AGS Ref	Area of Assurance	Gap Identified	Agreed Action	Responsible Officer	Timescale
1.7 c/f 08/09	Objectives are reflected in departmental plans and are clearly matched with associated budgets	Delivery Plans are not developed for all areas of the council's services, so it is not possible to determine whether these reflect corporate objectives and match approved funding. Where Delivery Plans are developed (not all areas) these too contain prior year PI outturn and a section reporting progress with prior year projects. Whilst there is an intention to address this gap, a plan is not yet in evidence.	Internal Audit Delivery Plan review to identify gaps and action to be taken accordingly.	All CLG members/IW /LD	March 2011
2.5 c/f 08/09	The authority has well-established and clear arrangements for financing risk.	No specific policy in place for risk financing therefore not regularly reviewed in the light of costs and alternative risk mitigation strategies. Monitoring of incidence of successful and unsuccessful claims is not fed into the policy for risk financing (or risk management)	New Insurance Manager to explore whether a specific risk financing policy is required. To continue to explore if/how incidence of successful and unsuccessful claims can be fed into the policy for risk financing (if it is decided one is needed) or into the risk management system.	DW/KV DW/KV	March 2011 March 2011
2.9 c/f 08/09	Managers are accountable for managing their risks.	Control and risk self-assessment questionnaires are not used.	Use of Self Assessments to enhance accountability to be considered by the newly reformed CRSG.	TJ	Dec 2010
3.4 c/f 08/09	There is a counter fraud and corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff.	Policy accessible on internet site but only via search facility on intranet (CAFT have no specific pages). No awareness sessions etc. are run. CAFT do not currently formally report identified frauds or results	Consideration to be given as part of the 2009/10 fraud plan to enhancing intranet to enable policy to be more accessible to staff. Corporate fraud awareness e-learning tool given go ahead to purchase, planned implementation for 3rd quarter and phased roll out for 4th quarter 2009/10 To establish with GARM committee frequency and content	JP JP	March 2011 March 2011

AGS Ref	Area of Assurance	Gap Identified	Agreed Action	Responsible Officer	Timescale
		of NFI internally. New GARM Lead Member for CAFT has been established to progress this and CAFT now reporting to Head of A & R Register of gifts and hospitality is not reviewed from a fraud perspective.	of required reports. To include in 09/10 plan.	JP/DW JP	Dec 2010 March 2011
OGF7 c/f	Making sure that an effective risk management system is in operation	Business Continuity/IT Disaster recovery	Head of IT working with Divsional Directors to establish IT availability requirements for disaster recovery.	Mahesh Patel	Oct 2010
OGF8 c/f	Making sure that an effective risk management system is in operation	Health & Safety	Review Health & Safety function - Consultation Pack issued 14/07/09. Considered by cabinet 15/07/10. CAPITA working on full business case proposal.	DW/Mark Riordon	August 2010
1.45	The Council is narrowing the gap between the current condition of the asset base and an acceptable standard of maintenance, with high levels of backlog maintenance being reduced.	Limited resources available to meet maintenance demands.	To pursue with new Portfolio Holder.	Mike Brown	Dec 2010
1.46	Significant investment decisions are evaluated using option appraisal and whole life appraisal techniques.	It is recognised that there is not a consistent approach to option/whole life appraisal across the Council.	This is acknowledged but considered reasonable, therefore no action planned.		
3.3	There is a Whistleblowing policy in place that is regularly reviewed and evidence of the effectiveness of the policy e.g. reports on incidence of usage.	Policy not reviewed since 2007 + no evidence of effectiveness being measured.	Policy to be updated and consideration to be given to how its effectiveness can be measured.	Jon Turner	
3.34	Arrangements for validating information from third parties.	This is the responsibility of the contract owner (manager responsible) and there is no	Paper to CSB to be produced to address gap.	Alex Dewsnap	March 2011

AGS Ref	Area of Assurance	Gap Identified	Agreed Action	Responsible Officer	Timescale
		consistent approach.			
3.42	The council engages with its staff and gains their commitment to, and ownership of, the council's approach to reducing its impact on the environment	Although a well publicised Energy Saving Campaign was run in 2008/09 it is recognised that a more pro-active engagement with staff is needed.	To devise a pro-active engagement programme on the council's approach to reducing its impact on the environment.	Andrew Baker	
11.4	Develop and maintain an effective standards committee with a suitable profile and publicise its role and objectives and relevant outcomes to members of the public, all staff, stakeholders and Members.	A Standards Committee has been developed however this does not currently have a suitable profile and its role and objectives and relevant outcomes are not publicised to the public, staff, stakeholders and members.	Report to be presented to the Standards Committee to address this gap during 2010. Raising the profile of the Committee will involve a series of actions. A report was presented to the last meeting in June 2010 where this issue was raised. The Committee in response adopted a Mission Statement and Objective to address a number of areas including raising its profile.	Hugh Peart	
13.11	Joint workforce planning.	Although there is an integrated Children's Workforce Strategy and joint induction arrangements for those working with children across local partners this does not exist to any significant extent in other Directorates	This has been identified in the Strategy for People 2010-2012 as an action for 2011 therefore no further action is needed here.		

KEY	
CLG	Corporate Leaders Group
CGG	Corporate Governance Group
CGWG	Corporate Governance Working Group
MB	Myfanwy Barrett – Corporate Director Finance
DW	David Ward – Divisional Director Audit & Risk
TW	Tom Whiting – Assistant Chief Executive
HP	Hugh Peart – Director of Legal & Governance
JT	Jon Turner – Divisional Director HR & Development
CC	Carol Cutler – Director of Business Transformation and Customer Service
SD	Susan Dixson – Service Manager, Internal Audit
IW	Ingrid Waloff – Senior Professional Corporate Planning
GC	George Curren – Interim Head of Legal Practice
LC	Leslie Clarke –HRD Strategy Manager

07/07/10

TJ	Tanya Jacobs – Interim Risk Management Manager
KG	Kan Grover – Senior Professional, Business Continuity & Emergency Planning
MG	Mark Gillett – Divisional Director Commissioning and Partnership
JP	Justin Phillips – Corporate Anti-fraud Service Manager
VD	Varsha Dadlani – Service Manager Procurement
LD	Liz Defries – Service manager Performance and Data Services
SK	Stephen Kelly – Divisional Director Planning
OGF	Old governance Framework

DRAFT