

Leicester
City Council

WARDS AFFECTED
All Wards

RESOURCES & EQUAL OPPORTUNITIES SCRUTINY
CABINET
STANDARDS

4TH
4th May 2006
15th May 2006
To be fixed

CORPORATE GOVERNANCE: ANNUAL REPORT FOR 2005/6

REPORT OF THE DIRECTOR OF RESOURCE

1. PURPOSE OF REPORT

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 2005/6 and to enable the Council's Leader and Chief Executive to sign a Corporate Assurance Statement.

2. SUMMARY

This is the third 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.

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**.

Corporate Governance procedures are subject to an annual audit. The outcome of the review for 2005/6 are included in the attached supporting information and Internal Audit will repeat the process in 2006/7.

3. RECOMMENDATIONS

3.1 **Resources and Equal Opportunities Scrutiny Committee** is 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 Resources and Equal Opportunities Scrutiny Committee; and
- 3.2.2 Authorise the Service Director – Legal Services to arrange for consultation with the Standards Committee and then produce a final form of Corporate Assurance Statement in consultation with the Council’s Leader and Chief Executive.

4. HEADLINE FINANCIAL AND LEGAL IMPLICATIONS

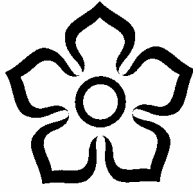
Covered in the report.

5. REPORT AUTHOR

Peter Nicholls, Service Director - Legal Services, x6302

DECISION STATUS

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



Leicester
City Council

WARDS AFFECTED
All Wards

**RESOURCES & EQUAL OPPORTUNITIES SCRUTINY
CABINET
STANDARDS COMMITTEE**

**4th May 2006
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To be fixed**

CORPORATE GOVERNANCE: ANNUAL REPORT FOR 2005/6

SUPPORTING INFORMATION

1. REPORT

Corporate Governance Code

- 1.1 In May, 2002, the Council approved and adopted a local Code of Corporate Governance 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". A copy of the Code is available on the Council's web site.
- 1.2 CIPFA / SOLACE has defined Corporate Governance as "the system by which local authorities direct and control their functions and relate to their communities". The system needs to be able to demonstrate clearly:
- Openness and inclusivity
 - Integrity
 - Accountability

Annual Review

- 1.3 There has been a need to establish arrangements to review and publish statements on the extent to which the Authority is complying with good practice, and on the operation and effectiveness of its Corporate Governance arrangements.
- 1.4 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 will need to evidence compliance, and there is a need to

identify those responsible for monitoring and reviewing systems, processes and documentation identified.

1.5 Lead officers have been appointed for all key policies and procedures, as set out below. 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.

1.6 The outcome of the Annual Review for 2005/6 is shown as **Appendix 1**.

Page No.	KEY POLICIES AND PROCEDURES	LEAD OFFICER
9	Consultation strategy	Assistant Chief Executive
11	Performance management framework	Assistant Chief Executive
12	Project management	Service Director – Property Services
14	Members’ Code of Conduct and Political Conventions and Members support framework	Service Director – Democratic Services
16	The Council Constitution	Service Director - Legal Services
18	Information Governance	Service Director - Legal Services
22	Communication strategy	Assistant Chief Executive
23	Partnership policies	Assistant Chief Executive
24	Effective Human Resource Policies	Service Director - Human Resources and Equalities
26	Whistle blowing	Service Director - Human Resources and Equalities
27	Code of Conduct (officers)	Service Director - Human Resources and Equalities
28	EMAS	Corporate Director of Regeneration and
38	Procurement strategy	Chief Finance Officer
40	Contract Procedure Rules	Service Director - Legal Services
41	Anti-fraud and corruption	Chief Finance Officer
44	Risk management strategy	Chief Finance Officer
47	Effective administration of financial affairs (Finance Procedure Rules and associated guidance)	Chief Finance Officer
50	Health and safety policy	Service Director - Human Resources and Equalities

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

1.8 Oversight of the Council’s corporate governance arrangements is a function of Cabinet within its terms of reference relating to Finance and Resources. Corporate Governance also falls within the remit of Resources & Equal Opportunities Scrutiny Committee and the Authority’s Standards Committee which are receiving this report for comment.

1.9 Rather than delay the process, given Internal Audit’s recommendations, it is proposed to report to the Standards Committee when it next meets on a date to be fixed following Cabinet.

Internal Audit

- 1.10 The 2005/6 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 2004/5.

From the information reviewed it was concluded that:

- The process behind the Annual Assurance Statement continues to work well.
- This is the second 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.

- 1.11 However, some areas for improvement have been identified and recommendations have been made to strengthen the existing system further as follows:

- Assurance Statements should be completed, signed and dated as near as possible to 31st March, and the timetable should be tightened so that the Annual Assurance Statement can be signed as soon as practical after the year end.
- Lead officers should record the date they sign and support the position statements.
- There should be clear cross referencing to supporting evidence.
- It was found that the Community Plan process in the 2003/4 Annual Assurance Statement no longer appeared in the 2004/5 Statement. It had been incorporated into the Performance Management Framework. There should have been an audit trail.
- Each year's Annual Assurance Statement should be clearly linked to that of the previous year, to include:
 - Tasks completed with a 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 realistic target date.
 - New tasks identified and matched with realistic target dates.
- A sample test in respect of the Performance Management Framework showed that a statement to the effect that the area has been subject to "internal verification" was far too wide and misleading. The statement should be more specific as to which audits have taken place in the areas concerned.

- 1.12 It is understood that the annual report and Assurance Statement for 2005/6 will be subject to a further internal audit.

District Auditor

- 1.13 The District Auditor has expressed support for the Authority's Corporate Governance Framework and stated that the Annual Report informs and complements the District Auditor's programme of work for the Authority.
- 1.14 The Audit Commission has published a view that "Corporate Governance is the framework of accountability to users, stakeholders and the wider community, within which organisations take decisions, and lead and control their functions, to achieve their objectives. The quality of Corporate Governance arrangements is a key determinant of the quality of services provided by organisations".
- 1.15 The annual review and Assurance Statements produced will be scrutinised as part of the Comprehensive Performance Assessment process.
- 1.16 The review ought to be considered in the context of the District Auditor's letter for 2004/5: key messages included a statement that governance arrangements are generally satisfactory.

Outcomes of the review for 2005/6

- 1.17 This has been the fourth annual review, the first being for 2002/3. The outcome is summarised in **Appendix 1**. For each key policy / procedure the lead officer has been required to provide a position statement as at March, 2006:
- * potential key risks
 - * areas assured
 - * adequacy of processes
- 1.18 This is compared to the position reported to Cabinet on the 26th September, 2005.
- 1.19 The lead officer has also been asked to show an action as at March, 2006 including action taken and areas assured since March, 2005.

Summary

- 1.20 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.

For example, in respect of Contract Procedure Rules compliance can be assured in respect of contracts handled by Legal Services but assurance cannot be given at this stage in respect of contracts handled and managed within departments. New Contract Procedure Rules were introduced in

February, 2006 and assurances are now being sought from Service Departments, to be returned by May 1st. This will be followed by an audit which has been arranged for the third quarter of 2006.

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

It can be seen from the position statement shown as **Appendix 1** that there are no identified risks for the Authority for 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.

Complaints to the Ombudsman

- 1.21 A Monitoring Officer issue which is not specifically identified in the Corporate Governance Framework is the position in respect of Local Government Ombudsman complaints.
- 1.22 A summary of Local Government Ombudsman complaints received from 1st April 2005 to 31st March 2006 is attached as **Appendix 2** including a comparison with the previous two years 2003/4 and 2004/5.
- 1.23 The number of complaints where maladministration has been found has decreased from 4 in 2004/5 to 0 in 2005/6. **Appendix 3** is a comparison table of family authorities for the years 2003/4, 2004/5 and 2005/6 (to be completed).

2. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

i. Financial Implications

Covered in the report.

ii. Legal Implications

Covered in the report

iii. 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

3. BACKGROUND PAPERS – LOCAL GOVERNMENT ACT 1972

Relevant legislation, national policies, the Council's Corporate Rules, Policies and Standards referred to in this report.

4. CONSULTATIONS

Trevor Croote for the District 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

APPENDIX 1

PROCESS: CONSULTATION STRATEGY				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Assistant Chief Executive	<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.	<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>	<p>The Public Research and Consultation Group publishes a regular bulletin on consultation listing current consultation activities and sharing best practice amongst officers.</p> <p>Training on different elements of consultation has been provided to officers.</p> <p>ACE will write to all Corporate Directors seeking assurances that staff are using the toolkit in all consultation exercises. Consideration is being given to extending this to include sample monitoring if practical and beneficial.</p>

Action Plan as at March, 2006 (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	Not actioned		
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, Assistant Chief Executive	Aug 2006		Aug 2006		Information will be put on consultation toolkit site on the intranet.	Consultation toolkit intranet site.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
2	Training for officers	Two training programmes have been run to date and further training is planned.	Keith Murdoch Assistant Chief Executive . Liz Reid-Jones, Head of Policy & Performance.	Nov 2006		Training programme		Consultation toolkit. Consultation bulletin, PPT, CXO	
3	Assurance of compliance	Corporate Directors will confirm compliance with the tooling within their departments from 1.4.05 to 31.3.06.	Keith Murdoch, Assistant Chief Executive	30.4.06		April 06			

Signature of Lead OfficerDate.....

PROCESS: PERFORMANCE MANAGEMENT FRAMEWORK				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Assistant Chief Executive	<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. 	Assurance can be given in all areas subject except risk number 5 which is under review due to changed performance requirements placed on the Council and partners.	<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>	Processes have been subject to audit and found to be sound.

Action Plan as at March, 2006 (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	Not actioned		
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.	Alan Helliwell, Partnership Development Manager. Austin Roberts, Head of Performance and Best Value	1 st April 2007	No	1 st April 2006 – 31 st March 2007		None	None
2	All risks	Internal audit of performance management system	Steve Jones	31.7.06	No	June 06		None	None

Signature of Lead Officer Date.....

PROCESS: PROJECT MANAGEMENT				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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. 	All areas are assured subject to full implementation of new mandatory PRINCE2 standards and procedures.	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 District 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.	

Action Plan as at March, 2006 (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	Not actioned		
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
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	Intranet

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
								project review	
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.		Lynn Cave, Service Director (Property)	March 2006		Proposal to SRG in April with implementation over 6-9 months			
6	Establish a project management training programme.		Lynn Cave, Service Director (Property)	Sept. 2005	Yes		Training programme ongoing.		
7	Confirm that major projects comply with the new standards		Lynn Cave, Service Director (Property)	July 2005		Work is ongoing with a project assurance review of the top 6 major projects undertaken. Programme of project compliance audits to be continued over next 12 months.			

Signature of Lead Officer Date.....

PROCESS: MEMBERS' CODE OF CONDUCT AND POLITICAL CONVENTIONS AND MEMBERS SUPPORT FRAMEWORK				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Service Director – Democratic Services	<ol style="list-style-type: none"> 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. 2. Members' conduct not in accordance with the provisions of the Members Code of Conduct. 3. Deterioration in Member/officer relations leading to less effective strategic management of the authority. 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. 5. Members violate provisions of Members Allowance Scheme. 	<p>Assurance can be given in all areas.</p> <p>This is subject to continuation of regular awareness training which has been programmed.</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>	Member development programme formulated and being delivered to timetable. Additional support required to front line Members.

Action Plan as at March, 2006 (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	Not actioned		
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		Programme in production		Completed programme of workshops with associated evaluation.	
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 of required standards of probity	Two pre-election sessions for candidates	Service Director – Democratic	May-Dec 2006		Programmes in process with MDF and		Assurance after delivery of training. Evaluation of training	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
	for pre-election candidates.	incorporating probity awareness.	Services			Whips			

Signature of Lead OfficerDate.....

PROCESS: THE COUNCIL'S CONSTITUTION				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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 the Procedures Working Party,</p>	Changes approved by Council are published via the internet within five working days, training has been provided to individual members and introduced into member induction training.

Action Plan as at March, 2006 (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	Not actioned		
1	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	Peter Nicholls, Service Director – Legal Services	April 2005	Yes				

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
		full Council. The latest edition is dated January 2006.							
2	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 2006					

Signature of Lead OfficerDate.....

PROCESS: INFORMATION GOVERNANCE				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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. Failure 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. 	<p>Assurance can be given in all areas covered by the central function. Both FOIA and DPA guidance was produced in consultation with the Council's in-house specialist lawyers and vetted by the Information Commissioner's Office. RIPA has been the subject of inspections by two central Inspectorates – the Office of Surveillance Commissioners and the Interception of Communications Commissioner's Office with all proposed work-plans accepted and completed.</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>Five departments have confirmed that they are 100% compliant. R&C has confirmed it is 80% compliant. It is not possible to verify these statements because the audits planned for January 2006 were postponed to accommodate the BIP Information Audit. These audits are now</p>	<ol style="list-style-type: none"> 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. 2. Training has been provided to Members and officers. 3. Guidance is kept under review by the Information Management Group under the instruction of the Information Management Project Board. 4. Annual departmental compliance is required by 01st March each year. Annual compliancy audits are carried out for all areas by the ICT Information Management & Contracts Team (IMC). Five departments have confirmed that they are 100% compliant. R&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 	<p>Assurance can be given in respect of the Data Protection Act, 1998 (DPA), Freedom of Information Act, 2000 (FOIA) and Regulation of Investigatory Powers (2000) functions etc handled by IMC, but assurance cannot be given in respect of departments.</p>

		intended for July 2006 to provide this assurance.		
		There is a high level of ongoing legislative change in these areas, which is expected to continue for at least the next 12 months, therefore considerable change will continue to be experienced. There will be resource implications.		

Action Plan as at March, 2006 (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	Not actioned		
1	Lack of information retention and deletion policy	Policy approved by SRG and project Board. March 2005 Council approved updates to the Constitution.	Ed Smith, Head of Information Management and Contracts	April 2005	Yes	Being reviewed as part of the BIP information audit.			SRG minutes. Council report for March 2005.
2	Inadequate central financing	To be considered as part of the corporate information management strategy by the Project Board and RAD DMT.	Project Board and RAD DMT.	Dec. 2004	No		Information management strategy review dependent on 2005 capital programme – now agreed	Will be reviewed during 2005/6 as part of development of information management strategy. To be finalised during 2006/7.	Project Board minutes
3	Lack of information management policy	To be considered as part of the corporate	Project Board and RAD	Dec 2004	No	Draft strategy produced and to	Information management	Will be reviewed during 2005/6 as	Project Board minutes

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
		information management strategy by the Project Board.	DMT			be agreed by Project Board and SRG. Policy and procedures will be produced once strategy defined.	strategy review dependent on 2005 capital programme – now agreed.	part of development of information management strategy to be finalised during 2006/7.	
4	Lack of information management strategy	To be developed under the guidance of the Project Board and SRG	Project Board and RAD DMT	Dec 2004	No	Draft strategy produced and to be agreed by project Board on SRG – target June 2005	Information management strategy review. Funding available through 2005 capital programme	Will be finalised during 2005/6. Delayed by BIP information audit. To be finalised during 2006/7	Project Board minutes
5	All departments to be 100% legislative compliant.	Agree plan with R&C to improve compliancy and implement.	Head of Information Management & Contracts / Corporate Director – R&C	Dec 2006	No	Draw up and agree plan with R&C DMT. R&C implement plan with central support. Audit against process Jan. 2007.	May be funding implications both centrally and departmentally	R&C has said it is 80% compliant.	E.mail to Head of Information Management & Contracts dated 27 th Feb. 2006.
6	Comply with requirements of Re-use of Public Sector Information Regulations 2005.	Agree plan to implement Council's response to the Regulations with the Town Clerk, Service Director – Legal Services and members and implement.	Project Board and RAD DMT	Sept. 2006	No	Agree charging policy – May 2006. Agree policy on making information available for commercial re-use – July 2006. Implement policy – Sept.	May be funding implications both centrally and departmentally. Dependent on Information audit and	The Council has an interim position which means it is compliant.	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
						2006	Information Mgt. Strategy review		

Signature of Lead OfficerDate.....

PROCESS: COMMUNICATION STRATEGY				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Assistant Chief Executive	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.	Strategy agreed and being implemented.

Action Plan as at March, 2006 (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	Not actioned		
1	Strategy needs to be agreed by members, subject to review (see next column)	Strategy needs to be reviewed in light of structural changes currently being carried out across the Council, increased importance of internal communication and the growth of specific major projects (PAC, BSF, City Centre, SNEN, internal change etc).	Mark Bentley, Head of Communications	End Sept. 2006	No	Corporate Directors Board / Cabinet over summer.		Revised strategy will be published on the intranet and widely publicised once finally agreed.	Intranet.
2	Assurance of strategy post introduction	Corporate Directors will provide assurance of compliance for their department	Keith Murdoch, Assistant Chief Executive	End June 06	No	June 06			

Signature of Lead OfficerDate.....

PROCESS: PARTNERSHIP POLICIES				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Assistant Chief Executive	<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. 		Partnership working continues to grow in importance. The current project is addressing the concerns raised by the Audit Commission.	The Chief Executive is currently undertaking a project on partnership working. The results of this will be available in April 2006.

Action Plan as at March, 2006 (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	Not actioned		
1	Contribute to the development of a Local Area Agreement for Leicester.	LAA has been developed and planning for implementation taking place.	Keith Murdoch, Assistant Chief Executive	April 2006		April 2005		The Leicester Partnership leads Local Area Agreement.	Local Area Agreement document.

Signature of Lead OfficerDate.....

PROCESS: EFFECTIVE HUMAN RESOURCES POLICIES				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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>	Established arrangements continuing.

Action Plan as at March, 2006 (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	Not actioned		
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)	April 2007		Yes (project on target)		Over 1000 jobs are currently being evaluated to ensure fair and accurate reflection of duties and responsibilities.	Project Board 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 2007		Yes		Three year implementation is underway, however awaiting outcome of HR implications from the Support Services Review.	HRSG minutes

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
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			Last ALI inspection carried out in November 2005. Conformed improvements as required.	ALI inspection report.
4	Improve HR data	Use Resource Link to provide regular management reports on performance.	Helen Gardiner, Senior HR Adviser	By April 2006		Yes		All HR data performance reports to be produced through resource with effect from April 06.	HRU documents
5	Equality standard	Continue drive to achieve Equality Standard level 4	Service Director, HR&E	June 2006		Yes		Some slippage in timescales due to capacity issues.	Report to CDB 04/06 plus ESSG minutes.
6	Improve disability management within the Council	Report to be submitted to the Corporate Equalities Strategy Group in June 2006	Service Director, HR&E	June 2006		Yes		New Disability Equalities Scheme (DES) due for implementation Dec 2006	Project plan and project group minutes
7	Review HR strategy	Agree new HR strategy for the Council	Service Director, HR&E	By March 2007			Yes	Awaiting outcome of HR implications from the Support Services Review	
8	Whistle blowing policy in place	Promoted through In Contact	Head of HR	N/a	Yes			Policy introduced in November 2005.	In Contact 15/05. Policy is posted on the intranet and internet.

Signature of Lead Officer Date.....

PROCESS: WHISTLE BLOWING				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Service Director – Human Resources and Equalities	1. Policy commenced and implemented.	New policy subject to formal agreement to reflect concerns raised by District Audit	New policy established. Communication and implementation programme for 03/05.	Need for regular review.

Action Plan as at March, 2006 (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	Not actioned		
1	New policy	Final version	Ian McBride, Service Director (HR and Equalities)	June 2005	Yes				Policy available for inspection
2	Communication and implementation plan	Timetable....	Ian McBride, Service Director (HR and Equalities)	08/05					File of actions in Human Resources Unit, RAD

Signature of Lead OfficerDate.....

PROCESS: CODE OF CONDUCT (OFFICERS)				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Service Director – Human Resources & Equalities	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	Review of current policy following publication of a new National Code.

Action Plan as at March, 2006 (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	Not actioned		
1	To review current policy following publication of new National Code of Conduct.	Awaiting publication of new National Code of Conduct.	Head of HR	March 2007		Yes		Draft proposals received.	Available from Human Resources Unit, RAD
2	New draft guidance note to be issued for staff on registering gifts and hospitality and conflicts of interest.	Currently being finalised. Policy subject to normal approval arrangements.	Head of HR	By March 2007		Yes			

Signature of Lead OfficerDate.....

PROCESS: EMAS				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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 in June 2005 and March 2006.</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 in 2003, 2004, 2005 and up to March, 2006.</p> <p>Improvement notes are now reclassified as minor non-conformities.</p> <p>The following 9 minor non conformities are to be addressed (from March 2005). One of these remains open from the previous year.</p> <p><u>(Previous) landlord and tenant interface.</u> Former improvement note 06/03/02 regarding "maintenance matters". No progress is reported since the LRQA visit of 27/10/04 and LCC is urged to complete this work to ensure that building maintenance is formalised.</p> <p><u>Schools verification</u> LCC should again consider its position on water hygiene, define its policy and procedures and determine if this is to be a mandate or option for schools to follow. In making its decision, LCC should seek advice (legal if necessary) of the consequences of not undertaking monitoring in accordance with the approved Code of Practice or bulletin.</p> <p><u>Schools Minor NC Former Improvement Note 3/04/01</u> refers and carried over. Despite Education and Lifelong Learning issuing Health and Safety Bulletin No.49 in May 2004, and providing training to Premises Officers, the COSHH registers and Material Safety Data Sheets (MSDS) held by LCC schools for chemicals used on premises are not up to date or complete in all cases.</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>Corporate Directors received a progress report on clearing improvement notes in October 2003. A further report was presented to CDB on 30th April 2004.</p> <p>There were no non conformities raised during April 2004 verification process and the Authority was recommended for re-registration.</p> <p>In 2004 one new improvement note was raised relating to landlord and tenant interfaces.</p> <p>One of the previous improvement notes was discharged relating to compliance with environmental legislation.</p> <p>In 2005, 2 new minor non conformities were raised during the schools verification in March 05. During the main verification in June 05 a further 9 new minor non conformities were raised.</p> <p>At the LRQA interim visit, Oct 05, 1 minor n/c was downgraded.</p> <p>At schools verification visit March 06, 2 minor n/cs were closed and no new ones were raised.</p>

		<p><u>Data for the public statement</u> The data contained in the Energy Audit Summary was reproduced from the reporting database. This data differs slightly from that presented in the EMAS Statement due to invoice adjustments being made. LCC should prepare a fixed data set for all figures presented in the EMAS report so that information contained in the EMAS Statement can be reproduced. If EMAS data is modified, for whatever reason, then the reason for this should be explained in the EMAS Statement. The recording of data on a CD for presentation to the verifier would be suitable method.</p> <p><u>Fire management at depots</u> EMAS Procedure P15-2 – Managing the Environmental Risk of Building Fire does not cover the environmental aspects of fire such as fire water run off etc. In particular, a more robust process is required for the depots. LCC may find EA guidance on this subject useful</p> <p><u>Hazardous Waste</u> The implications for City Cleansing and its clients of the Hazardous Waste Regulations 2005 have yet to be determined. This will require any LCC site producing hazardous waste to register with the EA</p> <p><u>Monitoring of the 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"> • Compliance with LCC chemical requirements 		<p>9 minor n/cs remain open until the May 2006 LRQA visit.</p>
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		Prevention of the disposal of waste water into storm drains. <u>5 minor nc's Relating to Leisure Centres:</u> There are 5 minor non-conformities for Leisure Centres on the following topics: <ul style="list-style-type: none"> • Consent to discharge • Emergency response drill • Chemical storage • Inspection schedules 		
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Action Plan as at March, 2006 (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	Not actioned		
1	<u>(Previous) Landlord/tenant interface</u> Former Improvement Note 06/03/02 regarding "Maintenance Matters". No progress is reported since the LRQA visit of 27/10/04 and LCC is urged to complete this work to ensure that building maintenance is formalised.	<u>Extract from LRQA Interim Report Oct 05</u> Report to Directors Board 28/06/05 identifies "Maintenance Matters" as a tool for "formalising" future improvement to maintenance delivery and not documenting existing policy which is defined within the QA system. Completion of the document is estimated by the end of 2005 and can be shown to LRQA at the next visit. The finding is downgraded to SFI pending completion of this document that	Corporate Landlord (RAD)	May 06		Yes		This minor non conformity has been downgraded by LRQA at their interim visit in October, pending completion of the document referred to which should be available for inspection at the next meeting. Extract from LRQA interim report Oct 05. the finding is downgraded to SFI pending completion of this document that represents an initiative that can bring environmental performance improvement.	LRQA interim report Oct 05

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
		represents an initiative that can bring environmental performance improvement .							
2	Schools Verification LCC should again consider its position on water hygiene, define its policy and procedures and determine if this is to be a mandate or option for schools to follow. In making its decision, LCC should seek advice (legal if necessary) of the consequences of not undertaking monitoring in accordance with the Approved Code of Practice or Bulletin.	Env Team, together with ELLL Health and Safety Officer have carried out training to schools premises managers covering this issue in December 05 <u>Extract from LRQA report March 06:</u> "LCC has prepared a revised draft H&S Standard on Water Hygiene Management and is planning to appoint a new post of Corporate Water Hygiene Co-ordinator. In addition, further water hygiene training has been delivered. Premises Officers at Schools visited were familiar with their responsibilities and water temperature monitoring is taking place. LCC has demonstrated that systems are in place to manage its risk. Item closed. WPS	Corporate Head of Health and Safety (RAD)		Yes			Closed by LRQA March 06	LRQA schools report March 06

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
		10/3/06							
3	<p><u>Schools minor NC Former improvement note 3/4/01</u> refers and carried over. Despite E&LLL issuing health and safety bulletin no. 49 in May 2004, and providing training to Premises Officers, the COSHH registers and Material Safety Data sheets (MSDS) held by LCC schools for chemicals used on premises are not up to date or complete in all cases.</p>	<p>Env Team, together with ELLL Health and Safety Officer have carried out training to schools premises managers covering this issue in December 05</p> <p><u>Extract from LRQA report March 06:</u> From the sample of LCC schools visited during this visit, systems are in place to manage the risk posed by handling potentially harmful chemicals by accessing relevant MSDS and preparing COSHH assessments. In the majority of cases sampled, ESPO and Jangro (main suppliers) are also being contacted for up-to-date information whenever new chemicals are purchased. At secondary schools, laboratory chemicals are also being managed. Schools should ensure that the COSHH files are manageable and</p>	Env Team with ELLL Health and Safety	March 05	Yes			Closed by LRQA March 06	LRQA schools report March 06

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
		accessible to users to ensure that in the event of an incident, relevant information is readily available. Item closed. WPS 10/3/06							
4	<u>Data for the public statement</u> The data contained in the Energy Audit Summary was reproduced from the reporting database. This data differs slightly from that presented in the EMAS Statement due to invoice adjustments being made. LCC should prepare a fixed data set for all figures presented in the EMAS report so that information contained in the EMAS Statement can be reproduced. If EMAS data is modified, for whatever reason, then the reason for this should be explained in the EMAS Statement. The recording of data on a CD for presentation to the verifier would be suitable method.	The Environment Team are addressing this in the collection of data for the current EMAS Public Statement. All officers supplying EMAS data from electronic databases will be asked to provide a hard copy of the database as confirmation of figures supplied	Officers supplying electronic data to the Environment Team for the EMAS public statement	April 06		Yes	The collection of data will be internally audited before being presented to LRQA in May 06. Extract from LRQA interim report Oct 05: LCC Environmental Team personnel tasked with collecting data for the public statement will be required to obtain a burnt CD from the point of source of the data (not only energy).	EMAS internal audit report of the public statement April 2006.	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
5	<u>Fire management at depots</u> EMAS Procedure P15-2 – Managing the Environmental Risk of Building Fire does not cover the environmental aspects of fire such as fire water run off etc. In particular, a more robust process is required for the depots. LCC may find EA guidance on this subject useful	Env Team to provide technical assistance to Leycroft Road Depot Manager (and other depot managers) to help resolve this issue	Leycroft road Depot Manager and other depot managers.	May 06 LRQA visit		Yes		Extract from LRQA interim report Oct 05: LCC has obtained guidance and information from the EA on fire water run-off. Form F18-1 actually identifies points of contact in the event of emergency e.g. EA, water, electricity and gas. In addition it provides for the location of spill kit compounds and/or drain covers. However, it does not identify the location of drainage plans on each site which need defining in F18-1. LCC should ensure that drainage plans are kept up-to-date and are readily available in the event of an emergency to identify discharge points to the emergency services. Depots should make provision for preventing fire water run-off to surface water drains (e.g. with drain covers isolating valves, or bungs). Finding remains open.	
6	<u>Hazardous Waste</u> The implications for City Cleansing and its clients of the Hazardous Waste Regulations 2005 have yet to be determined. This will require any LCC site producing hazardous	Env Team notified all building managers in July 2006 of the requirement to register and provided a briefing note on the new requirements for managing hazardous waste. The Env Team	Individual building managers are responsible for complying with the hazardous waste regulations.	May 06 LRQA visit but legislation took effect from July 06	Yes Briefing note and training given			Extract from LRQA interim report Oct 05. The implications of the hazardous waste regulations have been internally communicated by Mark Jeffcote to all known relevant locations managing hazardous waste with instructions on	Env. Team briefing note and training records.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
	waste to register with the EA	have also delivered training sessions covering this issue, for building managers in February 2006.						the registration process. Inquiries have been managed and registrations applied for on an individual and as needed basis. Verification of registration has not been undertaken	
7	<u>Monitoring of the 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: <ul style="list-style-type: none"> Compliance with LCC chemical requirements Prevention of the disposal of waste water into storm drains.	The following action is planned: <ul style="list-style-type: none"> Env Team to prioritise the highest risk contracts to provide support to contracts monitoring officers in addressing monitoring concerns . Improve the corporate procurement tool kit guidance regarding contract monitoring Review standard clauses in legal contracts	<ul style="list-style-type: none"> ISS Contract Monitoring Team and other high risk contracts monitoring officers Corporate Procurement Group (with Env Team) Legal Services (with Env Team) 	May 06 LRQA visit		Yes		Extract from LRQA interim report Oct 05: 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. Finding remains open.	
8 - 12	<u>5 minor nc's Relating to Leisure Centres:</u>	Corrective action was presented to LRQA at the interim visit (as	Leisure Centre Managers	May 06 LRQA visit		Yes		Extract from LRQA interim report Oct 05 Automatic metering will be	Env Team training records. LRQA interim report.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
	<p>There are 5 minor non-conformities for Leisure Centres on the following topics:</p> <p>Consent to discharge</p> <p>Emergency response drill</p> <p>Chemical storage</p> <p>Inspection schedules</p>	<p>described in the comments column)</p> <p>Since this visit, the Env team have carried out specific training sessions for Leisure Centre staff in Feb/Mar 06</p>						<p>installed in November for gas, water, electricity and backwash which will allow compliance with the volumetric consent condition to be periodically determined. The ST quality monitoring concession has been sent to the site. Finding remains open.</p> <p>The Backwashing Guide will be updated after data has been reviewed to determine compliance with the volumetric consent conditions. Finding remains open</p> <p>Gas detection equipment is installed at all swimming pools and maintained under contract (at other pools). Emergency response drills and evacuations are undertaken for fires and the same would apply in the event of a gas leak. LCC should ensure that the emergency evacuation procedures in the event of a gas leak ensure personnel muster upwind of the leak. Finding remains open.</p> <p>The containers were removed to a safe location. With respect to training, rather than an individual training needs assessment, it has been decided to train</p>	Oct 05

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
								<p>all key leisure centre personnel (managers and duty officers) on all major environmental issues. Several sessions will be held and records retained. The course and attendees can be presented to LRQA at the next full verification. Finding remains open.</p> <p>A new manager is now in post (October 2005) and Mark Jeffcote will arrange to bring this item to her attention. Finding remains open.</p>	

Signature of Lead OfficerDate.....

PROCESS: PROCUREMENT STRATEGY				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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.	The Procurement Strategy has been written. Training continues. Off-contract purchasing identified and purchasers asked for justification. Performance in some departments is improving by process management. There are some areas of good practice balanced by less effective practices although there has been demonstrable improvement since last year.

Action Plan as at March, 2006 (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	Not actioned		
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		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		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	Not actioned		
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.		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	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.	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 OfficerDate.....

PROCESS: CONTRACT PROCEDURE RULES				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Geoff Organ	<p>1. Failure to ensure CPRs comply with the law and current organisational needs.</p> <p>2. Insufficient awareness / access by officers / members.</p> <p>3. Failure to comply leading to financial losses, breach of law.</p> <p>4. Failure by departments to comply with departmental responsibilities under the rules.</p> <p>5. Failure by departments to use Legal Services where required.</p> <p>6. Failure by decision makers, whether Cabinet or officers, to take into account legal implications when considering whether to enter into a contract.</p>	<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>A full review of Contract Procedure Rules is underway led by the Corporate Procurement Group with input from Legal Services. Specific attention is currently being given to Contract Procedure Rules relating to the procurement of professional services. Legal input into decision making by Cabinet is being closely monitored.</p>

Action Plan as at March, 2006 (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	Not actioned		
1	Complete review of CPRs.	The review is complete.	Head of Corporate Procurement and Income		Complete			Assurance on the revision can be given	Copies of all reports and data are held by the CPT.
2	Departments to assure compliance with new rules.	Assurance are being sought.	Service Director – Legal Services	1 st May					
3	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					

Signature of Lead OfficerDate.....

PROCESS: ANTI-FRAUD AND CORRUPTION				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position reported to Cabinet on 26th September, 2005
Chief Finance Officer	Failure to identify and tackle fraud and corruption.	Assurance can be derived from the work carried out as to the effectiveness of the anti-fraud and corruption strategy, although more work needs to be done (and is being done) to counter benefit fraud.	<p>A programme of training has been maintained with sessions delivered to cost centre managers in Education & Lifelong Learning, Personnel Officers, staff in Housing Benefits and as part of the Risk Management Forum in February, 2006.</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>Training in fraud awareness has been delivered as requested to Education and Lifelong Learning and SC&H and Housing Benefits & NH officers. In addition a finance seminar on fraud was delivered to finance staff. This will be repeated during 2005/6.</p> <p>The review of the Public Interest Disclosure Act approach has been completed by SD (HR&E) and a report sent to RAD DMT in March 2005.</p> <p>Re developments re; positive vetting. Following recent discussions between Head of Audit and Governance and SD (HR&E) a way forward has been agreed to review the person specification and how financial integrity can be assessed as an attribute on key risk posts. It is unlikely that this will have been fully resolved by the end of 2005/6. The Council is participating in national fraud initiative again and funding to support this has been obtained from DWP. Use of data matching sources such as NFI and HBMS continues to produce a steady source of potential fraud cases.</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.	
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Action plan as at March, 2006 (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	Not actioned		
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		Assurance can be given as long as an ongoing programme of training can be delivered.	
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 (HR & Equalities)	March 2007		Yes			
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			

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
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	March 2007		yes		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.	
5	Comprehensive Performance Assessment	Development of proactive counter fraud work other than HB	Head of Audit and Governance	March 2007		Yes		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.	
6	Comprehensive Performance Assessment	Development of a process to publicise successful cases of proven fraud/corruption	Head of Audit and Governance	March 2007		Yes		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.	

Signature of Lead OfficerDate.....

PROCESS: RISK MANAGEMENT STRATEGY				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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"> ➤ Corporate top risks identified (linked to strategic objectives)& 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). ➤ 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. ➤ 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. ➤ Risk assessment matrices are included within committee reports. ➤ A draft corporate business/service continuity plan is in place and recovery team and departmental plans are being developed. A training & awareness communication strategy has been developed and has commenced. ➤ 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. ➤ Audits of water hygiene have taken 	<p>All departments have completed a risk profiling workshop and the data used to populate the LACHS 2003 risk register. To verify the information compiled against the corporate plan two cross departmental risk profiling workshops were held. A report will go to Directors' Board in April to establish the top risks for the organisation. The Risk Management Framework has been in place and guidance provided on its use. It now forms part of the performance framework plan and the service planning guidance and training.</p> <p>Risks are now being identified as part of committee report process and being scrutinised by members.</p> <p>Business / service continuity management framework has been revised and new deadlines agreed. A corporate B/SCP will be established once all departments have carried out a critical analysis of services.</p> <p>Audits on asbestos and highways have been completed and recommendations are being implemented.</p> <p>A communication strategy was developed and training and guidance has taken place for a number of key employees and members. The business and communication plan for 2005/6 will establish risk management</p>

			<p>place and recommendations are being implemented. A lone working audit it underway.</p> <ul style="list-style-type: none"> ➤ An annual communication strategy includes guidance and training throughout the year targeting all levels of staff. ➤ Risk Management Services are currently developing key risk indicators for all departments/managers to assess performance. ➤ 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. ➤ Links have also been made with Internal Audit to influence the preparation of the Annual Audit Plan. ➤ Corporate Risk Management Group provides a forum for the Strategy to be monitored and reviewed with regular input from all key officers and departments. 	as a key tool for decision making.
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Action Plan as at March, 2006 (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	Not actioned		
1	Risk management Strategy – review 2006/7	To be reported to Resources and Equal Opportunities Scrutiny Committee and Cabinet	Corporate Risk Manager	June 2006		Yes		The strategy report will identify progress made during 2006/7 and the programme of activities to be carried out during 2006/7	
2	Risk management		Corporate	June,	Yes				Corporate Risk

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
	strategy – review 2005/6		Risk Manager	2005					Management Strategy was endorsed by Resources and Equal Opportunities Scrutiny Committee – 27.6.05 and Cabinet – 11.7.05. Located in Risk Management Services.

Signature of Lead OfficerDate.....

PROCESS: EFFECTIVE ADMINISTRATION OF FINANCIAL AFFAIRS				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
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>Reasonable assurance on the effectiveness of the system of financial control can be derived from the Internal Audit work on the main financial systems in 2005/6.</p> <p>Assurance statements from Heads of Finance and others mean that reasonable assurance can be given that systems covered are working effectively, but the system still has minor gaps. We will need to take stock of its effectiveness during 2006/7.</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) to ensure that recommendations to resolve weaknesses are followed up.	<p>Reasonable assurance on the effectiveness of the system of financial control can be derived from the Internal Audit work on the main financial systems in 2004-5.</p> <p>The absence of some assurance statements from Heads of Finance means that assurances cannot be given in relation to all areas managed directly within departments.</p> <p>Concerns also exist:</p> <ol style="list-style-type: none"> 1. In relation to payments of employees outside the payroll process where assurances cannot be derived from ongoing compliance monitoring (although this is not to say that controls do not exist). 2. In relation to grant claims where there remains the risk of some loss of grant for Housing Benefit.

Action Plan as at March, 2006 (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	Not actioned		
1	Assurance statements from Heads of Finance	The system of assurances has been in operation for two	Heads of Finance all departments.	March 2007		Yes		The Chief Finance Officer maintains a monitoring process to	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
	in relation to financial systems operated within relevant areas of departmental control.	full financial years. Coverage is now significantly wider than it was but some gaps still remain.						ensure adequate coverage of assurances. Despite this coverage continues to be below 100%.	
2	Compliance monitoring of payments of employees outside the payroll process.	A recent audit by PWC identified potential incorrect treatment of some employees. A finance procedure note has been drafted which sets out the actions required when remunerating individuals	Taxation Officer, Financial Services.	April 2006		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.	
3	Improve standard of grant claim preparation to meet External Auditor's concerns.	The External Auditor has reported significant improvements in the authority's performance in preparing its grant claims for its 2004/05 accounts. The need to maintain and extend these improvements is stressed as part of an annual training session for staff engaged in the preparation of the	Heads of Finance all departments	June 2006		Yes		The External auditor has participated in a training session with staff on the closedown of the accounts, and will liaise with individual heads of finance as appropriate during the 2005/06 closedown process.	Audit Commission review of certification of grant claims and returns dated March 2006

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
		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 06		Yes			

Signature of Lead OfficerDate.....

PROCESS: HEALTH AND SAFETY POLICY				
Lead Officer	Potential key risks as at 3/2006	Areas assured as at 3/2006	Adequacy of process as at 3/2006	Position report to Cabinet on 26th September, 2005
Service Director – Human Resources & Equalities	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>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&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>	

Action Plan as at March, 2006 (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	Not actioned		
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 H&S	Ongoing work		X		<p>Independent external audits of asbestos and water hygiene management have now been carried out.</p> <p>Comprehensive action plans for both asbestos and water hygiene</p>	<p>Audit reports produced by LCC insurers Zurich Municipal.</p> <p>Asbestos and Water Task and Finish Group</p>

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
								management are now in place. Senior managers (via Heads of Property) are beginning to receive regular update reports on progress.	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 H&S	Ongoing work	X			An audit of the policy framework needs to be undertaken at a future date. Production of new and revision of existing guidance is an ongoing core task.	N/a 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 areas has been developed. Corporate level H&S audits will be identified in all future corporate H&S action plans.	Head of H&S	March 06		X			
4	The organisational and individual	A musculoskeletal rehabilitation pilot	Head of H&S	May 2006		X (underway)		Following completion of the pilot a report will be	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
	implications of ill health (work – related and other causes) are properly understood and managed.	<p>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> <p>A revision of LCC's existing stress management policy is planned for 2006/7.</p>	<p>Head of H&S</p> <p>Head of H&S</p> <p>Head of H&S</p>	<p>March 2007</p> <p>March 2007</p> <p>March 2007</p>		<p>X</p> <p>X</p> <p>X</p>		<p>generated to assess the potential benefits of musculoskeletal rehabilitation being made available in other parts of the organisation.</p> <p>New systems have been developed in conjunction with LCC's Occupational Health services provider. An internal audit is necessary to ensure systems (particularly needs assessments) have been implemented.</p> <p>A review of LCC's arrangements for preventing and managing stress was carried out in 2005/6. This work identified a number of weaknesses in the Council's current</p>	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Not actioned		
								policy and arrangements.	

Signature of Lead OfficerDate.....

LOCAL GOVERNMENT OMBUDSMAN COMPLAINTS

COMPLAINTS RECEIVED			
	03/04	04/05	05/06
Complaints received	143	160	134
Complaints closed	138	147	117
Complaints closed – less premature	100	102	93
Complaints open at year end 31 March 2006	5	13	17

	03/04	04/05	05/06
Chief Executive	0	0	0
R&C	23(17%)	30(20%)	29(25%)
Education & Lifelong Learning	10(7%)	10(7%)	13(10%)
Housing	90(65%)	92(63%)	57(51%)
Resources Access & Diversity	4(3%)	6(4%)	5(4%)
Social Care & Health	11(8%)	9(6%)	13(10%)
<i>TOTAL</i>	138	147	117

LOCAL GOVERNMENT OMBUDSMAN COMPLAINTS

BREAKDOWN OF OUTCOMES

	03/04	04/05	05/06
No Maladministration	50(36%)	44(30%)	48(41%)
Local Settlement	27(19%)	34(23)	28(24%)
Outside Jurisdiction	11(8%)	11(7%)	11(9%)
Ombudsman's Discretion*	10(7%)	9(6%)	6(5%)
Premature	38(28%)	45(31%)	24(21%)
Discontinued/Withdrawn	0	0	0
Maladministration found	2(2%)	4(3%)	0
Total	138	147	117

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

LOCAL GOVERNMENT OMBUDSMAN COMPLAINT OUTCOMES BY DEPARTMENT 2005/2006

	NM	LS	OJ	OD	MI	P	W	TOTAL
Chief Executive's Office	0	0	0	0	0	0	0	0
Education & Lifelong Learning	5	3	2	2	0	1	0	13
Regeneration & Culture	11	9	2	2	0	5	0	29
Housing	26	12	2	2	0	15	0	57
Social Care & Health	4	3	3	0	0	3	0	13
Resources Access & Diversity	2	1	2	0	0	0	0	5

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	03/04		04/05		05/06	
	Findings of Maladministration	Total No. of complaints	Findings of Maladministration	Total No. of complaints	Findings of Maladministration	Total No. of complaints
Leicester	2	100	4	102	Figures not released by the LGO until July 2006	Figures not released by the LGO until July 2006
Birmingham	1	322	0	321	"	"
Blackburn with Darwin	0	20	4*	30	"	"
Bolton	1	49	2	64	"	"
Bradford	3	97	0	69	"	"
Bristol	0	77	2*	107	"	"
Coventry	0	35	0	49	"	"
Derby	1	48	4*	34	"	"
Dudley	0	45	0	66	"	"
Kingston-upon-Hull	0	61	0	51	"	"
Nottingham	0	97	1	33	"	"
Plymouth	0	85	2	82	"	"
Portsmouth	0	36	0	24	"	"
Southampton	0	46	0	28	"	"
Wolverhampton	0	36	0	34	"	"

* 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.

