PROCESS: CONSULTATION STRATEGY

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2009	Adequacy of process as at 3/2009
Chief Executive	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 Director of Partnerships, Performance and Policy now chairs the corporate group. The updated database and supporting website supports the overview and scrutiny of exercises.	The Chief Executive now takes responsibility for the strategy. A mapping of current activity carried out in March 09 is now informing an action plan to improve effectiveness,
Assessment of level of assurance (Delete those not applicable)		Amber		

Action Plan as at March 2009

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Implement action plan to more effectively meet the Council's duty to involve.	Updating of the consultation database.	Lee Harrison, Head of Partnership, Performance and Policy	July 2009	No	Work underway	H	.	Report to CDB.

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

PROCESS: PERFORMANCE MANAGEMENT FRAMEWORK

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Chief Operating Officer	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.	Revised strategic planning, performance reporting and performance management arrangements have been adopted and integrated with the Leicester Partnership.	The adoption of "One Leicester" will require the revision of the corporate plan and service planning to ensure its delivery. The corporate assessment identified weaknesses in the current implementation of the system, which will need to be addressed in the new arrangements.	A 'Delivering Excellence 'review of Performance Management is building on developments already implemented.
Assessment of level of assurance (Delete those not applicable)		Green		

Action Plan as at March 2009

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 facilitate the delivery of the Council's contribution to "One Leicester "	DE Review of Performance Management Framework	Adam Archer, Special Projects manager	July 2009	No	Review underway	H		DE documentation

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

PROCESS: PROJECT MANAGEMENT

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Director of Change and Programme Management	1. Project Management Standards and procedures for major projects insufficiently defined, communicated and applied leading to potential delays and/or non-achievement of benefits. 2. Wider corporate resource implications of major projects inadequately identified and addressed resulting in late delivery / non-achievement of benefits. 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. Lack of corporate overview at officer and member level of project risks and benefits which impacts on achievement of Council priorities.	A systematic internal Project Management Assurance process has been developed and applied to major projects in LCC with the support of Internal Audit and Risk Management. To date 26 projects have been assured against a "best practice" project management checklist, reports produced & action plans agreed. A programme for future such assurance reviews in 2009-10 is in the process of being agreed.	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.	A project management training programme has been delivered and project management standards developed and placed on the LCC intranet. Approval, monitoring and review of projects and programmes remains a focus area. A gateway process has been agreed by Cabinet to ensure projects and programmes to ensure ongoing control and alignment of projects and programmes to corporate priorities. Further development of project and programme management standards, tools and capability is being taken forward as part of the organisational development and improvement programme. This will establish a Corporate Portfolio Management Office by September 2009 which will be responsible for the ongoing management, coordination and monitoring of these issues.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2009

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.	Review existing LCC Project Management standards to ensure they are robust and workable. Develop standards for Programme Management.	Miranda Cannon, Director of Change & Programme Management	Nov 09	Development and use of initial standards is complete.	Review of current project management standards to ensure robust and workable. Development of Programme Management standards.	H		Intranet.
2	Whether a more substantial in-house project assurance and support function is required.	Establish a project and programme management assurance process for major / medium projects and programmes. Corporate Portfolio Management Office to be established under the Organisational Development and Improvement (OD&I) Programme	Miranda Cannon, Director of Change & Programme Management	Oct 2009	Project management assurance process developed and implemented. Blueprint design for CPMO developed.	Complete establishment of CPMO	H	Key project within OD&I Programme Management Programme.	Programme charter Project Assurance reports.
3	How to improve the current standard of	Key project within the OD&I Programme	Miranda Cannon,	Oct 09	PM standards in	Complete planed	H	Ongoing activity.	Intranet

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	**Planned**	**Priority (H, M or L)**		
	project management and compliance with corporate standards.	management Programme.	Director of Change & Programme Management		place project assurance process and project manager network established.	programme delivery			Project assurance reports. PM network outputs.
4	How the Council's input to joint working with external agencies should be project managed.	This is part of the improved existing framework. Ongoing review area for new CPMO in the future.	Miranda Cannon, Director of Change & Programme Management	Sept. 2010		Ongoing review by CPMO once established.	M	Included in the new standards	Intranet
5	Establish resources to support the role of Head of Project Management.	Role subsumed into OD&I Programme. Support will be provided by new CPMO. Interim support provided by Programme Team	Miranda Cannon, Director of Change & Programme Management	Oct 2009		Complete recruitment of CPMO	H	Include in the new standards	Programme Charter
6	Establish a project management training programme.	Establish a project management training programme.	Miranda Cannon, Director of Change & Programme Management	Sept 2009	LCC programme is in place with courses regularly being run. A Project Manager Network is now in place with a register of all	Review of this programme is part of the current OD&I Programme Management Programme.	H		Programme Charter and programme plan

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	**Planned**	**Priority (H, M or L)**		
					LCC Project Managers. This network is supporting the coaching and mentoring of Project Managers.				
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 systematic project assurance process across the portfolio	Miranda Cannon, Director of Change & Programme Management	Sept 2009	6 mthly Assurance statements completed by Project Directors for all Major Projects. Internal project assurance process implemented	Develop and agree assurance programme for 2009/10. Ongoing delivery of systematic project assurance approach	M		Assurance statements and reports for projects.
8	Ensure all projects have access to support for applying the corporate project management standard, and that compliance with the standard is systematically	Establishment of new Corporate Portfolio Management Office and introduction of project Management Assurance process.	Miranda Cannon, Director of Change & Programme Management	Oct 09	Project Assurance process developed and implemented	Complete establish-hment of CPMO	H		Programme charter. Assurance reports.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	**Planned**	**Priority (H, M or L)**		
	checked and reported by a project assurance or audit function								
9	Improve corporate and project information recording and access to this information through the use of shared channels (for example the intranet)	Establish corporate programme management office project management network for knowledge transfer.

Create and maintain project portfolio register and progress reports. | Miranda Cannon, Director of Change & Programme Management | Oct 09 | Register of major and medium projects developed .

LCC project management network established. | Establish CPMO.

Implement corporate progress reporting | H | | Programme charter.

Project register

PM network event records |
| 10 | Develop and apply corporate standards for upward reporting on project progress and significant risks, including interdependencies and resource conflicts between major projects. | Develop a corporate Gateway process for the control of projects and programmes and to ensure alignment with Corporate Priorities.

Develop a register of all major and medium projects and programmes.

Implement a strategic portfolio management approach which will monitor progress and benefits realisation of | Miranda Cannon, Director of Change & Programme Management | Oct 09 | Gateway process approved by Cabinet.

Register of Major & Medium projects developed | Implement Gateway process with new Priority Board structure.

Maintain and update the project and programme register.

Develop and implement the strategic portfolio management | H | | Cabinet paper on Gateway process.

Projects / programme register. |

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	**Planned**	**Priority (H, M or L)**		
		all key Council projects and programmes.				process.			
11	Develop and implement a programme management standard for the Authority	Develop programme management standard and implement including developing all necessary training and support as part of establishing CPMO	Miranda Cannon, Director of Change & Programme Management	Dec 09		Develop programme management standard as part of establishing CPMO	M		Programme charger
12	Decide on whether to adopt a programme management approach for all key objectives to: • 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	Strategic Portfolio Management approach & Project Gateway Approval process being developed and implemented as part of OD&I Programme Management programme. Corporate Portfolio Management Office being established to manage, support & coordinate this process	Miranda Cannon, Director of Change & Programme Management	Oct 09	Programme Charter agreed Gateway process developed Strategic portfolio management process in development Blueprint design for CPMO developed	Complete development of gateway and strategic portfolio management processes and ensure they are implemented to support new management structures and arrangements. Establish CPMO	H	Key activity with strong support from Senior Management & Cabinet.	Programme charter.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	efficiency gains from project and programme rationalisation.								

Signature of Lead Officer ………Date……………………………

PROCESS: MEMBERS' CODE OF CONDUCT AND POLITICAL CONVENTIONS AND MEMBERS SUPPORT FRAMEWORK

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Service Director – Democratic Services	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.	Annual mandatory training provided for Committee Members on Regulatory issues (Planning, Development Control and Licensing). Members Development Strategy produced and endorsed by full Council (Sept 08) with implementation co-ordinated by Members Development Forum. Specific approved revenue budget allocated for Member Development. Cross Party support and signing of IDEA Members Development Charter. Revised process for dealing with Member complaints – Local Assessment of Complaints – Making the New System work – endorsed by full Council, Sept 08. Review of Members Allowances Scheme, approved by Council, Nov 09 and including	Continuation of member training on regulatory functions. Standards Committee provides monitoring of member related complaints. Member development forum producing member training strategy to ensure capacity and capability of members to undertake their varying roles.	Completion during year of strategic developments in members training and development and implementation of strategy initiated (with ongoing work in 2009/10). Review of Political Conventions initiated. Standards Committee has comprehensive and proactive work programme which is reviewed at each meeting. Process for dealing with Local Assessments in place and operational with briefings to political groups and endorsement at full Council. Members allowances scheme reviewed (including input from external expertise – INLOGOV). Members register of interests and register of gifts and hospitality – periodic reminder to all Members to facilitate compliance.

		support provisions for Councillors. Approval by full Council, June 08 of process for decisions by individual Cabinet Members. Visits and presentations to political groups and Cabinet on Code of Conduct and Member complaint issues by Chair of Standards Committee. Review of Political Conventions initiated. Guidance produced for Members and public attending Ward Community meetings on Members interests at such meetings. Review and update of documentation on register of Members interests and issue of revised documentation for member completion		
Assessment of level of assurance (delete those not applicable)		Green/ Amber		

Action Plan as at March, 2009

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 updated political conventions Workshops (including Cabinet and other members) on operation of new governance arrangements.	Service Director – Democratic Services	Autumn 2009	Joint member / officer training undertaken in regulatory functions on an annual basis.	Training in regulatory functions for new committee members after annual meeting in May, 09.	M H	Annual regulatory refresher training will also take place as a matter of course.	Completed programme of workshops with attendances.
2	Additional support to front line members	Roll out of Ward Community meetings. Introduction of revised members bulletin at ward level	Service Director – Democratic Services. Head of Democratic Services	First cycle June 2008. First edition in Spring 2009		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. Copies of new ward based members bulletin available.
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	Autumn 2009		Programmes in process with MDF and Whips. For next local elections in May, 2011	M	Well received. Identified as National Best Practice	Programmes for 2007completed 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 3/2009**	**Areas assured as at 3/2009**	**Adequacy of process as at 3/2008**	**Adequacy of process as at 3/2009**
Service Director – Legal Services	Cabinet's terms of reference need to be realigned to the current administration. The key risk is that there is a failure to maintain the Constitution so as to comply with current legal and managerial requirements.	Subject to the need to carry out a review of Cabinet's terms of reference, assurance can be given.	Adequate.	Adequate.
Assessment of level of assurance (Delete those not appropriate)	Green / Amber			

Action Plan as at March, 2009

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 to date and a further report to Council is due in May.	Peter Nicholls, Service Director – Legal Services	June 2009		Yes	H		
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.	Peter Nicholls, Service Director – Legal Services	Monthly	Yes	Yes	H		
3	Cabinet's terms of	Review is being	Peter Nicholls,	June,		yes	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	reference and scheme of delegation need to be updated to reflect the new Cabinet.	conducted in consultation with Service Director (Democratic Services) and Cabinet	Service Director – Legal Services	2009					
4	Training for Elected members.	Training has been provided for Elected members e.g. on 20th March, 2009. There is ongoing need to identify training needs which will be managed via the Members Development Programme. E.g. for Members on Licensing Committee	Peter Nicholls, Service Director – Legal Services	June, 2009		Yes	H		
5	Training for officers	Recent training for officers and members has identified that more training is needed for officers. A training programme needs to be prepared and offered.	Peter Nicholls, Service Director – Legal Services	July, 2009		Yes	H		

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

PROCESS: INFORMATION GOVERNANCE				
Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Service Director – Legal Services	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	Assurance can be given in all areas covered by the central function. Assurance cannot be given at member level. Audits will be undertaken during the coming year to give this assurance. The ones scheduled for last year have been delayed because of staffing issues. Improvement required is identified in this report. Four departments have confirmed reasonable compliance; one has still to confirm any level of compliance. "Reasonable compliance" is not legislative compliance required by law which entails 100% compliance. Several access to information requests have been answered outside of Legal timescales; there have been several security breaches, one of which has resulted in the Information Commissioner requiring that the Chief Executive sign an Undertaking with regard to compliance for future processing.	Weaknesses exist across the Council in the areas of: 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. 2. **Departmental procedures** Not all departments have procedures in place to support devolved functions. 3. **Central function** Is insufficiently staffed to cope with major incidents, significant changes in legislation or staff departures and long term absences. <u>**General position**</u>; 1. **Guidance** All required centrally is in place and reviewed regularly. A full review is scheduled for 2008/09. 2. **Registers** Registers are maintained information is usually provided when needed. 3. **Information sharing** Core document being maintained. A corporate register is being	Weaknesses exist across the Council in the areas of: 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. Information Commissioner's undertaking will require a heavier commitment to training and awareness raising 2. **Departmental procedures** Not all departments have procedures in place to support devolved functions. Progress has been hampered by staff changes in several areas 3. **Central function** Is insufficiently staffed to cope with major incidents, significant changes in legislation or staff departures and long term absences. Two temporary staff provide by CDB (until Sep 09); corporate review being actioned. <u>**General position**</u>; 1. **Guidance** All required centrally is in place and a full review is being conducted by IG.

		There is a continuing high level of legislative change in these areas with associated resource implications. The number of Access to information requests continue to increase with a 25% increase being recorded for the first quarter of 2009. Requests are also being considerably more complex.	finalised. Awareness levels are inconsistent. Further publicity/workshop needed – planned for 2008/9. 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. 5. **Data quality** Corporate standards being produced to ensure best informed decision making. 6. **Information Management** Team in place. EDRMS being rolled out in property services information management strategy, IM policy and under lying procedures being produced. 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. 8. Complaints **A new FOIA/DPA complaints procedure has been introduced to meet the requirements of FOIA S45 and EIR. This was**	Departmental guidance is not complete in all areas. 2. **Registers** Registers are maintained information is usually provided when needed. A specialist resource is being recruited. 3. **Information sharing** Core document being maintained. A corporate register is being finalised. Awareness levels are inconsistent. Further publicity/ workshop needed Campaign planned for 2009/10 following countywide review of protocol. 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. Information Commissioner has indicated he expects the Council to do more in this area. 5. **Data quality** Corporate standards being produced to ensure best informed decision making. 6. **Information Management** Team in place. EDRMS being rolled out in property services information management

| | | | | done in consultation with Cabinet link and under delegated powers to SRG. | strategy, IM policy and under lying procedures being produced.
7. **Information security**
Policy approved and published 2 Jul 2008. Guidance notes produced to address issues during the year. Security audits on-going special audit undertaken following recent security scares outside the Council.
8. Complaints
A new FOIA/DPA complaints procedure has been introduced to meet the requirements of FOIA S45 and EIR. This was done in consultation with the Resources Cabinet link and under delegated powers to SRG. |
| Assessment of level of assurance (Delete those not applicable) | | Amber / red | | | |

Action Plan as at March, 2009

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	Policy approved by SRG and project	Head of Information	April 2005	Yes		H	Policy has been maintained and is	Corporate policy on INSITE.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	deletion policy	Board. March 2005 Council approved updates to the Constitution.	Governance (HIG)					undergoing annual review.	
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	yes	Yes	H	CDB instructed (Dec 08) that the HiG undertake corporate review of the IG function.	
	Confirm Council is using the optimum approach in meeting IG obligations	HiG to undertake corporate review of IG activities and resourcing across the Council.	HIG	Oct 09	No	Yes	H	The legislation has been effective for 5 years. Requirements have changed considerably and there are both central and departmental pressures.	
3	Lack of information management (IM) policy	Information Management Team in place and policy being developed.	Service Director - Information	Dec 2004	yes	Yes	L	Produced by Information management	Corporate policy on INSITE
4	Lack of information management strategy	Under final consultation	Service Director - Information	Dec 2004	yes	Yes	L	Produced by Management Information.	Corporate policy on INSITE.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
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.	
		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 . Significant staff changes occurred during the period. Will be addressed as part of corporate review.	
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	Position agreed by Cabinet Dec 2008	Cabinet minutes. Policy on INSITE.
		HIG to update interim position for full implementation by 31st Dec. 2008	Directors' Board	Dec 2007	No	Yes	H	Position agreed by Cabinet Dec 08	Cabinet minutes. Policy in INSITE.
7	Departmental processes to be produced where needed to complement corporate standards	To be produced as agreed with the central function	Corporate Information Governance Group Coordinators (IGG)	Dec 2007	No	Yes	H	Co-ordinators identify requirements and produce guidance accordingly. Areas of best practice should be disseminated across the Council. To be started in 2008.	

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								Initial post implementation work to include in corporate guidance completed Nov 2007.	
8	Raise corporate awareness of corporate obligations and policies	Promote obligations and polices.	IGG	Dec 2007	Yes		H	Variety of newsletters, posters, flyers, awareness sessions, training etc. Further work planned for 2008/9.	
9	Ensure corporate registers are accurate, complete and up to date	Reinforce message and monitor performance	IGG	Sep 2007	No		H	Several registers are legislative obligations. Depts. not providing all information.	
	Review information sharing agreement and implement changes across Council	Documents reviewed and signed off by the Chief Executive	HIG	March 09	Yes		M	To be agreed in collaboration with IMAG and Leicester Partnership. Delayed at IMAG.	
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. Delayed at IMAG.	
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	

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.	
12	Ensure compliance with policies and procedures to process information security.	Identify needs and implement action plan.	HIG / HiS/ HIM	May 09	No	Yes	H	Policies and procedures are published however there is a weakness in compliance as evidenced by the breach last year following which the information has asked that the Chief Executive sign an undertaking with regard to the Council's secure processing of its information.	Policy on INSITE.

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

PROCESS: COMMUNICATION STRATEGY

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Head of Communications	Detail of long term strategy for city / council and service transformation programme, on which a new communication strategy needs to be based, now much clearer so work can commence	New communications strategy awaiting development, so assurance not possible at this stage..	Ongoing uncertainty of communications and marketing review and impending change programme made future direction unclear.	Future of review of communications and marketing still unclear. However, structural and organisational changes within the council are now much clearer and progress can now be made with a new communications strategy.
Assessment of level of assurance (Delete those not applicable)		Amber		

Action Plan as at March 2009

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 emerging corporate plan and service transformation strategy	Details of the full change programme are now being agreed so work will start imminently on a new strategy.	Mark Bentley, Head of Communications .	Aug. 09	No	Aug 09	H		
2	Assurance of strategy post introduction	Strategic management board will provide assurance of compliance.	Mark Bentley, Head of Communications	Aug 09	No	Aug 09	No		

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

PROCESS: PARTNERSHIP POLICIES

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Director of Partnership, Performance & Policy	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.	An update on the position regarding major partnerships was completed by year end.	Directors will provide assurance of compliance with the framework. A DE review of strategic partnership arrangements is underway to improve effectiveness.
Assessment of level of assurance (Delete those not applicable)		Green		

Action Plan as at March 2009

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	To Contribute to the delivery of One Leicester	DE Review of strategic partnership arrangements.	Sheila Lock, Chief Executive	June 2008	No	Review underway	H		DE documentation

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

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PROCESS: EFFECTIVE HUMAN RESOURCES POLICIES

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
HR Director	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. Loss of key staff leading to non availability of key knowledge / expertise and /or effective leadership. Breach of legislation for HR leading to major damages being awarded against the Authority.	A new 'pay and workforce strategy' for the organisation was agreed by CDB in late 09/10. An action plan for the strategy's implementation is being developed for member approval.	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. 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. Policy approval processes are being reviewed to identify if the process for developing and consulting on policy changes can be speeded up. A separate fraud and corruption plan has been developed by internal audit. This includes some actions for HR in 08/9.	Although implementation of the original single status agreement has been abandoned, it is still expected that large sections of T&Cs will be removed by the new SS agreement. As part of Delivering Excellence, five key HR policies are currently being revised for adoption in early 09/10. A second phase of work on HR policies will take place in 09/10. As part of the above work a more structured approach to policy review, consultation and approval is being defined.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2009

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Revised job	New job evaluation	HR Director	March	No		High	Implementation of the	Reports to SS/JE

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	**Planned**	**Priority (H, M or L)**		
	evaluation scheme and grading	and pay grade structure due to be implemented in April 2007.		2008				original agreement has been abandoned. The timetable for the new agreement is implementation in June 2010.	Project Board, CDB and Cabinet and associated 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 2010		Yes	High	A comprehensive training offer is now available following the launch of the City Learning service.

A training strategy to support achievement of the Corporate Plan is currently being developed. | City Learning documents.

HR work plan and associated draft document. |
| 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 in 07/08. | City Learning documents. |
| 4 | Improve HR data | Use Resource Link to provide regular management reports on performance. | Head of Pay and Workforce Strategy | By April 2006 | Yes. Now a main streamed issue. | | Medium /high (depending on data subject / issue) | 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 sickness causes / | Documents produced by ESC. |

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								reasons provided by schools).	
								A well established set of HR PIs are in place but will require review in 09/10 in response to the removal of BVPIs.	Workforce data leaflet and HR PI documents.
								A 3rd workforce data leaflet was produced in 08/9. This is likely to be superseded by a new workforce profile report that is currently being developed for introduction in 09/10.	Workforce data leaflet.
								A set of 3 new reports on absence management have been introduced as part of a Cabinet approved strategy to reduce sickness absence. These are to be reviewed in 09/10 to identify any areas for improvement.	Reports produced by ESC. Associated meeting and minutes from DMTs and CDB.
5	Equality standard	Continue drive to achieve Equality Standard level 4	Head of Equalities	No time scale to achieve level 4 was set.	Yes	Yes	Medium	Confirmation of the Council achieving level 4 was received in April 08.	ESSG minutes.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
6	Improve disability management within the Council	Report to be submitted to the Corporate Equalities Strategy Group in June 2006	Service Director, Business Improvement	June 2006	Yes (now a main streamed annual activity)		Medium	LCC is statutorily required to do an annual review. The outcome (a revised Disability Equality Scheme) was presented to CESG March 2009 and will be circulated for consultation. 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). 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. The project is currently under consideration for expansion to regional level. Design guidelines on building accessibility	CESE minutes. Issued documents

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	**Planned**	**Priority (H, M or L)**		
								have also been developed and published.	
7	Review HR strategy	Agree new HR strategy for the Council	Head of Pay and Workforce Strategy	By March 2007	Yes		High	A new pay and workforce strategy was approved by CDB in late 08/09. An action plan for its implementation is being developed for member approval.	Report to CDB and associated minutes
8	Whistle blowing policy in place	Promoted through In Contact	Head of HR	N/a	Yes		High	Policy introduced in November 2005.	In Contact 15/05. Policy is posted on the intranet and internet. See also separate assurance statement re whistle blowing policy.

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

PROCESS: WHISTLE BLOWING

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
HR Director	1. Policy commenced and implemented.	New policy subject to formal agreement to reflect concerns raised by External Audit	Complete. However, activities to refresh awareness of the policy are being considered as part of the 08/09 work plans.	Article was placed in FACE in early 09 to refresh awareness of the policy. It is intended that promotion of the policy will also take place in 09/10. Revision of the current Code of Conduct has been identified as a potential task for 09/10 on the draft HR work plan (TBC, depending on issue of national code).
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2009

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 Officer …………………………………………………………………………………………………Date……………………………..

PROCESS: CODE OF CONDUCT (OFFICERS)				
Lead Officer	**Potential key risks as at 3/2009**	**Areas assured as at 3/2009**	**Adequacy of process as at 3/2008**	**Adequacy of process as at 3/2009**
HR Director	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 (no timetable published as yet).	A consultation paper on a new national Code of Conduct for members and Local Government employees, was issued by the DCLG in late 2008. Consultation closed on 24th December 08. The LGE website states that the Government is currently considering the responses received..
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2009

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	TBC (see above)		Yes	Medium	See above.	LGE website.

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

PROCESS: EMAS				
Lead Officer	**Potential key risks as at 3/2009**	**Areas assured as at 3/2009**	**Adequacy of process as at 3/2008**	**Adequacy of process as at 3/2009**
Carol Brass / Anna Dodd (job share)	Failure to maintain EMAS registration by not being able to close out **majo**r* non- conformities raised by the external EMAS verifier. *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.	There have been no major non conformities raised by the EMAS verifiers between 2003, and Nov 2007 3 minor non conformities were closed at the November 2007 visit: * 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. 2 minor non conformities were raised by the verifiers during the November 2007 visit and 1 remains open from a previous visit (total 3). **During the November 2008 visit**, 2 of the previous minor non conformities were closed with 1 remaining open. A further 10 minor non conformities were raised, making the new total 11. (the following text is from the report to Corporate Directors Board 7th April 2009, which is extracted from the full LRQA report 20,12,08) 0811CER02 **Renewable Energy in Planning** LCC needs to implement a process for evaluating major development planning applications so that it can demonstrate progress with EMAS Objective 11.1. 0811CER01 **Representation of renewable energy planning policy in the EMAS Statement text**	EMAS continues to be audited as previously reported.	EMAS continues to be audited as previously reported.

LCC will need to change the EMAS Statement to reflect the reality of the situation and the extent to which the planning renewables policy has been breached since it inception.

0811CER03
Action Programme
EMAS requires objectives and targets to be supported by programmes which should describe how the targets would be achieved. To achieve targets, the council will now need to consider **step changes in performance.**
CO2 and Energy Targets
The council was unable to demonstrate that the current planned initiatives for reducing council energy use, reducing city wide and council carbon dioxide emissions and increased use of renewable energy in city developments alone will not deliver the 50% reduction in council and city carbon dioxide emissions by 2025 from the 1990 baseline. To achieve these targets, the council will need to consider ***step changes in performance***, rather than incremental changes.

0811CER05
Air Quality Action Plan
The Major Nonconformity raised by internal audit on Air Quality Standards in April 2006 remains open. The finding identified that the council did not have a programme that is sufficient to deliver compliance with the EU air quality standards by 2010. EMAS requires that timely action is taken to address nonconformities and requires 'provision for compliance'.

0811CER06
Biomass
It is important that the council reviews the impacts of the biomass supply chain on the environment and develops a biomass and timber policy that provides for transparent and sustainable supply chains. There is a potential for Leicester to be associated with deforestation, unsustainable agriculture and water use and the depletion of food

		production unless a cohesive policy is implemented.		
		0811CER07 **Landlord response times to legionella issue** "A minor non-compliance has been raised against Property Services for a slow maintenance response to the routine testing of tap water temperatures at Wolsey Primary School. The minimum temperature requirements were not being met and were reported in May. Property Services did not respond until November and the verifier did not consider this to be a timely response." LRQA report		
		0811CER08 **City Catering support for local food** Beaumont Leys: The students undertook a review of food supplies with the canteen and identified that there was no local food provided. The canteen staff reported that ESPO does not provide food from local providers. This will conflict with the sustainable procurement policy, once it is adopted.		
		0811DRF04 **Depot management of local aspects** A minor non-compliance has been raised against Blackbird Road depot because the current site inspection mechanism only addresses limited environmental aspects. A clearer system for reporting to managers is also required so that corrective action can be taken.		
		0811DRF14 **Compliance with the waste management 'Duty of Care' at Blackbird Road depot** A minor non-compliance has been raised against Blackbird Road depot because the management of waste across the depot appeared fragmented and compliance with the legal 'duty of care' could not be fully demonstrated from the documentary evidence available.		
		0811DRF06 **Chemical storage at swimming pools** A minor non-compliance has been raised against		

	Cossington Street Leisure Centre for inadequate storage of the acid needed for treating the swimming pool water. Without suitable bunding any spill could migrate to the nearby drain. 0811DRF09 **Property Services** **Maintenance Schedules** A minor non-compliance has been raised against Property Services because a number of buildings (eg. Contractors had not issued Evington Leisure Centre) with schedules for planned maintenance work. This is imperative to manage the legal requirements of certain maintenance activities. 0811DRF13 **Management of local environmental aspects** A minor non-compliance has been raised against the Environment Team because the corporate register of environmental aspects (activities that result in significant environmental effects) does not allow the environmental aspects associated with individual sites (eg. Blackbird Road depot) to be identified. 0711WPS02 **School Travel Plans** The LTP requires 90% of all schools to have Travel Plans by 2011. 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.	
Assessment of level of assurance (delete those not applicable)	Green/ Amber	

Action Plan as at March, 2009

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
07 11 W PS 02	EMAS school travel plans (open) 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 travel plans to meet with LCC and governmental expectations.	2008 report 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. The environmental team have raised the matter with Groundwork and requested that they actively encourage all EMAS schools without a travel plan to contact the Council and arrange to develop one. At the same time, the team will ensure that the school travel plans officer is kept	Mark Korczak (School Travel Plans Officer) – lead officer. Mark Jeffcote and Dunacn Bell (Environmental team) to assist.	By June 2009 verification visit	Work underway	Some of schools have plans under development	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		up to date about which schools are part of EMAS so that his work programme can be adjusted as appropriate. 2009 additions This finding remains open from the previous visit. A programme of action has been developed, but, to date, 45 of the 71 EMAS schools have developed travel plans. There is now concern that it will difficult to complete the remaining plans in time for the next verification visit in June. In addition, Government capital funding for schools that complete a travel plan, is only available until March 2010. Corporate Directors 07/04/09 agreed for CYPS to take a lead role in brokering action between individual							

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		schools and R&C dept.							
08 11 CE R0 2	**Renewable Energy in Planning** LCC needs to implement a process for evaluating major development planning applications so that it can demonstrate progress with EMAS Objective 11.1.	A new procedure has been developed and implemented immediately to downgrade this issue to a minor non-conformity. The effectiveness of the procedure in supplying accurate data will be assessed by LRQA at their next visit	Alan Gledhill	By June 2009 verification visit	Work underway	Yes	H		
08 11 CE R0 1	**Representation of renewable energy planning policy in the EMAS Statement text** LCC will need to change the EMAS Statement to reflect the reality of the situation and the extent to which the planning renewables policy has been breached since it inception.	Finding closed December 08. Amended statement text was approved by LRQA	Duncan Bell	complete	complete				
08 11 CE R0 3	**Action Programme** EMAS requires objectives and targets to be supported by programmes which should describe how the targets would be achieved. To achieve targets, the council	.The EMAS Action Programme will be reformatted onto an Access database with extra fields to demonstrate how individual actions are contributing to targets. Anna Dodd	Duncan Bell	June 09		Yes	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	will now need to consider **step changes in performance.** **CO2 and Energy Targets** The council was unable to demonstrate that the current planned initiatives for reducing council energy use, reducing city wide and council carbon dioxide emissions and increased use of renewable energy in city developments alone will not deliver the 50% reduction in council and city carbon dioxide emissions by 2025 from the 1990 baseline. To achieve these targets, the council will need to consider ***step changes in performance***, rather than incremental changes.	Corporate Directors will receive a further report in May, which recommends action to address this finding. The report will focus on the step change in action required to meet CO2 and energy targets, as these are particularly identified as areas of concern by LRQA							
08 11 CE R0 5	**Air Quality Action Plan** The Major Nonconformity raised by internal audit on	Evan Davis will work with Internal Audit to close the outstanding non-conformity from internal audit.	Evan Davis	June 09		yes	M		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	Air Quality Standards in April 2006 remains open. The finding identified that the council did not have a programme that is sufficient to deliver compliance with the EU air quality standards by 2010. EMAS requires that timely action is taken to address nonconformities and requires 'provision for compliance'.	The following action is proposed: 1. Clarify that the council is compliant with relevant air quality legislation. 2. Clarify that the 'One Leicester' time-horizon of 25 years is a realistic time frame for Action Planning. 3. In terms of positive action, the existing AQAP is undoubtedly inadequate (notwithstanding the fact that is was rated as 'excellent' by DfT / DEFRA in 2006, upon submission). However, we have a £30k. Allocation from the DEFRA Air Quality Grant Scheme to redraft the AQAP in 2009/09and this work is in hand.							

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
08 11 CE R06 6	**Biomass** It is important that the council reviews the impacts of the biomass supply chain on the environment and develops a biomass and timber policy that provides for transparent and sustainable supply chains. There is a potential for Leicester to be associated with deforestation, unsustainable agriculture and water use and the depletion of food production unless a cohesive policy is implemented.	Timber derived biomass is already covered by the council's existing timber policy which encourages the use of independently certified sustainable timber. New guidance will be written for staff under the Sustainable Procurement Policy (to be approved by Cabinet 16th Feb) This will strengthen the position on timber to ensure that all wood and wood-derived products are certified as sustainable and the guidance will also contain a specific section on the procurement of sustainable biomass.	Helen Lansdown	June 09		Yes	L		
08 11 CE R07 7	**Landlord response times to legionella issue** "A minor non-compliance has been raised against Property Services for a slow maintenance response to the routine testing of tap water temperatures at	Further investigation has revealed that this was an isolated incident and did not represent a system failure. Since the verification visit, a full survey has been done of the hot water system at the school and corrective action has been identified.	Property Services	completed	completed	complete	L		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	Wolsey Primary School. The minimum temperature requirements were not being met and were reported in May. Property Services did not respond until November and the verifier did not consider this to be a timely response." LRQA report								
08 11 CE R0 8	**City Catering support for local food** Beaumont Leys: The students undertook a review of food supplies with the canteen and identified that there was no local food provided. The canteen staff reported that ESPO does not provide food from local providers. This will conflict with the sustainable procurement policy, once it is adopted.	The exact wording of the final, adopted Sustainable Procurement policy will be presented to LRQA at their next visit together with an explanation of what is possible to achieve under EU Procurement rules. The new Sustainable Procurement Policy does not make a direct commitment to procure goods, or more specifically food, locally. The intent would be to provide support, advice and information to better enable local businesses to access procurement opportunities with the	Helen Lansdown	June 09		yes	L		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		local authority. Adopting a policy of only procuring food from local providers also has the potential to conflict with EU procurement rules and specifically the EU Public Procurement Directive as this would be seen as acting in a way that discriminates against candidates from other member states							
08 11 DR F0 4	**Depot management of local aspects** A minor non-compliance has been raised against Blackbird Road depot because the current site inspection mechanism only addresses limited environmental aspects. A clearer system for reporting to managers is also required so that corrective action can be taken.	A revised checklist covering all of the environmental aspects associated with activities at the depot will be developed. A schedule for site inspection will be put in place and completed checklists will be returned to the site manager. The site manager will agree corrective action with appropriate staff and ensure that this is completed before an agreed date. Staff responsible for site inspection and checklist completion will receive training.	Manager Blackbird Rd	June 09		Yes	L		
08 11	**Compliance with the waste management**	An audit of the waste produced by the depot is	Manager	June 09		yes	L		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
DR F1 4	**'Duty of Care' at Blackbird Road depot** A minor non-compliance has been raised against Blackbird Road depot because the management of waste across the depot appeared fragmented and compliance with the legal 'duty of care' could not be fully demonstrated from the documentary evidence available.	currently being compiled together with the associated paperwork necessary for demonstrating compliance with the 'duty of care'. Once the replacement waste officer has been appointed then they will take on responsibility for maintaining the audit and paperwork.	Blackbird Rd						
08 11 DR F0 6	**Chemical storage at swimming pools** A minor non-compliance has been raised against Cossington Street Leisure Centre for inadequate storage of the acid needed for treating the swimming pool water. Without suitable bunding any spill could migrate to the nearby drain.	The chemicals have since been moved in to a separate room without a drain and a quote is currently being obtained for the construction of a bund wall.	Paul Edwards	June 09		Yes	M		
DR F0 9	**Property services maintenance schedules.** A minor	The maintenance schedules for the leisure centre have now been	Brian Pawley	June 09		Yes	L		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
	non-compliance has been raised against property services because of a number of buildings (e.g. contractors had not issued Evington leisure Centre) with schedules for planned maintenance work. This is imperative to manage the legal requirements of certain maintenance activities	issued. The provision of schedules for other buidings is being further investigated.							
	Management of local environmental aspects A minor non-compliance has been raised against the Environment Team because the corporate register of environmental aspects (activities that result in significant environmental effects) does not allow the environmental aspects associated with individual sites (eg. Blackbird Road depot) to be identified.	A procedure will be developed and used to prepare a corporate list of environmental aspects, in consultation with key services. This will be made available to service and site managers as a starting point for them to develop service or site based Aspects Registers. The Environment Team will lead the development of the corporate aspects list and support managers in preparing their own local Registers. This proposal and the proposed procedure for developing the corporate aspects list will be	Duncan Bell/ Mark Jeffcote	Prog in place by June 09		Plan to be developed for June, 3 year implementati on prog anticipated	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		presented to the EMAS Verifier at his visit in May 2009 for approval.							

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

PROCESS: PROCUREMENT STRATEGY

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Chief Finance Officer	Failure to protect the Council's financial and legal interests and failure to maximise purchasing power.	New CPRs approved by Cabinet, complemented by substantial guidance and a new accredited training programme for all APOs. Assurance have been received of the following: a. nominated officers who are authorised to purchase. b. scrutiny of contracts. c. insurance arrangements appropriate to contracts for contracts below £35,000. Testing of compliance suggests that the pattern remains mixed (internal audit contract audit reviews) However, there is evidence of considerably higher awareness of corporate expectations based on the level of contact with the corporate procurement team seeking advice.	A contract management and procurement plan is being implemented on target.	New CPRs launched via a series of briefing sessions, 250 officers attended. Procurement Toolkit amended in light of the changes to CPRs. Accredited Training Programme has run for the last six months and continues. Approved Officer List is up to date and only trained APOs are highlighted. 09/10 Procurement Plan approved by Cabinet on 30 March. System is in place to remind Contract Owners when contracts are due to expire (reminders sent out in three month intervals commencing at 12 months. System is in place to remind Contract Owners when suppliers insurances are due to expire.
Assessment of level of assurance (Delete those not applicable)		Green		

Action Plan as at March, 2009

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	HoCPSIS	Contin-			H	173 Officers fully	Corporate Team

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.		uous				trained. 187 Officers still to complete training. During the 2008/09 Financial Year 1,204 officer training interventions were delivered	hold all evidence.
2	Procurement strategy	This has been rewritten and includes a procurement improvement plan.	HoCPSIS	May 2008	23/6/2008		H	The Strategy was approved by Cabinet on 23/06/2008.	HoCPSIS/Minutes of Cabinet meeting.
					Jan 2009		H	The first monitoring report was tabled at Cabinet on 05/01/2009 and Select Committee on 15/01/2009.	HoCPSIS/Minutes of Meetings
						Spring 2009	H	Future meeting reports	

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

PROCESS: CONTRACT PROCEDURE RULES

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2000
Geoff Organ	Contract Procedure Rules not current and up to date. Contract Procedure Rules not complied with.	All	Complete	Completed

Assessment of level of assurance (Delete those not applicable)	**Green**

Action Plan as at March, 2009

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Complete review of CPRs.	CPRs re-written and simplified. Approved by Council on 25th November, 2008. Briefing sessions held in February 2009. Procurement now restricted to approved procuring officers, all of which must be formally trained.	Head of Corporate Procurement and Income Support.	Nov 2008	25.11.08 23rd, 25th and 27th Feb.			25 officers briefed	Council minutes CPT (Amina Laher)

Signature of Lead Officer ………… **Geoff Organ**……………………………………………………………………………………….Date…………………………..

PROCESS: ANTI-FRAUD AND CORRUPTION				
Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Chief Finance Officer	Failure to identify and tackle fraud and corruption leading to financial and/or reputational loss.	A Corporate Anti-Fraud and Corruption Policy was approved by the Cabinet on 31st March 2008 and endorsed by the Audit Committee on 25th June 2008. As measured by the number of fraud referrals handled by the Corporate Fraud Team, the policy and training undertaken as part of its delivery, has increased the level of referrals, indicating a greater awareness by staff of fraud. To that extent significant assurance can be provided.	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 through a number of best value performance indicators.	The Anti-Fraud & Corruption Policy is currently under review in the light of the CIPFA publication "Managing the Risk of Fraud" 2nd Edition and will be presented to the Audit Committee for approval in June 2009. Annual Fraud reports are presented to the Audit Committee. The Corporate Counter-Fraud Team has delivered fraud awareness training to over a 1000 authorising officers during the year with a consequential increase in the volume of referrals. Fraud is now included as a key element of induction programmes for new staff, and will form part of planned briefings on new Finance Procedure rules following the structural reorganisation of the Council as part of the Developing Excellence Programme. Improved liaison arrangements with the Police have been introduced with improved reporting of outcomes from police referrals.

Assessment of level of assurance (Delete those not applicable)	Green / Amber

Action plan as at March, 2009

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	A training programme has been developed and delivered to all certifying officers. The programme will now address refresher training for existing staff on an ongoing basis.	Head of audit and Governance	Ongoing		Yes	H		
2	Positive vetting of new appointees and existing employees	A new team within the HR shared service centre has been established to manage and co-ordinate CRB checks for all staff. The requirement for checks to be undertaken for cash and card handling staff has increased the profile of the need to consider CRB for other staff. The full extension of the use of CRB clearance to encompass all departments remains	Service Director (HR)	March 2010		Yes	H		

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		to be addressed.							
3	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 2010		Yes	M		
4	Comprehensive Performance Assessment	Development of proactive counter fraud work other than HB	Head of Audit and Governance	March 2010		Yes	H	The increase in fraud referrals to the Corporate Counter Fraud Team coupled with resource shortages has taken precedence over pro-active fraud searching work during the year which has been consequently limited. However, the results of reactive work forms a key component of the internal audit risk scoring methodology used to develop the internal audit operational plan.	
5	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 31st March 08.	Minutes of Cabinet 31st March 08.

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

PROCESS: RISK MANAGEMENT STRATEGY

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
Chief Finance Officer	Failure to develop and implement an effective strategy leading to business critical systems being unavailable to support Council services and clients not receiving essential services.	A corporate risk management strategy and action plan was approved by Cabinet on 31st March 2008 and endorsed by the Audit Committee on 25th June 2009. The Cabinet has agreed its key Corporate Risks (5th January 2009) and a process for monitoring actions to manage identified risks. 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. 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.	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. 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. 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. Key corporate risks have been identified and agreed by the Corporate Directors' Board and Cabinet and subject to regular review. The development of "mirror" departmental risks is at an advanced stage.	Members of the Audit Committee have received training and training for Cabinet members is planned. The post of Corporate Risk Manager remains unfilled on a permanent basis and the interim manager remains in post as at 31/3/09. Attempts to recruit a permanent manager have proved fruitless, and a further attempt will be made. The Interim manager will reduce her input to the post over the next 7 months so that by November 2009, her contract will cease. By that time it is hoped that a permanent manager will have been appointed.
Assessment of level of assurance (Delete those not applicable)		Green / amber		

Action Plan as at March, 2009

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	June 2009		Yes	H		
2	Risk registers	Review infrastructure to reflect new corporate structure.	Corporate Risk Manager	June, 09					

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

PROCESS: EFFECTIVE ADMINISTRATION OF FINANCIAL AFFAIRS				
Lead Officer	**Potential key risks as at 3/2009**	**Areas assured as at 3/2009**	**Adequacy of process as at 3/2008**	**Adequacy of process as at 3/2009**
Chief Finance Officer	1. 1. Incorrect monies paid out. 2. Sums due not received. 3. Inadequate keeping of financial records.	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 as indicated from levels of assurance from arising from Internal Audit's work during 2008-9	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. 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	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. An analysis of levels of assurance derived from Internal Audit work during 2008-9 indicates an improving picture with greater numbers of reports attracting higher levels of assurance than was reported last year (57% as against 56% in 2007-8 now reflect Full or Significant assurance levels) Audit Commission Annual Audit Letter 2007/8 states "The standard of the Council's accounts remains good and we

									of a good standard.	have issued an unqualified opinion on your 2007/08 financial statements and a conclusion that your VFM arrangements are adequate."
Assessment of level of assurance (Delete those not applicable)			Green							

Action Plan as at March, 2009

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 three full financial years. Coverage is now comprehensive.	Heads of Finance all departments.		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 HRMC inspection visits.	Taxation Officer, Financial Services.		Yes			Ongoing compliance monitoring of processes focusing specifically on the treatment of payments to staff treated as self-employed. Where monitoring indicates incorrect treatment this will be raised with Heads of Finance and suitable corrective	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)		
								action agreed.	
3	Major training exercise on Finance Procedure Rules.		Head of Strategy and Development.	Sept. 09					
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	Septem. 2009	In progress			Reports to Audit Committee indicate completion of recommendations. A review of Internal Audit against the 2006 standards started in January 2009, and is still in progress as this is being written.	

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

PROCESS: HEALTH AND SAFETY POLICY

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2009	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
HR Director	Non-compliance with health and safety requirements leading to personal injury and / or prosecution of the authority	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. A head of profession for the H&S function is in place. A policy framework setting out the relationship between departmental and corporate H&S policies and guidelines has been agreed.	A well established system of corporate and departmental level reports and plan is in place. 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. 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 managers course". Work to deliver a single H&S manual is progressing including making use of existing departmental policies to form corporate policies.	A report on the impact of the HR review on management of H&S in LCC is due to be presented to CDB in early 09/10. The IOSH accredited "safety for senior managers course" has now been delivered to the majority of senior managers (apx 150) in the Council. The H&S service continues to report on the outcome of H&S audits in the dept and corporate annual reports (and 6 month update reports). The content of all departmental H&S manuals has been mapped. "Duplicate" policies have largely been removed, with the remainder to be removed as the corresponding corporate policy is reviewed or revised.
Assessment of level of assurance (Delete those not applicable)		Green / Amber		

Action Plan as at March, 2009

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
1	Property related H&S risks are properly managed (e.g. asbestos, legionella etc)	Joint work with LCC's property function on asbestos and legionella to: * develop new / revised systems. * monitor actions to implement new / revised systems	Head of Pay and Workforce Strategy	Ongoing work		Yes (now a main streamed activity of the function)	H	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 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) receive regular update reports on progress (including via the cor.	Audit reports produced by LCC insurers Zurich Municipal and the Council's H&S Service. . Asbestos and Water Task and Finish Group minutes. Reports to DMT, CDB and Heads of Property and associated meeting minutes.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								And dept annual H&S reports to DMT and CDB).	
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 Medium / high (depending on policy issue)	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 (see "adequacy of process" comments earlier). .	Minutes of HSMT 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 Pay & workforce Strategy	Ongoing work	Yes Yes Yes (audit activity is now main streamed into the functions		High	Audits of corporate H&S risks commenced in 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. One outcome of the review has been to allow a more co-ordinated audit and inspection programme	Copies of audit reports Corp and dept H&S reports and associated DMT and CDB minutes.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
					work)			and sharing of information across the H&S service.	
4	The organisational and individual implications of ill health (work – related and other causes) are properly understood and managed.	A musculoskeletal rehabilitation has been rolled out to all non-schools parts of LCC (an opt in route for schools is available).	Head of Pay and Workforce Strategy	May 2006	Yes		High	Periodic reviews have identified that the expected benefits are being demonstrated but that there remain areas of high MSD absence but low take up. Specific activities to improve take up are being undertaken.	Minutes of CDB and associated review reports. Contract with the provider.
		As part of the Cabinet approved "improving attendance strategy" a well being strategy for the Council is to be developed.	Head of Pay and Workforce Strategy	March 2010		Yes	High	Work has commenced to identify strategy and practice in other organisations and to identify relevant internal and external stakeholders.	Report to Cabinet and associated minutes.
		An initiative to assess LCC's current arrangements for identifying and reacting to instances of work related ill health is planned for 2006/7.	Head of Pay and Workforce Strategy	March 07	Yes (now a main streamed activity)		Medium	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	Reports from Resourcelink. Minutes of HSMT. Reports to DMTs and CDB and associated minutes.

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
		A systematic approach for the identification and delivery of employee health surveillance is in place.	Head of Pay and Workforce Strategy	March 2007		Yes	High	departmental H&S reports (see earlier).

An audit of health surveillance was completed in early 07/08. Significant areas for improvement were identified and actions agreed with relevant officers. Work to put in place a comprehensive health surveillance programme is being undertaken with the new OH provider (contract commenced March 08).

The number of employees receiving health surveillance is increasing, though work remains to be done to ensure all groups requiring surveillance have been identified. | Audit report. Minutes of HSMT. Minutes of OHUG. |
| | | A revision of LCC's existing stress management policy is planned for 2006/7. | Head of Pay and Workforce Strategy | March 2007 | Yes | | High | A new stress management policy was introduced in 2007. A review of the policy commenced in late 09. | Minutes of HSMT. And SWH&SCC. |

No	Requirement	Management response	Responsible officer	Target date	Implementation			Comments	Evidence Documentary / location ref.
					Complete	Planned	Priority (H, M or L)		
								As part of that review consideration is being given to reducing referral timescales. More detailed guidance for managers on stress related absence has also been drafted in response to feedback from SRG and the Service Directors Group.	

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

PROCESS: SAFEGUARDING CHILDREN

Lead Officer	Potential key risks as at 3/2009	Areas assured as at 3/2008	Adequacy of process as at 3/2008	Adequacy of process as at 3/2009
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	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.	Procedures are operating; there is ongoing work on monitoring and auditing and further work to do on implementing ISA.
	Disciplinary processes relating to staff are not sufficiently robust where these relate to safeguarding issues.	Green	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.	Work now starting to strengthen safeguarding disciplinary processes within the HR review.
	Service delivery within child protection fails to respond appropriately to the needs for protection of Leicester children within their families	Green	Service continue to be judged by external inspection and performed positively (scoring 3 – good) in recent joint area review.	APA in 2008 rated safeguarding services as good
	Standards of care do not adequately safeguard children looked after by the Local Authority	Green	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).	Ofsted inspections of all childrens homes have rated all as good.

		Staff in all areas with contact with children do not receive child protection awareness training	Amber		Problems identified across agencies in applying the strategy; review undertaken by consultant and recommendations made to LSCB regarding a new approach. Strategy being revised.
		Responsibilities across all departments for safeguarding & promoting welfare of children are not addressed at each level of accountability.	Green/Amber	Whilst the roles and responsibility document remains a clear priority across the whole Council it was unclear how well this document was embedded and applied. Roles and responsibilities document was revised and brought to CDB.	Following the Baby P case, and the revisions to the roles of the DSC and lead member, the document has been amended and is due to be taken to Cabinet on 20.4.09.
		Serious case reviews cause adverse publicity and impact on CAA as well as morale and recruitment and retention.	Amber	Not listed as a significant risk last year.	New process agreed by LSCB for managing SCRs including improved processes for producing SCRs, implementing action plans and handling media.
		Capacity to respond to the laming recommendations.	Amber	Not listed last year as laming report published in March 09.	Comprehensive early preparation work, a summary of which is to be taken to Cabinet on 20.4.09. Awaiting Government response due late April 09.

Assessment of level of assurance (Delete those not applicable)	Green / amber

Action Plan as at March, 2009

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

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

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