



Leicester  
City Council

**WARDS AFFECTED**  
All Wards

**AUDIT COMMITTEE**  
**CABINET**  
**STANDARDS COMMITTEE**

**20<sup>th</sup> September, 2007**  
**1<sup>st</sup> October, 2007**  
**3<sup>rd</sup> October, 2007**

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**CORPORATE GOVERNANCE: ANNUAL REPORT FOR 2006/7**

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**REPORT OF THE DIRECTOR OF RESOURCE**

**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 2006/7;
- \* Inform members about new national guidance and proposals for updating the Authority's Corporate Governance Code; and
- \* Report the position regarding Local Government Ombudsman complaints.

**2. SUMMARY**

2.1 This is the fifth annual review of Corporate Governance arrangements following the adoption of a local Code of Corporate Governance in 2002. 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.

2.2 The 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** and shown in full in **Appendix 2**.

2.3 Corporate Governance procedures are subject to an annual internal audit review. The outcome of the review of the Corporate Governance Annual Assurance Statement, 2005/6 is included.

### **3. RECOMMENDATIONS**

3.1 **Audit Committee and Standards Committee** 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;

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

3.2.3 Authorise the Town Clerk, in consultation with the Cabinet Lead, to review and update the Authority's Corporate Governance Code in line with "Delivering Good Governance in Local Government – Framework" published by SOLACE and CIPFA in June, 2007 and report proposed changes for consideration and authorisation by full Council.

### **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 Corporate Governance Code is well advanced: in May, 2002, the Council adopted a Code which was seen to be consistent with the principles and reflected the requirements of the CIPFA/SOLACE Framework "Corporate Governance in Local Government: A Keystone for Community Governance", published in 2001. A copy of the Code is available on the Council's website.

4.3 **Annual Review 2006/7**

The Annual Review for 2006/7 has been carried out based on the Council's current Corporate Governance Code.

There is a need for annual consideration of the extent to which the Authority complies with the elements of Corporate Governance set out in the Code. A statement must be published setting out the extent of compliance and proposed actions to address non-compliance. Systems, processes and documentation must evidence compliance, and there is a need to identify those responsible for monitoring and reviewing systems, processes and documentation identified.

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 the Town Clerk to enable the annual report to be co-ordinated. Internal Audit has recommended that each lead officer sign a hard copy of the Assurance Statement given.

The outcome of the Annual Review for 2006/7 is detailed in **Appendix 2** and the level of assurance given in respect of each Key Policy and Procedure is summarised in **Appendix 1**. A four category traffic light approach has been used i.e

- \* Green
- \* Green/amber
- \* Red/amber
- \* Red

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

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.

Lead officers have been asked to complete the Annual Assurance Statements so that it is clearly linked to that of the previous year. They have been asked 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**).

Consideration has been given as to whether any policy or procedure needs to be added or deleted to the Framework. "Safeguarding Children" has been added following the comments received from Resources and Equal Opportunities Scrutiny Committee during the Annual Review for 2005/6.

#### **4.4 Internal Audit**

The 2006/7 Internal Audit Operational Plan included provision for audit review of Corporate Governance procedures. One element of this was a sample check of the management process for giving assurance on the Annual Assurance Statement for 2005/6.

From the information reviewed it was concluded that:

- The process behind the Annual Assurance Statement continues to work well.
- This is the third year that it has been audited. A good system is now in place and this reflects a wider appreciation of the importance of Corporate Governance across the City Council.
- Some areas for improvement were identified, however. In particular:
  - The audit trail from actions outstanding on one year's Annual Statement through to the next could be improved.
  - The Statement does not identify the relative importance of the tasks covered in each subsidiary position statement.
  - Guidance for the various lead officers could be improved, for example via a training session.

Recommendations were made to strengthen the existing system further and action has been taken to comply with these.

The Assurance Statement has been redesigned in consultation with Internal Audit to enable an audit trail to be shown.

Priorities must be shown and each lead officer has been asked to give an indication as to the level of assurance i.e. green, green/amber, red/amber, red.

A training session / workshop has been held with all lead officers and this has helped to reshape the review process.

It is understood that the annual report and Assurance Statement for 2006/7 will be subject to a further internal audit.

#### **4.5 External Auditor**

The External Auditor has expressed support for the Authority's Corporate Governance Framework and stated that the Annual Report informs and complements the External Auditor's programme of work for the Authority.

The annual review and Assurance Statements produced will be scrutinised as part of the Comprehensive Performance Assessment process.

This annual review needs to be considered in the context of the External Auditor's Annual Audit Letter which includes views on governance arrangements, although these focus on the overall standard of accounts and use of resources. The overall assessment to the Audit Commission was positive, 3 out of 4.

However, it is mentioned in the letter that the External Auditor is currently carrying out an investigation as a result of information received during the course of the audit. A report into this issue has yet to be finalised.

#### **4.6 Overall position**

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 respect of a number of key policies / procedures assurances provided by a lead officer have been supported by assurances received from Service Departments.

The assessment of level of assurance shows that the overall position is positive: most assessments are green/amber or green. See the summary position in **Appendix 1**.

Subject to the External Auditor's comments (para 4.5), there are no identified risks for the Authority by failing to comply with its absolute standards but the review has, as in previous years, produced an action plan as a basis for further development and sustained improvement.

#### **4.7 New CIPFA/SOLACE Framework and Guidance**

In June, 2007 CIPFA, in association with SOLACE, and with support from key Local Government organisations across the UK published "Delivering Good Governance in Local Government" which updates the 2001 guidance. It is planned to review the Council's Corporate Governance Framework to reflect this.

#### **4.8 Principles of Good Governance**

The new CIPFA/SOLACE Framework/Guidance identifies six core principles of good Governance which have been taken from "The Good Governance Standard for Public Services (2004)" developed by the Independent Commission on Good Governance in Public Services with support from the Office for Public Management and CIPFA and have been adapted for Local Government purposes. The six core principles are as follows:

- 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;

It has been pointed out by CIPFA that the preparation and publication of an annual governance statement in accordance with its new Framework is necessary to meet the statutory requirements set out in Regulation 4(2) of the Accounts and Audit (Amendment) (England) Regulations, 2006, for Authorities to prepare a statement of internal control in accordance with "proper practices".

#### **4.9 Proposed review**

Councils are urged to test their structures against the principles by:

- \* Reviewing existing governance arrangements against the Framework;
- \* Developing and maintaining an up to date local Code of Governance, including arrangements for ensuring its ongoing application and effectiveness;
- \* Preparing a governance statement in order to report publicly on the extent to which the Council complies with its Code and this should be done on an annual basis, including how the Council has monitored the effectiveness of governance arrangements in the year, and on any planned changes in the coming period.

Leicester does all this and has been doing so for five years in respect of the current Code. This annual report is part of this process.

What now needs to be done is for the Authority to review to what extent its Corporate Governance Code needs to be updated to reflect CIPFA/SOLACE's new guidance.

In order to review current arrangements the Council will need to:

- \* Consider the extent to which the Authority complies with the principles and requirements of good Governance set out in the new CIPFA/SOLACE Framework.
- \* Identify systems, processes and documentation that provide evidence of compliance.
- \* Identify the individuals and committees responsible for monitoring and reviewing the systems, processes and documentation identified.
- \* Identify the issues that have not been addressed adequately in the Authority and consider how they should be addressed.
- \* Identify the individuals who would be responsible for undertaking the actions required and plan accordingly.

An initial assessment has been made as to whether the Authority's current Code falls far short of what is required under CIPFA/SOLACE's new guidance: Leicester is well advanced and has a Corporate Governance system and Framework in place which can be fairly easily built on to comply with the 2007 guidance.

All the systems, policies and procedures identified as building blocks for an effective Corporate Governance Framework are already included in the Council's current Corporate Governance Framework. However, what needs to be incorporated are the more strategic elements of the 2007 CIPFA/SOLACE guidance: these deal with the Authority's purpose and vision, its community leadership role etc and any review will require analysis and self review at a political level.

CIPFA/SOLACE's 2007 guidance recommends that the Code is adopted by the Authority itself and that the review is carried out by the Authority or one of its committees e.g an audit committee.

It is recommended that Cabinet authorise the Town Clerk, in consultation with the Cabinet Lead, to review and update the Authority's current Corporate Governance Code in line with CIPFA/SOLACE's 2007 guidance and report proposed changes to the full Authority for consideration and approval. The Annual Review for 2007/8 will then be carried out based on the Authority's new Code.

#### 4.10 **Complaints to the Ombudsman**

A Monitoring Officer issue which is not specifically identified in the Corporate Governance Framework is the position in respect of Local Government Ombudsman complaints.

A summary of Local Government Ombudsman complaints received from 1<sup>st</sup> April 2006 to 31<sup>st</sup> March 2007 is attached as **Appendix 3** including a comparison with the previous two years 2004/5 and 2005/6.

The number of complaints where maladministration has been found has increased from 0 in 2005/6 to 1 in 2006/7, although this is a reduction in comparison to 2004/5 when 4 complaints were found. **Appendix 4** is a

comparison table of family authorities for the previous years 2004/5 and 2005/6.

In his Annual Letter for the year ending 31<sup>st</sup> March, 2007, the Local Government Ombudsman has made a number of other observations:

- \* 147 complaints against the Council were received during the year, an increase on the 114 received in the previous year, although the 147 figure is very close to the number received in 2004/5. Such fluctuations in numbers year on year are expected.
- \* It was noted that 25 of the complaints received were regarding housing benefits, a significant increase in the 8 received in the previous year.
- \* The Ombudsman received double the number of complaints about Council Tax matters compared to the previous years. However, given the number of decisions the Council takes about Council Tax during the year this increase was not seen as significant.
- \* 10 cases were decided as local settlements, compared to 29 cases during the previous year and a total of £4,475 paid out compared to £7,750 in the previous year.
- \* 59 premature complaints were received which is much higher than the national average. The Ombudsman has suggested that the Authority should review the accessibility of its complaints system. The Council's complaints system has been updated recently and the Ombudsman has commented positively but, given the above comments, action has already been taken to ensure that relevant officers consider if changes need to be made to enable the public to make full use of the Council's complaints system rather than complain direct to the Ombudsman.

The Ombudsman has offered to hold a regional seminar in Leicestershire in 2007/8. This would be open to elected members as well as officers.

## **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**

Trevor Croote for the External Auditor, Corporate Directors’ Board, Tom Stephenson, Charles Poole, Keith Murdoch, Mark Noble, Laurie Goldberg, Ian McBride, Johanne Robbins, Ed Smith, Liz Reid Jones, Carol Brass, Geoff Organ, Sangita Ganesh, Mark Bentley.

**5. REPORT AUTHOR**

Peter Nicholls, Service Director – Legal Services, x6302

**DECISION STATUS**

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

## APPENDIX 1

Page No.	KEY POLICIES AND PROCEDURES	LEAD OFFICER	ASSESSMENT OF LEVEL OF ASSURANCE	SUMMARY POSITION
13	Consultation strategy	Director of Partnership, Performance and Policy	Green / Amber	The consultation toolkit continues to meet best practice.
15	Performance management framework	Director of Partnership, Performance and Policy	Green / Amber	Assurance can be given in all areas subject to implementation of an action plan which addresses internal audit recommendations.
17	Project management	Service Director – Property Services	Green / Amber	Project assurance statements are required on a six-monthly basis for all major projects. Audit / Assurance Reports have also been carried out by the DA on 5 Major Projects / Programmes, a further 2 Assurance reports on BSF and PAC using other internal /external resources.
23	Members' Code of Conduct and Political Conventions and Members support framework	Service Director – Democratic Services	Green/Amber	Assurance can be given in all areas, subject to continuation of regular awareness training
25	The Council Constitution	Service Director - Legal Services	Green/Amber	Assurance can be given in all areas subject to an improvement plan.
27	Information Governance	Service Director - Legal Services	Green / Amber	Assurance can be given in all areas covered by the central function but not at member level. Audits are planned and an improvement plan being implemented.
30	Communication strategy	Service Director –	Red / Amber	New strategy in

		Information		process of phased introduction, part way through a review.
31	Partnership policies	Director of Partnership, Performance and Policy	Green/Amber	The Council has adopted a governance framework for major partnership .
32	Effective Human Resource Policies	Service Director - Human Resources and Equalities	Green / Amber	HR strategy and annual HR work programme are in place with agreed review arrangements.
36	Whistle blowing	Service Director - Human Resources and Equalities	Green/Amber	New policy subject to formal agreement to reflect concerns raised by external audit.
37	Code of Conduct (officers)	Service Director - Human Resources and Equalities	Green / Amber	Current code works well.
38	EMAS	Corporate Director of Regeneration and	Green / Amber	There have been no major non conformities raised by the EMAS verifiers between 2003 and March 2007.
43	Procurement strategy	Chief Finance Officer	Green – R3 Green / Amber – R1, R2, R5 Red/Amber – R4 (but will change to Green by the end of the year)	The revised procurement strategy is complete.
45	Contract Procedure Rules	Service Director - Legal Services	Green/Amber – R1 Amber	Compliance can be assured in respect of contracts handled by Legal Services but not in respect of contracts handled and managed within departments. A corporate improvement plan is being implemented.
47	Anti-fraud and corruption	Chief Finance Officer	Green/Amber	Limited assurance can be derived from the work carried out as to the effectiveness

				of the anti-fraud and corruption strategy. More work needs to be done to address the raising of fraud awareness by members of staff.
51	Risk management strategy	Chief Finance Officer	Green / Amber	Assurance can be derived from the work outlined as to the effectiveness of the risk management strategy, although analysis of risks in this way remains fairly new and we need to remain vigilant that it is effective.
54	Effective administration of financial affairs (Finance Procedure Rules and associated guidance)	Chief Finance Officer	Green	Reasonable assurance on the effectiveness of the system of financial controls can be derived from the internal audit work delivered during 2005/6 as reflected in the Council's statement on internal control for that year.
57	Health and safety policy	Service Director - Human Resources and Equalities	Green / Amber	The corporate H&S report and action plan ensures that senior managers are aware of current H&S performance, key H&S challenges, HSE intervention throughout the organisation and priority actions for the coming year.
61	Safeguarding Children	Corporate Director of Children and Young People	1. Green / Amber 2. Green / Amber 3. Green 4. Green 5. Green / Amber 6. Green / Amber	Action is being taken to ensure that standards are met and compliance assured to address all potential risks.

**APPENDIX 2**

<b>PROCESS: CONSULTATION STRATEGY</b>				
Lead Officer	Potential key risks as at 3/2007	Areas assured as at 3/2007	Adequacy of process as at 3/2006	Adequacy of process as at 3/2007
Director of Partnership, Performance and Policy	<ol style="list-style-type: none"> <li>1. The established strategy is not appropriate to the Council's needs.</li> <li>2. The strategy and resultant policy guidance is not fully implemented by the Council's management and so not used to drive up performance.</li> <li>3. The generation of poor quality information from consultation leads to poor decision making.</li> <li>4. The strategy is not given the appropriate level of leadership by the members and senior managers.</li> </ol>	The consultation toolkit continues to meet best practice.	<p>The Public Research and Consultation Group continues to publish a regular bulletin encouraging the sharing of best practice and listing current consultation activities.</p> <p>A further training programme has been organised and well attended.</p>	
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Evaluation of consultation exercises to be undertaken to ensure that poor quality information is not being generated.	Currently there is no way of establishing whether consultation exercises are effective and so this will give useful information. This was planned for August 2005 but due to capacity issues was not addressed.	Keith Murdoch, Director of Partnership, Performance & Policy	Aug 2006	Yes		H	Information will be put on consultation toolkit site on the intranet.	Consultation toolkit intranet site.
2	Training for officers	Two training programmes have been run to date and further training is planned.	Keith Murdoch Director of Partnership, Performance & Policy Lee Harrison	Nov 2006	Yes	Training programme	H		Consultation toolkit. Consultation bulletin, PPT, CXO

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
			Head of Partnership, Performance & Policy						
3	Assurance of compliance	Corporate Directors will confirm compliance with the toolkit within their departments from 1.4.05 to 31.3.06.	Keith Murdoch, Director of Partnership, Performance & Policy	30.4.06	yes	Corporate Directors will confirm compliance with the toolkit within their departments from 1.4.06 to 31.3.07	H	.	

Signature of Lead Officer .....Date.....

<b>PROCESS: PERFORMANCE MANAGEMENT FRAMEWORK</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Director of Partnership Performance, & Policy	<ol style="list-style-type: none"> <li>1. The established framework is not appropriate to the Council's needs.</li> <li>2. The policy is not given the appropriate level of leadership by the political and managerial executive.</li> <li>3. The policy and resultant guidance is not fully implemented by the Council's management and so used to drive up performance.</li> <li>4. The generation of poor quality information within the framework leads to poor decision making.</li> <li>5. The framework does not interface correctly with other frameworks e.g. the Leicester Partnership.</li> </ol>	Assurance can be given in all areas subject to the findings of the Internal Audit report.	<p>Implementation – improvement addressed within the Comprehensive Performance Assessment improvement plan. Significant investment currently in service planning training. The framework was comprehensively reviewed and approved in July 04.</p> <p>This is subject to internal audit verification and is part of their annual work programme.</p>	Revised Service Planning is now in place across the council. Overall performance management will continue to be part of the Corporate Assessment action plan in preparation for the assessment in Jan 2008.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	The framework does not interface correctly with that of partners.	Formation of new partnership function and further development of partnership performance management systems, including new software will add additional assurance.	Austin Roberts, CPA Manager	1 <sup>st</sup> April 2007	Yes	The performance management system needs ongoing development and enhancement to keep it fit for purpose.	H		None
2	All risks	Internal audit of	Steve Jones	31.7.06	Yes	The action	H		Internal Audit

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		performance management system				plan will now be implemented and overseen by Austin Roberts.		Report	

Signature of Lead Officer .....Date.....



<b>PROCESS: PROJECT MANAGEMENT</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director – Property Services	<ol style="list-style-type: none"> <li>1. Project Management Standards and procedures for major projects insufficiently defined, communicated and applied.</li> <li>2. Risks and wider corporate resource implications of major projects inadequately identified and addressed.</li> <li>3. Insufficient management skills, resources and professional support available to major projects.</li> <li>4. Completed projects inadequately reviewed so that lessons learnt and potential improvements are not applied.</li> <li>5. There needs to be a more systematic application of the project management framework, with support and monitoring.</li> <li>6. the reporting and monitoring of progress at corporate and member level needs strengthening so that project risks, that could affect the delivery of strategic commitments, are known and addressed.</li> <li>7. The culture of the organization needs changing to one where compliance with the corporate standards is a given.</li> </ol>	At present project assured statements are required on a six-monthly basis for all major projects and are signed by the relevant Project Director. Audit / Assurance Reports have also been carried out by the DA on 5 Major Projects / Programmes, a further 2 Assurance reports on BSF and PAC have been carried out using other internal /external resources.	A complete review of project and management requirements and procedures has been undertaken in consultation with SRG. The new framework which applies the recommendations of the External Auditor review is in the process of being implemented. This includes the commissioning of a new training programme, and the auditing of existing major projects for compliance with the new requirements. The Service Director (Property) has been designated Head of Profession for project management with responsibility for overall standards and for arrangements for project assurance.	Internal Audit are currently carrying out an audit on the Assurance process as some of the statements were qualified.  <i>Approval, monitoring and review of projects is an area where further work is required as there is not a consistent and rigorous process in place for all projects. This is seen as a priority for the new Portfolio Management Office.</i>
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Required improvements in the corporate standards.	Action taken as described above.	Tom Stephenson, Corporate Director, RAD		Yes			Standards are being placed on the intranet.	Intranet

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
2	Whether a more substantial in-house project assurance and support function is required.	SRG was asked to consider this including through internal audit.	Tom Stephenson, Corporate Director, RAD		Yes			Service Director (Property) given responsibility as Head of Project Management. Resources to support the role are being developed.	SRG
3	How to improve the current standard of project management and compliance with corporate standards.	This is part of the improved framework.	Tom Stephenson, Corporate Director, RAD		Yes			The new standards and procedures include arrangements for compliance audit and project review	Intranet
4	How the Council's input to joint working with external agencies should be project managed.	This is part of the improved framework.	Tom Stephenson, Corporate Director, RAD		Yes			Included in the new standards	Intranet
5	Establish resources to support the role of Head of Project Management.	SRG approved establishment of and resources for Portfolio Management Office	Lynn Cave, Service Director (Property)	March 2006		Recruitment process in train	H		SRG Report
6	Establish a project management training programme.		Lynn Cave, Service Director (Property)	Sept. 2005	Yes			<i>Training is in place for Project Managers, Directors and others involved in the delivery of projects, with courses being run regularly. Coaching and mentoring is also available for project managers via a framework contract. Training requirements</i>	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								<i>have also been defined corporately. Definitions have also been agreed for a project, and whether it is small, medium or major, and guidance developed in relation to the running of small projects. Further guidance is being developed in relation to the management of medium projects.</i>	
7	Confirm that major projects comply with the new standards		Lynn Cave, Service Director (Property)	Ongoing	6 mthly Assurance statements completed by Project Directors for all Major Projects some have however been qualified. Audit /Assurance Reports carried out by the DA on 5 Major Projects / Programmes, a further 2 reports have	Internal Audit are currently carrying out an audit on the Assurance process as some of the statements were qualified.			

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
					been carried out using other internal /external resources.				
8	<i>Ensure all projects have access to support for applying the corporate project management standard, and that compliance with the standard is systematically checked and reported by a project assurance or audit function.</i>	SRG approved establishment of and resources for Portfolio Management Office	Lynn Cave, Service Director (Property)	Aug 07		Advertise Head of Service post	H		
9	Improve corporate and project information recording and access to this information through the use of shared channels (for example the intranet).	Where possible lessons learnt in relation to individual projects, but which may be relevant to other projects are shared through the training courses.	Lynn Cave, Service Director (Property)	????		The intranet is currently being redeveloped to enable project managers to share lessons learnt from other projects. Purchase of PM software will be investigated	M		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
						once the Portfolio Office is established			
10	<i>Develop and apply corporate standards for upward reporting on project progress and significant risks, including interdependencies and resource conflicts between major projects.</i>	Once the Portfolio Office is established.	Lynn Cave, Service Director (Property)	Aug 07			H		
11	Develop and implement a programme management standard for the Authority	<i>The Business Improvement Programme is being set up to be broadly compliant with the Office of Government Commerce standard. The programme is being used as an opportunity to pilot this programme management approach and see if it delivers results before developing a corporate standard.</i>	Lynn Cave, Service Director (Property)	April 08		Review the OGC Programme Management approach.	M		
12	<i>Decide on whether to adopt a programme</i>	<i>The establishment of the portfolio management approach</i>	Lynn Cave, Service Director	April 08	An option appraisal and whole life		M		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	<p><i>management approach for all key objectives to:</i></p> <ul style="list-style-type: none"> <li>• Allocate the right resources to the most important projects;</li> <li>• Improve comparative performance information across the project portfolio;</li> <li>• Co-ordinate delivery and manage interdependencies across projects and programmes; and</li> <li>• Achieve value for money savings and efficiency gains from project and programme rationalisation.</li> </ul>	<p><i>will enable the links between major projects and key corporate objectives to be reviewed and managed and will also strengthen the management of interdependencies between projects.</i></p>	(Property)		costing process has been developed, which is currently being piloted. A report will then go to Directors Board, this process will ensure that corporate objectives, service planned objectives, projects, corporate strategies and resourcing are linked together so, for example, no capital funding should be approved without an option appraisal having been carried out.				

Signature of Lead Officer ..... Date.....

<b>PROCESS: MEMBERS' CODE OF CONDUCT AND POLITICAL CONVENTIONS AND MEMBERS SUPPORT FRAMEWORK</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director – Democratic Services	<ol style="list-style-type: none"> <li>1. Members not sufficiently trained to enable them to conduct the business of the Council in accordance with the law and the Council's Constitution.</li> <li>2. Members' conduct not in accordance with the provisions of the Members Code of Conduct.</li> <li>3. Deterioration in Member/officer relations leading to less effective strategic management of the authority.</li> <li>4. Members unable to carry out their duties, including constituency work, in an effective manner leading to personal stress and a disengagement with their electorate and a less effective democratic interface with constituents.</li> <li>5. Members violate provisions of Members Allowance Scheme.</li> </ol>	<p>Assurance can be given in all areas.</p> <p>This is subject to continuation of regular awareness training which has been programmed, including awareness briefing for prospective candidates</p>	<p>Standards Committee conducted Annual Review of Member Complaints including lessons learned.</p> <p>Member development ongoing with Regulatory Training, including new licensing regime.</p> <p>Four Area Committees now operational. Temporary support to Members on issues raised. Permanent organisational arrangements to be incorporated as outcome of RAD/Chief Executive's organisational review.</p>	<p>On-going Member training, refresher training in Regulatory functions – planning and licensing.</p> <p>Ethical conduct/probity featured in two events for prospective candidates.</p> <p>Support for Members now realigned following Re-organisational review.</p>
Assessment of level of assurance (delete those not applicable)		Green/ Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Maintenance of sound member / officer relations	Production of joint member / officer scenario workshops on various aspects of member/officer working and political conventions	Service Director – Democratic Services	July 2006		Joint Member/ Officer training undertaken in Regulatory functions.	M		Completed programme of workshops with attendances.
2	Additional support to front line members	Roll out of Area Committees progressively	Service Director – Democratic Services.	May-Dec 2006		Programmes in process with MDF and Whips.		Assurance after delivery of training.	Evaluation of training
3	Awareness raising	Two pre-election	Service	May		Programmes		Well received.	Programmes

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	of required standards of probity for pre-election candidates.	sessions for candidates incorporating probity awareness.	Director – Democratic Services	2006/ Feb 2007		in process with MDF and Whips		Identified as National Best Practice	completed with lists of attendees, evaluation and published article

Signature of Lead Officer .....Date.....



<b>PROCESS: THE COUNCIL'S CONSTITUTION</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director – Legal Services	<ol style="list-style-type: none"> <li>1. Failure to ensure the Constitution complies with legal requirements.</li> <li>2. Failure to ensure that the Constitution reflects the current administration's needs.</li> <li>3. Failure to ensure the Constitution is communicated and available for Members and officers.</li> <li>4. Failure by officers/ Members to comply with the Constitution's requirements leading to illegality or maladministration.</li> </ol>	Assurance can be given in all areas subject to the following improvement required.	<p>The Constitution has been reviewed and updated a number of times to meet corporate requirements; the current edition is available on the internet and in hard copy format to a restricted number of users.</p> <p>Training has been provided to Members and officers.</p> <p>The Constitution is kept under review by the lead officer in consultation with the Service Director – Democratic Services following each Council meeting and the need for change is reviewed by a Members' Working Party,</p>	The position is as at March, 2006, although, obviously, there is now a need to update the Constitution to reflect the needs of the new Administration.
Assessment of level of assurance (Delete those not appropriate)		Green / Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

<b>No</b>	<b>Requirement</b>	<b>Management response</b>	<b>Responsible officer</b>	<b>Target date</b>	<b>Implementation</b>			<b>Comments</b>	<b>Evidence Documentary / location ref.</b>
					<b>Complete</b>	<b>Planned</b>	<b>Priority (H, M or L)</b>		
1	The Constitution will need to be amended to reflect the requirements of the new Administration.	Proposed changes have been formulated. There is a need for reports to full Council to change scrutiny arrangements and Cabinet to change Cabinet's Scheme of Delegation.	Peter Nicholls, Service Director – Legal Services	May/ June 2007		Yes	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
2	Constitution needs to be updated regularly and published on the internet / intranet.	The need for change is kept under review by the lead officer in consultation with the Service Director – Democratic Services following each Council meeting and any changes required are published within five working days following approval by full Council. The latest edition is dated January 2006.	Peter Nicholls, Service Director – Legal Services	Monthly	Yes	Yes	H		
3	Training for Elected members.	Training continues to be provided in response to individual requests and has been introduced into member induction programme. But members need to be consulted to establish if training needs to be improved or increased.	Peter Nicholls, Service Director – Legal Services	June 2007		Yes	H		

Signature of Lead Officer .....Date.....

<b>PROCESS: INFORMATION GOVERNANCE</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director – Legal Services	<ol style="list-style-type: none"> <li>1. Failure to ensure the Authority complies with legal requirements with the associated penalties.</li> <li>2. Failures to ensure legislative obligations are communicated and guidance is available for members and officers.</li> <li>3. Failure by officers/Members to comply with legislative obligations leading to illegality or maladministration.</li> <li>4. Information becomes corrupt and/or out of date and incorrect decisions are made.</li> <li>5. Information is not available when and where it is needed.</li> <li>6. Professional support is insufficient.</li> <li>7. Partnership initiatives fail because of misunderstanding of legal obligations and/or poor quality data.</li> </ol>	<p>Assurance can be given in all areas covered by the central function.</p> <p>Two central Inspectorates have reviewed RIPA compliance – the Office of Surveillance Commissioners and the Interception of Communications Commissioner’s Office. Both have produced very positive reports.</p> <p>Assurance cannot be given at member level. Audits will be undertaken during the coming year to give this assurance.</p> <p>Improvement required is identified in this report.</p> <p>All departments have confirmed compliance, except Resources which has identified further work is needed.</p> <p>There is a continuing high level of legislative change in these areas with associated resource implications.</p>	<ol style="list-style-type: none"> <li>1. Guidance has been reviewed and updated several times in consultation with in-house specialist lawyers and the Information Commissioner’s Office to reflect legislative change. The current edition is available on the intranet and is available to all users.</li> <li>2. Training has been provided to Members and officers.</li> <li>3. Guidance is kept under review by the Information Management Group under the instruction of the Information Management Project Board.</li> <li>4. Annual departmental compliance is required by 01<sup>st</sup> March each year. Annual compliancy audits are carried out for all areas by the ICT Information Management &amp; Contracts Team (IMC). Five departments have confirmed that they are 100% compliant. R&amp;C has confirmed it is 80% compliant. The annual Compliancy Audit has had to be deferred because it clashed with the Information Audit for the Business Improvement Programme (BIP). Until this audit is completed, now scheduled for end of June 2006, departmental statements cannot be confirmed</li> </ol>	<p>Weaknesses exist across the Council in the areas of:</p> <p><b>1 Maintaining registers</b> – information is not being made available on a regular basis or in good time;</p> <p><b>2. Training/awareness</b> – significant work has been undertaken. Staff still say they are unaware of the legislation;</p> <p><b>3. Departmental procedures</b> - not all departments have procedures in place to support devolved functions.</p> <p>General position is:</p> <p><b>1. GUIDANCE</b> All required centrally is in place and reviewed regularly</p> <p><b>2. REGISTERS</b> Registers are maintained, although information not always provided when needed</p> <p><b>3. INFORMATION SHARING</b> Core document being maintained. A corporate register is being populated – see 2.</p> <p><b>4.TRAINING/AWARENESS</b> Significant work undertaken. Further work needed.</p> <p><b>5. DATA QUALITY</b> Corporate standards to be implemented to ensure best informed decision making.</p>
Assessment of level of assurance (Delete those not applicable)		Green / amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Lack of information retention and deletion policy	Policy approved by SRG and project Board. March 2005 Council approved updates to the Constitution.	Head of Information Governance (HIG)	April 2005	Yes		H	Policy has been maintained and is undergoing annual review.	SRG minutes. Council report for March 2005.
2	Inadequate central financing	Considered as part of the corporate information management (IM) strategy by Project Board and RAD DMT.	RAD DMT.	Dec. 2004	Yes	Being reviewed as part of the BIP information audit.	M		Resources made available in March 2006.
	Growth in requirements and legislative change	The HIG to take a growth bid to Resources DMT.	HIG/RAD DMT	Sep 2007	No		H		Workload has increased significantly since March 2006.
3	Lack of information management (IM) policy	To be considered as part of the corporate IM strategy by the Project Board.	Service Director - Information	Dec 2004	No	Being reviewed as part of the BIP information audit.	L	Draft produced. To go to SRG for approval in May 2007.	IM Phase 1 Project Board minutes
4	Lack of information management strategy	To be developed under the guidance of the Project Board and SRG	Service Director - Information	Dec 2004	No	Being reviewed as part of the BIP information audit.	L	Expected for Oct 2007	IM Phase 1 Project Board minutes
5	All departments to be 100% legislative compliant.	Agree plan with R&C to improve compliancy and implement.	HIG / Corporate Director – R&C	Dec 2006	Yes	R&C to address with central support. Audit against process Jan 07.	H	R&C has said it is 80% compliant. Further work in progress.	E -mail to Head of Information Management & Contracts dated 27 <sup>th</sup> Feb. 2006.
		Agree plan with Resources to improve compliancy and implement.	HIG / Corporate Director – Resources	Dec 2007	No	Resources to implement plan with central support. Audit against process Jan. 2008.	H	Further work in progress to address short-falls from 2007 Audit.	2006/7 departmental information governance statement to Head of Information Governance.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
6	Comply with requirements of Re-use of Public Sector Information Regulations 2005.	HIG To implement Council's response to the Regulations with the Town Clerk, Service Director – Legal Services and members	Directors' Board	Sept. 2006	Yes	Policy will be developed to meet statutory requirements within legislative time-scales	L	The Council has a compliant interim position. Further work needed by 31 Dec 2008.	
7	Departmental processes to be produced where needed to complement corporate standards	To be produced as agreed with the central function	Corporate Information Governance Group Coordinators (IGG)	Dec 2007	No	Coordinators identify requirements and produce guidance accordingly	H	Areas of best practice need disseminating across the Council	Information Governance Audit Dec 2006 – Feb 2007.
8	Raise corporate awareness of corporate obligations and policies	Promote obligations and policies.	IGG	Dec 2007	Yes		H	Variety of newsletters, posters, flyers, awareness sessions, training etc.	Information Governance Audit Dec 2006 – Feb 2007.
9	Ensure corporate registers are accurate, complete and up to date	Re-inforce message and monitor performance	IGG	Sep 2007	No		H	Several registers are legislative obligations. Depts. not providing all information.	Information Governance Audit Dec 2006 – Feb 2007.
10	Ensure Information Exchanges meet obligations.	Documents reviewed and signed off by the Chief Executive.	HIG	Oct 2007	Yes		H	Produced Register and raise Awareness.	
11	Data Quality needs to be assured	Prove the quality of internal and external data at all times.	HIG	Mar 2008	No		M	Work to be done pan-County through IMAG	Audit Commission report on LAA

Signature of Lead Officer ..... Date.....

<b>PROCESS: COMMUNICATION STRATEGY</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director – Information	Uncertainty over future communication structures and ability to deliver the strategy due to ongoing reviews – Support Services Review and various departmental reviews.  Linked to above resources may not be available to continue implementation of strategy.	New strategy in process of phased introduction assurance not possible at this stage.	Strategy agreed March 2005 with phased implementation of priority areas during 2005/6.	Ongoing implementation of initial strategy during 2006/7. However, consultants' report for Communications and Marketing Review calls for new strategy to be developed alongside structural changes as part of the review.
Assessment of level of assurance (Delete those not applicable)		Red / Amber		

**Action Plan as at March 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Strategy needs to be developed as part of the ongoing review of communications and marketing.	Awaiting appointment of new post "Head of Communications and Marketing" who will take the development of a new strategy and restructuring of communications and marketing function on board.	New Head of Communications and Marketing when appointed. Interim responsibility: Mark Bentley, Head of Communications	March, 2007	No	Post being advertised early September 2007. Once new Head of Communications and Marketing in place consultation will begin.	H	Intranet.	Intranet.
2	Assurance of strategy post introduction	Corporate Directors will provide assurance of compliance for their department	Jill Craig, Service Director – Information	March, 2007	No	March 2007			

Signature of Lead Officer ..... Date.....

<b>PROCESS: PARTNERSHIP POLICIES</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Director of Partnership, Performance & Policy	<ol style="list-style-type: none"> <li>1. Failure to work as an effective partner.</li> <li>2. Failure to fulfil the Council's community leadership role.</li> <li>3. Failure to sufficiently safeguard the Council's legal, financial and other interests as a member of any partnership.</li> </ol>	The council has adopted a governance framework for major partnerships.	Partnership working continues to grow in importance. The current project is addressing the concerns raised by the Audit Commission.	Compliance with the governance framework will now need to be monitored and evaluated.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Contribute to the development of a Local Area Agreement for Leicester.	LAA has been developed and planning for implementation taking place.	Keith Murdoch, Director of Partnership, Performance & Policy	April 2006	Yes	Compliance with the governance framework will be monitored.	H		Partnership Guidelines

Signature of Lead Officer ..... Date.....

<b>PROCESS: EFFECTIVE HUMAN RESOURCES POLICIES</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director – Human Resources & Equalities	<p>Failure to identify and implement opportunities to modernise – leading to inability to make the best use of resources, act with probity / integrity or be fair / inclusive.</p> <p>Substantial fraud leading to major loss of resources and crisis budget cuts.</p> <p>Loss of key staff leading to non availability of key knowledge / expertise and /or effective leadership.</p> <p>Breach of legislation for HR leading to major damages being awarded against the Authority.</p>	HR strategy and annual HR work programmes are in place, with agreed review arrangements.	<p>All local terms and conditions of employment are available on the Council's intranet site, including policies, procedures and guidance notes.</p> <p>Regular policy reviews are carried out to reflect changes in the law, good practice etc.</p> <p>Various staff recruitment / retention incentives are available.</p> <p>Specialist knowledge on HR policies, changes etc is disseminated through established groups e.g. HR Strategy Group and Personnel Officers Group.</p>	<p>All local T&amp;Cs continue to be available on the Council's intranet site.</p> <p>One outcome of the BIP review of HR will be a 'smaller rule-book'. This process will lead to consolidation of existing HR documents and significant review activities regarding existing policies, etc.</p>
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Revised job evaluation scheme and grading	New job evaluation and pay grade structure due to be implemented in April 2007.	Service Director (HR & Equalities)	March 2008		Yes	High	<p>JE work complete May 07. Negotiations planned for completion by July 07. Implementation planned by March 08 at the latest.</p> <p>Over 1900 jobs have</p>	<p>Project Board minutes. Corporate Directors Board minutes. Revised budget and timescales approved by Cabinet. BIMT minutes.</p>



No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								now been evaluated and an outline pay structure has been agreed by Corporate Directors and Project Board. Separate Negotiations are also ongoing to a separate mandate agreed on Equal Pay Settlements.	
2	Clear direction for learning and development across the Council.	New workforce learning and development policy plan.	Head of Organisational Development and Learning	March 2008		Yes	High	<p>A new Corporate Development and Learning Services is to be launched in November 07.</p> <p>A 'core' programme of training has been identified for delivery by the new Corporate Development and Learning Service.</p> <p>During 07/08 stakeholders will be consulted to review, update and align the current workforce development plan.</p>	HRSG / BIMT minutes
3	Improve the Workstep Scheme (provides sustainable employment to people with disabilities)	Meet the requirements of the Adult Learning Inspectorate.	Head of Personnel and Business Support	March 2007	Yes		Medium	<p>All actions are now complete. Successful OFSTED audit has taken place.</p> <p>National changes to funding arrangements will have significant</p>	Audit report.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								implications for the future of the scheme and will need to be reviewed once changes are known.	
4	Improve HR data	Use Resource Link to provide regular management reports on performance.	Head of Pay and Workforce Strategy	By April 2006		Yes (underway)	Medium	A new format for 3 monthly reports to SRG and DMT on key HR Pis is currently being developed. The format will ensure consistent data is available to senior managers. The first of the new style reports is due to be available half way through 2007.	HRU documents
5	Equality standard	Continue drive to achieve Equality Standard level 4	Head of Equalities	Note time scale to achieve level 4 has been set.		Yes	Medium	Plan to achieve level 4 is still at the draft stage. Timescales will be set through consultation on that plan.	ESSG minutes.
6	Improve disability management within the Council	Report to be submitted to the Corporate Equalities Strategy Group in June 2006	Service Director, Business Improvement	June 2006		Yes	Medium	New Disability Equalities Scheme (DES) due for implementation Dec 2006.  This action has been superseded by development of the Disability Equality Strategy and the Learning Disability	Project plan and project group minutes, P&WS action plan, minutes of Disability Equality Scheme working Group.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								Equalities Action Group. HR led activities have been included in the draft P&WS action plan for 07/08.	
7	Review HR strategy	Agree new HR strategy for the Council	Head of Pay and Workforce Strategy	By March 2007		Yes	High	Development of a new Pay and workforce Strategy for LCC is included in the draft P&WS action plan for 07/08.	P&WS action plan.
8	Whistle blowing policy in place	Promoted through In Contact	Head of HR	N/a	Yes		High	Policy introduced in November 2005.	In Contact 15/05. Policy is posted on the intranet and internet.

Signature of Lead Officer ..... Date.....

<b>PROCESS: WHISTLE BLOWING</b>				
Lead Officer	Potential key risks as at 3/2007	Areas assured as at 3/2007	Adequacy of process as at 3/2006	Adequacy of process as at 3/2007
Service Director – Business Improvement	1. Policy commenced and implemented.	New policy subject to formal agreement to reflect concerns raised by External Audit	New policy established. Communication and implementation programme for 03/05.	
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	New policy	Final version	Ian McBride, Service Director, Business Improvement	June 2005	Yes		High		Policy available for inspection
2	Communication and implementation plan	Communication with the workforce has taken place.	Ian McBride, Service Director, Business Improvement	08/05	Yes		High	An 'InContact' was issued in 2005 re. the policy	Copy of the issued InContact.

Signature of Lead Officer ..... Date.....

<b>PROCESS: CODE OF CONDUCT (OFFICERS)</b>				
Lead Officer	Potential key risks as at 3/2007	Areas assured as at 3/2007	Adequacy of process as at 3/2006	Adequacy of process as at 3/2007
Service Director – Business Improvement	Failure to identify and implement opportunities to modernise – leading to inability to make the best use of resources, act with probity / integrity or be fair / inclusive.  Substantial fraud leading to major loss of resources and crisis budget cuts.	Current Code works well.	Awaiting new National Code	
Assessment of level of assurance (Delete those not applicable)		Green Green / Amber Red / Amber Red		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	To review current policy following publication of new National Code of Conduct.	Awaiting publication of new National Code of Conduct.	Head of Pay and Workforce Strategy	March 2008		Yes		Awaiting publication of new National Code of Conduct	Available from Human Resources Unit, RAD

Signature of Lead Officer .....Date.....

<b>PROCESS: EMAS</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Carol Brass / Anna Dodd (job share)	<p>Failure to maintain EMAS registration by not being able to close out <b>major*</b> non-conformities raised by the external EMAS verifier in Nov 2006 (corporate) and March 2007 (schools)</p> <p>*The EMAS verifiers, LRQA have regarded their non conformities as major, and minor. Only major non conformities will prevent registration. Minor non conformities replace the former improvement note classification.</p>	<p>There have been no major non conformities raised by the EMAS verifiers between 2003, and March 2007</p> <p>Improvement notes are now reclassified as minor non-conformities.</p> <p>The following 2 minor non conformities are to be addressed (from the Nov 2006 visit). A number of previous minor non conformities were downgraded in status, at that Nov visit. There were no further minor non conformities raised during the schools visit in March 07.</p> <p><u>Monitoring of environmental clauses in contracts (open from previous visit)</u> This was originally raised with monitoring of the ISS cleaning contract, but this particular contract is now withdrawn. However, at the Bursom site, records were not available to demonstrate that all contractual requirements relating to Biffa and the Bursom site were being monitored. Records were available to show that service related requirements, such as, number of missed bin collections and complaints are being monitored. However, other commitments made by Biffa in environmental policies and procedures (provided as part of the bid submission) were not been monitored. LCC should ensure procedures are established to ensure that Biffa is complying both with its own policy commitments and those of LCC. Finding remains open.</p> <p><u>City Cleansing monitoring of Effluent Discharge consent conditions</u> City Cleansing must either obtain a verifiable concession from Severn Trent Water to provide exemption from monitoring effluent discharge</p>	<p>EMAS continues to be audited through a three year internal audit programme which is resourced from both internal audit in RAD and the Environment Team in R&amp;C Dept. In addition it is externally audited by external verifiers currently Lloyds Register of Quality Assurance (LRQA).</p>	<p>EMAS continues to be audited as previously reported.</p>

		quality, or diary periodic analysis of all consented parameters to demonstrate compliance with the consent conditions. This will be checked at future LRQA visits.		
Assessment of level of assurance (delete those not applicable)		Green/ Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	<p><u>Monitoring of environmental clauses in contracts (open from previous visit)</u></p> <p><u>ISS Contract</u> LCC policy commitments and environmental issues were considered in the tender and contract process. However, there has been no ongoing monitoring of the contractor against these requirements. The ISS induction process was reviewed but this does not include environmental issues. Particular issues that need to be considered are as follows:</p> <ul style="list-style-type: none"> <li>Compliance with LCC chemical requirement</li> </ul>	<p>The following action is planned:</p> <ul style="list-style-type: none"> <li>Env Team to prioritise the highest risk contracts to provide support to contracts monitoring officers in addressing monitoring concerns .</li> <li>Improve the corporate procurement tool kit guidance regarding contract monitoring</li> </ul> <p>Review standard</p>	<ul style="list-style-type: none"> <li>ISS Contract Monitoring Team and other high risk contracts monitoring officers</li> <li>Corporate Procurement Group (with Env Team)</li> <li>Legal Services (with Env Team)</li> </ul>	May 06 LRQA visit	Yes	No	M	<p>Extract from LRQA report Nov 06:</p> <p>“Contract Management is part of the Principles of Purchasing, Level 1, training. It is also covered in the Corporate Procurement Tool Kit, Section 14, Contract and Performance. Procurers are required to follow the Tool Kit. The intention is to pick this up during training on the Procurement Tool Kit before the end of 2005. Recorded evidence of contract management will be required to close out this finding.</p> <p><b>Finding remains open. WPS 11/10/05</b> ISS contract has been withdrawn and cleaning brought back in-house. EMAS will be managed as</p>	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	<p>s Prevention of the disposal of waste water into storm drains.</p> <p><b>Biffa Contract</b> LCC should ensure procedures are established to ensure that Biffa is complying both with its own policy commitments and those of LCC. Finding remains open.</p>	<p>clauses in legal contracts</p> <p>Provide evidence of monitoring the contract requirement for Biffa to achieve ISO14001.</p>	Waste Management	May 07 LRQA visit	no	yes		<p>for all services provided directly by LCC personnel. Training records were available to demonstrate that the Corporate Procurement section is delivering training on contract management.</p> <p>However, at the Bursom site, records were not available to demonstrate that all contractual requirements relating to Biffa and the Bursom site were being monitored. Records were available to show that service related requirements, such as, number of missed bin collections and complaints are being monitored. However, other commitments made by Biffa in environmental policies and procedures (provided as part of the bid submission) were not been monitored. LCC should ensure procedures are established to ensure that Biffa is complying both with its own policy commitments and those of LCC. Finding remains open. <b>Finding remains open. WPS 12/05/06.</b></p> <p>No opportunity to review</p>	



No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								progress at this visit. Findings remains open. WPS 22/11/06.	
2	<p><u>City Cleansing monitoring of Effluent Discharge consent conditions</u>                      City Cleansing must either obtain a verifiable concession from Severn Trent Water to provide exemption from monitoring effluent discharge quality, or diary periodic analysis of all consented parameters to demonstrate compliance with the consent conditions. This will be checked at future LRQA visits.</p>	The situation will be reassessed upon completion of the review of City Cleansing Services (since this is likely to alter the conditions of the consent)	City Cleansing	Progress to be presented to LRQA at May 07 visit		yes	H	<p><b>This finding is raised from RC to Minor NC. Failure to address this in a timely manner could result in it being escalated to major and jeopardise EMAS registration WPS 22/11/06</b></p> <p>Although City Cleansing has re-calibrated the discharge meter and is now recoding flows, no concession has been obtained from STW and no analytical results were accessible during the visit to demonstrate legal compliance, although it is understood that some have been taken (see footnote)*. As a matter of priority, City Cleansing must clarify their process(es) and procedure(s) and generate records of the periodic evaluation of legal compliance for <b>all</b> conditions contained in the following:-</p> <ol style="list-style-type: none"> <li>1. STW Discharge Consent;</li> <li>2. EA PPC Wet</li> </ol>	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								Waste Permit and 3. EA Waste Management Licence LCC cannot entirely depend on visits from the regulators or from its certification body or EMAS verifier to determine compliance which is inferred in section (4.5.2.1) of the EQMS manual.	

Signature of Lead Officer ..... Date.....

<b>PROCESS: PROCUREMENT STRATEGY</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Chief Finance Officer	Failure to protect the Council's financial and legal interests and failure to maximise purchasing power.	The revised Procurement Strategy is complete.	In addition to the position previously reported, all areas continue. A significant project is underway to reduce off-contract spend and reduce the number of vendors in use. This will lead eventually to a significant increase in the number of Framework Contracts designed to meet most of our known purchasing requirements.	
Assessment of level of assurance (Delete those not applicable)		Green Green / Amber Red / Amber Red	R3 R1, R2, R5 R4 – but will change to Green by the end of May	

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Procurement training	A programme for this is in operation and courses are run regularly.	Head of Corporate Procurement, Support and Income	Continuous	800 staff have undertaken training	Courses continue to run	High	The roll out of training is robust. Assurance can be given that this element is operating completely to plan.	Course material, feedback and lists of attendees are held by CPT.
2	Monitor of "off-contract" purchasing	Regular review and reporting to CPG and FMG	Head of Corporate Procurement Support and Income	Ongoing. Continuous programme	Yes for the current year	Continuing for future years	High	Assurance can be given that this element was delivered as planned, but present systems do not enable full assurance to be given that the Council is purchasing correctly: this will not be possible until 08/09.	Copies of all reports and data are held by the CPT.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
3	Procurement Strategy	The re-write is complete and the strategy in place	Head of Corporate Procurement Support and Income	Complete	Complete	Work commences on delivering the actions arising from the strategy.	High		Copies of all reports and data are held by the CPT.
4	Select List	Procurement of a new Select List from all outsourced supplier has been agreed as the corporate way forward.	Head of Corporate Procurement Support and Income	June 06	No	Work continues	High	No assurance can be given save that this is still a live project and work continues.	Copies of all reports and data are held by the CPT.
5	Framework Contracts	A significant project is underway to reduce off-contract spend and reduce the number of vendors in use. This will lead eventually to a significant increase in the number of Framework Contracts designed to meet most of our known purchasing requirements.	Head of Corporate Procurement Support and Income	Ongoing	No	This is work in progress in accordance with the PCPB plans.	Medium	No assurance can be given save that this is still a live project and work continues.	Copies of all reports and data are held by the CPT.

Signature of Lead Officer .....Date.....

<b>PROCESS: CONTRACT PROCEDURE RULES</b>				
Lead Officer	Potential key risks as at 3/2007	Areas assured as at 3/2007	Adequacy of process as at 3/2006	Adequacy of process as at 3/2007
Geoff Organ	<ol style="list-style-type: none"> <li>1. Failure to ensure CPRs comply with the law and current organisational needs.</li> <li>2. Insufficient awareness / access by officers / members.</li> <li>3. Failure to comply leading to financial losses, breach of law.</li> <li>4. Failure by departments to comply with departmental responsibilities under the rules.</li> <li>5. Failure by departments to use Legal Services where required.</li> <li>6. Failure by decision makers, whether Cabinet or officers, to take into account legal implications when considering whether to enter into a contract.</li> </ol>	<p>The new rules have been written and adopted by Council.</p> <p>Compliance can be assured in respect of contracts handled by Legal Services, but assurance cannot at this stage be given in respect of contracts handled and managed within departments. This is covered in the action plan below.</p>	<p>CPRs are reviewed regularly. They can be accessed via the intranet and on hard copy. Training has been provided by Geoff Organ. Legal Services has a specialist team dealing with the contract work. There is a good relationship with the Corporate Procurement and Business Team which now monitors EC procurement. All contracts referred to Legal Services identify the necessary authority</p>	<p>There is a need for a further review to ensure improved control and compliance. A corporate team has been established to develop and implement an improvement plan. This has subsequently been informed by a draft DA report.</p>
<b>Assessment of level of assurance</b> (Delete those not applicable)		Green / Amber R1 Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	To improve control, awareness and compliance.	Establishment of a corporate team to create and implement an effective improvement plan.	Service Director – Legal Services	Sept.		Yes	H		
2	Complete review of CPRs.	The review is complete.	Head of Corporate Procurement and Income		Complete		H	Assurance on the revision can be given	Copies of all reports and data are held by the CPT.
3	Departments to assure compliance with new rules.	Assurance are being sought.	Service Director – Legal Services	1 <sup>st</sup> May			H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
4	Carry out audit to ensure Service Departments comply with new Contract Procedure Rules.	Service Director – Legal Services has arranged for an audit to be programmed.	Laurie Goldberg, Head of Audit and Governance	Nov. 2006			H		

Signature of Lead Officer .....Date.....

<b>PROCESS: ANTI-FRAUD AND CORRUPTION</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Chief Finance Officer	Failure to identify and tackle fraud and corruption.	Limited assurance can be derived from the work carried out as to the effectiveness of the anti-fraud and corruption strategy, More work needs to be done to address the raising of fraud awareness by members and staff.	<p><b>A programme of training has been maintained with sessions delivered to cost centre managers in Education &amp; Lifelong Learning, Personnel Officers, staff in Housing Benefits and as part of the Risk Management Forum in February, 2006.</b></p> <p>The Council's Whistleblowing Policy has been reviewed and revised and was launched in September, 2005.</p> <p>Resources Department has identified all posts which require CRB checks to be carried out and has obtained these for all current post holders. The extension of this to all relevant posts across the Council as part of the Job Evaluation Process has been raised with project managers.</p> <p>Also there is a need to ensure that the requirements of the Bichard Report are properly addressed. This issue will be pursued as part of the implementation of the new Job Evaluation Scheme during 2006/7.</p> <p>The Council will be participating in the National Fraud Initiative again in 2006. This exercise will include data matching of creditor data as well as discretionary data sets of</p>	<p>The Counter-Fraud function has been reorganised to provide two teams, one dealing with HB and CTB fraud, the other with other counter-fraud work including co-ordination of NFI work.</p> <p>CRB clearance is now an essential requirement for all Internal; Audit and Risk Management. In addition staff are required to submit an annual declaration of interest (even if there is nothing to declare).</p> <p>All Departments encourage managers to consider the need for CRB clearance for relevant posts, but there is no absolute requirement imposed other than for those posts where it is a statutory imperative.</p> <p>Efforts to develop a fraud awareness programme for staff including the use of Induction training have not made much progress although the provision of training in this area to Schools has been successful in raising the profile.</p> <p>The Audit Committee now receive half yearly reports on the level of Corporate Counter Fraud activity and the Housing Scrutiny Committee has received reports</p>

			market traders, taxi drivers, security staff, insurance claims and blue badge users. A critical report issued by the Benefit Fraud Inspectorate in February 2006 has led to a decision to review benefit counter fraud activity, and reorganise the service. The objective of this review is to allow focused attention to be placed on HB counter fraud work and to establish a suitably resourced corporate counter fraud team. It is intended to strengthen both functions.	on performance in tackling HB and CTB fraud in response to the BFI Inspection report issued in 2006. This is also subject to monitoring through a number of Best Value Performance Indicators.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Training in fraud awareness	Training will be provided as requested by departments and as part of an ongoing programme of seminars.	Head of audit and Governance	Ongoing		Yes	H	Assurance can be given as long as an ongoing programme of training can be delivered. The Team charged with this has been under-resourced due to vacancies. Action to fill vacant posts is in progress – now complete.	
2	Positive vetting of new appointees and existing employees	The need to identify posts for which CRB checks are required has been identified for inclusion in the remit of the JET	Service Director (Business Improvement)	March 2007		Yes	H	The extension of the use of CRB clearance to encompass all departments remains to be addressed	



No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
3	Review of counter fraud function	An organisational review has started and should be complete early in 2006/7.	Head of audit and Governance and Director of housing	June 2006	Yes				Review complete at 1/4/06
4	Comprehensive Performance Assessment	Develop process to show that staff have clearly acknowledged and accepted their responsibility to prevent and detect fraud and corruption.	Head of Audit and Governance	Sept 2007		Yes	M	The ability to deliver this will depend on the establishment of a corporate Counter Fraud team following the current review of the counter-fraud function. The team has been significantly under-resourced due to vacancies.	
5	Comprehensive Performance Assessment	Development of proactive counter fraud work other than HB	Head of Audit and Governance	March 2007		Yes	H	The ability to deliver this will depend on the establishment of a corporate Counter Fraud team following the current review of the counter-fraud function. The team has been significantly under-resourced due to vacancies.	
6	Comprehensive Performance Assessment	Development of a process to publicise successful cases of proven fraud/corruption	Head of Audit and Governance	Dec 2007		Yes	M	The ability to deliver this will depend on the establishment of a corporate Counter Fraud team following the current review of the counter-fraud function. The team has been significantly under-resourced due to	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								vacancies.	
7	Fraud Awareness Training	Incorporation of Fraud awareness components into Corporate Induction training	Service Director (Business Improvement)/ Head of Audit and Governance	Dec 2007		Yes	H	Initial discussions have been held with the Head of Learning & Development to explore the most effective means of achieving this objective.	

Signature of Lead Officer .....Date.....

<b>PROCESS: RISK MANAGEMENT STRATEGY</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Chief Finance Officer	Failure to develop and implement an effective strategy.	Assurance can be derived from the work outlined as to the effectiveness of the Risk Management Strategy, although analysis of risks in this way remains fairly new and we need to remain vigilant that it is effective.	<ul style="list-style-type: none"> <li>➤ Corporate top risks identified (linked to strategic objectives)&amp; monitored on a quarterly basis as part of performance reporting to Director's Board and on a six monthly basis to REOP Scrutiny Committee. Information stored on Corporate Risk Register (CRR).</li> <li>➤ Departmental top ten risks have been identified (linked to strategic and service objectives) and have a programme of monitoring by exception on a quarterly basis. All risks and controls are fully updated on an annual basis. Information stored on CRR.</li> <li>➤ Incorporation of key risks in service plans has now taken place and managers have been trained. This is being monitored on an annual basis (planned for May 2006). Guidance is provided for projects and partnerships and they are now also added to the Corporate Risk Register to monitor risks and controls with project boards.</li> <li>➤ Risk assessment matrices are included within committee reports.</li> <li>➤ A draft corporate business/service continuity plan is in place and recovery team and departmental plans are being developed. A training &amp; awareness communication strategy has been developed and has commenced.</li> <li>➤ Critical Services have been identified and controls identified. Progress is monitored on a quarterly basis to ensure resources and funding is made available. Information stored on CRR.</li> <li>➤ Audits of water hygiene have taken</li> </ul>	<p>The Corporate Risk Manager left the Council in June 2006 and her place has been taken by an Interim Manager who has carried out a radical review of the Risk Management Process. The results of that review have been incorporated in a review of the Risk Management Strategy which will has been agreed by Corporate Directors' Board (13/3/07) and will be considered by Standards and Audit Committee (28/3/07) and Cabinet (23/4/07).</p> <p>The main focus of the risk registers will be on Business Critical Systems thus creating a clear link into Business Continuity Plans.</p> <p>A Corporate Business Continuity Plan is being produced to comply with the requirements of the Civil Contingencies Act.</p> <p>The Internal Audit Annual Plan for 2007/8 has used the information on Business Critical Systems to inform the selection of reviews for inclusion.</p>

			<p>place and recommendations are being implemented. A lone working audit it underway.</p> <ul style="list-style-type: none"> <li>➤ An annual communication strategy includes guidance and training throughout the year targeting all levels of staff.</li> <li>➤ Risk Management Services are currently developing key risk indicators for all departments/managers to assess performance.</li> <li>➤ Corporate Risk Register is now web based and training is being rolled out to all departments to empower managers to access, review and update their own risk registers. This will be developed with different security levels.</li> <li>➤ Links have also been made with Internal Audit to influence the preparation of the Annual Audit Plan.</li> <li>➤ Corporate Risk Management Group provides a forum for the Strategy to be monitored and reviewed with regular input from all key officers and departments.</li> </ul>	
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Risk management Strategy – review	To be reported to Audit Committee and	Corporate Risk Manager	March 2008		Yes	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	2008/9	Cabinet							
2	Risk management Strategy – review 2006/7	To be reported to Standards and Audit Committee and Cabinet	Corporate Risk Manager	March/ April 2007	Yes			The strategy will be presented to Standards and Audit Committee and Cabinet in March/April respectively. The strategy covers the period to March 2008	Minutes of Standards and Audit Committee (28/3/07) and Cabinet (23/4/07)
3	Risk management strategy – review 2005/6		Corporate Risk Manager	June, 2005	Yes				Corporate Risk Management Strategy was endorsed by Resources and Equal Opportunities Scrutiny Committee – 27.6.05 and Cabinet – 11.7.05. Located in Risk Management Services.
4	Corporate Business Continuity Plan	Publish and maintain	Corporate Risk Manager	June 2007		Yes	H		
5	Corporate Risk Register	Review and refresh Corporate Risk Registers and renew reporting to Corporate Directors' Board on key strategic risks	Corporate Risk Manager	June 2007		Yes	H		

Signature of Lead Officer ..... Date.....

<b>PROCESS: EFFECTIVE ADMINISTRATION OF FINANCIAL AFFAIRS</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Chief Finance Officer	<ol style="list-style-type: none"> <li>1. Incorrect monies paid out.</li> <li>2. Sums due not received.</li> <li>3. Inadequate keeping of financial records.</li> </ol>	Reasonable assurance on the effectiveness of the system of financial control can be derived from the Internal Audit work delivered during 2005/6 as reflected in the Council's Statement on Internal Control for that year.	In most cases, systems are operating soundly, but some weaknesses needing attention are a common finding in this (and any) organisation. Processes exist (including the role of Scrutiny Committees) to ensure that recommendations to resolve weaknesses are followed up.	<p>In most cases, systems are operating soundly, but some weaknesses needing attention are a common finding in this (and any) organisation. Processes exist (including the role of Scrutiny Committees and the Audit Committee) to ensure that recommendations to resolve weaknesses are followed up. Assurance statements from Heads of Finance and others mean that reasonable assurance can be given that systems covered are working effectively. The system is now well established and operating more effectively. This is subject to regular review by Internal Audit.</p> <p>Audit Commission Annual Audit Letter 2005/6 states "Our report concluded that the overall standard of the accounts and supporting working papers was good and continues to improve"</p>
Assessment of level of assurance (Delete those not applicable)		Green		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Assurance statements from Heads of Finance in relation to financial systems operated within relevant areas of departmental control.	The system of assurances has been in operation for two full financial years. Coverage is now comprehensive.	Heads of Finance all departments.	March 2007	Yes			The Chief Finance Officer maintains a monitoring process to ensure adequate coverage of assurances. Coverage is now at 100%, but has been some subsequent lapses. .	
2	Compliance monitoring of payments of employees outside the payroll process.	An audit by PWC identified potential incorrect treatment of some employees. A finance procedure note has now been this is followed up with ongoing monitoring and HRMC inspection visits	Taxation Officer, Financial Services.		Yes			Ongoing compliance monitoring of processes focusing specifically on the treatment of payments to staff treated as self-employed. Where monitoring indicates incorrect treatment this will be raised with Heads of Finance and suitable corrective action agreed.	Procedure Note (Nov 06)
3	Improve standard of grant claim preparation to meet External Auditor's concerns.	The External Auditor reported significant improvements in the authority's performance in preparing its grant claims for its 2004/05 accounts.,and there was no adverse comment in either his annual audit letter or final accounts memorandum for 2005/06 The need to	Heads of Finance all departments	June 2006	Yes			Instructions on the preparation of grant claims are set out in detail in the closedown booklet circulated to finance staff involved in the closure of accounts process.	Audit Commission Annual Audit Letter 2005/6; Final Accounts memorandum 2005/06

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		maintain and extend these improvements is stressed to those staff engaged in the preparation of the accounts							
4	Improve standard of internal audit	An external audit review of internal audit concluded that the service has improved but some gaps remain regarding compliance with the new CIPFA standards. An improvement plan has been prepared.	Head of Audit and Governance	June 2007	In progress			Reports to Standard and Audit indicate large extent of completion of recommendations. Changes to the audit environment, including new Accounts and Audit Regulations and CIPFA Audit Standards will require further work to be done.	

Signature of Lead Officer .....Date.....



<b>PROCESS: HEALTH AND SAFETY POLICY</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director – Business Improvement	Non-compliance with health and safety requirements leading to personal injury and / or prosecution of the authority	<p>The Corporate H&amp;S report and action plan ensures that senior managers are aware of current H&amp;S performance, key H&amp;S challenges, HSE intervention throughout the organisation and priority actions for the coming year.</p> <p>A head of profession for the H&amp;S function is in place.</p> <p>A policy framework setting out the relationship between departmental and corporate H&amp;S policies and guidelines has been agreed.</p>	<p>Second annual report and plan will be produced in April, 2006.</p> <p>Corporate health and safety capacity has been strengthened through the recruitment of a new Head of Health and Safety, and the restructuring of the role and functions on the central H&amp;S Unit.</p> <p>An audit needs to be undertaken in the future to provide assurance that the policy has been consistently implemented across the organisation.</p>	<p>The third report and plan is currently being produced. New data was added to the report in 06/07, e.g. on the outcomes of corp. H&amp;S audits. The 06/07 report was (for the first time) received and approved by CDB.</p> <p>The capacity of the function will be challenged by the current BIP HR review. In the longer term it is expected that the centralisation of the service will strengthen the ability of the organisation to monitor and manage corporate H&amp;S risks. However, in the short-term 06/07 will involve a period of significant internal change for the H&amp;S function, in order to deliver a 'smaller, refocused H&amp;S function'.</p> <p>One outcome of the BIP review of HR will be a 'smaller rule-book'. This will accelerate work towards a 'single' H&amp;S manual for the whole organisation.</p>
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

**Action Plan as at March, 2007 (to show action taken, areas assured since March, 2005)**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Property related H&S risks are properly managed (e.g. asbestos, legionella etc)	Joint work with LCC's property function on asbestos and legionella to: * develop new / revised systems. * monitor actions to implement new / revised systems	Head of Pay and Workforce Strategy	Ongoing work		Yes (now a main streamed activity of the function)	H	Independent external audits of asbestos and water hygiene management have now been carried out.  Comprehensive action plans for both asbestos and water hygiene management are now in place.  Senior managers (via Heads of Property) are beginning to receive regular update reports on progress.	Audit reports produced by LCC insurers Zurich Municipal.  Asbestos and Water Task and Finish Group minutes.  Heads of Property meeting minutes.
2	Corporate H&S policy and guidance is up to date, clear and understandable	A framework for the development of corporate departmental H&S guidance has been agreed.  An incremental revision of all existing corporate guidance is now underway.	Head of Pay & Workforce Strategy	Ongoing work		Yes		Production of new and revision of existing guidance is an ongoing core task.  One outcome of the BIP review of HR will be a smaller rule book. This will accelerate work towards a single H&S manual for the whole organisation.	Minutes of Safety Advisers Group and Authority Wide H&S Consultative Committee.
3	Key corporate H&S risks are adequately monitored.	A model for corporate level H&S audits is currently being piloted by the CHSU.  A protocol for identifying key audit	Head of Pay & workforce Strategy	March 06	Yes  Yes		High	Audits of corporate H&S audits commenced in 06/07. The significant findings of these audits are reported to senior management via corporate H&S report	Copies of audit reports  Minutes of SRG and the associated reports.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		<p>areas has been developed.</p> <p>Corporate level H&amp;S audits will be identified in all future corporate H&amp;S action plans.</p>						and action plan received by SRG.	
4	The organisational and individual implications of ill health (work – related and other causes) are properly understood and managed.	<p>A musculoskeletal rehabilitation pilot project is currently underway in LCC's Housing Department.</p> <p>An initiative to assess LCC's current arrangements for identifying and reacting to instances of work related ill health is planned for 2006/7.</p> <p>A systematic approach for the identification and delivery of employee health surveillance is in place.</p>	Head of Pay and Workforce Strategy	<p>May 2006</p> <p>March 2007</p> <p>March 2007</p>	<p>Yes</p> <p>Yes</p>	<p>Yes</p>	<p>High</p> <p>Medium</p> <p>High</p>	<p>Following completion of a successful pilot, the intervention is currently being roll-out across all non-schools parts of LCC (schools have an opt-in to the contract)</p> <p>The first reports from Resourcelink on work-related ill health became available in early 2007. The reports and actions arising have been discussed and agreed by SAG.</p> <p>An audit of health surveillance arrangements was completed in early 07/08. Significant areas for improvement have been identified and action agreed with</p>	<p>Minutes of CDB and SRG, and associated reports.</p> <p>Contract with the provider.</p> <p>Reports for Resourcelink. Minutes of SAG.</p> <p>Audit report. Minutes of SAG.</p>

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		A revision of LCC's existing stress management policy is planned for 2006/7.		March 2007	Yes		High	<p>relevant officers in the audit report.</p> <p>A new stress management policy was introduced in 2007. As part of the process timescales for referring cases of stress related absence have been reduced to HSE advised timescales.</p> <p>An audit re; implementation is likely to take place in 08/09/</p>	Revised policy document. Minutes of SAG.

Signature of Lead Officer .....Date.....

<b>PROCESS: SAFEGUARDING CHILDREN</b>				
<b>Lead Officer</b>	<b>Potential key risks as at 3/2007</b>	<b>Areas assured as at 3/2007</b>	<b>Adequacy of process as at 3/2006</b>	<b>Adequacy of process as at 3/2007</b>
Service Director Social Care and Safeguarding	Recruitment and management of City Council staff , including schools, those who work in areas beyond CYPS and those contracted/supply teaching/agency, does not fully comply with Bichard recommendations and statutory guidance within Working Together Guidance 2006	Green/Amber		1. HR review is being scrutinised to ensure that it fully takes account of safeguarding requirements  2. New Safeguarding Unit is being developed to discharge new functions for overseeing allegations  3. Services are subject to inspection & are judged as performing well  4. Services are subject to inspection & judged as performing well  5. LSCB Training strategy (based on statutory requirements) has been produced Significant resource implications to roll this need to be considered by all departments  6. Roles & responsibilities document was revised & brought to Corporate directors' board
	Management of allegations against City staff is not sufficiently robust and co-ordinated.	Green/Amber		
	Service delivery within child protection fails to respond appropriately to the needs for protection of Leicester children within their families	Green		
	Standards of care do not adequately safeguard children looked after by the Local Authority	Green		
	Staff in all areas with contact with children do not receive child protection awareness training	Green/Amber		
	Responsibilities across all departments for safeguarding & promoting welfare of children are not addressed at each level of accountability	Green/Amber		
Assessment of level of assurance (Delete those not applicable)	Green / amber			

**Action Plan as at March, 2007**

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1									
2									
3									
4									
5									
6									

Signature of Lead Officer .....Date.....

## LOCAL GOVERNMENT OMBUDSMAN COMPLAINTS

<b>COMPLAINTS RECEIVED</b>			
	<b>04/05</b>	<b>05/06</b>	<b>06/07</b>
<b>Complaints received</b>	<b>160</b>	<b>134</b>	<b>147</b>
<b>Complaints closed</b>	<b>147</b>	<b>117</b>	<b>119</b>
<b>Complaints closed – less premature</b>	<b>102</b>	<b>93</b>	<b>69</b>
<b>Complaints open at year end 31 March 2006</b>	<b>13</b>	<b>17</b>	<b>28</b>

	<b>04/05</b>	<b>05/06</b>	<b>06/07</b>
Chief Executive	0	0	0
R&C	30(20%)	34(25%)	13(11%)
Education & Lifelong Learning	10(7%)	14(10%)	25(22%)
Housing	92(63%)	68(51%)	75(63%)
Resources Access & Diversity	6(4%)	5(4%)	4(3%)
Social Care & Health	9(6%)	13(10%)	2(1%)
<i>TOTAL</i>	<b>147</b>	<b>117</b>	<b>119</b>

<b>LOCAL GOVERNMENT OMBUDSMAN COMPLAINTS</b>			
<b>BREAKDOWN OF OUTCOMES</b>			
	<b>04/05</b>	<b>05/06</b>	<b>06/07</b>
No Maladministration	44(30%)	48(41%)	21(18%)
Local Settlement	34(23%)	28(24%)	9(7%)
Outside Jurisdiction	11(7%)	11(9%)	15(13%)
Ombudsman's Discretion*	9(6%)	6(5%)	12(10%)
Premature	45(31%)	24(21%)	61(51%)
Discontinued/Withdrawn	0	0	0(0%)
Maladministration found	4(3%)	0	1(1%)
<b>Total</b>	<b>147</b>	<b>117</b>	<b>119</b>

\*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.

<b>LOCAL GOVERNMENT OMBUDSMAN COMPLAINT OUTCOMES BY DEPARTMENT 2006/2007</b>								
	<b>NM</b>	<b>LS</b>	<b>OJ</b>	<b>OD</b>	<b>MI</b>	<b>P</b>	<b>W</b>	<b>TOTAL</b>
Chief Executive's Office	0	0	0	0	0	0	0	0
Education & Lifelong Learning	5	1	4	1	0	2	0	13
Regeneration & Culture	5	2	3	2	1	12	0	25
Housing	10	6	7	9	0	43	0	75
Social Care & Health	1	0	1	0	0	2	0	4
Resources Access & Diversity	0	0	0	0	0	2	0	2

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.



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

Authority	04/5		05/06		06/07	
	Findings of Maladministration	Total No. of complaints	Findings of Maladministration	Total No. of complaints	Findings of Maladministration	Total No. of complaints
Leicester	4	102	0	98	1	69
Birmingham	0	321	4	230	2*	231
Blackburn with Darwin	4	30	0	22	0	32
Bolton	2	64	0	66	0	46
Bradford	0	69	1	64	0	74
Bristol	2	107	0	92	1	90
Coventry	0	49	0	35	0	36
Derby	4*	34	0	39	0	40
Dudley	0	66	0	61	0	63
Kingston-upon-Hull	0	51	0	60	1	55
Nottingham	1	33	0	64	0	33
Plymouth	2	82	1	86	0	27
Portsmouth	0	24	0	21	1	60
Southampton	0	28	0	39	0	38
Wolverhampton	0	34	0	47	0	40

\* Indicates a figure which includes more than one complaint subject to the same report.

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

