

APPENDIX 2

PROCESS: CONSULTATION STRATEGY				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Director of Partnership, Performance and Policy	<ol style="list-style-type: none"> 1. The established strategy is not appropriate to the Council's needs. 2. The strategy and resultant policy guidance is not fully implemented by the Council's management and so not used to drive up performance. 3. The generation of poor quality information from consultation leads to poor decision making. 4. The strategy is not given the appropriate level of leadership by the members and senior managers. 	The consultation toolkit continues to meet best practice.	The consultation database is being updated to better ensure overview and scrutiny of consultation exercises.	<p>The Director of Partnerships, Performance and Policy now chairs the corporate group.</p> <p>The updated database and supporting website supports the overview and scrutiny of exercises.</p>
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March 2008 (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.	Updating of the consultation database.	Keith Murdoch, Director of Partnership, Performance & Policy	May 2008	No	Going live on target	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	March 2008	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						

Signature of Lead OfficerDate.....

PROCESS: PERFORMANCE MANAGEMENT FRAMEWORK				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Director of Partnership Performance, & Policy	<ol style="list-style-type: none"> 1. The established framework is not appropriate to the Council's needs. 2. The policy is not given the appropriate level of leadership by the political and managerial executive. 3. The policy and resultant guidance is not fully implemented by the Council's management and so used to drive up performance. 4. The generation of poor quality information within the framework leads to poor decision making. 5. The framework does not interface correctly with other frameworks e.g. the Leicester Partnership. 	Areas if risk identified in the audit report are being addressed.	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.	<p>The adoption of "One Leicester" will require the revision of the corporate plan and service planning to ensure its delivery.</p> <p>The corporate assessment identified weaknesses in the current implementation of the system which will need to be addressed in the new arrangements.</p>
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March 2008 (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	Austin Roberts, CPA Manager	Ongoing	Yes	The performance management system needs ongoing development and enhancement to keep it fit for	H		None

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		additional assurance.				purpose.			
2	The framework does not facilitate the delivery of the Council's contribution to "One Leicester "	1. Revision of the corporate plan 2. Revised approach to service planning	Keith Murdoch, Director of Partnership, Performance and Policy "	31.7.08 30.9.08	No no	The process or revision is underway External support is being sought from Deloitte	H H	Internal Audit Report	

Signature of Lead OfficerDate.....

PROCESS: PROJECT MANAGEMENT				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Service Director – Property Services	<ol style="list-style-type: none"> 1. Project Management Standards and procedures for major projects insufficiently defined, communicated and applied. 2. Risks and wider corporate resource implications of major projects inadequately identified and addressed. 3. Insufficient management skills, resources and professional support available to major projects. 4. Completed projects inadequately reviewed so that lessons learnt and potential improvements are not applied. 5. There needs to be a more systematic application of the project management framework, with support and monitoring. 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. 7. The culture of the organization needs changing to one where compliance with the corporate standards is a given. 	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 on an exception basis on major projects / programmes by the DA and also using other internal / external resources	A complete review of project and programme management requirements and procedures was completed. A new framework which applies the recommendations of the External Auditor review is being implemented. A new Prince 2 training programme is being delivered ,and auditing of existing major projects for compliance with the new requirements is ongoing. The Service Director (Property) is designated Head of Profession for project management with responsibility for overall standards and for arrangements for project assurances.	The project management training programme has been delivered and project management standards developed and placed on the LCc intranet. Approval, monitoring and review of projects remains an area where further work is required as there is not a consistent and rigorous process in place for all projects. This is a priority for the new portfolio management team which is being established. The new team has been designed to help address the identified key risks. Whilst a Head of Service has been appointed further recruitment has been delayed pending the current organisational review which has limited the progress we have been able to achieve.
Assessment of level of assurance (Delete those not applicable)		Amber (changed from green /amber due to delays in full establishment of the new portfolio management team pending the current organisational review).		

Action Plan as at March, 2008 (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.	LCC project management standards to be developed and place on the intranet.	Corporate Director, RAD		Yes			Project management standards developed and placed on the intranet.	Intranet.
2	Whether a more substantial in-house project assurance and support function is required.	Service Director (Property) assigned as Head of Project management. Approval given by SRG to the establishment of the Project portfolio management team.	Lynn Cave, Service Director (Property)	Sept 2008	Head of PPM recruited	Complete recruitment of PPM team	H	New Head of Service appointed but recruitment of wider team delayed pending current organisational review.	SRG Role of new PPM team.
3	How to improve the current standard of project management and compliance with corporate standards.	This is part of the improved framework and key focus of the new PPM team as it becomes fully established and operational. .	Stewart Leverett, Head of project portfolio management	Sept 2008	New standards in place and Head of PPM recruited	Complete recruitment of PPM team	H	The new standards and the remit of the new PPM team include arrangements for systematic project assurance (compliance audit) and project review.	Intranet Role of new PPM team
4	How the Council's input to joint working with external agencies should be project managed.	This is part of the improved framework.	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	Stewart Leverett, Head of Project Portfolio	Sept 2008		Complete recruitment of PPM team	H	Include in the new standards	Intranet

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
			Management						
6	Establish a project management training programme.	Develop and deliver project management training programme tailored to project size and needs. Provide coaching and mentoring support where required	Lynn Cave, Service Director (Property)	Sept. 2005	Yes			Training is in place with courses being run regularly. Coaching and mentoring is also available for project managements via a framework contract. Training requirements have also been defined corporately proportionate to project size in accordance with standard definitions.	LCC standards (intranet) and L&D training records.
7	Confirm that major projects comply with the new standards	Require 6 monthly assurance statements to be completed by project directors for all major projects. Initiate external in depth project assurance checks on headline projects. Establish PPM team with role of coordinating systematic project assurance across the portfolio.	Stewart Leverett, Head of Project Portfolio Management	Sept 2008	6 mthly Assurance statements completed by Project Directors for all Major Projects. Audit / assurance reports carried out by the DA on major projects / programmes and using other internal / external	PPM team being fully established to implement systematic project assurance approach.	M		Assurance statements and reports for major projects. Role of new PPM team.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
					resource				
8	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.	SRG approved establishment of and resources for Portfolio Management Office	Stewart Leverett, Head of Project Portfolio Management	Sept 2008	Head of PPM recruited	Complete establishment of PPM team	H	Recruitment of PPM team delayed pending organisational review.	SRG paper
9	Improve corporate and project information recording and access to this information through the use of shared channels (for example the intranet).	Share lessons learnt via training courses. Establish intranet site for knowledge transfer. PPM team to establish new LCC project management network for knowledge transfer. PPM team to create and maintain project portfolio register and progress reports.	Stewart Leverett, Head of Project Portfolio Management	Dec 2008	Training programme being delivered. Intranet site established.	Establish and implement project management network. Develop project portfolio register and implement progress reporting	M		Intranet L&D training records. Role of PPM team.
10	Develop and apply corporate	Once the Portfolio	Stewart Leverett,	Sept 2008		Develop project	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	standards for upward reporting on project progress and significant risks, including interdependencies and resource conflicts between major projects.	Office is established.	Head of Project, Portfolio and Management			portfolio register. Develop and implement reporting process.			
11	Develop and implement a programme management standard for the Authority	Trial OGC programme management standard with the business improvement programme. Develop programme management standard and implement including developing all necessary training and support.	Stewart Leverett, Head of Project Portfolio Management	April 2009	BIP trial completed.	Develop programme management approach based on OGC standard: managing successful programmes (MSP)	M	Progress likely to be subject to completing recruitment and establishment of PPM team.	BIP documentation
12	Decide on whether to adopt a programme management approach for all key objectives to:	Establish the Project Portfolio Management Team. Obtain approval to governance arrangements and	Lynn Cave, Service Director – Property	April 08	Development of an option appraisal and whole life costing process.	Develop project portfolio register. Develop	M	Phased / evolutionary approach being adopted to introduction of project portfolio management.	LCC standards. Role of PPM team.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	<ul style="list-style-type: none"> • Allocate the right resources to the most important projects; • Improve comparative performance information across the project portfolio; • Co-ordinate delivery and manage interdependencies across projects and programmes; and • Achieve value for money savings and efficiency gains from project and programme rationalisation. 	<p>corporate monitoring process to enable the links between major projects and key corporate objectives to be reviewed and managed and strengthen the management of interdependencies between projects.</p> <p>Adopt a phased approach to portfolio management development in line with the Council's needs and available resources in the PPM team.</p>	Stewart Leverett, Head of Project, Portfolio and Management			<p>implement reporting process.</p> <p>Complete recruitment of PPM team.</p> <p>Develop portfolio project prioritisation and selection process.</p>			

Signature of Lead Officer Date.....

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 on an annual basis.		M		Completed programme of workshops with attendances.
2	Additional support to front line members	Roll out of Ward Community meetings	Service Director – Democratic Services.	First cycle June 2008		Member development programme in process with member development forum. Ward Community meetings all meetings during period April – June 08.		Assurance after delivery of training.	Evaluation of training
3	Awareness raising of required standards of probity for pre-election candidates.	Two pre-election sessions for candidates incorporating probity awareness.	Service Director – Democratic Services	May 2006/ Feb 2007		Programmes in process with MDF and Whips		Well received. Identified as National Best Practice	Programmes completed with lists of attendees, evaluation and published article

Signature of Lead Officer Date.....

PROCESS: THE COUNCIL'S CONSTITUTION				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Service Director – Legal Services	<ol style="list-style-type: none"> 1. Failure to ensure the Constitution complies with legal requirements. 2. Failure to ensure that the Constitution reflects the current administration's needs. 3. Failure to ensure the Constitution is communicated and available for Members and officers. 4. Failure by officers/ Members to comply with the Constitution's requirements leading to illegality or maladministration. 	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, 2007.
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)

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	The Constitution will need to be amended to reflect the requirements of the new Administration.	The Council has been updated to reflect all changes authorised by Council.	Peter Nicholls, Service Director – Legal Services	Aug 2008	Complete	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	Cabinet's terms of reference and scheme of delegation need to be updated to reflect the new Cabinet.	Review is being conducted in consultation with Service Director (Democratic Services) and Cabinet	Peter Nicholls, Service Director – Legal Services	Aug, 2008					
4	Training for Elected members.	Training continues to be provided in response to individual requests and has been introduced into member induction programme. A training programme for members is currently being developed in consultation with the Service Director –	Peter Nicholls, Service Director – Legal Services	Sept 2008		Yes	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		Democratic Services and members.							

Signature of Lead OfficerDate.....

PROCESS: INFORMATION GOVERNANCE				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Service Director – Legal Services	<ol style="list-style-type: none"> 1. Failure to ensure the Authority complies with legal requirements with the associated penalties. 2. Failures to ensure legislative obligations are communicated and guidance is available for members and officers. 3. Failure by officers/Members to comply with legislative obligations leading to illegality or maladministration. 4. Information becomes corrupt and/or out of date and incorrect decisions are made. 5. Information is not available when and where it is needed. 6. Professional support is insufficient. 7. Partnership initiatives fail because of misunderstanding of legal obligations and/or poor quality data. 	<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 (April 2007) and the Interception of Communications Commissioner’s Office (Nov 2007). 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.</p> <p>There is a continuing high level of legislative change in these areas with associated resource implications. In the first two months of 2008 alone 70 decisions were released by the Information Commissioner and the</p>	<p>Weaknesses exist across the Council in the areas of:</p> <p>1 Maintaining registers – information is not being made available on a regular basis or in good time;</p> <p>2. Training/awareness – significant work has been undertaken. Staff still say they are unaware of the legislation;</p> <p>3. Departmental procedures - not all departments have procedures in place to support devolved functions.</p> <p>General position is:</p> <p>1. GUIDANCE All required centrally is in place and reviewed regularly</p> <p>2. REGISTERS Registers are maintained, although information not always provided when needed</p> <p>3. INFORMATION SHARING Core document being maintained. A corporate register is being populated – see 2.</p> <p>4. TRAINING/AWARENESS Significant work undertaken. Further work needed.</p> <p>5. DATA QUALITY Corporate standards to be implemented to ensure best informed decision making.</p>	<p>Weaknesses exist across the Council in the areas of:</p> <p>1. Training/awareness Significant work has been undertaken. Corporate training team provides some courses. Staff still say they are unaware of the legislation. Level of training resources is insufficient to ensure Council staff are adequately trained.</p> <p>3. Departmental procedures Not all departments have procedures in place to support devolved functions.</p> <p>3. Central function Is insufficiently staffed to cope with major incidents, significant changes in legislation or staff departures and long term absences.</p> <p>General position is;</p> <p>1. Guidance All required centrally is in place and reviewed regularly. A full review is scheduled for 2008/0.</p> <p>2. Registers Registers are maintained information is usually provided when needed.</p> <p>3. Information sharing Core document being maintained. A corporate register is being finalised. Awareness</p>

		<p>Information Tribunal all of which required consideration and analysis, and dissemination where appropriate.</p>		<p>levels are inconsistent. Further publicity/ workshop needed – planned for 2008/9.</p> <p>4. Training / awareness This is a major risk area and the Council is still not doing enough to ensure it is in a position to meet its legislative obligation. Significant work has been undertaken, further work needed of which some is scheduled for 2008/0. Consolidation of departmental functions, neglected DPA/FOIA training. Corporate training team is working to overcome this.</p> <p>5. Data quality Corporate standards being produced to ensure best informed decision making.</p> <p>6. Information Management Team in place. EDRMS being rolled out in property services information management strategy, IM policy and underlying procedures being produced.</p> <p>7. Information security Policy under final consultation for approved by SRG. Guidance notes produced to address issues during the year. Security audits on-going special audit undertaken following recent security scares outside the Council.</p> <p>8. Complaints A new FOIA/DPA complaints procedure has been introduced to meet the requirements of</p>
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				FOIA S45 and EIR. This was done in consultation with Cabinet link and under delegated powers to SRG.
Assessment of level of assurance (Delete those not applicable)		Amber		

Action Plan as at March, 2008 (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		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	No	H	Workload has increased significantly since March 2006. Staff departures and illness have shown vulnerability of function.	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
3	Lack of information management (IM) policy	Information Management Team in place and policy being developed.	Service Director - Information	Dec 2004	No	Yes	L	Will be produced during 2008. to be approved by Project Board and SRG.	IM Phase 1 Project Board minutes. IM Project Board minutes.
4	Lack of information management strategy	Under final consultation	Service Director - Information	Dec 2004	No	Yes	L	Will be produced during 2008. to be approved by Project Board and SRG.	IM Phase 1 Project Board minutes. IM 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 th 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.
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.	Council website
		HIG to update interim position for full implementation by 31 st Dec. 2008	Directors' Board	Dec 2007	No	Yes	H	The Council must be fully compliant by 31 st Dec 2008 to meet its legislative obligations.	Work commenced.
7	Departmental processes to be produced where	To be produced as agreed with the central function	Corporate Information Governance	Dec 2007	No	Yes	H	Co-ordinators identify requirements and produce guidance	Information Governance Audit Dec 2006 – Feb

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	needed to complement corporate standards		Group Coordinators (IGG)					accordingly. Areas of best practice should be disseminated across the Council. To be started in 2008. Initial post implementation work to include in corporate guidance completed Nov 2007.	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. Further work planned for 2008/9.	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		M	Produced register and raise awareness. Further sessions planned for 2008/9.	
	Review information sharing agreement and implement changes across Council	Documents reviewed and signed off by the Chief Executive.	HIG	March 2009	Yes		M	To be agreed in collaboration with IMAG and Leicester Partnership	Minutes of the Leicestershire Information Governance Group and associated working party.
11	Data Quality needs to be assured	Prove the quality of internal and external data at all times.	HIG	Mar 2008	No	Yes	M	Pan County IMAG quality strategy produced. Leicester Partnership	Audit Commission report on LAA

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								Information Group developing City Strategy. IM team developing Council standards.	

Signature of Lead OfficerDate.....

PROCESS: COMMUNICATION STRATEGY				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Head of Communications	Detail of service transformation programme on which a new communication strategy needs to be based, unclear at 3/08, so human and financial resources required to implement a new communication strategy uncertain.	New strategy awaiting development, so assurance not possible at this stage.	Ongoing implementation of earlier strategy during 2006/7. However, consultants' report for Communications and Marketing Review called for new strategy to be developed alongside structural changes as part of the review.	Because of structural and political changes, previous communication strategy has become less relevant. Position on former Communications and Marketing review unclear at 3/08. Failure to recruit to new head of function in late 2007, along with concerns over the review itself, meant fundamental re-evaluation of way forward. (NB subsequent decision of Corporate Directors' Board (May 08) was to terminate this review and roll issues forward into the Council's new service transformation programme).
Assessment of level of assurance (Delete those not applicable)		Red / Amber		

Action Plan as at March 2008 (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 Council's current service transformation strategy.	Once details of the full service transformation programme are agreed, work will start on a new strategy.	Mark Bentley, Head of Communications	Oct 2008	No	October 2008	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
2	Assurance of strategy post introduction	Corporate Directors will provide assurance of compliance for their department	Mark Bentley, Head of Communications	Oct 2008	No	October 2008	M		

Signature of Lead OfficerDate.....

PROCESS: PARTNERSHIP POLICIES				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Director of Partnership, Performance & Policy	<ol style="list-style-type: none"> 1. Failure to work as an effective partner. 2. Failure to fulfil the Council's community leadership role. 3. Failure to sufficiently safeguard the Council's legal, financial and other interests as a member of any partnership. 	The council has adopted a governance framework for major partnerships.	Compliance with the governance framework will now need to be monitored and evaluated.	An update on the position regarding major partnerships was completed by year end.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March 2008 (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.	The new LAA has been developed as a delivery vehicle for "One Leicester".	Keith Murdoch, Director of Partnership, Performance & Policy	June 2008	No	Performance management of the delivery of the LAA will be consistent with the performance management framework.	H		Partnership Guidelines

Signature of Lead OfficerDate.....

PROCESS: EFFECTIVE HUMAN RESOURCES POLICIES				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
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 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>	<p>One effect of the single status is to remove large sections of T&Cs dealing with allowances, etc, replacing them with a smaller and simpler set of allowances.</p> <p>An incremental approach to revising T&Cs is being taken. A large workload to review and revise policies has been identified for 08/9 including some policies identified as a priority for review.</p> <p>Policy approval processes are being reviewed to identify if the process for developing and consulting on policy changes can be speeded up.</p> <p>A separate fraud and corruption plan has been developed by internal audit. This includes some actions for HR in 08/9.</p>
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2008 (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	Implementation date of the new scheme has been delayed to allow a stock take of the draft agreement.	Project Board, BIMT, CDB and Cabinet minutes.
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	A comprehensive training offer is now available following the launch of the City Learning service. A revised timetable for consultation on a new pay and workforce strategy has been agreed with CDB for completion in 08/9 (see below).	CDB and BIMT minutes. City Learning documents.
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	Further to discussions with the County Council, management of the scheme is to transfer to the County.	
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	Resourcelink is now delivering demonstrable improvements in the quality and scope of HR data available. However this has highlighted some areas of significant data gaps (e.g. lack of data re	Documents produced by HI

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								<p>sickness causes / reasons provided by schools).</p> <p>A well established set of HR PIs are in place but will require review in 08/09 in response to the removal of BVPIs.</p> <p>A workforce data leaflet will have its 3rd year of publication in 08/9.</p> <p>A set of 3 new reports on absence management have been introduced as part of a Cabinet approved strategy to reduce sickness absence.</p>	
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	An external assessment was carried out by Julian Clarke of the Centre for Local policy Studies in early 2008. The draft findings indicate the Council has achieved level 4. Confirmation is expected in the final report due in May 08.	ESSG minutes.
6	Improve disability management within	Report to be submitted to the	Service Director,	June 2006		Yes	Medium	LCC is statutorily required to do an	CSE minutes. Issued documents

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	the Council	Corporate Equalities Strategy Group in June 2006	Business Improvement					<p>annual review. The outcome has been reported to CESG.</p> <p>Changes to recruitment and selection procedures have been made to make them more accessible to people with learning difficulties (identified as a key target group).</p> <p>LCC is also involved in several initiatives to promote LCC as a potential employer to people with learning difficulties, including a joint project with Leicester College.</p> <p>Design guidelines on building accessibility have also been developed and published.</p>	
7	Review HR strategy	Agree new HR strategy for the Council	Head of Pay and Workforce Strategy	By March 2007		Yes	High	A revised timetable for consultation on a new pay and workforce strategy has been agreed with CDB for completion in 08/09.	CDB minutes
8	Whistle blowing	Promoted through In	Head of HR	N/a	Yes		High	Policy introduced in	In Contact 15/05.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	policy in place	Contact						November 2005.	Policy is posted on the intranet and internet.

Signature of Lead OfficerDate.....

PROCESS: WHISTLE BLOWING				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Service Director – Business Improvement	1. Policy commenced and implemented.	New policy subject to formal agreement to reflect concerns raised by External Audit	Complete.	Complete. However, activities to refresh awareness of the policy are being considered as part of the 08/09 HR work plans.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2008 (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	Service Director , Business Improvement	June 2005	Yes		High	A new policy was issued in September 2005.	Policy available for inspection
2	Communication and implementation plan	Communication with the workforce has taken place.	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 OfficerDate.....

PROCESS: CODE OF CONDUCT (OFFICERS)				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
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	Awaiting new national code (no timetable published as yet).
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2008 (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 (no timetable published as yet).	Available from PAWS team Resources

Signature of Lead Officer Date.....

PROCESS: EMAS				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Carol Brass / Anna Dodd (job share)	<p>Failure to maintain EMAS registration by not being able to close out major* non-conformities raised by the external EMAS verifier.</p> <p>*The EMAS verifiers, LRQA define their non conformities as major, and minor. Only major non conformities will prevent registration. Minor non conformities replace the former improvement note classification. They can be escalated to major non conformities if they remain open and the Council is unable to demonstrate that it is responding appropriately.</p>	<p>There have been no major non conformities raised by the EMAS verifiers between 2003, and Nov 2007</p> <p>3 minor non conformities were closed at the November 2007 visit:</p> <ul style="list-style-type: none"> * compliance with volumetric discharge consents for Leisure centre trade effluent. * monitoring of environmental clauses in contracts. * setting of climate change objectives and targets within EMAS. <p>2 minor non conformities were raised by the verifiers during the November 2007 visit and 1 remains open from a previous visit.</p> <p><u>Contractors – confirming competence of staff on site (new)</u></p> <p>Leicester City Council has well established procedures for engaging contractors and determining the environmental credentials of the organisations they employ. However, the determination of the competence of the individuals who actually undertake the work is less well established and implemented.</p> <p>LCC shall ensure that any person(s) performing tasks for it or on its behalf that have the potential to cause significant environmental effects (as identified by LCC) are competent on the basis of appropriate education, training or experience and retain associated records. For example, heating</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&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>

		<p>and water hygiene contractors. Air con engineers (AC2000) etc. In addition, this should be extended beyond "blue collar" contractors to agency workers and consultants.</p> <p><u>EMAS school travel plans (new)</u> The LTP requires 90% of all schools to have travel plans by 2011 compared with the government target for all schools. Of all the schools in Leicester City, only 50% have formally developed travel plans. Amongst the EMAS approved schools, the proportion is broadly similar. In order to more fully demonstrate their commitment to environmental management beyond the school premises, all EMAS schools should have formally developed travels plans to meet with LCC and governmental expectations.</p> <p><u>City Cleansing monitoring of Effluent Discharge consent conditions (open from May, 2006)</u> City Cleansing must either obtain a verifiable concession from Severn Trent Water to provide exemption from monitoring effluent discharge quality, or daily periodic analysis of all consented parameters to demonstrate compliance with the consent conditions. This will be checked at future LRQA visits.</p>		
Assessment of level of assurance (delete those not applicable)	Green/ Amber			

Action Plan as at March, 2008 (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>Contractors – confirming competence of staff on site (new)</u> Leicester City Council has well established procedures for contractors and determining the environmental credentials of the organisations they employ. However, the determination of the competence of the individuals who actually undertake the work is less well established and implemented.</p> <p>LCC shall ensure that any person(s) performing tasks for it or on its behalf that have the potential to cause significant environmental effects (as identified by LCC) are competent on</p>	<p>The following action is planned: Env Team to clarify any existing corporate systems or procedures for verifying contractors' staff competence, along with current practice for high (environmental) risk contracts such as heating maintenance, water hygiene inspections and air conditioning maintenance / inspections.</p> <p>If existing procedures are considered adequate, Internal Audit will be asked to check whether they are being used in practice as part of their next round of level 2 and 3 audits.</p> <p>If existing procedures are not adequate, the environmental team will work with colleagues to either</p>	Duncan Bell, Environment Team	<p>By Nov 2008 verification visit</p> <p>May 06 LRQA visit</p>	No	Yes	M		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	the basis of appropriate education, training or experience and retain associated records. For example, heating contractors, air con engineers (AC2000) etc. In addition this should be extended beyond "blue collar" contractors to agency workers and consultants	amend existing procedures / local work instructions or develop new ones.		May 07 LRQA visit					
2	<p><u>EMAS school travel plans (new)</u> The LTP requires 90% of all schools to have travel plans by 2011 compared with the government target for all schools.</p> <p>Of all the schools in Leicester City, only 50% have formally developed travel plans. Amongst the EMAS approved schools the proportion is</p>	<p>The development of travel plans for EMAS schools is the joint responsibility of the schools and the school travel plans officer. The environmental team can assist, through their liaison role with groundwork Leicester and Leicestershire who support EMAS schools in their environmental work.</p> <p>The environmental team will raise the</p>	<p>Mark Korczak (School Travel Plans Officer) – lead officer.</p> <p>Mark Jeffcote and Dunacn Bell (Environmental team) to assist.</p>	By now 2008 verification visit	Work underway	Yest	M		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	broadly similar. In order to more fully demonstrate their commitment to environmental management beyond the school premises, all EMAS schools should have formally developed travel plans to meet with LCC and governmental expectations.	<p>matter with Groundwork and request that they actively encourage all EMAS schools without a travel plan to contact the Council and arrange to develop one.</p> <p>At the same time, the team will ensure that the school travel plans officer is kept up to date about which schools are part of EMAS so that his work programme can be adjusted as appropriate.</p>							
3	<p><u>City Cleansing monitoring of Effluent Discharge consent conditions</u></p> <p>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</p>	<p><u>Sewerage discharge consent.</u></p> <p>The discharge consent is due for renewal and Severn Trent Water has indicated they are happy to extend the existing site agreement for a further two years. The consent will cover the gully emptying and site run</p>	Dave Smith, City Cleansing	Progress to be presented to LRQA at Nov 09 visit	No		M	City Cleansing has received a letter from Severn Trent stating that the "agreement" remains valid until 1 st July 2007. However the content of this agreement is unclear and does not provide a verifiable concession to monitoring the conditions of consent or in the case of the PPC permits for wet waste	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	demonstrate compliance with the consent conditions. This will be checked at future LRQA visits.	<p>off. They have requested that we make use of the interceptor tanks.</p> <p>Long term arrangements – proposal We are looking to continue with the current arrangements for disposal of gully emptyings i.e. admit to foul drainage system via interceptor tanks as a controlled waste. This means that the primary and secondary sedimentation tanks are not required and can be closed out. However, civil works would be required to connect the foul site drainage which enters at the top of the system through to the interceptor tanks.</p> <p>Due to the low volumes involved and the non hazardous classification of the</p>					<p>and waste management licence, the condition contained therein.</p> <p>These issues were also reviewed remotely with Adrian Russell who informed that City Cleansing operations are currently under an internal review and investigation and that it was not possible at present to assess the systems on site. The wet waste process is understood to have been stopped for commercial reasons as it is not financially viable. This area will be targeted by LRQA in November 2007 when every effort should be made to close out the findings to avoid escalation to a major NC.</p> <p><u>Findings remain open WPS 22/5/07.</u> Cleanings services in co-operation with highways has inflated a</p>		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		gully emptyings, we would ideally like to surrender the PPC permit and deal with the gully emptyings under the waste transfer station licence only (if possible).						<p>number of changes to address the finding in a professional manner. These include:</p> <p>Prepared a management plan for initial corrective action at depot and ongoing management (uploaded to LRQA livelink).</p> <p>Stopped the collection of wet waste, cleaned out the wet waste settlement tanks and sludge removal by Biffa.</p> <p>Transferred gully emptying to highways from 1st Nov and had sludge analysed as non-hazardous for disposal to landfill.</p> <p>Undertaken CCTV camera inspection of the drainage system and prepared a new accurate drainage plan marking all items.</p> <p>Initiated negotiations with Severn Trent Water</p>	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								<p>to revise and re-issue the agreement (consent) to discharge or replace this with a small volume discharge letter fro contaminated surface run off to foul sewer. STW is satisfied with progress being made.</p> <p>Negotiations to be undertaken with EA to rescind the wet waste PPC permit but retain the WML.</p> <p>Findings remain open. Pending completion of the management plan. WPS 27/11/07.</p>	

Signature of Lead Officer Date.....

PROCESS: PROCUREMENT STRATEGY				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Chief Finance Officer	Failure to protect the Council's financial and legal interests and failure to maximise purchasing power.	<p>Appropriate rules exist complemented by substantial guidance and a long standing training programme.</p> <p>Assurance have been received of the following:</p> <ul style="list-style-type: none"> a. nominated officers who are authorised to purchase. b. scrutiny of contracts. c. insurance arrangements appropriate to contracts for contracts below £35,000. <p>Testing of compliance suggests that the pattern remains mixed (internal audit contract audit reviews)</p> <p>However, there is evidence of considerably higher awareness of corporate expectations based on the level of contact with the corporate procurement team seeking advice.</p>	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.	A Contract Management and Procurement Improvement plan is being implemented on target.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2008 (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	The programme	Head of	Continuous					

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	training	continues and there will be mandatory accreditation for authorised purchases by December 2008.	Corporate Procurement, Support and Income						
2	Procurement strategy	This is being rewritten and will include a procurement improvement plan	Head of Corporate Procurement Support and Income	May 2008					
3	Implement contract improvement plan	This is a detailed plan in response to the public interest report on housing contracts	Service Director – Legal Services	Dec 2008					

Signature of Lead OfficerDate.....

PROCESS: CONTRACT PROCEDURE RULES				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Geoff Organ	1. Failure to ensure CPRs comply with the law and current organisational needs. 2. Insufficient awareness / access by officers / members. 3. Failure to comply leading to financial losses, breach of law. 4. Failure by departments to comply with departmental responsibilities under the rules. 5. Failure by departments to use Legal Services where required. 6. Failure by decision makers, whether Cabinet or officers, to take into account legal implications when considering whether to enter into a contract. 7. Further DA public interest report.	Further revision has been completed and consultation is underway to enable adoption by Council.	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.	A current improvement plan is being implemented on target.
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	To improve control, awareness and compliance.	Establishment of a corporate team to create and implement an effective improvement plan.	Service Director – Legal Services		Yes		H		
2	Complete review of CPRs.	The review is underway.	Head of Corporate Procurement and Income	Dec 2008			H		
3	Departments to	Assurances have	Service		Yes		H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	assure compliance with rules.	been provided.	Director – Legal Services						
4	Completion of corporate improvement plan.	Service Director – Legal Services leading a corporate team to implement this.	Laurie Goldberg, Head of Audit and Governance	Dec 2008			H	On target.	

Signature of Lead OfficerDate.....

PROCESS: ANTI-FRAUD AND CORRUPTION				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Chief Finance Officer	Failure to identify and tackle fraud and corruption.	<p>A framework exists and a new anti-fraud strategy has been agreed.</p> <p>Partial assurance can be derived from the work carried out as to the effectiveness of anti-fraud requirements. The profile of this activity will increase with implementation of the new strategy.</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. 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). 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. 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. The Standards and Audit Committee now receive half yearly reports on the level of corporate counter fraud activity and the Housing Scrutiny Committee has received reports on performance in tackling HB and CTB fraud in response to the</p>	<p>All departments are encouraged 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. PCI standards require staff who will handle payment card data to be CRB checked. The review of HR as part of the Business Improvement Programme has lead to the establishment of a team located within the Shared Services Centre to co-ordinate obtaining of CRB clearance for all relevant staff. The corporate counter-fraud team have developed a core training programme for all certifying officers to be developed as part of City Learning's core training programme. The anti-fraud and corruption policy strategy has been revised and approved by the Cabinet (31/3/08). An annual fraud report is to be presented to the Audit Committee at its meeting on 19th June 2008. Regular update reports are presented for information to the Committee. Performance in tackling HB and CTB subject to monitoring</p>

			BFI inspection report issued in 2006. This is also subject to monitoring through a number of best value performance indicators.	through a number of best value performance indicators.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action plan as at March, 2008 (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	The training programme has been developed and is now being delivered to all certifying officers. The programme should be completed within a year or so and will need to address refresher training for existing staff on an ongoing basis.	
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, although the establishment of a dedicated team in the HR Shared Services Centre to manage the process is a positive step forward.	

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 2009		Yes	M	The activity is taking a second place to the need for basic training for certifying staff referred to above.	
5	Comprehensive Performance Assessment	Development of proactive counter fraud work other than HB	Head of Audit and Governance	March 2009		Yes	H	The approval of this anti-fraud and corruption policy has given this issue greater prominence. The ability to undertake proactive counter fraud work will depend on the demands placed on the team by reactive work.	
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	See anti-fraud and corruption policy	Policy approved by Cabinet 31/3/08
7	Fraud Awareness Training	Incorporation of Fraud awareness components into Corporate Induction training	Service Director (Business Improvement)/ Head of Audit and	Dec 2007	Yes		H	Now part of core learning suite of training.	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
			Governance						
8	Implementation of counter-fraud strategy	The new strategy intends to promote a zero tolerance approach to fraud and implementation will enable fuller assurance to be given in future years.	Head of Audit and Governance	Ongoing		Yes	H	Strategy approved by Cabinet 31 st March 08.	Minutes of Cabinet 31 st March 08.

Signature of Lead OfficerDate.....

PROCESS: RISK MANAGEMENT STRATEGY				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Chief Finance Officer	Failure to develop and implement an effective strategy.	<p>A corporate risk management strategy and action plan exists the latest being approved by Cabinet on 31st March 2008.</p> <p>Assurances that this strategy is being complied with can be derived from the formal consideration of risks at departmental management team level and Corporate Directors' Board. This process is presently being refreshed, therefore formal assurance cannot be given in this way. Nonetheless there is considerable evidence that risk management is becoming better embedded in the authority, based on the identification of issues for which support is sought.</p>	<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 have 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>The post of Corporate Risk Manager remains unfilled on a permanent basis and the interim manager remains in post. This is unlikely to be resolved until the results of current proposed reviews affecting the management of business continuity and emergency planning are complete.</p> <p>The Risk Management Strategy was revised and approved by the Cabinet (31/3/08) and will be considered by the Audit Committee at its meeting on 19th June, 2008.</p> <p>A Corporate Business Continuity Plan has been published and is undergoing refinement. Nevertheless, there is a plan that can be called on in the event of there being a need.</p> <p>Key corporate risks have been identified and agreed by the Corporate Directors' Board and Cabinet and subject to regular review.</p> <p>The development of "mirror" departmental risks is at an advanced stage.</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	Risk management strategy – review 2009/10	To be reported to Audit Committee and Cabinet	Corporate Risk Manager	March 2009		Yes	H		
2	Risk management Strategy – review 2008/9	To be reported to Audit Committee and Cabinet	Corporate Risk Manager	March 2008	Yes				Minutes of Cabinet 31/3/08. Audit Committee 19/6/08.
3	Risk management Strategy – review 2006/7	To be reported to Standards and Audit Committee and Cabinet	Corporate Risk Manager	March/ April 2007	Yes				Minutes of Standards and Audit Committee (28/3/07) and Cabinet (23/4/07)
4	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.
5	Corporate Business Continuity Plan	Publish and maintain	Corporate Risk Manager	June 2007	Yes		H		Plan can be viewed in Risk Management Services.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
6	Corporate Risk Register	Review and refresh Corporate Risk Registers and renew reporting to Corporate Directors' Board on key strategic risks	Corporate Risk Manager	June 2009		Yes	H		
7	Process for assuring risk assessments in support of new developments and projects	Risk Management Services to assure risk assessments as necessary condition of all new developments	Corporate Risk Manager	March 2009		Yes			
8	Development of operational risk register		All Corporate Directors supported by Corporate Risk Manager	May 2008		Yes	H		

Signature of Lead Officer Date.....

PROCESS: EFFECTIVE ADMINISTRATION OF FINANCIAL AFFAIRS				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Chief Finance Officer	<ol style="list-style-type: none"> 1. Incorrect monies paid out. 2. Sums due not received. 3. Inadequate keeping of financial records. 	<p>A framework exists through finance procedure rules which is fit for purpose. Audit testing suggests minor non-compliance is still tolerated in too many instances but that the position is improving.</p>	<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 Standards and 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 effectively. This is subject to regular review by Internal Audit. Audit Commission Annual Audit Letter 2005/6 states "our report concludes that the overall standard of the accounts and supporting working papers was good and continues to improve"</p>	<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 effectively. This is subject to regular review by Internal Audit.</p> <p>Audit Commission Annual Audit Letter 2006/7 states "Financial reporting continues to be sound. The Council has a good track record for producing and approving the statement of accounts within statutory deadlines and this was evident again for the 2006/7 accounts despite significant changes in local authority accounting practices. Working papers complied with the agreed joint working protocol and most were</p>

					of a good standard.
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%. .	
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	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	Procedure Note (Nov 06)

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		HRMC inspection visits						will be raised with Heads of Finance and suitable corrective action agreed.	
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 maintain and extend these improvements is stressed to those staff engaged in the preparation of the accounts	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.	Annual Audit Letter 2005/6; Final Accounts memorandum 2005/06
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	Head of Audit and Governance	March 2009	In progress			Reports to Audit Committee indicate large extent of completion of recommendations. Changes to the audit environment, including new Accounts and Audit Regulations and CIPFA Audit Standards will	Minutes of Audit Committee

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		has been prepared.						require further work to be done.	
5	Review and update finance procedure rules with a major training push pending rewrite when RMS is introduced		Head of Strategy and Development	June 2008	In progress		H		

Signature of Lead Officer Date.....

PROCESS: HEALTH AND SAFETY POLICY				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
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&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.</p> <p>A head of profession for the H&S function is in place.</p> <p>A policy framework setting out the relationship between departmental and corporate H&S policies and guidelines has been agreed.</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&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&S risks. However, in the short-term 06/07 will involve a period of significant internal change for the</p>	<p>A well established system of corporate and departmental level reports and plan is in place.</p> <p>Whilst presenting some considerable challenges, the review has delivered several benefits including for the first time a comprehensive H&S training offer via City Learning.</p> <p>Following a report on Corporate Manslaughter to CDB in early 2008, commitments have been made to deliver training to all managers, including the IOSH accredited “safety for senior</p>

			<p>H&S function, in order to deliver a 'smaller, refocused H&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&S manual for the whole organisation.</p>	<p>managers course".</p> <p>Work to deliver a single H&S manual is progressing including making use of existing departmental policies to form corporate policies.</p>
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2008 (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 stream activity of the function)	H	Several audits (internal and external) of asbestos and water hygiene management have now been carried out. In common with many LAs significant work remains to be done but demonstrable progress (particularly in relation to water hygiene risk assessments) is being	Audit reports produced by LCC insurers Zurich Municipal and the H&S function. Asbestos and Water Task and Finish Group minutes.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								made. The H&S function continues to work with LCC's property function. Comprehensive action plans for both asbestos and water hygiene management are in place and being monitored. Senior managers (via Heads of Property) are beginning to receive regular update reports on progress.	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	Yes	Medium	Production of new and revision of existing guidance is an ongoing core task. Work to deliver a single H&S manual is progressing including making use of existing departmental policies to form corporate policies.	Minutes of HSMT and Authority Wide H&S Consultative Committee.
3	Key corporate H&S risks are	A model for corporate level H&S audits is	Head of Pay & workforce	March 06	Yes		High	Audits of corporate H&S risks commenced in	Copies of audit reports

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	adequately monitored.	<p>currently being piloted by the CHSU.</p> <p>A protocol for identifying key audit areas has been developed.</p> <p>Corporate level H&S audits will be identified in all future corporate H&S action plans.</p>	Strategy		<p>Yes</p> <p>Yes (audit activity is now main streamed into the functions work)</p>			<p>06/07. The significant findings of these audits are reported to senior management via corporate H&S report and action plan received by SRG and CDB.</p> <p>One expected outcome of the review will be the development and delivery of a more focused and co-ordinated audit and inspection programme focused around key corporate risks.</p>	Minutes of SRG and the associated corporate H&S reports.
4	The organisational and individual implications of ill health (work – related and other causes) are properly understood and managed.	A musculoskeletal rehabilitation pilot project is currently underway in LCC's Housing Department.	Head of Pay and Workforce Strategy	May 2006	Yes		High	<p>Following completion of a successful pilot, musculoskeletal rehabilitation has been rolled out across LCC (excluding schools – thought work is planned to bring schools on board).</p> <p>A six month review identified that the expected benefits are being demonstrated but</p>	<p>Minutes of CDB and SRG, and associated reports.</p> <p>Contract with the provider.</p>

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		<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>		<p>March 2007</p> <p>March 2007</p>	<p>Yes (now being main streamed)</p> <p>Yes</p>	<p>Medium</p> <p>High</p>	<p>also areas of high MSD absence but low take up. An end of year review will identify if progress has been made with low take up areas.</p> <p>The first reports from Resourcelink on work-related ill health became available in early 2007. The reports and actions arising are discussed and agreed by HSMT. Data on work related ill health is now included in corporate and departmental H&S reports (see earlier).</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 relevant officers in the audit report. Work to deliver a</p>	<p>Reports from Resourcelink.</p> <p>Minutes of HSMT.</p> <p>Audit report. Minutes of HSMT. Minutes of OHUG.</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>comprehensive health surveillance programme is being undertaken with the new OH provider (contract commenced March 08).</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>In response to concerns raised at SRG an implementation strategy is currently being developed for agreement and delivery in 08/09.</p>	Revised policy document. Minutes of HSMT.

Signature of Lead Officer Date.....

PROCESS: SAFEGUARDING CHILDREN				
Lead Officer	Potential key risks as at 3/2008	Areas assured as at 3/2008	Adequacy of process as at 3/2007	Adequacy of process as at 3/2008
Interim 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	HR review was being carried out and scrutinised to ensure that it fully takes account of safeguarding requirements	This has moved on positively. There has been good joint working with the Safeguarding Unit and HR and clear procedures are now in place and operational.
	Management of allegations against City staff is not sufficiently robust and co-ordinated.	Green	New Safeguarding Unit is being developed to discharge new functions for overseeing allegations	Safeguarding Unit now fully operational. Allegation procedures are now in place having been reviewed and amended. The LADO role is well embedded with good systems in place to progress chase and oversee all aspects of the process.
	Service delivery within child protection fails to respond appropriately to the needs for protection of Leicester children within their families	Green	Services are subject to inspection & are judged as performing well	Service continue to be judged by external inspection and performed positively (scoring 3 – good) in recent joint area review.
	Standards of care do not adequately safeguard children looked after by the Local Authority	Green	Services are subject to inspection & judged as performing well	Service continues to be judged by external inspection and performed positively (scoring 3 – good) in recent joint are a review and outstanding if Ofsted inspection of fostering services. LCC also received Beacon status for care matters (services to children in care).
	Staff in all areas with contact with children do not receive child protection awareness training	Green	LSCB Training strategy (based on statutory requirements) has been	LSCB training strategy continues to underpin the

	Responsibilities across all departments for safeguarding & promoting welfare of children are not addressed at each level of accountability	Green/Amber	produced Significant resource implications to roll this need to be considered by all departments Roles & responsibilities document was revised & brought to Corporate directors' board	programme of child protection awareness training across the department, and a range of courses have been carried out throughout the year. Whilst this remains a clear priority across the whole Council it is unclear how well this document is embedded and applied.
Assessment of level of assurance (Delete those not applicable)		Green		

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 OfficerDate.....