

Update on progress against AGS 2023/24 governance actions

APPENDIX

Key:

RED – the action is at significant risk of not being delivered and no alternative has been proposed

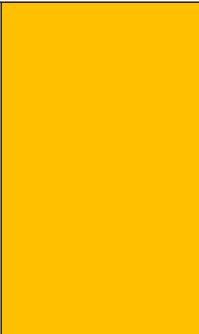

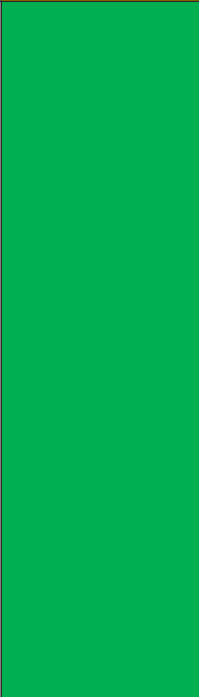
AMBER – the action is at some risk of not being delivered or an alternative option is being considered, but not yet agreed

GREEN – significant progress has been made on delivery of the action or a suitable alternative has been agreed

BLUE – action complete

It is expected that early in the year and with significant turnover of staff at senior level, there are a high number of red and amber ratings due to uncertainty as to prioritisation and delivery of actions.

Action	Update	RAG Rating
Democratic Governance – Lead Officer Sukdave Ghuman		
The Corporate Governance group needs commitment from wider group of staff, including internal audit, risk management, finance, information governance, complaints, and digital and data lead.	Internal audit and finance attendance is more regular. Terms of Reference have been reviewed by the incoming Chair (new Monitoring Officer) to ensure appropriate representation from across the organisation, and this will be repeated periodically while the turnover remains high amongst relevant staff. The stated intention of the Monitoring Officer is to keep the effectiveness and purpose of this group under review, bearing in mind changes to the structure, terms and timing of commissioner Boards and the Recovery Board. There was no August or September meeting due to staff absence but they are scheduled to return from October onwards.	
Evidenced improvement in report clearance processes, with Executive Directors and DLTs taking responsibility for early engagement with legal and finance to improve quality and timeliness of reports and improve forward planning.	The recent cycle of clearance has highlighted there is still an issue with forward planning, lack of early engagement with CLT and legal and finance and poor quality reports, partly arising out of a lack of clarity on what decision is being sought. CLT has reflected on this and the causes are felt to be multifaceted and systemic. Phase 4 of the democratic governance improvement action plan, launching in September 2024, contains further steps to assist with this.	

<p>Better use of Lead Member and Directors' meetings to focus on strategic planning and transformational change.</p>	<p>The new Director for Strategy, Change and Resident Engagement is now leading on efforts to improve the upstream planning of business at CLT and how this feeds into Lead Members and Directors Meetings. The Chief Executive and CLT have begun taking one key strategic item to each LM&Ds meeting. Phase 4 of the democratic governance improvement action plan, launching in September 2024, contains further steps to assist with this.</p>	
<p>Consideration of internal audit on officer decision-making being included in 2024/25 audit plan, to ensure compliance with significant officer decision making procedures and adequacy of internal schemes of delegation.</p>	<p>The lack of capacity in internal audit and need to reconsider the audit plan is likely to mean that this will not be prioritised. An alternative approach to seek assurance will be considered by the corporate governance group.</p>	
<p>Corporate Improvement Scrutiny Committee:</p> <ul style="list-style-type: none"> o public reporting of CfGS review, with action plan to respond to findings. o Steps taken with new corporate leadership team to ensure scrutiny seen as core function within Council. o Effective self-assessment used to inform annual report and future work programme. o Work with Group Leaders to ensure nomination and performance review is leading to effective committee membership. o Review of effectiveness of statutory scrutiny of health, crime and disorder and education functions. 	<p>The CfGS review has been published, with agreed actions, outlining good progress as well as next steps. A workshop was held with elected members and CLT officers to help formulate the scrutiny work programme, which realises the CfGS-recommended terms of reference agreed in May 2023 by prioritising improvement and recovery topics including budget setting, monitoring of savings delivery, and various SCF and Children's Services items throughout the year.</p> <p>An annual report was produced by members and reported to Full Council, providing an evidence base for progress and an action plan for the coming year, which has been incorporated into phase 4 of the democratic governance improvement action plan, launching in September 2024.</p> <p>Work was undertaken with Group Leaders to inform nominations to committee, including following changes to the political groups.</p>	

	<p>Work has been undertaken on reviewing the effectiveness of health and crime and disorder scrutiny, with consideration to joint health committee. Contact has been made with groups to support nominations of representatives for scrutiny of education functions.</p>	
<p>Audit & Corporate Governance Committee:</p> <ul style="list-style-type: none"> o self-assessment to be conducted and reported to committee and Full Council. o Detailed forward work programme and training plan to respond to findings from self-assessment. o Consider whether an external review of committee effectiveness is warranted in 2024/25. 	<p>Annual Report prepared and submitted to Full Council following self evaluation against CIPFA framework; it contains good reflection on the committee's progress and an action/training plan.</p> <p>Work programme contained in Annual Report and being updated with new officers in post.</p> <p>Training plan included in Annual Report and being updated with new officers in post.</p> <p>Consideration of an external review will be delayed until the latter part of the municipal year due to changes in officer cohort and need to improve quality of reporting to the committee.</p>	
<p>Consider LGA tools to further support member development, including tools for opposition members.</p>	<p>The Council has considered the use of guidance and support of LGA and other bodies to support member development. Most Cabinet members have LGA-sourced mentors, as do the leaders of each group and the Chairs of key committees. Cabinet Members are booked on various LGA courses, with the Conservative Group having assessed its own needs and taken up the offer. LGA courses, online resources and e-learning regularly publicised in the all-member newsletter. A cross-party Member Development Working Group has met and agreed a programme of all-member training sessions to be provided by a mixture of LGA and in-house providers, in line with the Member Development Plan agreed by Standards Committee earlier in the year. The number of briefings and training sessions organised for the Corporate Improvement Scrutiny Committee continues to rise,</p>	

	and these are regularly opened up to all members. Progress on member development will continue to be reported to the Standards Committee and will need to take account of the change in political groups.	
HR Governance – Lead Officer – Will Tuckley (Bal Toor Director lead)		
Strategic workforce plan at corporate and directorate level, focused on skills and knowledge gaps, performance management, including appraisal processes and learning and development plans.	Draft Workforce Plan sent to MHCLG commissioners for comment. The plan has 4 pillars which are designed to support a high performing culture at SBC; to include developing skills and promoting 2-way dialogue between LM and employee.	
Publicly report to Employment Committee on the staff survey results (appropriately anonymised) with a detailed action plan responding to findings.	Officers are taking steps to procure a suitable staff survey supplier and ensure results are disseminated by ED, D, and HoS level, creating an additional level of insight and accountability. Survey scheduled for October Results will be analysed and reported to Employment Committee in Jan 2025.	
The Officer Code of Conduct, once adopted by Full Council, must be included in a training programme and onboarding processes to ensure changes are embedded and inform any culture change programme.	The Code has been adopted. The induction and onboarding programming will be redesigned to home in on this for both officers and Members. There will be reference to SBCs expectations re: Nolan Principles and Code of Conduct in the development of the Line Managers essentials programme.	
Review of agency worker processes to ensure that pre-employment checks are conducted and the reasons for waiver of any requirement is properly authorised and reasoned.	All agency pre-employment checks are conducted by Matrix in a timely manner to ensure agency staff are compliant before they begin employment with Slough. Waivers are only in relation to reference checks and if a waiver is applied it must have a strong rationale and director approval. A waiver is only applied for a maximum of 2 weeks.	

<p>Review systems and procedures for managing organisational change.</p>	<p>Managing change policy is adequate. However, HR is keen to support managers to implement change across their organisation ensuring they engage with staff appropriately. This includes offering leaders upskilling on 'leading people through change' and recording impact of changes.</p>	
<p>Financial governance and systems – Lead Officer – Annabel Scholes</p>		
<p>Demonstrable and collective compliance with CIPFA's Financial Management Code.</p>	<p>The new interim finance team have focused on reviewing systems and putting in place changes to ensure compliance with regulatory requirements and best practice guidance.</p>	
<p>Workforce plan to respond to recruitment gaps within finance directorate and ensure specialist capability within directorate.</p>	<p>Interim capacity has been brought in to ensure sufficient capacity and capability.</p>	
<p>Review of systems within Council for recording financial transactions, picking up from Grant Thornton's findings from previous audits and work of Ernst Young in reviewing balance sheet.</p>	<p>Work is underway to refresh the finance improvement plan, which will include reviewing systems in place to record financial transactions. A decision has been made to continue to use the Agresso system and to invest in improvements to its functionality and training and development to support users.</p>	
<p>Ensure financial management and governance are included in onboarding and manager development programmes.</p>	<p>The onboarding and induction processes include sessions on governance. A management development programme is being worked on, however in the meantime finance business partners continue to support budget holders.</p>	
<p>Costed programme for closing off historic statements of accounts, agreed with DLUHC commissioners and external auditors.</p>	<p>Significant progress has been made with closing off historic statements of accounts and working with external auditors on ensuring these are audited in line</p>	

	with backstop dates. However the fact that several years remain outstanding still creates a risk.	
Review process for budget setting and medium-term financial strategy to increase opportunities for resident engagement and scrutiny involvement in reviewing financial savings and priorities in accordance with CfGS guidance on financial scrutiny.	A task and finish group of scrutiny members has been set up to consider the budget setting and medium term financial strategy, however the scale of savings to be identified and considered makes this as challenging process. There is not yet a clear plan for resident engagement on individual proposals or the budget as a whole.	
Ensure effective systems in place for holding and managing finances for separate companies and partnerships.	A new finance lead has commenced to ensure a focus on financial governance in companies. An initial high level review has been presented to the Cabinet Committee in September which flags significant concern in relation to financial systems for at least one of the council companies.	
Internal Control System – Lead Officer – Annabel Scholes		
Risk Management – update risk management strategy and framework to ensure compliance with HM Government Orange Book and implement training programme to embed risk management.	A new interim head of service and lead on risk management have commenced in role. CLT has considered the risk appetite for specific categories of risk and senior officers have attended a risk workshop. There is significant work required to improve the risk management arrangements in the Council.	
External review of corporate anti-fraud policies, procedures and practices by another local authority or sector body to review extent to which current practice is preventative based and proactively managing risks.	A new interim head of service has commenced in role and will consider the most appropriate way to review the Council's systems for managing risk of fraud.	
Management assurance process – conduct a review against the LGA's Improvement and Assurance framework to map current processes of assurance and put in place a more comprehensive management assurance process.	A review has been conducted against the LGA's Improvement and Assurance framework, with this being a key framework for use by the corporate governance group when assessing progress against the governance workstream. Improvements have been made to assurance reporting to CLT on a monthly cycle.	

<p>Internal Audit:</p> <ul style="list-style-type: none"> o stabilise internal audit team, o ensure annual audit plan informed by risk, o ensure effective escalation procedures including reporting on key risks at member level, o Commission independent external quality assurance review in accordance with requirements of PSIAS to evaluate effectiveness of internal audit function. 	<p>A new interim head of service has commenced in role. There is significant work to do to recruit and stabilise the team and review the annual audit plan. It is likely a decision will be made not to commission an external review this municipal year as focus needs to be in building the internal capacity and delivering on a new plan.</p>	
<p>SEND Services – Lead Officer – Sue Butcher</p>		
<p>Consider how to provide regular updates on improvement plans to the public. As a minimum there should be transparency in relation to any submissions to DfE updating on the WSOA and any feedback from DfE. This could be achieved by publishing elements of the internal governance board minutes.</p>	<p>Report presented to Cabinet in September on progress against WSOA and improvement plans.</p>	
<p>Consider including scrutiny topic focused on SEND in 2024/25 scrutiny work programme.</p>	<p>Scrutiny work programme includes topic on children not in education, employment or training, which may well include a disproportionate number of young people with SEND.</p>	
<p>Consider including SEND related topic covered in internal audit programme for 2024/25, picking up on LGSCO complaints upheld in 2023/24.</p>	<p>Internal audit plan is being re-worked to take account of risk. The complaints report and SEND update report does contain reference to responses to complaints. There is also an improved dashboard on performance.</p>	
<p>Company governance – Lead Officer – Sarah Wilson (SCF), Pat Hayes (other companies), Sukdave Ghuman (trusts)</p>		
<p>For SCF, closer working between Board, including NEDs, and CLT / Cabinet to ensure better coordination and increased understanding of distinct roles.</p>	<p>Chair attends strategic commissioning groups, which relevant CLT officers attend. NED invited to attend Cabinet for presentation of Annual Report and NEDs will be invited to attend CISC meeting when business plan is reviewed.</p> <p>New company secretary and new finance lead on company governance provides an opportunity to consider closer working between board and elected members.</p>	

<p>For SCF, updates on progress against governance review to be agenda'ed at quarterly strategic commissioning group meetings and any retrograde steps in progress to be reported to A&CG Committee.</p>	<p>Governance review update presented to September Strategic Commissioning Group (contract monitoring). Consideration to be given to annual assurance reporting for SCF to A&CG Committee.</p> <p>New company secretary met key individuals and focused on further governance improvements.</p> <p>Governance review and key performance indicator progress referenced in Annual Report and to be included in draft Business and Improvement Plan to be presented to Corporate Improvement Scrutiny Committee before approval by Cabinet in December.</p>	
<p>For other Council companies, review and report to Cabinet Committee on:</p> <ul style="list-style-type: none"> o contractual and governance documentation, o decision-making, o risk and performance reporting arrangements, including financial performance, statutory compliance, including filings of annual reports and accounts and board director performance, o annual business plans for each company 	<p>Report on JEH presented to Committee in September, although this did not include an annual business plan and set out a number of immediate steps required to improve governance.</p> <p>Report on GRE5 timetabled to be reported in October. Whilst not a company, it is intended to take the Slough Urban Renewal Business Plan to Cabinet in October. Interim finance officers are providing support and leading on key governance improvements.</p>	
<p>For trusts where the Council is corporate trustee, review and action plan to ensure effective management and compliance with legal duties, including statutory filings with Charity Commission and management of conflicts of interest.</p>	<p>Report presented to Trustee Committee in July 2024 on filing of accounts. Further work required to improve governance of trusts and address risk of subsidy without explicit approval.</p>	
Partnership governance and effectiveness – Lead Officer – Tessa Lindfield/New ED Adults		
<p>Ensure that each statutory partnership has clear terms of reference, approved strategies and appropriate action plans in place to meet strategic aims, represent best practice and meet its statutory requirements.</p>	<p>Review undertaken of safeguarding arrangements to inform improvements.</p> <p>Review of partnership strategies will be considered as part of review of Council strategies.</p>	

<p>Ensure there is public reporting to members on effectiveness of partnerships.</p>	<p>No clear plan on transparency for partnership effectiveness. This will be key focus for new Director of Strategy, Change and Resident Engagement.</p>	<p style="background-color: red;"></p>
<p>Review approach to transparency for partnerships, with an expectation as a minimum that each partnership produces a public annual report and considers whether to publish reports and minutes for meetings.</p>	<p>No clear plan on transparency for partnerships. This will be key focus for new Director of Strategy, Change and Resident Engagement Annual report for Safeguarding 2022/23 was published however removed pending the publication of the 2023/24 report</p>	<p style="background-color: red;"></p>
<p>Consider commissioning external reviews of statutory partnership on a rolling programme as an appropriate way to provide further assurance.</p>	<p>Timeline and benefit of commissioning external reviews to be considered. New senior leadership team have skills and experience of effective partnership working and may be more effective way of demonstrating effectiveness. Consider alternative action.</p>	<p style="background-color: red;"></p>
<p>Information and ICT Governance – Lead Officer – Will Tuckley</p>		
<p>Adopt a Data Strategy, approved at member level, and ensure that data is used appropriately, consistently and effectively and retained in accordance with legal requirements.</p>	<p>Preparatory work undertaken on new data strategy. Awaiting approval by CLT and confirmation of approach to public consultation.</p>	<p style="background-color: yellow;"></p>
<p>Ensure digital technology is embedded into future operating model.</p>	<p>Early draft of TOM has digital theme included. Digital Strategy development will be need to be aligned to the Estates' Strategy, Workforce Strategy and Target Operating Model. A report to Cabinet is planned for November 2024 when the new permanent Director will have arrived.</p>	<p style="background-color: yellow;"></p>
<p>Ensure appropriate governance structure to ensure ICT is embedded into transformation programme and service improvements and that there is an effective prioritisation process to ensure prioritisation on those projects with the biggest impact on staff, residents and to support financial recovery.</p>	<p>ICT workstream is embedded into transformation programme.</p>	<p style="background-color: green;"></p>

<p>FOI - devise timescale for conducting self-assessment utilising ICO FOI toolkit and report findings to A&CG Committee. FOI self-assessment toolkit ICO</p>	<p>An update will be provided new Director in next update and clarification given on which service is leading on this.</p>	
<p>Review of use of any Artificial Intelligence software, ensuring appropriate policies and systems in place to manage legal and ethical considerations.</p>	<p>The council's use of AI is currently limited to robotic process automation (RPA) used in Revs and Bens. It is not used as a decision-making tool in any council processes. Any proposed use of AI within a service area needs to follow the council's DPIA process, including approval by the council's Technical Design Authority and Information Governance Board before being put in use.</p> <p>The council needs to consider an appropriate review forum which can focus on the ethical use of data.</p> <p>A limited scope proof of concept is being carried out in ICT covering adoption of Co-Pilot a large language model-based AI assistant.</p>	
<p>Conduct a review of information published against the Government's Transparency Code.</p>	<p>An update will be provided new Director in next update and clarification given on which service is leading on this.</p>	
<p>Asset disposal and use of physical resources – Lead Officer – Pat Hayes</p>		
<p>Approve an estates strategy for use of the Council's operational assets, ensuring this is aligned with the Council's new operating model and MTFS.</p>	<p>Whilst preliminary work has been undertaken on an estates' strategy and corporate landlord model, significant work is required to finalise this and align it to the emerging new TOM and MTFS.</p>	
<p>Increase public reporting on assets disposed of, including those where decisions made under officer delegation.</p>	<p>Plans in place to utilise Cabinet Committee to increase transparency on asset disposal programme. Report due to be presented in September, with regular reporting to formally update members on risks and issues.</p>	
<p>Review systems in place for record keeping, ensuring compliance with Government Transparency Code and</p>	<p>Record keeping remains a concern and is a focus of the new Director of Property Services.</p>	

safe retention of property records to inform future decision-making.	New Property Internal Audit system being implemented to ensure accurate record keeping.	
Resident engagement – Lead Officer – Will Tuckley		
Adopt Resident Engagement Strategy, setting out expectations on participation, resident experience and digital inclusion.	Improvements to strategy and approach is key focus of new Director of Strategy, Change and Resident Engagement. Plans to report to CLT in September on next steps.	
Build programme to rebuilt trust with communities, including transparent, public reporting to members on resident survey results with action plan on improving satisfaction levels.	Focus for new Director of Strategy, Change and Resident Engagement. Plans in place to consult on TOM and budget.	
Ensure prompt responses to recommendations by LGSCO, including any learning in annual report to Audit and Corporate Governance Committee.	Whilst there is concern about performance in terms of responding to complaints, there is improvement management information to CLT and annual report to A&CG Committee captures learning from internal complaints process as well as LGSCO and Housing Ombudsman. There are plans for an in depth root and branch review of complaints handling as part of the proposed direction for the operating model in relation to improving customer access and getting things right.	
Conduct self-assessment of complaints processes against LGSCO new Complaints Code and include findings in annual report to A&CG Committee in Autumn 2024	Included in separate report to A&CG Committee. Consideration will be given to reporting on progress against the action plan.	