

Update on progress against AGS 2023/24 governance actions – October 2023 Update

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 needs to be 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

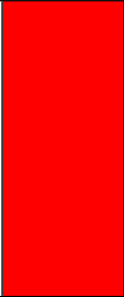

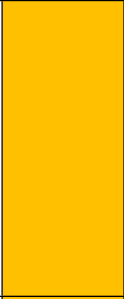
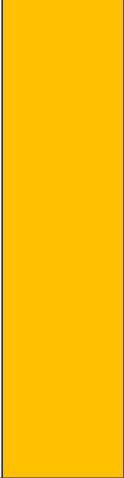


It is expected that earlier in the year and with significant turnover of staff at senior level, there is a high number of red and amber ratings due to uncertainty as to prioritisation and delivery of actions.

Action	Update	09/ 2024	11/ 2024
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.	The meetings have been diarised with attendance from finance and internal audit. The terms of reference have been reviewed since the arrival of the new MO, to include representation from these parts of the organisation, to ensure key internal control and governance areas are represented. The Board is monitoring delivery of phase 4 of the governance improvement programme and identifying new governance issues as they arise for the MO to raise with statutory officers.		=
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 most recent cycle of meetings has resulted in all reports being published within statutory timescales. The weekly review at CLT continues and there is some evidence of early engagement with legal and finance from new directors, which is helping ensure timescales are met and reports are of good quality to inform recommendations. It is too early to say whether this is sustained improvement. Another round of governance training for		



	management is scheduled in November, but high officer turnover continues to hamper the medium- and long-term effectiveness of governance training on this topic, while low capacity across the organisation reduces officers' ability to implement what they know to be theoretically correct (ie not finding time for early planning and engagement).		
Better use of Lead Member and Directors' meetings to focus on strategic planning and transformational change.	There is a more strategic focus in LM&Ds meetings, with updates given by the Chief Executive and discussions on financial governance and communications and resident engagement. There is not yet a forward looking plan for such discussions. The phase 4 governance programme plan includes various aspirations to improve portfolio management mechanisms and strategic forward planning for leadership meetings of all kinds, however a lack of officer capacity remains a barrier to implementation, linked to issues with high turnover, lack of officer retention and transformation pressures drawing the strategy team away from BAU activity.		=
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.	The lack of capacity in internal audit and need to reconsider the audit plan is likely to mean that this will not be prioritised. One proposal is that the 'Service Assurance Statement' process to be conducted this year to feed into the AGS, and this will seek confirmation that officer decisions are all in line with procedures, highlighting areas where this has not happened. Another is to sample test historic officer decisions.		=
Corporate Improvement Scrutiny Committee:	The CfGS review has been published, with agreed actions.		=

<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>A scrutiny improvement plan is in place and delivery is monitored regularly as part of the governance programme.</p> <p>A workshop was held with elected members and CLT officers to help formulate the scrutiny work programme.</p> <p>An annual report was produced by members and reported to Full Council.</p> <p>Work was undertaken with Group Leaders to inform nominations, 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>Meeting held with DfE commissioner to agree ongoing approach to children's services scrutiny without overstretching existing resources.</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.</p> <p>Work programme and training plan need review to ensure covering main risks. Training delivered on external and internal audit, although did not have full committee attendance.</p> <p>One meeting cancelled in September and extraordinary meeting required in October to manage agenda items. September meeting had minimum number of members to meet quoracy.</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.		
Consider LGA tools to further support member development, including tools for opposition members.	The Council has considered the use of guidance and support of LGA and other bodies to support member development. The Standards Committee was cancelled in October. A focus on member development is contained in the Phase 4 governance programme and the corporate governance group need to review the programme and identify learning objectives for each session to identify the most appropriate method of delivery and whether external support is required.		=
HR Governance – Lead Officer – Will Tuckley			
Strategic workforce plan at corporate and directorate level, focused on skills and knowledge gaps, performance management, including appraisal processes and learning and development plans.	Progress has been made on management information and reporting to CLT and on increasing the number of appraisals undertaken. A draft workforce strategy has been written which will be reviewed in line with the staff survey results in November, to ensure actions are aligned to sentiments shared in the survey.		=
Publicly report to Employment Committee on the staff survey results (appropriately anonymised) with a detailed action plan responding to findings.	The delay in reporting the results of the previous staff survey, mean it is no longer considered helpful to publish the previous survey. The methodology adopted also makes it difficult for this to be analysed and benchmarked against other local authorities. It is planned to conduct a new survey in November 2024 and for results to be fed back to the Committee alongside an action plan.		↑

<p>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.</p>	<p>The Code has been adopted. The induction and onboarding have been redesigned to ensure reference to the Nolan Principles and Code of Conduct and positive feedback has been received. The Code of Conduct and Nolan Principles need to be considered as part of a wider learning and development programme, including a managers' essentials type programme.</p>		
<p>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.</p>	<p>HR has ensured our supplier of agency workers; Matrix, carries out our employment checks which must be passed ahead of commencing employment. Currently, Matrix also ensures the employee does not appear twice on their list of Local Authority contracts (although this will not cover all authorities). All waiver requests require ED and HRD approval.</p>		<p>=</p>
<p>Review systems and procedures for managing organisational change.</p>	<p>The policies and procedures for managing organisational change has been tested in tribunals and found to be adequate. There is a need to ensure a consistent approach to organisational change and that there is appropriate reporting to members, including seeking Council approval before creating new roles over £100k or agreeing termination packages over £100k. HR has reviewed the way in which it records all corporate reorg's and partners the business, between its OD and HRBP service offer. This includes ensuring decisions and records of any settlement agreements are appropriately recorded and stored.</p>		<p>=</p>
<p>Financial governance and systems – Lead Officer – Annabel Scholes</p>			
<p>Demonstrable and collective compliance with CIPFA's Financial Management Code.</p>	<p>A detailed update was given in response to the Grant Thornton Interim Auditor's Annual Report</p>		

	<p>which was presented to Audit and Corporate Governance Committee in October 2024. All finance staff are being assessed against the CIPFA competency framework and specific training programmes are being developed to equip the team with the necessary technical accounting and project management skills where gaps are identified. The Finance Improvement Programme has been refreshed this financial year to align with the professional standards of CIPFA's Financial Management Code.</p>		=
<p>Workforce plan to respond to recruitment gaps within finance directorate and ensure specialist capability within directorate.</p>	<p>The Council has invested in significant additional capacity to manage the backlog accounts process. There is a recognition that more needs to be done to strengthen resources in financial systems and operations. Additional specialist support has been brought in, on an interim basis, to support risk management processes across the Council. Recruitment and retention of key staff with requisite skills and experience continues to be a significant challenge for Slough.</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>The preparation of accounts was undertaken in conjunction with a review of the Council's Balance Sheet position to provide assurance on the opening balances for 2023/24. A further review of cash reconciliations is being undertaken as a subsequent area of concern. There remain significant legacy issues arising from a lack of historic reconciliations and evidence. Further detail has been provided in other reports to the Audit and Corporate Governance Committee. This remains a significant and high risk challenge for the Council.</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>=</p>
<p>Costed programme for closing off historic statements of accounts, agreed with DLUHC commissioners and external auditors.</p>	<p>The preparation of backlog accounts has identified a significant number of issues with regard to the adequacy of working papers, some of which will have been addressed as part of the 2023/24 Statement of Accounts audit process, but for a significant number will need to be addressed in time for the 2024/25 accounts. Officers are having to fundamentally review and improve accounting arrangements with a clear focus on accounts integrity, supported by documented evidence and clear audit trails. A detailed project plan was prepared for each backlog accounts and these will be built upon as we ensure all processes are documented, with clarity on ownership and accountability, supported by evidence and improved assurance reporting to facility more robust quality assurance.</p>		
<p>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.</p>	<p>It is recognised that the Council's medium term financial planning and budget setting arrangements need to improve. The legacy issues and prior year budget assumptions are causing issues with identifying the "true" financial position and the risks to future financial sustainability. There are also significant growth pressures, particularly in Adult Social Care and Homelessness, some of which reflect national pressures. There remains a significant budget gap in the budget assumptions for</p>		

	<p>2025/26. More rigour will need to be applied to the benefits realisation and risk assessments of proposals with ownership and greater transparency and accountability required in ensuring delivery clearly aligns to Council approved savings. Officers intend to ensure a more evidence based approach in the 2025/26 budget setting process, with clear evaluation of risks and sensitivities. There is a scrutiny task and finish group set up and plans for public consultation, however the challenging in closing the gap are severe.</p>		
<p>Ensure effective systems in place for holding and managing finances for separate companies and partnerships.</p>	<p>For James Elliman Homes there is an expectation that a business plan will be presented for approval by Cabinet by the end of the calendar year. This will include requirements for assurance that the financial arrangements demonstrate sufficient separation from those of the Council. An options appraisal project group has been set up to review future options during Quarter 3 2024/25.</p>		=
Internal Control System – Lead Officer – Annabel Scholes			
<p>Risk Management – update risk management strategy and framework to ensure compliance with HM Government Orange Book and implement training programme to embed risk management.</p>	<p>A new 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. The Corporate Risk Register has been refreshed, the Interim Risk Manager is working with Directorates to refresh Directorate Risk Registers, Risk Champions are to be identified and trained in order to help embed risk management within “business as usual” activities.</p>		=
<p>External review of corporate anti-fraud policies, procedures and practices by another</p>	<p>A new head of service has commenced in role and a report was presented to Audit and Corporate</p>		↑

<p>local authority or sector body to review extent to which current practice is preventative based and proactively managing risks.</p>	<p>Governance Committee in September 2024. A summary of recommendations arising from an historic review of the Counter-Fraud function was presented to the Committee, however the results of this review were challenged by the Counter-Fraud Team, who felt that not all the recommendations were appropriate. The draft 2024/25 Counter Fraud Annual Plan was presented to October Assurance CLT, together with a current summary of anti-fraud activities. Plans exist to work with Risk Champions, once appointed, to help with anti-fraud initiatives.</p>	<p style="background-color: red; color: red;"> </p>	<p style="background-color: yellow; color: black;"> </p>
<p>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.</p>	<p>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. There are still gaps in data reporting for statutory services and considerable issues with data quality.</p>	<p style="background-color: green; color: green;"> </p>	<p style="background-color: yellow; color: black; text-align: center;">↓</p>
<p>Internal Audit: 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>	<p>An update report was presented to Audit and Corporate Governance Committee in September 2024. The lack of resources available within internal audit remains an issue, with concerns raised about the integrity of the report that led to the insourcing of the internal audit function, and the decisions taken with respect to both the size of the internal audit team, and the additional responsibilities of the leader of the team. The submission accompanying that Internal Audit Plan that was approved by the March 2024 Audit &</p>	<p style="background-color: red; color: red;"> </p>	<p style="background-color: red; color: red; text-align: center;">=</p>



Governance Committee mentioned that the plan required a full complement of staff, noting vacancies at the time, but did not consider the impact of completion of 2023/24 audits, which took until August 2024. Further, 10 of the audits included in the plan were in the Finance area, which could not be delivered whilst the Head of Internal Audit is also the Head of Financial Governance. Additionally, 6 of the audits had been subject to audit multiple times in the previous 6/8 years, suggesting that risk-based planning had not been adopted.



The Chair of the Audit & Governance Committee has agreed that, in the absence of an audit universe, credible risk registers or comprehensive organisational charts, a rolling plan is appropriate for the current financial year, to reflect areas of concern and available audit resource.

There is significant work to do to obtain management support to develop an appropriate internal audit function. The Head of Internal Audit's annual opinion is likely to be driven, in part, by management reporting of significant governance, risk management and internal control arrangements within key areas of the Council.


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.

SEND Services – Lead Officer – Sue Butcher

<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. There are concerns about the quality of data to inform decision-making. Whilst there is regular reporting to the SEND Improvement Board, which has now been split into an operational and strategy board and 3 monthly monitoring meetings with the DfE, there is not yet a regular cycle of reporting or publication of 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>=</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>The internal audit plan is currently under review.. In the event that additional resources are made available for the internal audit team, an appropriate audit can be scheduled in relation to SEND.</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. Independent NED attended Cabinet in September to be questioned by Cabinet members. Board representation will be in attendance at the CISC meeting in October when emerging business plan is reviewed.</p>		<p>=</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). Progress continues to be made and this is a focus of the new company secretary. Regular meetings take place with Council's SRO</p>		<p>=</p>

	<p>and Chair and Council nominated NED. Regular meetings will be set up with the company secretary and Council SRO intending to attend board and committee meetings as observer to provide further assurance.</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 Cabinet Committee in September, setting out immediate steps to improve governance, an updated business plan to be developed and brought forward within the financial year.</p> <p>Report on GRE5 being reviewed and due to be reported in November 2024.</p> <p>SUR - Council is member of the JV – reports on remaining individual developments regularly reported on to Cabinet; report on partnership plan due to be reported by the end of the calendar year.</p> <p>Council is stakeholder in DISH – Officers are working to bring an update position and recommendations to establish next steps within the financial year.</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. Filings have been delayed due to issues setting up new account for democratic services.</p> <p>Further work required to improve governance of trusts and October committee meeting cancelled due to update report not being ready.</p> <p>Further steps required to ensure that there is separation of functions at officer level and that any decision by the Council to subsidise a trust is recorded and taken in a transparent manner.</p>		

Partnership governance and effectiveness – Lead Officer – Tessa Lindfield/David Coleman Groom			
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>Review undertaken of safeguarding arrangements to inform improvements. Review of partnership strategies will be considered as part of review of Council strategies.</p> <p>Health & Wellbeing Board ToR and refreshed action plans for each priority area in place, with reports on progress at each meeting. Development plan approved by HWB for new 10 year JHWS.</p> <p>Health and Care Partnership review underway with joint reporting to ICB and HWB</p> <p>ToRs and statutory strategies for Domestic Abuse and Serious Violence prevention in place for Safer Slough Partnership.</p> <p>Officers now in post to support HWB and SSP with annual reporting</p>		=
Ensure there is public reporting to members on effectiveness of partnerships.	The priorities for partnership working outlined below will including 1) to ensure that a strategic overview and register of significant partnerships is formally maintained by corporate leadership and the Executive and that there is appropriate governance and oversight.		=
Review approach to transparency for partnerships, with an expectation as a	HWB is held in public, live streamed with papers online. We have improved transparency and linkage		↑

<p>minimum that each partnership produces a public annual report and considers whether to publish reports and minutes for meetings.</p>	<p>between partnerships with shared papers and regular reporting to HWB from Combatting Drugs Partnership, Safer Slough Partnership and the Safeguarding Partnership.</p>		
<p>Consider commissioning external reviews of statutory partnership on a rolling programme as an appropriate way to provide further assurance.</p> <p>Alternative Action Utilising peer support offers from organisations such as the LGA to strengthen partnership development.</p>	<p>Developing the Council's approach to partnership working with statutory partners, voluntary and community sector and residents has been identified as a key condition of success in the operating model design principles going to Cabinet in November 2024</p> <p>Initial engagement sessions on the operating model are being arranged with partners for early November 2024 – to test design principles, identify priorities for partnership working and actions needed to develop the right environment for partnership working to be impactful</p> <p>These sessions are being supported by a robust stakeholder analysis exercise which assesses strength of current relationships.</p> <p>Resources are being identified to support work to develop a more systematic and robust approach to partnership working, community engagement and co-production, to be in place from January 2024.</p> <p>The priorities for partnership working that will be supported with this additional resource will be: 1) to ensure that a strategic overview and register of significant partnerships is formally maintained by corporate leadership and the Executive and that there is appropriate governance and oversight 2) support a refresh of the role of the council in its role as a convener of partners and in place leadership</p>		

Information and ICT Governance – Lead Officer – Will Tuckley			
Adopt a Data Strategy, approved at a member level, and ensure that data is used appropriately, consistently and effectively and retained in accordance with legal requirements.	A Digital, Data and Technology update is being given to Cabinet in November 2024. This emphasises the importance of aligning improvements in DDT to the new operating model and ensuring focus is on skills and processes as well as technology.		=
Ensure digital technology is embedded into future operating model.	Early draft of TOM has digital theme included.		=
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.	ICT workstream is embedded into transformation programme and work in underway to ensure that the transformation programme workstreams are aligned and supporting the aims of the TOM.		=
FOI - devise timescale for conducting self-assessment utilising ICO FOI toolkit and report findings to A&CG Committee. FOI self-assessment toolkit ICO	Work is underway to align the complaints and FOI work with wider customer services improvements.		=
Review of use of any Artificial Intelligence software, ensuring appropriate policies and systems in place to manage legal and ethical considerations.	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.		=

	The council needs to consider an appropriate review forum which can focus on the ethical use of data.		
Conduct a review of information published against the Government's Transparency Code.	No update.		=
Asset disposal and use of physical resources – Lead Officer – Pat Hayes			
Approve a strategic asset estates strategy for use of the Council's operational assets, ensuring this is aligned with the Council's new operating model and MTFS.	Whilst preliminary work has been undertaken on an estate's strategy and corporate landlord model, work is ongoing to finalise and align it to the TOM and MTFS. A list of general fund assets have been through a property/finance RAG rating process to inform decision-making, but wider service review or member / resident engagement to be undertaken where required. A report is being presented to Cabinet in November 2024 setting out some high level principles.		↑
Increase public reporting on assets disposed of, including those where decisions made under officer delegation.	Plans in place to utilise Cabinet Committee to increase transparency on asset disposal programme. Report presented in October on two sites. Plans in place to report to Cabinet in November 2024.		=
Review systems in place for record keeping, ensuring compliance with Government Transparency Code and safe retention of property records to inform future decision-making.	Record keeping remains a concern and is a focus of the new Director of Property Services. A new internal File Audit system is being implemented and Property officers are working closely with ICT colleagues to rationalise onto Sharepoint legacy filing requirements and working on an Integrated Work Management System for Property to enable one central repository of data.		↑
Resident engagement – Lead Officer – Will Tuckley			

Adopt Resident Engagement Strategy, setting out expectations on participation, resident experience and digital inclusion.

Work has started to develop a more coherent, systematic approach to resident engagement. Work has started by looking at *participation and co-production*. The following tasks have been undertaken, working closely with those who lead on community engagement:

Mapping of all routes to engage the community currently undertaken by the Council.

Mapping of all stakeholders who are either community stakeholders or can help convene community stakeholders

Development of more consistent approaches and practices to community engagement and to understand how we make the most of collective effort.

Initial workshops on the operating model are taking place in November with community stakeholders

This will be used to develop a resident engagement strategy.

Work as part of the operating model has also started on developing the Council's approach to *digital inclusion* as part of the development of the new operating model, with scoping of how we need to address digital exclusion, which was informed by a workshop involving all directorates.

Focusing on *resident experience* of the Council is being progressed initially through looking at how residents access council services. Initial work has



	<p>started under the operating model. More details will be reported when the next update on the Operating Model is brought to Cabinet which is planned for November.</p> <p>As part of developing the Council's approach to equality and to embedding equality objectives, a dialogue with community partners is also planned to start in the new calendar year.</p>		
<p>Build programme to rebuilt trust with communities, including transparent, public reporting to members on resident survey results with action plan on improving satisfaction levels.</p>	<p>To rebuild trust, it is necessary first to improve services and experience of the Council. This will need to be driven through all improvement and recovery plans.</p> <p>A resident survey is planned for March 2025. The aim is also to be able to run focus groups alongside this.</p>		=
<p>Ensure prompt responses to recommendations by LGSCO, including any learning in annual report to Audit and Corporate Governance Committee.</p>	<p>Whilst there is concern about performance in terms of responding to complaints, there is improvement in management information to CLT and annual report to A&CG Committee captures learning from internal complaints process as well as LGSCO and Housing Ombudsman.</p> <p>Results of review against statutory code highlight significant work to meet the requirements of the statutory code, however an experienced service lead is leading on this and having complaints more aligned with customer service provides an opportunity to utilise the data to drive improvements.</p>		=
<p>Conduct self-assessment of complaints processes against LGSCO new Complaints</p>	<p>Review included in Annual Report.</p>		

Code and include findings in annual report to A&CG Committee in Autumn 2024			
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