



Leicester
City Council

WARDS AFFECTED
All Wards

STANDARDS COMMITTEE
CABINET

30TH JUNE 2010
12TH JULY 2010

CORPORATE GOVERNANCE: ANNUAL REPORT FOR 2009/10

REPORT OF THE DIRECTOR OF CORPORATE GOVERNANCE

1. PURPOSE OF REPORT

1.1 The purpose of this report is to:

- * Enable compliance with the requirements of the Council's Corporate Governance Code by carrying out an annual review of Corporate Governance arrangements for the year 2009/10;
- * Report the position regarding Local Government Ombudsman complaints;
- * Inform the Council's Annual Governance Statement which was reported to and approved by the Audit Committee on the 20th May and Cabinet in June and forms part of the Council's Statutory Statement of Accounts;
- * Gain support for the proposal to monitor implementation of action plans via quarterly performance management reporting.

2. SUMMARY

2.1 An annual review has been carried out in consultation with lead officers responsible for all key policies and procedures which form the Council's Corporate Governance Framework. Wherever possible assurances have been given but where this has not been possible an action plan has been presented with the aim of enabling assurance to be given within a reasonable timescale. The outcome is summarised in **Appendix 1**, attached, and shown in full in **Appendix 2 (this will be available on the intranet only for Standards Committee and Cabinet)**.

2.2 The Framework requires an annual self-assessment as to compliance with CIPFA/SOLACE's six core principles of good governance. See **Appendix 3**.

2.4 This report also summarises the position in respect of complaints to the Local Government Ombudsman during 2008/9. See **Appendix 4 and 5**. There have been no findings of maladministration during the year.

3. RECOMMENDATIONS

3.1 **Audit and Standards Committees** are asked to review the position as summarised in this annual report and to forward any comments to Cabinet for consideration.

3.2 **Cabinet is recommended to:**

3.2.1 Review the position as summarised in this annual report together with any comments received from Audit and Standards Committees; and

3.2.2 Authorise the Director of Legal Services to produce a final form of Corporate Assurance Statement in consultation with the Council's Leader and Chief Executive;

4. REPORT

4.1 **What do we mean by governance?**

Corporate Governance has been defined as "the system by which organisations are directed and controlled".

Every Council operates through a governance framework; the more effective the framework the more effective the Council will be as a community leader and deliverer of services.

CIPFA has stated that governance is "about how Local Government bodies ensure that they are doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.

It comprises of systems and processes, and cultures and values, by which Local Government bodies are directed and controlled and through which they account to, engage with and, where appropriate, lead their communities".

4.2 **The Authority's current Corporate Governance Code**

Leicester's well established Code was updated in 2008 to comply with CIPFA/SOLACE's most recent guidance in 2007, "Delivering Good Governance in Local Government".

The Framework has been enhanced to provide for an annual self assessment as to whether the Authority complies with CIPFA/SOLACE's six core principles of good governance:

- i. Focusing on the purpose of the Authority and on outcomes for the community and creating and implementing a vision for the local area;
- ii. Members and officers working together to achieve a common purpose with clearly defined functions and roles;

- iii. Promoting values for the Authority and demonstrating the values and good Governance through upholding high standards of conduct and behaviour;
- iv. Taking informed and transparent decisions which are subject to effective scrutiny and managing risk;
- v. Developing the capacity and capability of members and officers to be effective;
- vi. Engaging with local people and other stakeholders to ensure robust public accountability;

The Code builds on the private sector's experience and makes use of a governance system to provide a framework of accountability as a basis for continuous improvement in the delivery of services.

4.3 **Annual Review 2009/10**

Lead officers have been appointed for all key policies and procedures, as set out in **Appendix 1**. They are responsible for satisfying themselves that the policies and procedures work properly in practice and must provide the necessary reports and assurance statements to enable the annual report to be co-ordinated.

The outcome of the Annual Review for 2008/9 is detailed in **Appendix 2 (available on the intranet only for Committees and Cabinet)** and the level of assurance given in respect of each Key Policy and Procedure is summarised in **Appendix 1**. A five category traffic light approach has been used i.e

- * Green
- * Green/amber
- * Amber
- * Amber/red
- * Red

“Green” means the standards have been met, compliance can be assured, and that the evidence of compliance can be provided by management.

“Green/amber” means controls sufficiently reduce the level of risk but there are some reservations; most risks are adequately managed for others there are minor issues that need to be addressed by management.

“Amber” means only some of the risks are adequately managed; for others there are significant issues that need to be addressed by management.

“Red/amber” means there are indications that the level of risk remains high and immediate action is required by management.

“Red” means the level of risk remains high and immediate remedial action is required by management.

Lead officers have been asked to complete the Annual Assurance Statements so that it is clearly linked to that of the previous year; to update action plans to show:

- * Tasks completed with completion date.
- * Tasks ongoing with a realistic target date.
- * Tasks that have been carried forward from one year to the next with an explanation of a realistic target date.
- * New tasks identified matched with a realistic target date.

There has also been a request for action plans to be prioritised, by showing the priority to be given for each action i.e. “high” (**H**), “medium” (**M**), or “low” (**L**).

The Director of Change and Programme Management has carried out an assessment of the Authority’s compliance with CIPFA/SOLACE’s Six Core Principles of Good Governance. See **Appendix 3**.

The Chief Executive is the officer responsible for signing off an “Annual Assurance Statement”, together with the Leader of the Council.

Oversight of the Council’s corporate governance arrangements is a function of Cabinet and also falls within the remit of the Audit and Standards Committees.

4.5 **Overall position and future development**

Wherever possible lead officers have provided assurances that procedures work properly in practice. Where they cannot give a full assurance an action plan has been produced with the aim of enabling assurance to be given within a reasonable timescale.

In a number of cases, assurances provided by a lead officer have been supported by assurances received from Service Departments.

The overall corporate position is positive, all assessments are shown as green, green/amber or amber. See the summary in **Appendix 1**.

Assurance statements have been given subject to implementation of action plans, so it is proposed that implementation be monitored as part of the quarterly performance reporting mechanism, significant delays to be reported by way of exception. Lead officers have been notified that they are required to produce their first progress report for Quarter 1 i.e. June, 2010.

4.6 **Comments of Audit Committee**

Audit Committee on the 20th May reviewed this report, noted the position but also asked that Cabinet consider what action was necessary in those areas where no progress had been made over the past three years and that consideration be given to the position regarding the Communication Strategy where no assurance had been given for 2009/10.

4.7 **CAA use of resource report – August, 2009**

In addition to providing a useful basis for ensuring improvement in performance, the Annual Corporate Governance review provides essential evidence for the CAA process.

The CAA use of resources report in August, 2009 noted significant progress but also identified areas for improvement which need to be addressed:

- * Ensure that all councillors are fully aware of ethical governance issues through a systematic, personalised programme.
- * Ensure that partnership governance arrangements are robust including dispute resolution procedures.

4.8 **Internal Audit**

Corporate Governance procedures are subject to annual scrutiny by internal audit. Each year to date the outcome has been positive, supported by recommendations for improvement which have been implemented. The 2009/10 review is currently subject to audit and any recommendations will be reported to Committees and Cabinet.

4.9 **Complaints to the Ombudsman**

A summary of Local Government Ombudsman complaints received from 1st April 2009 to 31st March 2010 is shown attached as **Appendix 4** including a comparison with the previous two years 2007/8 and 2008/9.

There have been no findings of maladministration in 2009/10 against the Council.

Appendix 5 is a comparison table Family Authorities for the years 2007/8, 2008/9 and 2009/10.

Local settlements: 12 complaints were closed as “local settlements” i.e. where a complaint does not warrant a full investigation by the Ombudsman or where it is not necessary to bring the matter to the public attention. In such cases the Council can initiate a local settlement by taking action or agreeing to take action which the Ombudsman considers to be satisfactory in the

circumstances. This can take the form of compensation or provide some other benefit for that person.

This is an increase compared to 9 complaints closed in this way during 2008/9.

A total of £39,756 compensation has been paid to complainants which is a dramatic increase compared to a total of £4,717.10 paid in 2008/9. However, this can be explained by the fact that £36,731 was paid in respect of one settlement.

5. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

5.1 Financial Implications

Covered in the report.

5.2 Legal Implications

Covered in the report

6. OTHER IMPLICATIONS

OTHER IMPLICATIONS	YES/NO	Paragraph references within supporting information
Equal Opportunities	Yes	E.g consultation strategy policy
Policy	Yes	E.g. partnership policies
Sustainable and Environmental	Yes	EMAS policy
Crime and Disorder	Yes	E.g. partnership policies
Human Rights Act	Yes	E.g. information governance
Elderly/People on Low Income	Yes	E.g. partnership policies

7. RISK ASSESSMENT MATRIX

See Appendices 1 and 2: all lead officers have provided assurance statements together with prioritised action plans.

8. BACKGROUND PAPERS – LOCAL GOVERNMENT ACT 1972

Relevant legislation, national policies and guidance, the Council’s corporate rules, policies and standards referred to in this report.

9. CONSULTATIONS

Miranda Cannon, Perry Holmes, Jill Craig, John Doyle, Mark Bentley, Fiona Skene, James Royston, Carol Brass, Geoff Organ, Laurie Goldberg, Mark Noble, Tony Edeson, Rachel Dickinson, Andy Smith, Johanne Robbins.

5. REPORT AUTHOR

Peter Nicholls, Director of Legal Services, x6302

Key Decision	No
Reason	N/A
Appeared in Forward Plan	N/A
Executive or Council Decision	Executive (Cabinet)

APPENDIX 1

(Page numbers refer to full document on insite only)

Page no.	KEY POLICIES AND PROCEDURES	LEAD OFFICER	ASSESS- MENT OF LEVEL OF ASSURANCE 07/08	ASSESS- MENT OF LEVEL OF ASSURANCE 08/09	ASSESS- MENT OF LEVEL OF ASSURANCE 09/10	SUMMARY POSITION
18	Consultation strategy	Director of Change and Programme Management	Green / amber	Green / Amber	Green / amber	The consultation toolkit continues to meet best practice.
21	Performance management framework	Director of Change and Programme Management	Amber	Green	Green	The Audit Commission have looked at performance management arrangements as part of the CAA assessment (including as part of a review of ODI) and have confirmed that the direction we are taking is positive.
24	Project management	Director of Change and Programme Management	Amber	Green	Green	A programme of assurance reviews across a sample of the Council's portfolio of programmes and projects is continuing. The process involves assurance of each project / programme against a "best practice" checklist with a report produced and action plans agreed. The lessons learnt from each 6 monthly programme of reviews are compiled and shared with senior officers and members. Directors receive reports from reviews conducted on projects / programmes in their portfolios.

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						<p>The process provides a picture of the Council's overall performance in this area, and helps target future training and development activity.</p> <p>The Corporate Portfolio Management Office (CPMO) determine the programme in conjunction with Internal Audit and Corporate Risk Management.</p> <p>In addition the work on project and programme management has recently been reviewed by the Audit Commission in their review of the ODI programme overall. The report which was received in January 2010 confirmed that arrangements had significantly improved for project and programme management.</p>
28	Members' Code of Conduct and Political Conventions and Members support framework	Director of Corporate Governance	Green / amber	Green/Amber	Green / amber	<p>Good evidence of Members conducting business of Council according to law and Constitution. Monitoring Officer and Legal Officers providing support in meetings.</p> <p>Good evidence of Members acting within the Code of</p>

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						<p>Conduct within the Chair of the Standards Committee annual report. Good profile for Standards Committee. Monitoring Officer has visible presence at key meetings to deal with conduct issues.</p> <p>Good evidence of good Officer/Member relations even during period of political change.</p> <p>Good evidence of effective constituency work by Councillors.</p> <p>Internal audit report into Members Allowances scheme did not indicate any instances of violation.</p>
31	The Council Constitution	Director of Legal Services	Green / amber	Green/Amber	Green / Amber	Assurance can be given in all areas subject to an improvement plan.
33	Information Governance	Director Information Support.	Amber	Amber / red	Amber ☺	<p>Assurance can be given in all areas covered by the central function.</p> <p>Assurance cannot be given at member level.</p> <p>All divisions now have reasonable compliance for Freedom of Information requests and much improved processes in place to deal with them. However "Reasonable compliance" is not legislative compliance required by law which entails 100% compliance. Many access to</p>

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						<p>information requests have been answered outside of legal timescales; last year saw 23% answered outside the legislative timescales.</p> <p>Assurance cannot be given that Subject Access Requests are consistently being answered in time or in accordance with the law. The central function does not have oversight of these requests, and therefore cannot monitor or manage performance. The complaints procedure indicates that many Subject Access Requests are not answered within 40 calendar days. Some Staff seem unaware that they should charge £10 for requests and do not understand exemptions under the data protection Act 1998. An audit will be undertaken during the coming year to assess levels of compliance.</p> <p>A detailed Information Security work programme with SIRO oversight continues to improve the security condition across the information estate following two previous locally high profile incidents. Work covers both manual and electronic data and considers extensive dependencies. Through</p>

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						<p>independent external assessment connectivity to GCSx has been gained and PCI compliance recognised.</p> <p>The number of Access to information requests continue to increase with a 25% increase being recorded for the first quarter of 2010 for Freedom of Information requests. Requests continue to be considerably more complex. An increase in numbers and complexity has seen a knock on effect of more appeals being submitted, putting a resource pressure on the central team.</p> <p>Information Sharing Agreements are positively being put in place across the Council, although there are still some areas where staff still claim to be unaware of the need for a legal basis to share information.</p>
39	Communication strategy	Chief Executive (Mark Bentley)	Red / amber	Amber	Amber	The review of the Communications function is now underway – the strategy will be completed by April 2011.
41	Partnership policies	Director of Change and Programme Management	Green / amber	Green	Green	<p>The Council has adopted a governance framework for major partnerships.</p> <p>Internal Audit are currently conducting a review of</p>

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						partnership arrangements, and will continue to audit the Local Area Agreement and Area Based Grant as key performance management and resource allocation arrangements within the Leicester Partnership.
44	Effective Human Resource Policies	HR Director	Green / amber	Green / Amber	Green / amber	A new 'pay and workforce strategy' for the organisation was agreed by CDB in late 09/10. An action plan for the strategy's implementation was developed and approved by members and progress against the action plan has been reviewed by Performance and Best Value Committee. Good progress has been made against the action plan particularly in relation to single status.
49	Whistle blowing	HR Director	Green / amber	Green / Amber	Green / amber	The Council has a whistleblowing policy and the associated processes for proper handling of disclosure in place. Periodic awareness raising of the policy is undertaken. The existing policy subject to formal agreement to reflect concerns raised by External Audit. However, a new

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						modernised policy is currently being written.
50	Code of Conduct (officers)	HR Director	Green / amber	Green / Amber	Green / amber	Current code works well. However, a new modernised code is being written.
51	EMAS	Strategic Director of Development, Culture and Regeneration	Green / amber	Green / Amber	Green / amber	November 2009 Verification The annual verification of the Council's EMAS system (including schools) was undertaken by LRQA, the Council's external verifiers, during November 2009. LRQA raised nine minor non-conformities and two minor non-conformities from previous visits were left open. Two of the new minor non-conformities are specific to schools. No major non-conformities were raised during the visit so EMAS re-registration proceeded immediately.
56	Procurement strategy	Chief Finance Officer	Green / amber	Green	Amber ⊕	A Contract Management and Procurement Plan is being implemented on target.
57	Contract Procedure Rules	Chief Finance Officer	Green / amber	Green	Green	CPRs re-written and simplified. Approved by Council. A further review will be carried out once a decision on the introduction of Category Management has taken place.
58	Anti-fraud and corruption	Chief Finance Officer	Green / amber	Green	Green	The Anti-Fraud and Corruption Policy was reviewed and updated by the Audit Committee on 22 nd June 2009. There is an increasing trend of referrals to the

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						<p>Corporate Counter-Fraud Team and improved performance by the HB Counter-Fraud Team in terms of its position relative to other Unitary Authorities. (There are currently no national performance measures for either element of Counter-Fraud work.</p> <p>The programme of fraud awareness training is progressing well and fraud awareness training is increasingly being targeted at key risk areas of Council business.</p> <p>The Council participates in the National Fraud Initiative and the most recent exercise identified minimal issues for further investigation.</p> <p>On the basis of the above significant assurance can be provided that the Policy is effective in managing the risk of fraud. Further developments planned include use of new systems to capture outcomes in a systematic way to provide benchmark information on the effectiveness of our investigation work.</p>
61	Risk management strategy	Chief Finance Officer	Green	Green / amber	Green / amber	A Corporate Risk Management strategy and action plan was approved by Cabinet on 30 November 2008 and endorsed by the Audit Committee on 3 February 2010.

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						<p>One of the actions is to replace the old Corporate Risk Register (agreed at Cabinet in January 2009) with Operational and Strategic Risk registers that better reflect the new structure of the Council. These are planned to be in place by the end of April 2010.</p> <p>Assurances that this strategy is being complied with is derived from the formal consideration of risks at departmental management team level, Operational Directors Board and Strategic Management Board. There is considerable evidence that risk management is becoming better embedded in the authority, based on the identification of issues for which support is sought. This position should be enhanced following the launch in March 2010 of the RMIS training programme for 2010.</p>

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64	Effective administration of financial affairs (Finance Procedure Rules and associated guidance)	Chief Finance Officer	Green	Green/amber	Green ☺	<p>A framework exists through finance procedure rules which is fit for purpose. Audit testing suggests minor non-compliance is still tolerated in too many instances but that the position has improved as indicated from levels of assurance from arising from Internal Audit's work during 2009/10.</p> <p>FMSIS audits suggest continuing improvement in schools.</p>
66	Health and safety policy	HR Director	Green / amber	Green / Amber	Green / amber	<p>The corporate H&S report and action plan ensures that senior management are aware that senior managers are aware of current H&S performance, key H&S challenges. HSE interventions throughout the organisation and priority actions for the coming year.</p> <p>A head of profession for the H&S function is in place.</p>
71	Safeguarding Children	Strategic Director of Children	Green	Green / Amber	Green / Amber	<p>Well embedded safer recruitment procedures across the council & preparations in place for new ISA arrangements. 09/10 has seen a significant increase in referrals to children's social</p>

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						<p>care & child protection activity, which continues to place additional pressure on front line services. However, no priority areas for action were identified from unannounced inspection completed by Ofsted in Aug 09. Safe disaggregation of the former tripartite LSCB to a city LSCB. The division has an action plan in place covering all key priorities over the next 12 months. This includes implementing recs arising from Lord Laming's report which includes the new Working Together guidance, recs from the Social Work Taskforce Report, all of which is challenging due to issues of limited capacity and resources.</p>

APPENDIX 2 AVAILABLE ON INSITE ONLY

GOOD GOVERNANCE IN LOCAL GOVERNMENT – LEICESTER CITY COUNCIL

SUPPORTING PRINCIPLES	LOCAL AUTHORITY REQUIREMENTS
<p>1. Focusing on the purposes of the Authority and on outcomes for the community and creating and implementing a vision for the local area.</p>	
<p>1.1 Exercising strategic leadership by developing and clearly communicating the Authority’s purpose and vision and its intended outcome for citizens and service users.</p>	<p>(a) Develop and promote the Authority’s purpose and vision. (b) Review on a regular basis the Authority’s vision for the local area and its implications for the Authority’s governance arrangements. (c) Ensure that partnerships are underpinned by a common vision of their work that is understood and agreed by all partners. (d) Publish an annual report on a timely basis to communicate the Authority’s activities and achievements, its financial position and performance.</p>
<p>1.2 Ensuring that users receive a high quality of service whether directly or in partnership or by commissioning.</p>	<p>(a) Decide how the quality of service for users is to be measured and make sure that the information needed to review service quality effectively and regularly is available. (b) Put in place effective arrangements to identify and deal with failure in service delivery.</p>
<p>1.3 Ensuring that the Authority makes best use of resources and that tax payers and service users receive excellent value for money.</p>	<p>(a) Decide how value for money is to be measured and make sure that the Authority or partnership has the information needed to review value for money and performance effectively. Measure the environmental impact of policies, plans and decisions.</p>

WHERE ARE WE NOW?	ACTION PLANNED	RESPONSIBILITY	TIMESCALE
<p>1.1 One Leicester remains the overarching vision & direction for the City. State of the City report reviews the current position of the city and has informed the Corporate plan for 2010/11 – 12/13 approved by Council in March 2010. Response to CAA has resulted in an action plan focused on delivering outcomes through improved partnership working.</p>	<p>Implementation of the CAA action plan to drive improvements in relation to Partnerships.</p> <p>As above</p>	<p>Director of Change & Programme Management</p>	<p>June 2010</p>
<p>1.2 CAA service scores in the organisational assessment are at 2 out of 4 for managing performance and overall the Council is rated as adequate. Organisational Development and Improvement Plan 2010/11 approved by Cabinet in March 2010 which aims to deliver One Excellent Council scoring a 4 by 2012. New performance management framework agreed by SMB in March 2010 to support delivery of improvements.</p>	<p>Delivering the priorities set out in the 2010/11 Organisational Development and Improvement Plan.</p> <p>Implementation of the performance management framework.</p>	<p>Director of Change & Programme Management</p> <p>Director of Change & Programme Management</p>	<p>Ongoing – to achieve excellence by 2012.</p> <p>April 2010</p>

<p>1.3 Managing resources judgement in the organisational assessment indicates that the council regularly operates above minimum standards (3) with an adequate Value for Money rating. Efficiencies described in the ODI plan for 2010/11.</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>
<p>2. members and officers working together to achieve a common purpose with clearly defined functions and roles</p>			
<p>2.1 Ensuring effective leadership throughout the Authority and being clear about executive and non-executive functions and the roles and responsibilities of the scrutiny function.</p>	<p>(a) Set out a clear statement of the respective roles and responsibilities of the executive and of the executive's members individually and the Authority's approach towards putting this into practice. (b) Set out a clear statement of the respective roles and responsibilities of other Authority members, members generally and senior officers.</p>		
<p>2.2 Ensuring that a constructive working relationship exists between Authority members and officers and that the responsibilities of members and officers are carried out to a high standard.</p>	<p>(a) Determine a scheme of delegation and reserve powers within the constitution, including a formal schedule of those matters specifically reserved for collective decision of the Authority, taking account of relevant legislation and ensure that it is monitored and updated when required. (b) Make a Chief Executive or equivalent responsible and accountable to the Authority for all aspects of operational management. (c) Develop protocols to ensure that the Leader and Chief Executive (or equivalent) negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained. (d) Make a senior officer (the S151 officer) responsible to the Authority for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts and for maintaining an effective system of internal financial controls. (e) Make a senior officer (usually the Monitoring Officer) responsible to the</p>		

	<p>Authority for ensuring that agreed procedures are followed and that all applicable statues are regulations are complied with.</p>
<p>2.3 Ensuring relationships between the Authority, its partners and the public are clear so that each knows what to expect of the other.</p>	<p>(a) Develop protocols to ensure effective communication between members and officers in their respective roles.</p> <p>(b) Set out the terms and conditions for remuneration of members and officers and an effective structure for managing the process, including an effective remuneration panel (if applicable).</p> <p>(c) Ensure that effective mechanisms exist to monitor service delivery.</p> <p>(d) Ensure that the organisation’s vision, strategic plans, priorities and targets are developed through robust mechanisms, and in consultation with the local community and other key stakeholders, and that they are clearly articulated and disseminated.</p> <p>(e) When working in partnership, ensure that members are clear about their roles and responsibilities both individually and collectively in relation to the partnership and to the Authority.</p> <p>(d) When working in partnership:</p> <ul style="list-style-type: none"> - ensure that there is clarity about the legal status of the partnership. - ensure that representatives of organisations both understand and make clear to all other partners the extent of their Authority to bind their organisation to partner decisions.

WHERE ARE WE NOW?	ACTION PLANNED	RESPONSIBILITY	TIMESCALE
2.1 Constitution and scheme of delegation were revised to reflect the new organisational structures.	Review scheme of delegation to ensure it supports timely & effective decision making	Director of Corporate Governance	June 2010
Roles descriptions being drafted for all councillor positions.	Finalise descriptions through the member development forum.	As above	July 2010
2.2 These protocols exist and the roles are identified in the existing structure.	As above	As above	June 2010
2.3 a & b – these protocols and terms exist.			
2.3 c & d – Quarterly performance monitoring is in place to the Partnership, SMB, Priority Boards and Operational Board, and to Scrutiny. This is confirmed in the agreed performance management framework. ODI Plan includes a priority to continue to improve performance management.	Deliver ODI priority to further improve performance management	Director of Change & Programme Management	March 2011
2.3 e & f - Leicester Partnership agreed its current constitution in September 2009. The constitution sets out the aims and objectives, membership rules and process for making decisions.	Deliver CAA action plan which includes actions to ensure the partnership is fit for purpose through a review of structures and membership, development of a clear scheme of delegation for decision making & development of a protocol setting out the role of the City Council in relation to the Partnership	Director of Change & Programme Management	June 2010

3. Promoting values for the Authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour.	
<p>3.1 Ensuring Authority members and officers exercise leadership by behaving in ways that exemplify high standards of conduct and effective governance.</p>	<p>(a) Ensure that the Authority’s leadership sets a tone for the organisation by creating a climate of openness, support and respect.</p> <p>(b) Ensure that standards of conduct and personal behaviour expected of members and staff, of work between members and staff and between the Authority, its partners and the community are defined and communicated through codes of conduct and protocols.</p> <p>(c) Put in place arrangements to ensure that members and employees of the Authority are not influenced by prejudice, bias or conflicts of interest in dealing with different stakeholders and put in place appropriate processes to ensure that they continue to operate in practice.</p>
<p>3.2 Ensuring that organisational values are put into practice and are effective.</p>	<p>(a) Develop and maintain shared values including leadership values for both the organisation and staff reflecting public expectations, and communicate these with members, staff the community and partners.</p> <p>(b) Put in place arrangements to ensure that systems and processes are designed in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice.</p> <p>(c) Develop and maintain an effective standards committee.</p> <p>(d) Use the organisation’s shared values to act as a guide for decision making and as a basis for developing positive and trusting relationship within the Authority.</p> <p>(e) In pursuing the vision of a partnership, agree a set of values against which decision making and actions can be judged. Such values must be demonstrated by partners’ behaviour both individually and collectively.</p>

WHERE ARE WE NOW?	ACTION PLANNING	RESPONSIBILITY	TIMESCALE
3.1 A Code of Conduct is in place and 'One Leicester' sets out the culture for public services aspired to by the Council and its partners .	Review and refresh the approach and offer in relation to member development to ensure members understand their roles & responsibilities and are effectively supported	Director of Corporate Governance	September 2010
3.2 Values are set out in One Leicester and are shared across the Leicester Partnership. The Standards Committee has been reconstituted.	As above	As above	As above
4. Taking informed and transparent decisions which are subject to effective scrutiny and managing risk.			
4.1 Being rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny.	(a) Develop and maintain an effective scrutiny function which encourages constructive challenge and enhances the Authority's performance overall and that of any organisation for which it is responsible. (b) Develop and maintain open and effective mechanisms for documenting evidence for decisions and recording the criteria, rationale and considerations on which decisions are based. (c) Put in place arrangements to safeguard members and employees against conflicts of interest and put in place appropriate processes to ensure that they continue to operate in practice. (d) Develop and maintain an effective audit committee (or equivalent) which is independent of the executive and scrutiny functions or make other appropriate arrangements for the discharge of the functions of such a committee. (e) Ensure that effective, transparent and accessible arrangements are in		

	place for dealing with complaints.
4.2 Having good quality information, advice and support to ensure that services are delivered effectively and are what the community wants/needs.	<p>(a) Ensure that those making decisions whether for the Authority or the partnership are provided with information that is fit for the purpose – relevant, timely and gives clear explanations of technical issues and their implications.</p> <p>(b) Ensure that proper professional advice on matters that have legal or financial implications is available and recorded well in advance of decision making and used appropriately.</p>
4.3 Ensuring that an effective risk management system is in place.	<p>(a) Ensure that risk management is embedded into the culture of the Authority, with members and managers at all levels recognising that risk management is part of their jobs.</p> <p>(b) Ensure that effective arrangements for whistle blowing are in place to which officers, staff and all those contracting with or appointed by the Authority have access.</p>
4.4 Using their legal powers to the full benefit of the citizens and communities in their area.	<p>(a) Actively recognising the limits of lawful activity placed on them by, for example, the ultra vires doctrine but also strive to utilise their powers to full benefit of their communities.</p> <p>(b) Recognise the limits of lawful action and observe both the specific requirements of legislation and the general responsibilities placed on Authorities by public law.</p> <p>(c) Observe all specific legislative requirements placed upon them as well as the requirements of general law, and in particular to integrate the key principles of good administrative law</p> <ul style="list-style-type: none"> - rationally, legally and natural justice. - into their procedures and decision making processes.

WHERE ARE WE NOW?	ACTION PLANNED	RESPONSIBILITY	TIMESCALE
4.1 These arrangements and functions are in place.	Continue to consider arrangements and effectiveness	Director of Corporate Governance	Ongoing
4.2 Structure of formal reports has been reviewed and guidance produced to ensure they are robust and evidence based. Reports on which decisions are made are required to set out legal and financial implications provided by the relevant professional officers.	Communicate and embed the guidance	Director of Change and Programme Management	June 2010
4.3 Risk management arrangements have been reviewed to align with the new organisational structures to include strategic and operational risk registers. Risk management training is in place. The Council has a whistleblowing policy & procedure in place.	Continue to embed the revised risk management arrangements.	Corporate Risk Manager	Ongoing
4.4. These principles are followed for the benefit of communities.			
5. Developing the capacity and capability of members and officers to be effective.			
5.1 Making sure that members and officers have the skills, knowledge, experience and resources they need	(a) Provide induction programmes tailored to individual needs and opportunities for members and officers to update their knowledge on a		

<p>to perform well in their roles.</p>	<p>regular basis. (b) Ensure that the statutory officers have the skills, resources and support necessary to perform effectively in their roles and that these roles are properly understood throughout the Authority.</p>
<p>5.2 Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group.</p>	<p>(a) Assess the skills required by members and officers and make a commitment to develop those skills to enable roles to be carried out effectively. (b) Develop skills on a continuing basis to improve performance, including the ability to scrutinise and challenge and to recognise when outside expert advice is needed. (c) Ensure that effective arrangements are in place for reviewing the performance of the executive as a whole and of individual members and agreeing an action plan which might, for example, aim to address any training or development needs.</p>
<p>5.3 Encourage new talent for membership of the Authority so that best use can be made of individual's skills and resources in balancing continuity and renewal.</p>	<p>(a) Ensure that effective arrangements are in place designed to encourage individuals from all sections of the community to engage with, contribute to and participate in the work of the Authority. (b) Ensure that career structures are in place for members and officers to encourage participation and development.</p>

WHERE ARE WE NOW?	ACTION PLANNED	RESPONSIBILITY	TIMESCALE
<p>5.1 Induction for staff and managers has recently been revised and strengthened. A review to test the effectiveness of the new arrangements has been undertaken and findings are being acted on. A further review is planned later in 2010 to ensure the arrangements continue to be fit for purpose. Induction for members is in place but requires review.</p>	<p>Review and refresh the approach and offer in relation to member development to ensure members understand their roles & responsibilities and are effectively supported</p>	<p>Director of Corporate Governance</p>	<p>September 2010</p>
<p>5.2 The appraisal scheme for officers is being redeveloped to a competency based approach and which better links incremental pay progression to a positive appraisal. Working towards the IDEA member development charter. All Elected Members who elected to opt-in to sessions issued with Personal Development Plans. 70% of Elected Members participated.</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>
<p>5.3 Structures and resources for community engagement are being reviewed as part of the Support Services Transformation. The Council is also focused on embedding strategic commissioning to include robust analysis and understanding of the needs of communities.</p>	<p>Deliver ODI priorities relating to support service transformation and strategic commissioning in the ODI Plan</p>	<p>Director of Change & Programme Management</p>	<p>March 2011</p>

6. Engaging with local people and other stakeholders to ensure robust public accountability	
<p>6.1 Exercising leadership through a robust scrutiny function which effectively engages local people and all local institutional stakeholders, including partnerships, and develops constructive accountability relationships.</p>	<p>(a) Make clear to themselves, all staff and the community to whom they are accountable and for what. (b) Consider those institutional stakeholders to whom the Authority is accountable and assess the effectiveness of the relationships and any changes required. (c) Produce an annual report on the activity of the scrutiny function.</p>
<p>6.2 Taking an active and planned approach to dialogue with and accountability to the public to ensure effective and appropriate service delivery whether directly by the Authority, in partnership or by commissioning.</p>	<p>(a) Ensure clear channels of communication are in place with all sections of the community and other stakeholders and put in place monitoring arrangements and ensure that they operate effectively. (b) Hold meetings in public unless there are good reasons for confidentiality. (c) Ensure that arrangements are in place to enable the Authority to engage with all sections of the community effectively. These arrangements should recognise that different sections of the community have different priorities and establish explicit processes for dealing with these competing demands. (d) Establish a clear policy on the types of issues they will meaningfully consult on or engaged with the public and service users about including a feedback mechanism for those consultees to demonstrate what has changed as a result. (e) On an annual basis publish a performance plan giving information on the Authority’s vision, strategy plans and financial statements as well as information about its outcomes, achievements and the satisfaction of service users in the previous period. (f) Ensure that the Authority as whole is open and accessible to the community, service users and its staff and ensure that it has made a commitment to openness and transparency in all its dealings, including partnerships, subject only to the need to preserve confidentiality in those specific circumstances where it is proper and appropriate to do so.</p>

6.3 Making best use of human resources by taking an active and planned approach to meet responsibility to staff.	(a) Develop and maintain a clear policy on how staff and their representatives are consulted and involved in decision making.		
WHERE ARE WE NOW?	ACTION PLANNED	RESPONSIBILITY	TIMESCALE
6.1 A Scrutiny annual report was prepared and published to reflect the work of scrutiny which was undertaken during 2008/09.	Develop and publish the Scrutiny annual report for work undertaken during 2009/10.	Director of Corporate Governance	July 2010
6.2 The ODI Plan includes a clear priority to develop strategic commissioning. As part of this the approach to consulting and engaging communities in the commissioning cycle is being reviewed and strengthened. The consultation toolkit continues to be revised and updated and consultation work is co-ordinated across the Council. Support service transformation will strengthen the structures and resources which support this work.	Deliver ODI priorities relating to support service transformation and strategic commissioning in the ODI Plan	Director of Change & Programme Management	March 2011
6.3 Framework for relationships with Trade Unions has been revised in light of the new organisational arrangements. The ODI programme has placed a strong emphasis on developing internal communications with staff. A staff survey has been conducted and the findings published.	Embed the new framework for TU relations. Deliver the action plan from the staff survey which includes a focus on listening and engaging with staff.	Director of Human Resources Senior Leadership Team (SMB / Divisional Directors / Heads of Service)	Ongoing March 2011

LOCAL GOVERNMENT OMBUDSMAN COMPLAINTS

COMPLAINTS RECEIVED			
	0708	08/9	09/10
Complaints received	130	136	117
Complaints closed	109	117	108
Complaints closed – less premature	70	73	71
Complaints open at year end 31 March 2008	21	19	9

	07/08	08/09	09/10
Chief Executive	0	0	0
R&C	18	29	24
C&YPS	18	17	17
Adults and Housing	88	88	73
Resources	6	2	3
<i>TOTAL</i>	130	136	117

Divisional Breakdown	09/10
Adult Services	6
Chief Executive's Office	0
Corporate Governance	3
Environmental Services	6
Financial Services	15
Housing Services	43
Housing Strategy	6
Learning Environment	2
Learning Services	8
Planning & Economic Development	5
Regeneration, Transport & Highways	9
Social Care & Safeguarding	13
Older Persons Services	1
Total	117

LOCAL GOVERNMENT OMBUDSMAN COMPLAINTS			
BREAKDOWN OF OUTCOMES			
	07/08	08/09	09/10
No Maladministration	30(28%)	35(30%)	30
Local Settlement	14(13%)	10(8%)	20
Outside Jurisdiction	10(9%)	8(7%)	12
Ombudsman's Discretion*	15(14%)	20(17%)	9
Premature	39(35%)	44(38%)	37
Discontinued/Withdrawn	1(1%)	0	0
Maladministration found	0	0	0
Total	109	117	108

*complaints described as Ombudsman's Discretion are those which have been terminated for reasons other than that there was no evidence of maladministration or that the complaint was locally settled. For example, a complaint might be terminated because the complainant wishes to withdraw his/her complaint.

LOCAL GOVERNMENT OMBUDSMAN COMPLAINT OUTCOMES BY DIVISION 2009/2010								
	NM	LS	OJ	OD	MI	P	W	TOTAL
Adult Services	4					1		5
Chief Executive's Office						0		0
Corporate Governance		1	1	1				3
Environmental Services	3					3		6
Financial Services	3	3		3		4		13
Housing Services	12	10	3	1		10		36
Housing Strategy	1		2			6		9
Learning Environment	1					1		2
Learning Services	4	1	0					5
Planning & Economic Development		2	2			2		6
Regeneration, Transport & Highways		1	2	3		2		8
Social Care & Safeguarding	2	1	2	1		8		14
Older Persons Services		1						1
Total	30	20	12	9		37		108

NM No Maladministration

LS Local settlement

OJ Outside Jurisdiction

OD Ombudsman Discretion

MI Maladministration & Injustice

P Premature (opportunity to put the complainant through our 3 stage complaint procedure **NOT** recorded in the Ombudsman's year end figures.

The total amount paid out in Local Settlement payments was
£39406.00 detailed below:

Department	Ref No	Subject	Compensation
Planning & Economic Development	07/14792	Failed to take action to enforce planning permission	£750.00
	07/11511	Failed to take action to enforce planning permission	£250.00
			Total: £1000.00
Housing Services	08/016574	Delay in completing repairs	£150.00
	09/019561	Failure to keep the tenant informed of planned works to windows and doors	£100.00
	09/014307	Delay in completing repairs	£200.00
	09/012963	Carrying out repairs that were defective	£125.00
			Total: £575.00
Financial Services	08/012765	Recovery action for Council Tax	£250.00
	08/010787	Incorrectly amended the complainants rent account	£250.00
			Total: £500.00
Housing Strategy	09/007837	Failure to take appropriate action to deal with serious racial harassment and ASB	£350.00
			Total: £350.00
Adult Services	09/004883	Failings in respect of the implementation and review of Section 17 and after care for part of which was overcharged	£36731.00
			Total: £38256.00
Social Care & Safeguarding	09/10623	Failure to invite the complainant to LAC meetings	£250.00
			Total: £250.00
			Total: £39406.00

**Complaints – Findings of Maladministration
Comparison Table of Family Authorities**

Authority	07/08		08/09		09/10	
	Findings of Maladministration	Total No. of complaints	Findings of Maladministration	Total No. of complaints	Findings of maladministration	Total No. of complaints
Leicester	0	94	0	78	Figures not released by the LGO until July 2010	Figures not released by the LGO until July 2010
Birmingham	0	386	0	303		
Blackburn with Darwen	0	41	0	31		
Bolton	0	54	0	48		
Bradford	1	80	1	72		
Bristol	3	116	30	120		
Coventry	1	59	0	47		
Derby	0	37	0	30		
Dudley	6	71	0	55		
Kingston-upon-Hull	0	63	0	57		
Nottingham	1	74	0	60		
Plymouth	1	54	1	59		
Portsmouth	0	37	1	35		
Southampton	0	41	0	27		
Wolverhampton	1	40	0	51		

These figures do not include complaints which are 'premature'. That is complaints which the authority has not had an opportunity to deal with.

