

Appendix A: Action Plan arising from the self-assessment against the statutory Best Value Duty guidance.

Heatmap produced after initial independent review and consistency check of scores, revised subsequently as a result of additions to narrative and evidence base:

Theme	Element ID											
1. Continuous Improvement	CI001	CI002	CI003	CI004	CI005	CI006	CI007	CI008	CI009	CI010	CI011	CI012
2. Leadership	L001	L002	L003	L004	L005	L006	L007	L008	L009	L010	L011	
3. Governance	G001	See CI012	G003	G004	G005	G006	G007	G008	G009	G010	G011	
4. Culture	C001	C002	C003	C004	C005	C006	C007	C008	C009	C010	C011	
5. Use of Resources	R001	R002	R003	R004	R005	R006	R007	R008	R009	R010	R011	R012
6. Service Delivery	SD001	SD002	SD003	SD004	SD005	SD006	SD007	SD008	SD009	SD010		
7. Partnerships and community engagement	PCE001	PCE002	PCE003	PCE004	PCE005	PCE006	PCE007					

Dark green	STRONG EVIDENCE to support a comprehensive narrative that leaves no doubt this aspect is met. No gaps identified.
Light green	EVIDENCE to support narrative but with gaps in evidence. Seek further evidence for this aspect. Actions to be implemented
Yellow	SOME EVIDENCE to support narrative provided but with gaps in narrative. Look to further enhance delivery in this aspect. Actions to be implemented
Amber	A narrative can be provided but this CANNOT BE EVIDENCED (perhaps because delivery is at an early stage and/or results are not being measured)
Red	NO EVIDENCE OF SUCCESS The organisation is not yet tackling this area and/or there are major obstacles to progress
Grey	Not in the control of Officers to influence this aspect. Politically driven

Gap Analysis and Action Plan as an outcome of the self-assessment against the statutory Best Value duty guidance.

Theme/ Score given	Characteristic description (statutory guidance)	Opportunity for Improvement	Recommendations and action plan	Allocated to and indicative timeline to deliver action
<p>1. CONTINUOUS IMPROVEMENT: Making arrangements to secure continuous improvement in performance and outcomes in relation to the exercise of all functions is a core requirement for achieving best value and should be done whilst reflecting local priorities.</p> <p>These arrangements will include inviting independent external challenge and scrutiny, in the form of regular service specific as well as corporate or finance peer challenges, engaging with the range of sector support initiatives on offer and informal experience sharing among peers.</p> <p>Lessons learnt and the steps taken to address mistakes and poor performance should be clearly documented in the authority's Annual Governance Statement.</p> <p>Local authorities should also have a sense of collective responsibility for the performance of the sector and help other authorities to improve.</p> <p>The Chartered Institute of Public Finance and Accountancy (CIPFA) /Society of Local Authority Chief Executives (SOLACE) Delivering Good Governance in Local Government Framework, along with the Centre for Governance and Scrutiny and Localis Governance Risk and Resilience Framework can help authorities to identify, understand, and act on risks to good governance.</p>				
1. Continuous Improvement LIGHT GREEN	<p>CI001: An organisational-wide approach to continuous improvement, driven by an established transformation function or programme, with frequent monitoring, performance reporting and updating of the corporate and improvement plans.</p>	<p>Service KPIs and progress against planned activity is not consistently reported by all service areas.</p> <p>The performance trends obtained from KPI data are not consistently used across all service areas to evidence and drive areas of improvement.</p> <p>Whilst the contract management framework has been developed, this is not widely communicated or briefed to all contract managers (due to resource changes and pressures in the procurement team in 23/24).</p> <p>Online Contract management foundation level training is available free of charge through the Government Commercial Function and is recommended as part of the framework. This is not taken up by all Contract Managers.</p>	<p>CLT to consider implementing service area reporting on KPI performance and progress against service area plans to the relevant Service Ctee on a quarterly basis.</p> <p>Review of KPI data should be undertaken in staff management meetings on a Qly basis when the report is generated.</p> <p>Provide briefing to all officers with contract management responsibility, update the Staff Home pages specifically with contract mgmt information.</p> <p>Consider whether foundation level training should be mandatory for all contract managers where the contract is delivering services on behalf of the Council.</p> <p>Consider practitioner level training for Officers managing key contracts for the Council e.g. RMV, compliance contracts, total FM, back-office systems.</p>	<p>CLT, Q2 2024.</p> <p>All CHoS, ongoing Qly basis</p> <p>HoProcurement (current vacant post)</p> <p>HoProcurement (current vacant post)</p> <p>HoProcurement (current vacant post)</p>
1. Continuous Improvement LIGHT GREEN	<p>CI002: There is some form of established transformation function or programme.</p>	<p>There is scope to enhance awareness of the current Digital Transformation work being done through regular seminars, lunch and learn, team sessions etc.</p>	<p>This is addressed as part of the Digital Transformation Strategy 2024-2027 in Embracing Smarter Systems including reestablishing digital champions and digital drop-in sessions and training on MS365 core apps and functions.</p>	<p>CHoCSDCS, during 2024/25 on approval of the Strategy.</p>

Theme/ Score given	Characteristic description (statutory guidance)	Opportunity for Improvement	Recommendations and action plan	Allocated to and indicative timeline to deliver action
	(Merged with CI001 in Statutory guidance)	Make sure that all service areas are identifying opportunities for transformation and know how they can test and implement them.	<p>The ongoing Savings & Efficiency programme is a collaborative programme, engaging with all service areas and all staff.</p> <p>Sessions with CHoS and Managers have taken place initially to identify savings and new ways of working.</p> <p>The Staff suggestions project was launched at the Staff Forum in June to engage all staff. Comms plan developed and in place for S&E programme. Work underway.</p>	ACE (S151), CLT, SLT, all staff, this work is ongoing for 2024/25, 2025/26.
1. Continuous Improvement LIGHT GREEN	CI003: The authority arranges a corporate or finance peer challenge at least every five years, acts promptly on any recommendations given, and publishes the report of that review and progress updates.	Delay in reporting against the action plan to close-out the LGA CPC in 2019, although with valid reasons, was a reputational issue.	<p>Develop a communications plan that not only raises awareness and prepares for the CPC in 2024 but also covers communications of actions and outcomes as a result of the CPC.</p> <p>Plan and prepare for follow-up CPC visit in Q2 2025/26.</p>	<p>HoBPPP, Q2 24/25 ahead of CPC in Oct 2024.</p> <p>HoBPP, Q1 25/26</p>
1. Continuous Improvement LIGHT GREEN	CI004: The authority is willing to work with the external auditor and Local Government and Social Care Ombudsman to proactively identify areas for improvement and responds promptly and effectively to recommendations.	<p>No gaps identified.</p> <p>The authority can demonstrate and evidence working with the external auditor and the Social Housing Regulator as examples of how this is delivered.</p>	This is ongoing core activity for all relevant service areas.	
1. Continuous Improvement LIGHT GREEN	CI005: Professional development and appraisal at all staff levels is built into day-to-day work, with poor performance identified, monitored, and effectively addressed,	<p>While we do have the ability to measure certain aspects of staff performance, we recognise that we need to improve the availability, accuracy and quality of this data.</p> <p>More checks and balances are required to ensure that Managers are applying the performance standards consistently and that performance data is being used to drive continuous improvement.</p>	<p>The new My View HR system implemented in April 2024 will provide the technology to assist us to measure the performance of the workforce.</p> <p>Annual refresher training is available for appraisers. The process could be enhanced by providing annual refresher training for appraisee's</p>	<p>CHoHROD, Phase 1 implementation complete</p> <p>CHoHROD</p>

Theme/ Score given	Characteristic description (statutory guidance)	Opportunity for Improvement	Recommendations and action plan	Allocated to and indicative timeline to deliver action
	and good performance recognised.		on how to maximize the benefits from performance reviews. Phase 2 of the MyView system implementation in 24/25 will review the current Performance Management and Appraisals framework and build this into the system. Management reports will be available to provide statistics on completion rates. Once this has been implemented, we will be able to look at qualitative assessments of our data as well, allowing us to properly evaluate the quality of appraisals also.	CHoHROD, Q3-Q4 24/25
1. Continuous Improvement YELLOW	CI006: The Annual Governance Statement, prepared in accordance with the CIPFA/ SOLACE Good Governance Framework, is the culmination of a meaningful review designed to stress-test both the governance framework and the health of the control environment.	Whilst the development of the Annual Governance Statement is collaborative and requires review and input from Corporate Heads of Service, it is difficult to evidence that this provides a 'stress test' of the governance framework.	Seek sector guidance and examples of best practice how other Local Authorities 'stress test' development of the Annual Governance Statement from the Surrey Treasurers Group, Southern Internal Audit Partnership group and review the AGS process in light of this for 24/25.	ACE (S151), Q4 2024/5
1. Continuous Improvement YELLOW	CI007: Innovation is encouraged and supported within the context of a mature approach to risk management.	Whilst risk owners were provided with training on how to use the risk management system and risk assessment training has been provided to all Managers, there is a wider need for risk management training for Managers including risk appetite and impact on mitigation and risk scores. Whilst there is no doubt that innovation is encouraged, the risk that can be attributed to any new venture is not consistently outlined to staff.	Briefing session on the Risk Management System to be delivered as a 'roadshow' at all service area management meetings. Improve availability of risk information that is captured in business cases and project charters, not only to the project teams but to end users and those impacted by the change. A communications plan should be developed and delivered for new projects that include the risk profile.	ACE (S151), HoBPPP by Dec 2024 SLT, Project Managers, ongoing.
1. Continuous Improvement DARK GREEN	CI008: The authority shares a sense of collective responsibility for the sector's performance and	No gaps identified. There is clear evidence of strong links with other organisations to foster mutual learning and development.	This is ongoing and linked to staff development and competencies which are reviewed as part of the staff performance framework.	CHoHROD

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	supports other authorities to improve.			
1. Continuous Improvement LIGHT GREEN	CI009: The use of performance indicators and Oflog's Local Authority Data Explorer to manage risk and to benchmark against similar authorities and manage risk.	This is a developing area of sector policy and therefore the Council should monitor this closely.	The Council is continuing to engage with DLUHC in response to the non-statutory Best Value Notice.	ACE(S151), CHoF, HoBPPP, Jan 2025
1. Continuous Improvement AMBER	CI010: Participation in Oflog's programme of webinars to share best practice between local authorities, to help improve performance, productivity, and value for money.	Oflog currently has not communicated a programme of webinars to participate in, therefore this cannot be evidenced yet.	Once Oflog communicate the programme of webinars, appropriate Officers will participate in them.	CEX, when advised by Oflog.
1. Continuous Improvement YELLOW	CI011: Resident engagement informs improvement efforts.	Significant consultation and engagement can be evidenced from across the organisation, but there is no overarching framework that documents best practice and learning from across the organisation that can be referenced and used to improve engagement. The Citizen's panel is not yet in place which will support improved consultation and engagement with the community and residents and co-design of services to meet local needs. Service Review methodology includes consultation as part of co-designing new or changed services. This is not yet used widely. There is an opportunity to champion service design principles.	There is an opportunity to develop the Council's citizen engagement framework to document available options to consult with citizens, best practice processes and procedures and to formalise rules of engagement for the citizens panel. This is in the Community Services SAP to set up and launch a pilot engagement process by Q4. This is in the HR and CEX Office SAP to deliver in 24/25 if resources are available.	ACE(Place), CHoCS CHoCS, Q4 2024 CHoHROD, HoBPPP by end March 2025.
1. Continuous Improvement LIGHT GREEN	CI012: The authority's scrutiny function is challenging, robust and contributes to the efficient delivery of services (Previously G002 in the draft guidance)	Annual achievements in delivery of planned activity in Service Area Plans is not consistently reported by all service areas to their respective Service Committees.	Now that data is captured in the business planning tool, dashboards could be produced to demonstrate Service Area delivery and progress. CLT to consider as part of the O&S work programme bringing forward an annual summary of service performance against the approved SAPs.	HoBPPP, by end Sept 2024 for Q2 progress data. CLT

2. LEADERSHIP:

Effective political and administrative leaders who have a clear vision and set of priorities for their area, are key to building local economic growth, social cohesion and a healthy local democracy.

When they model positive and effective leadership behaviours at all levels, this can be beneficial to a local authority's overall culture and governance.

It is essential that all officers with statutory responsibility, including the Chief Finance Officer (Section 151 Officer or Section 73 Officer in the case of combined authorities and combined county authorities) and Monitoring Officer uphold their duties, both individually and collectively and provide reports to the Chief Executive/Head of Paid Service and, as necessary, to full Council. Statutory officers must work effectively together, have access to the highest levels of council decisions and have a voice in important decisions.

An authority that either fails to recruit to its statutory officer posts on a permanent basis over an extended period of time or has a high turnover in these roles indicates instability and potential wider cultural concerns.

When this is compounded by many senior positions being appointed to on an interim basis over an extended period, this can signal a problem.

All-out as opposed to multiple elections within the four-year cycle can enhance political stability and reduce ongoing campaigning that can hinder improvement.

<p>2. Leadership YELLOW</p>	<p>L001: Members provide quality leadership by setting a clearly articulated, achievable and prioritised vision for officers to follow that puts place and local people at its heart.</p> <p>Senior officers have the capacity and capability to provide the authority with effective strategic direction.</p>	<p>Review and refine the 'rules of engagement' with the Runnymede Council Alliance to ensure this delivers Member leadership and direction in a timely manner to support decision making.</p> <p>Monitoring progress of delivery and measuring benefits realised of capacity and capability review and organisational culture assessment will provide assurance of continuous improvement in strategic leadership capacity and capability.</p>	<p>CEX to continue to work with the co-Leaders to refine the 'rules of engagement'. In place.</p> <p>Delivery and progress are monitored as part of the established NS-BVN response programme. In place.</p>	<p>CEX, ongoing in 24/25 and 25/26.</p> <p>CEX, CHoHROD, HoBPPP Ongoing in 24/25 ahead of NS-BVN 12-month anniversary in Dec 2024.</p>
<p>2. Leadership LIGHT GREEN</p>	<p>L002: The authority's corporate plan is evidence based, current, realistic and enables the whole organisation's performance to be measured and held to account.</p> <p>The authority's financial strategy and delivery arrangements are aligned with priorities in the corporate plan, and</p>	<p>Inconsistent reporting of service KPIs at Service Cttees. See C1001 above as same recommendation and action to address.</p>	<p>CLT to consider implementing service area reports on KPI performance and progress against service area plans to the relevant Cttee on a quarterly basis where this is not currently in forward plans.</p>	<p>CLT, SLT, ongoing.</p>

	respond appropriately to local need, including the plans of partners and stakeholders.			
2. Leadership YELLOW	L003: Members and officers, particularly those with statutory responsibility, including the Head of Paid Service, Section 151 and Monitoring Officer, uphold their duties and speak truth to power.	No gaps identified. Given that RBC has appointed people to these posts, and there is nothing in RBC's Constitution which tries to curtail the legal obligations or rights associated with these posts, all Members and Officers can uphold their duties and speak truth to power.		CEX, CHoLG
2. Leadership LIGHT GREEN	L004: Strong financial management and reporting, in accordance with the CIPFA Financial Management Code, runs throughout the whole organisation.	Refresher training for staff on Financial Regulations and Budget Management (with a more local context) is overdue. Improve establishment controls to synchronise HR and payroll information to maintain an up-to-date establishment and improve monitoring of staffing costs.	Series of refresher courses to be developed and delivered once Accountancy team fully staffed and audit backlog resolved. This is likely to be not before January 2025. This is underway as part of Phase 2 of the HR/Payroll system implementation as well as the establishment reconciliation workstream in the Savings & Efficiency programme. The Finance Management System will be reprocured in 2024/25 and the system specification will need to incorporate management controls and checks and balances to improve self-service budget management reporting capability.	CHoF, review Jan 2025. CHoHROD, ongoing. CHoF, March 2025.
2. Leadership DARK GREEN	L005: Robust systems are in place and owned by members for identifying, reporting, mitigating and regularly reviewing risk.	No new gaps identified. This was previously identified as an area for improvement in the Annual Governance Statement and has been thoroughly reviewed and updated, through the Standards and Audit Committee work programme for 2023/24 and assured by an internal audit in 2024.	Continue to refine and develop the risk management system through feedback from risk owners and reporting to S&A.	ACE (S151), HoBPPP, SLT, 24.
2. Leadership YELLOW	L006: Effective succession planning, with the recruitment and development of officers with the necessary skills, ensures organisational resilience.	While we do have the ability to measure certain aspects of our workforce data and performance, we recognise that we need to improve the accuracy and breadth of this data.	The new My View HR system implemented in April 2024 will provide the technology to assist us to improve measuring the health of our workforce. My View Phase 2 system implementation is a review and system build to capture data from the current Performance Management and Appraisals system. This will permit reporting and statistics on completion rates. Once this has been implemented, qualitative assessments of the data will be possible to evaluate the quality of appraisals.	CHoHROD, complete. CHoHROD, Q2 2024.

		See related characteristic R002: The workforce [and fixed assets] are managed efficiently and effectively.	The development of departmental workforce plans across the council will provide a more strategic approach to develop optimal team and service structures that can be resourced to ensure teams are resilient and achieve the outcomes required. Development of workforce planning is in the HR & OD SAP for delivery in 24/25.	CHoHROD, end of Q4 24/25. CHoHROD, ongoing.
2. Leadership DARK GREEN	L007: Members and senior officers maintain constructive relationships and engage effectively with external stakeholders and the wider local community.	No gaps identified. Strong evidence to support a comprehensive narrative.		
2. Leadership YELLOW	L008: A demonstrable commitment to leadership and member development, including specialist training for key roles.	Some evidence already in place, other evidence will follow as a result of delivery of a number of corporate initiatives in progress during 2024/25 including the assessment of organisational culture and leadership.	Continue to monitor progress and benefits realised from delivery of workstreams in the established NS-BVN response programme. In place.	CEX
2. Leadership GREY	L009: The authority has moved from multiple to all-out elections within the four-year cycle, which has enhanced stability and reduced ongoing campaigning that can hinder improvement. Removed as a characteristic from statutory guidance.	This has subsequently been removed from the statutory guidance. Not in the control of Officers to influence.	Members have been consulted on their views and results will be analysed in Q2 2024	CHoLG, Q2 2024.
2. Leadership LIGHT GREEN	L010: The Monitoring Officer is sufficiently supported and protected to allow them to enforce regulations and codes of conduct without fear.	No gaps identified.		
2. Leadership LIGHT GREEN	L011: Effective and timely responses to issues with acceptance of the	No gaps identified.		

	need to make changes and without a culture of blame.			
<p>3. GOVERNANCE:</p> <p>In a well-run council officers and members will have a clear understanding of the democratic mandate as it operates in the organisation. There will be clear and robust governance and scrutiny arrangements in place that are fit for purpose, appropriate to the governance arrangements adopted locally (executive / committee system), and in accordance with statutory or sector guidance such as statutory guidance on overview and scrutiny and the Centre for Governance and Scrutiny's governance risk and resilience framework. These arrangements should be understood by members and officers alike, reviewed regularly and accurately described in the Annual Governance Statement.</p> <p>Decision-making processes, within clear schemes of delegation, should be transparent, regularly reviewed, clearly followed and understood, enabling decision-makers to be held to account effectively. There should also be evidence of the decisions following good public law decision making principles (reasonableness, rationality, proportionality, legality, fairness etc).</p> <p>Codes of conduct and HR processes should be to sector standard and ensure effective support for whistle-blowers.</p>				
3. Governance YELLOW	<p>G001: Effective procedures are in place and followed to ensure members and all officers comply with the Nolan Principles, relevant codes of conduct and policies, including procurement.</p> <p>This includes adequate protections and support for whistle-blowers and adherence to Contract Procedure Rules.</p>	<p>The Member code of conduct is generic in nature as the LGA template has been used. For example, it references parish councils which do not exist in Runnymede.</p> <p>The Nolan Principles are not included in the staff code of conduct last updated in April 2019. The Code of Conduct for staff available on Staff Home was last updated in 2015 and is not the same version as that included in the Constitution.</p> <p>The Nolan principles should also be incorporated within a further review of the corporate induction plan.</p> <p>See related characteristic C008: An accessible whistleblowing policy, of which there is wide awareness and confidence that it will work.</p>	<p>The LGA model was adopted for the Member Code of Conduct in order to fall in line with what has been recommended at a national level. RBC's document mirrors good national practice and therefore RBC is delivering what is required. The code of conduct should continue to be reviewed annually and will incorporate any changes in legislation or good practice.</p> <p>Review and update the staff code of conduct aligning to Nolan principles during 2024/25. Ensure the code of conduct for staff is referenced in the employment contract. Promote to all staff the revised code of conduct.</p> <p>Review the staff induction programme to include modules or documentation to read regarding Nolan principles. This is due for review in 2024/25.</p>	<p>CHoLG, HoDemocratic Services, Q4 2024/25.</p> <p>CHoHROD, CHoLG, Q4 2024/25.</p> <p>CHoHROD, Q4 2024/25.</p>
	<p>G002: Now in 1. Continuous Improvement theme (CI012)</p> <p>The authority's scrutiny function is challenging, robust and contributes to the efficient delivery of services.</p>	<p>Annual achievements in delivery of planned activity in Service Area Plans is not consistently reported by all service areas to their respective Service Committees.</p>	<p>Now that data is captured in the business planning tool, dashboards could be produced to demonstrate Service Area delivery.</p> <p>CLT to consider as part of the O&S work programme bringing forward an annual summary of service performance against the approved SAPs.</p>	<p>HoBPPP, by end Q2 2024.</p> <p>CLT, ongoing.</p>
3. Governance YELLOW	<p>G003: Risk awareness and management informs every decision.</p>	<p>Whilst risks are identified through service area planning and operations, project and contract management methodologies and in changes to the landscape in which the Council operates, risks are also identified through risk implications</p>	<p>Check that risk implications identified in Cttee reports or in internal audit reports are captured as part of the risk management system either as an</p>	<p>HoBPPP, complete. This has been addressed in the latest Cttee report</p>

		<p>section in Committee reports and through the recommendations made in internal audit reports. The risk management system could be used to capture and monitor these risks.</p> <p>Whilst the updated risk management framework was reviewed by CLT and SLT, only some of the CHoS have adopted regular risk discussion in management team meetings.</p> <p>Link between service management teams oversight of risk and the corporate risk register to be made stronger through periodic attendance at each service area management meeting. This will ensure a greater understanding of the processes in place and requirements of officers, and provide oversight for senior management to ensure that risk is a standing item for consideration within all management teams.</p>	<p>update to an existing risk or by creating a new risk record.</p> <p>Risk discussion to be a standard agenda item for Service area management team meetings.</p> <p>ACE (S151) and/or HoBPPP to attend risk management sessions at Service Management team meetings to support wider knowledge and adoption of the framework.</p>	<p>template v4 issued in March 2024.</p> <p>All CHoS</p> <p>ACE(S151), HoBPPP by end Dec 2024.</p>
3. Governance LIGHT GREEN	G004: Full Council, alongside the Audit Committee, reviews governance arrangements and takes an effective overview of the systems of control, audit and governance.	The Local Code of Corporate Governance was revised and approved at S&A Cttee in May 2023. Within this Cttee report, the timetable for implementation set out the Timeline for review in 2023/24 for 2024/25 Code. This did not occur.	To diarise and fix periodic reviews of the Local Code of Corporate Governance and add to the forward plan of Cttee agenda items.	ACE(S151), CHoLG
3. Governance LIGHT GREEN	G005: Appropriate financial, commercial, legal and other specialist expertise is obtained, including from external sources, and due diligence completed on any important or novel decision.	External advice is sought to support making decisions on large, key or novel matters. However, expertise is not typically sought for review at a later point to check benefits are realised or whether market factors or sector changes impact on the viability of the matter. Whilst this is not a gap per se, when relevant, appropriate, and where budget permits, this could be planned into the benefits realisation and lessons learned review of projects and planned activities.	<p>When appropriate and necessary, and where budget permits, look to externally validate benefits realisation.</p> <p>Add the use of external experts or advisors for validation of benefits realised as an option to consider in the close out stage of the project methodology.</p>	<p>CEX</p> <p>HoBPPP, by Sept 2024.</p>
3. Governance LIGHT GREEN	G006: Committees and individuals charged with governance have the appropriate information, support, experience, and expertise to perform their role.	<p>The information for newly elected Members is presented in RBC's Member Induction Pack, an 80-page document that includes wide-ranging relevant information that they need to know. We also direct Members to the series of additional training and learning opportunities available and links to all the useful LGA pages and any other important information.</p> <p>While learning on the job can be positive this can also be overwhelming. Newly elected Members may benefit from being paired with an experienced Member as a Mentor.</p>	<p>Continue to promote additional learning opportunities, training, conferences and useful materials that will help Members continuously improve the skills they need to provide effective local leadership in Runnymede.</p> <p>Consider implementation of an improved mentor scheme for new Members.</p>	<p>CHoLG, HoDemocratic Services, Q4 2024.</p> <p>CHoLG, HoDemocratic Services, Q4 2024.</p>

		The Member code of conduct or other document does not make clear what happens if a Member does not attend mandatory training, required as a prerequisite for sitting on a Committee.	Review and amend the Member code of conduct and Constitution to include policy and clarity on pre-requisite requirements.	CHoLG, HoDemocratic Services, Q4 2024.
3. Governance LIGHT GREEN	G007: Proper member oversight (as shareholders) of companies and partnership bodies, in accordance with the Local Authority Company Review Guidance, and their existence is regularly and independently reviewed.	SPV company non-executive director (Cllr. Coen) did not stand for re-election. Therefore, there will be a gap in appointment of a non-executive director who is a Member. Additional non-executive director being considered but not in place.	This has been picked up separately in the NS-BVN workstream commissioning a Governance review of SPV companies.	ACE (S151), CHoAR, Q2 2024.
3. Governance LIGHT GREEN	G008: Performance management and quality assurance information effectively measures outcomes and is frequently interrogated.	There is a current inconsistency in reporting processes for service KPIs. Housing and Community Services each report service KPIs updates on a Qly basis to their respective Service Committees. No such reports on service KPIs appear to be presented for Planning or Environmental Services for 2023/24. The last public record of performance indicators reported to E&S Cttee is June 9th 2022. No such reports were identified for Planning Cttee. See CI001 and L002 as similar identified. Unit cost of delivery is not yet known for all service areas. KPI performance should be reviewed and challenged when an indicator is consistently over-achieved as this may indicate that there is opportunity to lower service levels and release resource capacity.	CLT to consider inconsistency and decide on appropriate changes to be made to address. Produce a standard template to ensure methodology used is consistent. Update the guidance in the Service Discovery framework, Discovery phase to include review of KPI data and benchmarking. All CHoS to include review of KPI performance data as a Qly item at Management team meetings.	CLT CHoF HoBPPP, by Sept 2024. SLT, end of each Quarter.
3. Governance LIGHT GREEN	G009: Lessons are learned from complaints.	Close the feedback loop for residents generally and communicate how we have learnt from complaints.	As a result of complaints received and actions taken, on a themed basis, provide a summary via the website of changes made within the Council in response to complaints received. i.e., you said, we did. This will provide residents with greater confidence that where valid complaints are made, they lead to positive change within the council. This will form part of the Customer Charter that will be developed in 2025 as identified in the Customer First Strategy action plan.	ACE (Place), CHoCSDCS by Q1 2025/26.
3. Governance	G010: Scrutiny and internal audit functions	No gaps identified.		

LIGHT GREEN	are challenging, robust, valued and contribute to the efficient delivery of public services.	See CI012 as related characteristic.		
3. Governance DARK GREEN	G011: Public reporting on value for money, performance and the stewardship of resources is completed in a timely and understandable way, with transparent responses to recommendations from internal and external audit, and regulators.	No gaps identified.		
4. CULTURE: Culture describes how the established governance procedures and leadership are exercised in practice, whether they are respected by the letter or in spirit. The culture of a local authority is determined by an agreed set of shared values, ethics and beliefs, how decisions are made, as well as how elected members and officers behave, interact and carry out their roles. The organisation should act as one, rather than in siloes, with a cohesive sense of one authority running through all operations.				
4. Culture YELLOW	C001: Members and officers promote and demonstrate the highest ethical standards and appropriate working behaviours through established shared values and ways of working.	No gaps identified. Policies and procedures are in place to establish expectations with regards to ethical standards and working behaviours between and within Member and Officer cohorts. Policies and procedures also in place to address if this is not held up.		
4. Culture LIGHT GREEN	C002: A culture of cooperation, respect and trust between members and officers, and between departments exists, along with a commitment to transparent decision-making.	A staff survey that tests organisational culture has not been delivered in the recent past (last survey was c. 15 years ago) therefore there is a gap in evidence for this characteristic.	Organisational culture assessment and the 'My Experience Matters' staff survey will evaluate the culture and provide evidence of where and how the culture may need to change and adapt. This is being delivered as a workstream in the NS-BVN response programme in Summer 2024. This will be followed by a series of events to communicate the feedback and results of the survey to build trust, confidence, and transparency. An action plan will subsequently be developed to address gaps identified to be implemented from Q4 2024/25 and 2025/26.	ACE(Place), CHoHROD, results in Q3 2024. Action plan and implementation Q4 2024/5 – 25/26.

4. Culture GREY	C003: Civil working relationships (and communication) between Group Leaders despite political disagreements.	Not in the control of Officers to influence.	Rules of engagement in place that will be closely monitored and refined as appropriate as relationships develop to address the new political make-up of the Council.	CEX, ongoing core activity.
4. Culture LIGHT GREEN	C004: A commitment to promoting transparency and sharing information with the public.	No gaps identified. It can be evidenced that the Council meets the Transparency Code and is committed to sharing information with the public unless the content of reports are exempt.		
4. Culture LIGHT GREEN	C005: Respect for a councillor's need to know and enquire.	No gaps identified.		
4. Culture LIGHT GREEN	C006: The existence of a proactive and welcoming attitude to external challenge and scrutiny.	No gaps identified.		
4. Culture LIGHT GREEN	C007: Appropriate processes are in place to address issues such as harassment and bullying.	Due to the significant limitations in the previous standalone HR system, it has not been possible to maintain historic records of harassment and bullying in RBC and accurately quantify this information.	The new HR system 'My View' which was implemented in April 2024, will support improved monitoring and reporting on the number of harassment cases disclosed to HR, the processes used to address the issue, the success rates of mediation, the outcomes of all cases reported, and whether there are any other initiatives that should be implemented to improve the issue across the organisation. Develop an annual workforce report for CLT and CMC covering a range of issues including addressing the Equality Act and Public Sector Equality Duty.	CHoHROD, March 2025.
4. Culture YELLOW	C008: An accessible whistleblowing policy, of which there is wide awareness and confidence that it will work.	Whilst there is a Whistleblowing policy in place, this has not been reviewed and updated since 2019. For members of staff that have worked in RBC for many years it is unlikely that they would remember the details of the whistleblowing policy.	Review and update the Whistleblowing policy. Include a date and year that it will then be next reviewed. Put in place staff communications to promote the policy and socialise across the workforce.	CHoHROD, CHoLG, by March 2025. CHoHROD, Q2 and Q4 annually.
4. Culture LIGHT GREEN	C009: Demonstrable steps to engage openly and honestly with staff.	No additional gaps identified.	This is an already identified area of improvement that is being delivered as part of organisational development and the organisational culture assessment.	CHoHROD, HoMPR, ongoing.
4. Culture	C010: A culture of compliance with	Whilst failure to complete mandatory training during the new staff induction period may lead to failure to pass the probation	HR to consider adding this explicitly in appropriate HR policy.	CHoHROD

LIGHT GREEN	legislation, strategies, policies, and procedures throughout the organisation.	<p>period, the consequences of failing to complete mandatory training or refresher training is not formally laid out in HR policy. Rather it is assumed that this would be dealt with through staff performance management.</p> <p>The Capability Process and the Disciplinary Procedure on the Staff Home pages were last updated in 2015 and references posts that have subsequently been deleted. Code of Conduct for staff on the Staff Home pages were last updated in 2015 and is not the same version as that in the Constitution (April 2019 version). See G001 as improvement identified linked to code of conduct for staff.</p> <p>There have been occasions when waivers to Contract Standing Orders are submitted for repeat contract awards however the action plan previously agreed to prevent a further waiver has not been implemented.</p>	<p>HR to review and update these HR processes and procedures and ensure the most up-to-date version is published on Staff Home.</p> <p>Procurement Board to escalate to relevant Line Managers to take up as part of staff performance management.</p>	<p>CHoHROD, end of Q4 24/25.</p> <p>ACE (S151), Head of Procurement.</p>
4. Culture LIGHT GREEN	C011: Decision-making is taken at the right level, with staff empowered to do their jobs consistent with the scheme of delegation.	<p>Job descriptions reviewed did not explicitly mention the scheme of delegation or the functions that are delegated to that specific post. New starter induction checklist does not have a task to review the scheme of delegation. The Code of conduct for staff only mentions scheme of delegation with regards to definition of politically restricted posts, not in reference to decision-making.</p> <p>There is an opportunity to cross-reference.</p>	Review and consider including specific mention of the scheme of delegation in JDs, induction checklist and code of conduct for staff.	CHoHROD, Q4 24/25.

5. USE OF RESOURCES:

An authority must have in place and properly deploy an effective internal control environment to safeguard the use of resources, and clear and effective processes to secure value for money. It must have appropriate financial management, reporting and regulation arrangements in place, in accordance with CIPFA's Financial Management Code, to govern the strategic and operational management of its investments, funding, assets and companies. This includes ensuring it has the appropriate skills and capacity in place, commensurate with the complexity of its finances, using specialist expertise when needed.

Authorities must comply with the Prudential Framework in making investment and borrowing decisions and not take on excessive risk. They should have effective systems for identifying, reporting, addressing and reviewing financial risk and have consideration of CIPFA's Financial Resilience Index.

Investment decisions must have a commensurate level of scrutiny, transparency and approval to make sure that officers and members fully understand the risks.

Financial management and reporting should be supported by robust financial systems, record keeping and quality assurance, with appropriate use of specialist expertise and independent assurance when needed.

Authorities should respond to audit recommendations and address issues identified in a timely way.

Capacity constraints should be identified and recruitment to fill key posts prioritised. Succession planning should be considered, with a longer-term view as to when there might be a gap in, experienced senior officers. Special severance payments should only be considered in exceptional cases.

5. Use of Resources LIGHT GREEN	R001: The financial strategy and budgets are clearly aligned with strategic priorities and there is a robust process for reviewing and setting the budget.	Accountancy do not check alignment of Budget working papers with Corporate Business Plan - it is assumed that the CHoS is only proposing activities that align to strategy. A more robust challenge of budget lines that report annual underspends could release revenue back to the General Fund. This should become the normal rather than just an activity this year.	The post of ACE (Place) has inserted an additional layer of scrutiny over front-facing service areas, i.e., Housing, Environmental Services, Development Management and Community Services. Check consistency across all other service areas. Build budget challenge into the annual Business and Budget planning process for 2026/27 onwards	CLT CHoF, HoBPPP, Q1 25/26.
5. Use of Resources LIGHT GREEN	R002: The workforce and fixed assets are managed efficiently and effectively, with clear and credible strategies demonstrating how services will be delivered in the future, with an effective system for performance management.	No new gap identified. Workforce planning is currently built into the HR restructure process as and when required, when the HR Business Partner supports the CHoS in identifying skills and expertise required, benchmarking salaries and grades of posts and providing support and guidance in organisation structure alternatives. Workforce plans are not in place for all service areas and this is recognised and is a planned activity for delivery in 2024/25.	The development of departmental workforce plans across the council will provide a more strategic approach to develop optimal team and service structures that can be resourced to ensure teams are resilient and achieve the outcomes required. Development of workforce planning is in the HR & OD SAP for delivery in 24/25.	CHoHROD, end of Q4 24/25.
5. Use of Resources LIGHT GREEN	R003: A robust system of financial controls and reporting exists, which provide clear accountability and ensure compliance with statutory requirements and accounting standards.	No gaps identified.		
5. Use of Resources DARK GREEN	R004: Compliance with the Prudential Framework, a clearly presented Investment Strategy, Capital Strategy and Minimum Revenue Provision (MRP) policy exists.	No gaps identified		
5. Use of Resources DARK GREEN	R005: A clear strategy exists to maintain adequate reserves.	No gaps identified.		
5. Use of Resources	R006: There is collective accountability for the	Refresher training for staff on Financial Regulations and Budget Management (with a more local context) overdue.	Series of refresher courses to be developed and delivered once Accountancy team fully staffed and	CHoF, review capacity Jan 2025.

LIGHT GREEN	budget and medium-term financial plan, rather than a siloed approach to management.		audit backlog resolved. This is likely to be not before January 2025.	
5. Use of Resources DARK GREEN	R007: There are regular financial reports to Corporate Management Committee and training is available for all members on finance.	No gaps identified.		
5. Use of Resources DARK GREEN	R008: Robust systems are in place to identify, report, address and regularly review financial risk.	No new gaps identified. Risk management was recognised as an area for improvement in the Annual Governance Statement 2022/23 and a thorough review and update was delivered in 2023/24.	Continue to monitor and report data held within the risk management system and ensure this is regularly reviewed and updated by risk owners.	ACE(S151), HoBPPP, ongoing core activity (BAU).
5. Use of Resources LIGHT GREEN	R009: Sustainable corporate functions including procurement and IT which deliver value for money.	Further develop the mechanism to capture savings and benefits realised through procurement and contract management activity. Whilst the contract management framework has been developed, this is not widely communicated or briefed to all contract managers (due to resource changes and pressures in the procurement team in 23/24).	A methodology to capture procurement savings and benefits realised will be developed during 24/25 (dependent on resources) to ensure that all future savings are better captured by procurement and the relevant services. Provide briefing to all officers with contract management responsibility, update the Staff Home pages specifically with contract mgmt. information.	Head of Procurement (post vacant currently) Head of Procurement (post vacant currently)
5. Use of Resources DARK GREEN	R010: The Audit Committee has the knowledge, skills and independent expertise to provide robust challenge and ensures effective controls are in place and issues addressed.	No gaps identified.		
5. Use of Resources YELLOW	R011: The purposes of companies are carefully considered and regularly reviewed, with effective governance and oversight arrangements in place.	No new gaps identified.	The company business plan 2023-28 identified a review of governance arrangements of the company in Year 1 of the plan (2023). In addition, an external review of the governance of the SPV companies has been commissioned as part of the NS-BVN response. Output of the governance review to be reported to CMC July 2024 as part of the Shareholders report.	CHoAR, ACE (S151), July 24.

5. Use of Resources DARK GREEN	R012: Effective project management of projects to enhance governance and effective use of resources.	No gaps identified.		
<p>6. SERVICE DELIVERY: Well-run local services are customer- and citizen-focused, and meet the needs of diverse communities. They should improve outcomes for the people who use them and achieve the best balance of cost and quality (having regard to economy, efficiency and effectiveness).</p> <p>Service plans should be evidence based and clearly aligned to the local authority's priorities and strategic plans, which will reflect the priorities identified through community planning. Services should take account of feedback from citizens and service users, and be scrutinised by a transparent and robust performance framework.</p> <p>Poor individual services can often be an indication of broader governance and financial weaknesses within an authority.</p> <p>Equally, corporate governance failure almost certainly will at some point negatively impact how services are delivered locally, in terms of missed opportunities or silo working and a failure to make strategic connections.</p> <p>Local authority data, the assessments of other government departments and service regulators and ombudsmen identify whether services are being delivered efficiently and effectively, and whether authorities are responsive to customer complaints.</p> <p>Authorities should benchmark service provision with comparable authorities, for example by using the metrics available on Oflog's Local Authority Data Explorer.</p>				
6. Service Delivery DARK GREEN	SD001: Service plans are clearly linked to a local authority's priorities, strategic plans and longer-term planning – a golden thread that runs through to individual objectives and accountability.	The golden thread could be identified 'top down' with managers providing evidence of the link between the CBP, corporate strategies and individuals objectives. However, 'bottom up' was not tested – do staff understand that their objectives are directly linked to delivery of the CBP and strategies?	'Bottom up' will be picked up as part of the organisational culture assessment and the staff survey in Summer 2024.	CHoHROD, Q3 2024/25.
6. Service Delivery DARK GREEN	SD002: Service delivery is evidence-based, customer and citizen focused, and meet the needs of different groups within the community.	No gaps identified.	Continue to strengthen engagement with residents, especially hard to reach communities and underrepresented groups in Runnymede.	CLT, SLT, Members.
6. Service Delivery YELLOW	SD003: The authority has an effective and accessible complaints process and provides appropriate redress.	No new gaps identified.	As part of the Service Review programme, the complaints process has been reviewed in light of the changes to the Local Government Complaints Code and a new system developed to capture, process and report complaints consistently across the organisation. This will be launched in June 2024.	CHoCSDCS, complete. HoBPPP, ongoing.

			<p>Delivery of this activity is already monitored through the Service Review programme board and project portfolio reporting.</p> <p>Complaints reporting from the new system as a result of the updated process will continue to be reported quarterly to S&A Cttee.</p>	CHoLG, HoDemocratic Services, core activity (BAU).
6. Service Delivery LIGHT GREEN	SD004: There are clear and effective mechanisms for scrutinising performance across all service areas. Performance is regularly reported to the public to ensure that citizens are informed of the quality of services being delivered.	No new gaps identified.	It was recognised in 2023/24 that the then corporate performance reporting process going to MWP rather than a Committee, whilst still providing member scrutiny, did not provide a publicly available report on Council performance other than the dashboard. This has subsequently been resolved and CKPI performance will be reported to CMC from Q1 24/25.	HoBPPP, by Sept 2024 for Q1 report.
6. Service Delivery LIGHT GREEN	SD005: Procurement processes ensure economic, efficient and effective outcomes of contract procurement and management.	Procurement savings are not captured routinely for all procurement activity – evidence provided was only for procurement activity where the corporate procurement function has been actively involved in the project. However, procurement activity below a contract value of £100,000 can be performed independently of the procurement team and therefore the savings and benefits may not be reported.	A methodology to capture procurement savings and benefits realised will be developed during 24/25 (dependent on resources) to ensure that all future savings and benefits realised are captured across all procurement activity and all services.	Head of Procurement (post vacant currently)
6. Service Delivery DARK GREEN	SD006: The authority achieves the best balance of cost and quality, considering the resources available, in delivering services, having regard to economy, efficiency and effectiveness	No gaps identified.		
6. Service Delivery LIGHT GREEN	SD007: The local authority takes an innovative approach when considering how services will be designed and delivered in the future.	No gaps identified.	Continue to seek innovation in service delivery.	CLT, SLT
6. Service Delivery YELLOW	SD008: Users are satisfied with the level and quality of services provided.	The revised system for complaints handling will be launched in June 2024. There is an opportunity for more detailed data analysis from complaints data to support evidence-based decision-making in-service reviews.	Complaints data analysis to be added to the Service Review methodology as part of the Discovery phase as an indicator of current service satisfaction.	HoBPPP, Q2 2024.

		See related characteristic G009: Lessons are learned from complaints.	As a result of complaints received and actions taken on a themed basis, provide a summary via the website of changes made within the Council in response to complaints received, i.e., you said, we did. This will provide residents with greater confidence that where valid complaints are made, they lead to positive change within the council.	ACE (Place), CHoCSDCS by Q1 2025/26.
6. Service Delivery LIGHT GREEN	SD009: Service improvements recommended by regulators and the Ombudsman are implemented at the earliest opportunity.	The authority can demonstrate and evidence working with the Social Housing Regulator as an example of how this is delivered. See related characteristic CI004: The authority is willing to work with the external auditor and Local Government and Social Care Ombudsman.	This is ongoing core activity for all relevant service areas.	
6. Service Delivery LIGHT GREEN	SD010: The authority has complete, timely and accurate data, and the skills to interpret it, to inform decisions.	No new gaps identified.	Actions arising from the Data Quality internal audit in Jan 2024 are progressing as per the implementation timetable.	
<p>7. PARTNERSHIPS AND COMMUNITY ENGAGEMENT: Driving local economic growth, promoting social cohesion and pride in place is increasingly dependent on the effectiveness of partnerships and collaborative working arrangements with a range of local stakeholders and service users.</p> <p>Authorities should have a clear understanding of and focus on the benefits that can be gained by effective collaborative working with local partners and community engagement. Partnerships can maximise opportunities for sharing resources, achieving outcomes and creating a more joined-up offer that meets the needs of residents and local service users. Stronger and more effective partnerships can also lead to better community engagement, for example working through partners to engage more effectively.</p> <p>Appropriate governance structures should be in place to oversee these arrangements, and the process of consultation and engagement should be inclusive, open and fair. There are statutory requirements on local authorities to engage with Integrated Care Partnerships, Integrated Care Boards, Community Safety Partnerships, safeguarding adults and children's boards, Youth Offending Management Boards and many others. There are also statutory best value requirements around consultation and on considering the social value of services when reviewing service provision. An inclusive approach that accepts challenge is an indicator of a confident organisation.</p>				
7. Partnerships and Community Engagement LIGHT GREEN	PCE001: The authority provides effective leadership of place through its elected members, officers and constructive relationships with external stakeholders. (Removed from statutory guidance)	This has subsequently been removed from the statutory guidance. No gaps identified.		
7. Partnerships and Community Engagement LIGHT GREEN	PCE002: An organisational culture exists that recognises the value of working with public sector systems and local partners to improve	No new gaps identified.	Organisational culture and leadership will be assessed in Summer 2024 as part of the NS-BVN response programme.	ACE(Place), CHoHROD by Sept 2024 for initial assessment outcome.

	policy development, local economic growth and investment, better services, and customer-focused outcomes.		This will be followed by a series of events to communicate the feedback and results of the survey to build trust, confidence, and transparency. An action plan will subsequently be developed to address gaps identified to be implemented from Q4 2024/25 and 2025/26.	
7. Partnerships and Community Engagement LIGHT GREEN	PCE003: There is early and meaningful engagement and effective collaboration with communities to identify and understand local needs and assets, and in decisions that affect the planning and delivery of services. In some cases, this involves the co-design and/or co-production of services.	Further develop the evidence base with examples of how we have engaged with the public and the results in terms of how interactions have shaped services.	Seek additional evidence and develop case studies from across the organisation to add to the evidence base to demonstrate delivery.	SLT
7. Partnerships and Community Engagement LIGHT GREEN	PCE004: Evidence of joint planning, funding, investment and use of resources to demonstrate effective service delivery, but transparent and subject to rigorous oversight.	There is clear evidence of joint planning, investment and use of resources between RBC and its partnerships. Measuring and evidencing benefits realised from partnership working could be strengthened further.	Where applicable, develop in conjunction with partners, mechanisms to measure and report on the benefits of partnership working.	ACE(Place), CHoCS.
7. Partnerships and Community Engagement YELLOW	PCE005: Partners and local residents are involved in developing indicators and targets, and monitoring and managing lack of performance. The authority may be beginning to experiment with more participative forms of decision-making.	Whilst there is clear evidence that residents and partners contribute to discussions when performance falls short, there are limited examples of these groups being involved in setting targets and indicators.	Develop, test and review participative forms of decision making. Identify opportunities for partners and local residents to influence indicators and targets.	ACE(Place), CHoCS, ongoing.

<p>7. Partnerships and Community Engagement</p> <p>LIGHT GREEN</p>	<p>PCE006: The authority drives social and environmental value in their place through mechanisms like procurement and employment.</p>	<p>Local spend analysis does not appear to have been taken forward after March 2023.</p>	<p>Once the new Head of Procurement is in post in 24/25, re-run the local spend analysis for full-year 23/24.</p>	<p>Head of Procurement (post vacant currently)</p>
<p>7. Partnerships and Community Engagement</p> <p>LIGHT GREEN</p>	<p>PCE007: There is a shared vision for the local area which has been co-produced with partners, businesses and communities to maximise resources and ensure best value across service areas.</p>	<p>The Citizen's panel is not yet in place which will support improved consultation and engagement with the community and residents and co-design of services to meet local needs.</p> <p>See related characteristic CI011: Resident engagement informs improvement efforts.</p>	<p>This is in the Community Services SAP to set up and launch a pilot engagement process by Q4.</p>	<p>CHoCS, Q4 2024</p>

