GS) and Services		HR – NP 10/11/22

## 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:

**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 2021/22	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 11/11/22
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 2021/22 and reported to CSB and the GARMS Committee. Directorate Risk Registers were in place for each Directorate and reviewed and updated quarterly in People and Resources.	Risk Management Strategy and Policy (GS)  Quarterly Corporate risk Management reports to CSB/GARMS		IA-SD 11/11/22

## 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 2021/22	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/Direct orate risk registers.		IA-SD 11/11/22
<b>Managing performance</b>					
6.4	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	Budget Monitoring and service performance including KPIs continued to be monitored by services throughout 2021/22 in addition to tracking both the covid situation and covid response coporately.  Key decision schedule in place	CSB papers on SharePoint  Key decision Schedule (GS)		Perform – DH 24/10/22  Legal-CE 18/10/22
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	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.  Article 5 of the constitution sets out the principles of decision-making.  All agenda and minutes of Committee meetings are published on the Council’s website.	Templates for committee and cabinet decisions (GS)  Article 5 of the constitution (GS)  Committee agenda and minutes on Council website  Committee reports – implications guidance		Legal – CE 18/10/22

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2021/22	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>As per 1.5 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 in part by the need to hold the council and our partners to account for their performance and the Overview &amp; Scrutiny Committee and the Scrutiny Leadership Group is the driver to ensure that the function is focused on the issues of the greatest importance to the council. It also has a policy development function. The lead members ensure that expertise to tackle particular areas of service delivery is maintained. There is also in place a London Health Scrutiny Committee (JOSC).</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 sets the scrutiny work programme and provides strategic direction for the function and overall co-ordination between the leads and committees.</p>	<p><a href="#">Scrutiny ToR (GS)</a></p> <p><a href="#">Details of Harrow's scrutiny function can be found on the Council's website</a></p>		Perform – RG 11/11/22
6.7	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	Reporting to members and senior management during 2021/22 focused on tracking of covid situation and response. Performance tracking continued in key service areas and data regarding service resilience e.g. in schools and social care teams was also reported to senior managers/members.	<a href="#">See evidence for 6.4</a>		Perform – DH 24/10/22

## 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 2021/22	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 during 2021/22 – revenue reported to CSB monthly and Capital report to CSB Quarterly and revenue and Capital reported Cabinet quarterly (Q1,Q2, Q3, outturn).	Financial Regulations (GS) Contract Procedure Rules (GS)  CSB reports on SharePoint  Cabinet reports on Council's website		Finance-SDan 18/10/22
<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 11/11/22
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. Corporate and Directorate Risk Registers in place and updated throughout the year.  Internal Control is reviewed across the Council by Internal Audit via the Internal Audit Plan with reports being provided to the relevant management and an overview reported to CSB and the GARMS Committee.		Minor Governance Gap : As per 3.4	IA-SD 11/11/22



## 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 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.11	Ensuring effective counter fraud and anti-corruption arrangements are in place	Corporate Anti-Fraud Team in place ad an annual plan of work delivered in 2021/22 aligned to the Corporate Anti-Fraud and Corruption Strategy. Performance reported regularly to the GARMS Committee.	<a href="#">Corporate Anti-Fraud &amp; Corruption Strategy</a>  <a href="#">GARMS reports &amp; minutes</a>		CAFT-JP 11/11/22
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	IA service in place during 2021/22 with an annual IA plan covering assurance to be provided on the overall adequacy and effectiveness of the framework of governance, risk management and control and an opinion provided at year-end.	<a href="#">IA Plan 2021/22</a>  <a href="#">IA Opinion contained in IA Year-End report 2021/22</a>		IA-SD 11/11/22
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>	<p>Audit Committee in place (GARMS), ToR in place (last updated 2018/19 as a result of the Audit Committee Review)), cross party membership, independent of the executive and accountable to Full Council.</p> <p>Regular reports provided to the committee on the Corporate Risk Register and assurance on the control environment.</p>	<a href="#">GARMS ToR in Constitution (GS)</a>  <a href="#">GARMS Membership on Council's website</a>		IA-SD 11/11/22

### Managing data

## 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 2021/22	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 third anniversary in May 2021 work continues to embed the rights of data subjects and embed the requirements for the council as a data controller.</p> <p>In August 2018 a Data Protection Officer was appointed in compliance with the new legislation – left in March 2021 and replaced in July 2021.</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. This was reviewed and updated October 2022 by the Information Governance Board and is awaiting approval by CSB and Corporate Joint Committee.</p> <p>The Information Governance Board is in place however it did not meet regularly during 2021/22 but has been reset from October 2022 to meet regularly and the Terms of Reference is also being reviewed. All Directorate are represented.</p> <p>The Information Governance Manager is the Council's designated Data Protection Officer is a Data Protection Practitioner.</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 has a customer friendly view of privacy notices.</p> <p>No member training took place in 2021/22 however FOI and Information Governance and subject access requests training provided to the Members following the elections in May 2022 – 39 (71%) members attended this training across 2 sessions and a further training session is planned to accommodate those who did not attend the original sessions.</p> <p>Mandatory online training for all staff on information governance, cyber security and the 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 2021/22 51% of staff were currently certified however there were issues with reporting during the year therefore numbers may be understated. An awareness programme on Information Governance to staff</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>	<p>Minor Governance Gap: Low uptake of mandatory Training during 2021/22 – This is being looked at corporately plus awareness being raised specifically on Information Governance during 2022/23</p>	<p>IG-MW 11/11/22</p>

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
		<p>starting November 2022. Plus work is being undertaken corporately to improve staff compliance with undertaking mandatory training.</p> <p>The Mandatory online training for Information Governance is due to be reviewed and updated during 2022/23 to reflect the current way the Council works.</p> <p>IGB has a road map for improvement e.g. reviewing and updating polices.</p>	IGB Road Map		
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. There are 12 pan London data sharing agreements in place hosted on the Information Sharing Gateway or the Data Controller Console.</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. This is currently being reviewed 2022/23.</p> <p>Information Governance Training is mandatory for all staff. (up-take low – see 6.14)</p> <p>Guidance and further information is available via the Hub</p>	<p>Data sharing agreements held by Directorates</p> <p>Information Asset register</p> <p>Mandatory Training</p> <p>Contract Templates</p>		IG-MW 11/11/22
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)		Perform – DH 24/11/22
<b>Strong public financial management</b>					

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2021/22	Evidence GS = contained in Governance Structure	Gap	Evidence Provider +Date
6.17	Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance	Finance Business Partner model in operation.  Finance input to all Cabinet decision reports.	<a href="#">Cabinet reports (Council website)</a>		Finance-SDan 18/10/22
6.18	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	Control as above re budget monitoring (revenue & capital) preparation and agreement of annual financial budget and MTFS  Financial Regulations and Contract Procedure Rules in place.  Risks covered in Budget report to Cabinet  Strategic Financial risks covered in Corporate Risk register reported to CSB and GARMS  Financial sign-off of all Cabinet Decision reports	<a href="#">Budget report to Cabinet</a>  <a href="#">Corporate Risk Register</a>		Finance-SDan 18/10/22

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## APPENDIX 2

**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 2021/22	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. We monitor the web-site using Silktide to assess the quality of the writing and the accessibility standards.</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 5 of the constitution sets out the principles of decision-making</p>	<p>Cabinet Decision report and committee report templates (GS)</p> <p>Article 5 of the Constitution (GS)</p>		<p>JM 10/11/22</p> <p>Legal-CE 18/10/22</p>

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2021/22	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	<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 Part I committee meetings and Cabinet and Council meetings are recorded (live stream as well) and available to be viewed by the public on the Council's website.</p>	Cabinet Decision report and committee report templates (GS)		Legal-CE 18/10/22
<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>The Annual Financial Statements provides a summary of achievements for each year.</p> <p>For 2021/22 corporate performance was only report for Q4 although service performance was monitored by most services throughout the year.</p>	Annual Financial Statements		Finance-SDan 18/0/22  Perform – DH 24/10/22

## 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 2021/22	Evidence GS = contained in Governance Structure	Gap	
7.4	Ensuring members and senior management own the results reported	For 2021/22 as above – Gold report and Q4 reported to senior management and members	<a href="#">CSB Minutes</a>		Perform – DH 24/10/22
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 appendices to the GARMS Committee report including the AGS, the Annual Review of Governance Evidence Table and the Management Assurance exercise. An action plan developed for improvement where necessary.	<a href="#">GARMS Committee papers (Council website)</a>		IA-SD 11/11/22
7.6	Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate	Shared Service/Partnership self-assessments demonstrate application of framework.	<a href="#">Shared Service Self Assessment</a>		IA-SD 11/11/22
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.	<a href="#">Financial Statement (Council website)</a>		Finance-SDan 18/10/22
<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. (2021/22 EA report currently outstanding)	<a href="#">External Audit Letter (GARMS reports on Council Website)</a>		Finance-SDan 18/10/22

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	Sub-principles	Examples of systems, processes, documentation and other evidence demonstrating compliance in 2021/22	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	<p>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 usually monitored and reported to GARMS Committee however follow-ups not undertaken during 2021/22 due to resource constraints /work on significant governance gap. Work is currently underway to follow-up recommendations.</p> <p>CPFA Statement on Role of HIA complied with and compliance with PSIAS self-assessed regularly.</p>	<p>Internal Audit Plan 2021/22 (GS)</p> <p>Year End Report 2021/22 (GARMS reports)</p>	<p>Minor Governance Gap: Lack of follow-up of Internal Audit recommendations during 2021/22 – currently being follow-up</p>	IA-SD 11/11/22
7.10	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	Peer reviews and inspections very light in 2021/22 – see above			Perform - DH 24/11/22
7.11	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	<p>Covered in Annual Governance Statement</p> <p>Partnership/Shared Service reviews (assisted self- assessment) confirmed IIAs/contracts cover risks associated with delivering services and that risk register/risk reviews in place.</p>	<p>Annual Governance Statement</p> <p>Shared Service Self Assessments</p>		IA-SD 11/11/22
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	<p>See examples of key partnerships with accountability structures at 1.8</p> <p>Partnership/Shared Service reviews (assisted self- assessment) confirmed that IIAs/contracts clearly cover accountability.</p>	<p>Shared Service Self Assessments</p>		IA-SD 11/11/22



## 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 since 2019/20</p>	<p>AGS</p>		<p>IA-SD 11/11/22</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 Governance Gap - Bodies to publish board agendas minutes and annual reports</p>	<p>IA – SD 11/11/22</p>