

HARROW COUNCIL
ANNUAL GOVERNANCE STATEMENT 2009/10
Assurance and Evidence

Prepared by Corporate Governance Working Group

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Objective 1: Establishing principal statutory obligations and organisational objectives

Step 1: – Mechanism established to identify principal statutory obligations

	Examples of assurance:	FAN Suggested Evidence:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
1.1	Responsibilities for statutory obligations are formally established	<p>Documents (e.g. constitution) recording individual officer and member responsibilities</p> <p>Minutes of delegations to officers and committees</p> <p>Committee terms of reference</p> <p>Job descriptions of key officers</p> <p>Structure charts</p>	<p>The Council's Constitution includes details of individual officer, member responsibility and committee terms of reference. The Constitution is available at http://www.harrow.gov.uk/site/scripts/documents_info.php?categoryID=10016&documentID=919</p> <p>Minutes of current delegations can be found in the Council Minutes for 7 May 2009 which is available at http://modern.gov:8080/ieListDocuments.aspx?CId=288&MId=4168&Ver=4</p> <p>Structure chart attached. Not attached?</p> <p>Role profiles for the statutory obligations (Chief Executive, Corporate Directors of Children's, Adults & Housing, Corporate Finance and Director of Legal and Governance Services) are available and attached. Not attached?</p> <p>Protocol on role of S151 officer and role of monitoring officer approved by Council.</p>	HP/GC	GC	
1.2	Record held of statutory obligations	Accessible record of statutory obligations (e.g. central registry or legal library, intranet)	It is very difficult to hold a complete list of all statutory obligations. However, these statutory obligations are available from a variety of sources. Reference material is available from Legal Services and the internet eg HMSO, Lawtel, Lexis Nexis. Constitution outlines all officers with statutory obligations.	HP/GC	GC	
1.3	Effective procedures to identify, evaluate, communicate, implement, comply with and monitor	<p>Review of established processes in place</p> <p>Appointment of suitably qualified and experienced employees, selected</p>	Legal Services produces a quarterly legislation tracker which provides details of relevant acts, bills and regulations and the action necessary for the council to implement the relevant provisions. This is circulated to Corporate Directors and is available on the intranet,	HP/GC	GC	

	Examples of assurance:	FAN Suggested Evidence:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	legislative change exist and are used	<p>against accurate and specific job descriptions and person specifications</p> <p>Evidence of effective arrangements for internal and external communication (e.g. by review of communication of recent legislation to relevant officers and members)</p> <p>Appropriate induction training has been given to specific post holders</p> <p>Awareness training tailored to job profiles has been provided</p> <p>Inspection of reports to members on implications of new legislation</p> <p>Evidence that assurance has been given to Chief Executive (or equivalent) that all relevant legislative changes have been reported and addressed</p>	<p>http://harrowhub/site/scripts/download_info.php?downloadID=704&fileID=3731</p> <p>Members are provided with updates on relevant legislation either by way of the information circular or at the Members Quarterly briefings. Legal Services produce information bulletins for Members and colleagues</p> <p>See 1.13 regarding induction for new staff – not really relevant as 1.13 covers governance training not legislation</p> <p>Role of monitoring officer including clearance for reports etc</p>			
1.4	Effective action is taken where areas of non-compliance are found in either mechanism or legislation and reported to the Governance, Audit and Risk Management (GARM) Committee accordingly.	<p>Review of evidence to demonstrate that action has been taken to overcome identified areas of non-compliance, for example: Internal /external audit reports to audit committee or equivalent;</p> <p>Monitoring reports on progress on delivering action plans in response to identified legal/statutory risks in risk register (e.g. on implementation of Freedom of Information Act 2000)</p> <p>Evidence of corrective action being taken in response to upheld</p>	<p>All Internal Audit reports are issued to Governance, Audit & Risk Management (GARM) committee. Evidence: Example report to GARM covering Green/Amber IA reports.</p> <p>Action would be related to each individual case as determined and approved by GARM</p> <p>Service improvements template implemented in</p>	<p>MB/SD</p> <p>HP/GC</p> <p>CC/LM</p>	<p>SD 21/04/10</p> <p>GC</p> <p>Phillip Mears via</p>	

			agreed at Cabinet March 2010. This is provided as evidence.		via IW 26/04/10	
1.6	Priorities and objectives are aligned to principal statutory obligations and relate to available funding	<p>Corporate priorities and objectives are clearly set out in the strategic plan</p> <p>Strategic plan takes account of annual budget and medium term financial plan</p> <p>Financial plans take account of strategic partnership contributions and income streams</p>	<p>The Council's priorities are set out in the Corporate Plan (see 1.5) which is produced as part of the service planning, performance and budgeting process which is itself governed by a framework showing how the elements interact and are mutually inter-dependent.</p> <p>The framework is available at http://harrowhub/site/scripts/documents_info.php?categoryID=174&documentID=145 .and is provided as evidence</p> <p>Finance to provide a response on this last point.</p>	<p>TW&MH/ MB&TW/ AD</p> <p>MB&MH/ W</p>	<p>MH via IW 06/04/10</p> <p>IW 26/04/10</p>	
1.7	Objectives are reflected in departmental plans and are clearly matched with associated budgets	<p>Clear terms of reference are set for the preparation of departmental and/or service plans</p> <p>Departmental and/or service plans clearly reflect corporate objectives and match approved funding</p> <p>Annual reports are produced on the outcome of departmental and/or service plans</p>	<p>Planning guidance for Directorate Service Improvement Plans (SIPs) for Directorates, and Delivery Plans for services, was issued in August 2009. The two Planning guidance documents are provided as evidence. Only 1 doc in folder – i.e. Service Planning and Budgeting Guidance for 2010-11 to 2012-13</p> <p>Better integration is being worked on but not considered a gap by CGG.</p> <p>Corporate Directorate Service Improvement Plans reference corporate priorities, and are related to approved funding.</p> <p>An example Corporate Service Improvement Plan 2010/11 is provided as evidence – Chief Executive's Evidence not in folder</p> <p>Each Corporate Directorate SIP contains the prior year PI outturn, and a section reporting progress with prior year projects.</p> <p>Where Delivery Plans are developed these too contain prior year PI outturn and a section reporting progress with prior year projects.</p> <p>A Delivery Planning Internal Audit review was scheduled</p>	<p>AD/IW</p> <p>Corp Directors/ IW</p> <p>Corp Directors/ IW</p>	<p>IW 15/04/10</p> <p>A Dewsnap via IW 10/05/10</p>	<p>Gap c/fwd from 2007/08 and 2008/09: delivery Plans are not developed for all</p>

			<p>for 2009/10 but did not take place as limited IA resources were directed, by agreement with management, to higher risks. It is scheduled for 2010/11 and could work towards addressing this gap.</p> <p>At present it is not clear whether the alignment of delivery plans and SIPs is a 'gap' – the internal audit exercise could also work towards clarifying this.</p>			<p>areas of the Council's services.</p> <p>Further gap identified 2009/10 (to be incorporated into above)</p>
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1.8	<p>The authority's objectives are clearly communicated to staff and to all stakeholders, including partners and on an annual basis, the authority publishes a performance plan giving information on the authority's vision, strategy, plans and financial statements as well as information about its outcomes, achievements and the satisfaction of service users in the previous period.</p>	<p>A communication strategy in respect of the corporate objectives has been developed, approved and implemented</p> <p>Evidence of consultation with stakeholders (e.g. public and internal surveys etc) and strategic partners on service provision against cost.</p> <p>Documented meetings across departments to discuss key objectives in corporate and departmental and/or service plans</p> <p>Corporate objectives and aims are set out in key documents (annual plans, Local Area Agreements etc) on the authority's website and intranet site</p> <p>annual report</p> <p>annual financial statements</p> <p>annual business plan</p> <p>formal annual report</p>	<p>A Published Communications Plan : 2010/11 has been agreed at Cabinet March 2010. This is provided as evidence. Evidence not in folder</p> <p>See Report of Resident's Panel Questionnaire 1.5</p> <p>Departments make their own plans for communicating to their managers and staff at local management meetings and forums + regular managers conference + staff forums.</p> <p>The Arrow + Chief Executive's newsletter + Grapevine (Staff newsletter) and posters covering priorities around the buildings.</p> <p>The Sustainable Community Strategy is available at http://www.harrow.gov.uk/info/200009/performance/998/sustainable_community_strategy_2020</p> <p>The Corporate Plan is available at http://harrowhub/site/scripts/documents.php?categoryID=195 on the Intranet, and at http://www.harrow.gov.uk/info/725/council_performance/841/harrow_corporate_plan_20102011 on the website</p> <p>The LAA is available at http://www.harrow.gov.uk/info/200009/performance/1019/local_area_agreement on the Website</p> <p>The new LAA 2008 – 11 was adopted by the Council on 17 July 2008</p> <p>A 'Your Money' guide was produced in September 2009 which contains some financial information. Communications also published a mini-c-tax guide/A-Z. This had a targeted circulation to those Experian segments that had expressed a view that the council was not delivering Value for Money. It was also put on the web.</p>	<p>TW&AH/ W</p> <p>MH&AH/ W</p> <p>Corp Directors/ IW</p> <p>JR&TW/ W</p>	<p>A Hadfield via IW 26/04/10</p> <p>MH via IW 06/04/10</p> <p>A Hadfield via IW 26/04/10</p> <p>MH via IW 06/04/10</p> <p>A Hadfield via IW 26/04/10</p> <p>A Dewsnap via IW 10/05/10</p>	
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			<p>The Cabinet Performance report (quarterly) also reports on annual performance as part of the committee cycle.)</p> <p>Evidence of consultation is available at the Consultation Finder. http://www.harrow.gov.uk/site/scripts/documents.php?categoryID=200024</p> <p>For information relating to consultation with the Residents Panel on priorities see 1.5</p> <p>Evidence also cited is the Reputation Tracker, available on the Intranet at http://www.harrow.gov.uk/site/scripts/documents.php?categoryID=200024 and the December 2009 version provided as evidence. Not correct link – same as link above i.e. Consultation Finder</p>		<p>IW 26/04/10</p> <p>A Dewsnap via IW 10/05/10</p> <p>A Hadfield via IW 26/04/10</p>	
1.9 UoR 3.2	The council has strategic plans that show how it will develop its assets to meet strategic priorities and operational and service needs.	<p>Audit Commission Suggested Evidence for UoR 3.2:</p> <p>Organisation strategies and plans</p> <ul style="list-style-type: none"> • Asset management strategy/plan. • Office accommodation strategy. • Medium-term financial plan. 	<p>Following strategic Plans in place:</p> <p>Asset Management Plan 2010-2013 (Evidenced) Space Planning Policy Nov 2007 (Evidenced) Draft property Strategy 2010-2015 Feb 2010 (Evidence)</p>	MBr/SD	DG/SD 17/05/10	
1.10 UoR 3.2	The council's financial and other plans support the delivery of the strategic plans for assets, either through investment, disposals, transfers, and rationalisation, or by more efficient asset use. Financial plans show how any financial gaps, between the need to invest in assets and the budget available, will be filled over the	<ul style="list-style-type: none"> • Asset register. • Corporate plan. • Capital strategy. • Other strategies and plans with assets links (for example, flexible working, ICT). <p>Local needs and priorities that influence asset management</p> <ul style="list-style-type: none"> • Sustainable community strategy. • Local Area Agreement. • Climate change strategy. • Local development framework. 	<p>All entered on SAP</p> <p>Cabinet capital Plan December 2009. Evidence: cabinet report + minutes</p> <p>Capital project delivery Plan December 2009 Evidence: cabinet report as above</p> <p>ICT plan August 2009 (DG to send copy)</p> <p>Harrow's Sustainable Community Strategy. Evidenced</p> <p>LAA agreed in mid 2009 (Evidence Intranet – can't find)</p> <p>Harrow Climate Change Strategy July 09 (Evidence Intranet – can't find)</p>	MBr/SD	DG/SD 17/05/10	

	long term, for example through prudential borrowing, rationalisation of assets or capital receipts	<ul style="list-style-type: none"> • Access to services. • Service business plans (for example, libraries and leisure). 	Financial gaps shown in AMP pg 17			
1.11 UoR 3.2	<p>Policies, decision-making structures and roles underpin the management of assets as a corporate resource.</p> <p>Responsibilities for assets are clearly designated to functions and roles within the council. For example, there might be a designated corporate property officer with responsibility for strategic asset management activities, and a corporate group providing direction on asset related strategies across the organisation.</p> <p>Members actively engage in policy development for the asset base.</p>		<p>Responsibilities and structures included in the 2010 -2013 AMP Section 2.</p> <p>Minutes of meetings with Members etc. shared with External Audit.</p> <p>CSB is the corporate group providing direction on asset related strategies.</p> <p>Regular meetings are held with Portfolio Holders – summary of meeting maintained (DG to provide example)</p> <p>Property Board in place – Chaired by Corporate Director Place Shaping – reporting to Cabinet (Agenda, Board Actions & Project updates Evidenced)</p>	MBr/SD	DG/SD 17/05/10	
1.12 UoR 3.2	The council has an organisation-wide approach to managing assets as a corporate resource, rather than a compartmentalised,		<p>“Property Board” meets monthly and agenda and minutes are available. All Divisions are represented.</p> <p>See 2010-2013 AMP + example agenda as above + evidenced in Council strategies.</p>	MBr/SD	SD/DG 17/05/10	

	departmental driven approach. The council focuses on using the asset base to help deliver sustainable social, environmental and economic outcomes for local communities		Covered in AMP. Andrew Baker more info			
1.13 UoR 3.2	Asset management planning fully integrates with the council's corporate and service planning, with a clear alignment between asset plans and other corporate and service plans. Asset plans consider the implications for the asset base of medium longer-term service planning, and this is coordinated across service boundaries.		Information on co-ordination included in AMP. Members and officers of relevant sections consulted and provide information for AMP to align with service plans.	MBr/SD	SD/DG 17/05/10	
1.14 UoR 3.2	Strategic asset plans are supported by realistic and robust implementation plans for: <ul style="list-style-type: none"> • maintaining and using current assets; • reducing current and long-term costs (financial and environmental) of asset use; • realising the 		Detailed stock condition surveys and options papers for use of property (e.g. the Civic Centre) have all been updated in late 09 early 2010. The property disposal list now included priorities and targets. Business cases are being prepared for all significant potential disposals. Evidence: Civic Centre options paper; Backlog Maintenance CSB report, School Stock Condition Survey results. DG to provide property disposal list Paper in draft for reduction of Energy for Civic Centre DG to provide evidence	MBr/SD	SD/DG 17/05/10	

	<p>benefits of holding assets, such as making efficiency savings, increased income, delivering wider community outcomes or better customer access to services;</p> <ul style="list-style-type: none"> • disposing of, or transferring, surplus assets; and • developing and acquiring assets to meet current and projected needs and demand for services. 		<p>AMP covers realising the benefits of holding assets and developing and acquiring assets.</p>			
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Objective 1: Establishing principal statutory obligations and organisational objectives

Step 3: – Effective corporate governance arrangements are embedded within the authority

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
1.15	Code of corporate governance established	<p>A Code of Corporate Governance in line with the CIPFA/SOLACE guidance relevant to the type of authority has been adopted by the authority.</p> <p>A communication strategy in relation to the Code has been developed, approved and implemented</p>	<p>Code of Governance in line with CIPFA/SOLACE guidance agreed by GARM 01/09/08. Report and minutes of meeting included in 08/09 evidence folder. Code reviewed and updated by CGWG/CGG July 2009 changes agreed by GARM September 2009. Evidence</p> <p>Agreed by Cabinet to form part of the Constitution. Date + Evidence.</p> <p>Code available on intranet to be communicated to staff – email alert planned for August 2010 + presentation to CLG August 2010 (Will close gap if achieved).</p>	<p>CGG/SD</p> <p>CGG&A H/SD</p>	<p>SD 13/05/10</p>	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
1.16	Review and monitoring arrangements in place	<p>The Code itself incorporates a review date and/or a system for continuous update in response to changed requirements</p> <p>There are clear arrangements for continuously monitoring compliance with the Code e.g. reports on compliance are regularly submitted to the committee charged with corporate governance responsibility</p> <p>An annual report on compliance with the Code of Corporate Governance is prepared and submitted to members</p> <p>Internal/external audit reports on adequacy of corporate governance arrangements</p> <p>An action plan is prepared to address any significant identified weaknesses in complying with the Code and is continuously monitored by the authority or committee charged with corporate governance responsibility</p>	<p>Code incorporates a review date – July/August each year. CGWG undertake the review and report to CGG/GARM – reviewed July 2009 (as above).</p> <p>GARM received regular update reports on Corporate Governance during 2009/010. Evidence</p> <p>Part of AGS report submitted to GARM annually. Evidence</p> <p>Although no specific internal/external reports on adequacy of corporate governance arrangements produced during 2009/10 a number of internal audit reports covered governance arrangements of systems reviewed.</p> <p>An AGS Action plan was drawn up after the 08/09 review and monitored and year –end position to be reported to GARM June 2010. Evidence</p>	<p>CGG/SD</p> <p>DW/SD</p> <p>CGG/SD</p>	<p>SD 13/05/10</p> <p>SD 13/05/10</p> <p>SD 13/05/10</p> <p>SD 13/05/10</p>	
1.17	Committee charged with governance responsibilities	<p>Responsibility for overseeing corporate governance has been formally delegated to an appropriate committee</p> <p>Committee terms of reference clearly demonstrating responsibility for corporate governance issues have been approved by the authority</p>	<p>Responsibility formally delegated to GARM committee.</p> <p>GARM Terms of Reference originally approved 03/09/07 – updated and approved by GARM 08/04/10 . Evidence Minutes + Revised ToR</p>	GARM &MB/SD	<p>SD 13/05/10</p> <p>SD 13/05/10</p>	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		<p>Terms of reference are sufficiently comprehensive to ensure that all appropriate aspects of corporate governance are covered</p> <p>Agendas and minutes from the committee charged with corporate governance responsibility indicate that the responsibility is being discharged adequately in accordance with terms of reference</p>	<p>Terms of Reference are sufficiently comprehensive.</p> <p>See agenda/minutes for GARM Evidence</p>		<p>SD 13/05/10</p> <p>SD 13/05/10</p>	
1.18	<p>Governance training identified, provided to key officers and all members. Governance training attendance of a good level.</p>	<p>Induction training for key new officers and all new members incorporate suitable coverage on corporate governance issues according to responsibilities</p> <p>Ongoing awareness training is provided as appropriate to key staff and all members to ensure that changes in the Code are made known within the authority</p>	<p>Training for GARM committee in March 08. Will need to be revisited for new membership of GARM following May 2010 elections</p> <p>Member development programme which includes some aspects of governance – eg financial management, risk management and mandatory training on the Standards Framework: http://harrowhub/downloads/Modern_Councillor_booklet_3_.pdf</p> <p>Managers induction training (additional 2 days) includes reference to the corporate governance framework and can be accessed on the intranet at: http://harrowhub/downloads/corporate_brochure_with_links_1_.doc</p> <p>A Members Development Programme includes mandatory training on their statutory role. Access is available to all members to e-learning Details can be accessed on the intranet at: http://harrowhub/site/scripts/documents_info.php?categoryID=60&documentID=381 and the slides are attached.</p> <p>Also accessible is a report to the Member Development Panel on 7 April 2009 giving a presentation on the</p>	JT/LC	LC 14/7/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>Member Development Charter and an update on the programme of training.: http://modern.gov:8080/Published/C00000286/M00004530/\$ADocPackPublic.pdf</p> <p>A report is being presented to the Member Development Panel in September 2010 on the programme for 2010 and beyond.</p>			
1.19	Staff, public, Members and other stakeholder awareness of corporate governance	<p>There is a general staff awareness training programme</p> <p>The Code has been published and is accessible to all staff, the public and other stakeholders</p>	<p>All Harrow middle and senior managers have had training on Corporate governance issues through a 'Harrow Rules' programme. This was subsumed into a new Management Development Foundation Programme (MDPF) that started in September 2008. The corporate governance module can be accessed on the intranet at: http://harrowhub/site/scripts/documents_info.php?documentID=150.</p> <p>Corporate Governance is now included in the staff and manager induction programmes: http://harrowhub/downloads/corporate_brochure_with_links_1_.doc</p> <p>The MDPF is being integrated into the Management Induction programme (as there are overlaps) with a new Induction programme to start in November 2010.</p> <p>The Constitution is available on the council's intranet and website at: http://www.harrow.gov.uk/site/scripts/documents_info.php?categoryID=10016&documentID=919</p>	JT/LC AH/LC	LC 14.7.19	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		Annual reports issued by, or in relation to, strategic partnerships	<p>benchmarking clubs</p> <p>The council subscribes to the PWC Benchmarking Club.</p> <p>Harrow Strategic Partnership published an annual report which was considered at its AGM in May 2009. Copy provided as evidence.</p> <p>Performance data against LAA targets is published quarterly and annual performance reported in May/June each year. Evidence – Quarterly LAA Performance Report, LAA Annual Performance Report. Harrow Chief Executives now devote every other meeting to performance issues.</p> <p>Harrow is involved in developing performance benchmarking for London with colleagues from other authorities and London Councils.</p> <p>Service delivery is monitored via service plans and reported to DMTs and improvement boards.</p> <p>Improvement Board outcomes feed into CSB Performance morning which considers exception reporting, and this in turn feeds into the Strategic Performance Report.</p>		MH via IW 06/04/10	
1.21	Key performance indicators are established and monitored	<p>Appropriate key performance indicators (KPIs) have been established and approved for each service element and are included in departmental and service business/annual plans</p> <p>KPIs have been developed and are monitored in respect of key partnerships</p> <p>A robust monitoring system has been approved and implemented</p>	<p>KPIs are included in Corporate Directorate Service Improvement Plans. All national and statutory KPIs are monitored appropriately. Improvement boards and Workforce strategy groups receive reports on KPIs including workforce and other local PIs</p> <p>Key partnerships – HSP – see 1.20</p> <p>Service delivery KPIs agreed for both commercial partnerships (enterprise mouchelparkman and Kier) (see scorecard evidence).</p> <p>Service KPIs are monitored monthly at the Operational</p>	TW/IW With Corporate Directors	IW 15/04/10 LD 04/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		<p>There are regular reports on progress on delivering approved KPIs</p> <p>There is an approved mechanism for reviewing the continuing suitability of KPIs and for securing continuous improvement</p>	<p>Group meetings and the Contract Management meetings and quarterly by the Strategic Partnership Board. (see minutes evidence)</p> <p>An extensive set of Terms of Reference for the Strategic Partnership Board and subsidiary structures, Scorecards, and explanatory documents are attached as evidence</p> <p>Corporate Directorate KPIs are monitored at quarterly Improvement Boards. See 1.20</p> <p>Mechanisms for reviewing KPIs at service delivery level are left to local Directorates to determine.</p> <p>A review of KPIs and the Strategic Performance Report (SPR) was carried out in 2009/10; the Corporate Balanced Scorecard was refreshed for 2010/11 and annual targets were set for 2010/11 to 2012/13.</p>			
1.22	The authority knows how well it is performing against its planned outcomes	<p>Regular reports are presented to members on the delivery of national, authority, departmental and partnership performance targets</p> <p>Internal and external auditor's reports on key performance indicators</p> <p>Key performance indicator risk scorecards</p> <p>Use of Resources (PURE for police service) reviews and progress reviews against the action plans.</p> <p>Monitoring reports on the achievement of local performance targets in the Local Policing Plan</p> <p>Best Value Performance Indicators</p>	<p>Portfolio holders receive quarterly Improvement Board reports, see 1.20 for example</p> <p>Cabinet receive a quarterly Strategic Performance Report (SPR), example provided.</p> <p>Both the Overview & Scrutiny Committee, and its Performance & Finance subcommittee receive regular reports relating to the SPR and Improvement Board reports.</p> <p>Key partnerships – HSP – see 1.20</p> <p>Internal auditors reports – see example(?) and 4.7</p> <p>External auditors reports – an Audit Commission report, and see also 4.7</p> <p>The Council maintains a Corporate Risk Register which is reviewed at the CSB performance morning?., and Risk Registers are also reviewed at quarterly Improvement</p>	TW/IW	IW 15/04/10 LD 04/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		<p>Internal performance indicators</p> <p>Regular budget monitoring reports (capital and revenue, current year and medium-term)</p> <p>Voluntary benchmarking exercises with peer groups</p> <p>National comparative performance measures against comparable authorities (e.g. QuAnTa data on comparative policing performance against 'most similar force')</p> <p>Local Area Agreements and other strategic partnerships</p> <p>Balanced score card</p> <p>EFQM model adopted</p> <p>External audit/agency reports on performance (e.g. compliance with National Crime Recording Standard, HMIC reports, Police Standards Unit reports)</p>	<p>Boards.</p> <p>Audit Commission CAA reports relating to 2009/10 will be available in November 2010.</p> <p>National Indicators (NIs) are published as part of the Corporate Plan, monitored in scorecards, and in reports to Improvement Boards and CSB (where relevant). The Improvement Board report 1.20 refers</p> <p>For internal performance indicators the same applies</p> <p>The council does undertake a full benchmarking of costs across all performance services, annually working with CIPFA.</p> <p>PWC benchmarking club, and in 2010/11 LAPS, provide comparative data on KPIs.</p> <p>Scorecards are used, both at a corporate level and a service level. Improvement Board reporting takes a balanced approach against the corporate and service scorecards.</p> <p>For 2010/11 scorecards at Corporate Directorate level have been refreshed.</p> <p>External audit reports by CQC, Ofsted, available from their websites</p> <p>For Local Area Agreement see 1.20.</p>	MB/JH	A Dewsnap via IW 10/05/10	
1.23	Knowledge of absolute and relative performances achieved is used to support decisions that drive improvements in	<p>Monitoring reports are regularly presented to the appropriate committee</p> <p>The reports include detailed performance results, both absolute and relative to peer authorities, a</p>	<p>Improvement Board Reports are provided by each Directorate quarterly, see 1.20.</p> <p>Absolute performance information is provided in reports to Improvement Boards, The reports show performance relative to peer authorities when available (usually on an annual basis)</p>	TW/IW Corp Director s	IW 15/04/10 LD 04/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	outcomes	<p>clear indication of below target, on target and at, or above, target results, highlighting areas where corrective action is necessary</p> <p>Committee reports on below par performance include 'SMART' action plans to improve performance</p> <p>Performance targets in subsequent corporate and departmental and/or service business plans are revised in the light of actual performance</p> <p>Continuous improvement is strived for by increasing the difficulty of performance targets when they have been met over a period (e.g. movements on KPI results)</p> <p>Performance trends are established and reported upon over the medium term and are fed into the corporate and departmental and/or service planning process and into the planning process of key partnerships</p> <p>Performance targets are adjusted in the light of the performances of peer authorities</p>	<p>The following Committee reports are produced as evidence : Improvement Board reports, Improvement Board action notes – see 1.20; Scrutiny Performance & Finance Subcommittee minutes , Cabinet Performance meeting minutes – evidence provided.</p> <p>Community & Environment Services : Performance and programme improvement in CES is managed and challenged at an appropriate and regular level for each service i.e. Partnership Board level for property and engineering; Committee level for traffic; strategic partnership group for certain key programmes / initiatives i.e. Community Cohesion and Sustainable Development & Enterprise Management Groups. These reports include detailed performance results in relation to targets, previous performance and peer groups. CES strive for continuous improvement and increase the difficulty of performance targets when they have been met over a period i.e. our recycling targets have doubled as a result of continuously improving performance. CES regularly use intelligence of benchmarking clubs i.e. around waste to review and improve business plans and ambitions.</p> <p>For Commercial Partnership Governance, see 1.21.</p> <p>For Adults & Children : Target setting is carried out as a joint activity between Directorate and Performance Team with the Performance Team providing analysis and challenge. Example for Education targets provided.</p> <p>We strive for continuous improvement through target setting and regular comparison with statistical neighbours, and monitor trends, example provided.</p> <p>Information on relative performance is analysed, through published benchmarking information and through</p>		<p>A Singh via IW 26/04/10</p> <p>D Harrington via IW 26/04/10 LD - 4/05/10</p>	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			benchmarking clubs e.g. London Information Exchange Group, Housemark, PWC, LAPS.			
1.24	The authority continuously improves its performance management	<p>The performance management systems are regularly reviewed and updated to take account of changes in organisational structure, new performance measurement frameworks (i.e. new Government initiatives, new internal performance measures etc) and other factors</p> <p>The performance management arrangements are revised in line with external or internal review of the arrangements</p> <p>Performance management arrangements are reviewed to assimilate new techniques and/or technology e.g. developments in performance management information systems</p> <p>Performance management arrangements are developed and monitored in relation to key partnerships</p>	<p>The performance management framework defined in 2007 and described at 1.6 and 1.20 has been reviewed during 2009/10. A revision should become available early in 2010/11.</p> <p>The council's migration to SAP MIS from 2006 onwards, as part of the Business Transformation Programme has resulted in changes to the software base for performance related information. The SAP MI system is being developed to provide more accessible output for users throughout the Council.</p> <p>For Commercial Partnership Governance, see section 1.16.</p> <p>The Performance Management System for Harrow Strategic Partnership has been reviewed and strengthened in relation to the Local Area Agreement and other Partnership priorities. Evidence – Partnership Development report and updates 19th October 2009, and draft for May 2010 and Performance reports 30th November 2009 and 22nd February 2010</p>	TW/IW	<p>IW 26/04/10 LD 04/05/10</p> <p>MH via IW 06/04/10</p>	
1.25 UoR 2.2	There are corporate targets for managing performance, including partnerships, which are aligned with strategic objectives and priorities. These are cascaded throughout the organisation and to	<p>Audit Commission Suggested Evidence for UoR 2.2:</p> <p>Prior year data quality assessments.</p> <p>Relevant final accounts and systems work.</p> <p>Information technology risk assessments.</p>	<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 <p>1.25 – 1.35 are cover by the UoR 2.2 self assessment – assessed as 3/4. Reliance is being placed on the self-assessment for the governance process (as agreed with the Chair of CGG) and it has been agreed that a 3/4 assessment reflects no major governance gaps.</p>	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	partnerships	Other relevant audit or inspection work.				
1.26 UoR 2.2	The cabinet, or relevant committee, manages and monitors implementation of major projects and strategies to ensure they are on track and achieve expected outcomes, particularly planned benefits. Action plans are integral to performance management and there is a hierarchy of reporting throughout the organisation against national and local targets which is used to inform decision making	<p>Relevant internal audit reviews</p> <p>Year-on-year variances in performance data.</p> <p>Prior year Direction of Travel or Managing Performance Assessments</p> <p>Data quality and information use findings from other regulators.</p> <p>Information security policies and strategies.</p> <p>Information management policies and strategies.</p> <p>Data quality policies and strategies.</p> <p>Documents and reports supporting key decisions.</p> <p>Business continuity plan.</p> <p>Data quality spot checks.</p>	<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
1.27 UoR 2.2	Fit-for-purpose information underpins performance management. The decision making process is supported by a variety of information, not just performance information, which may include: <ul style="list-style-type: none"> • customer perception 		<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>measures;</p> <ul style="list-style-type: none"> • needs analysis; • national and local performance and quality of life indicators; • demographic information; • information on equalities issues and outcomes; • financial and efficiency information; and • commissioned or external research. 					
1.28 UoR 2.2	The council either improves or removes performance measures which are not fit-for-purpose, in terms of data quality or usefulness.		<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
1.29 UoR 2.2	The council uses information to keep areas of underperformance under review and can demonstrate it is taking appropriate action to achieve improvements. It uses information to manage underperformance		<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	across all areas of the organisation to help ensure issues of concern do not turn into issues of priority due to neglect.					
1.30 UoR 2.2	The council integrates performance management with management of resources so resources follow priorities.		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
1.31 UoR 2.2	The council uses information creatively to: <ul style="list-style-type: none"> • identify gaps in service provision, long-term performance trends and potential business opportunities; and • forecast and model future developments. This information is fed into strategic planning		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
1.32 UoR 2.2	The council identifies relevant and focused financial and non-financial indicators,		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>that enable it to oversee its financial performance against corporate priorities and whether it is achieving value for money in the delivery of services. The indicators are balanced to reflect the various parts of the council's business. They look internally to measure performance, and externally to provide context and indication of value for money and user experience. The council can demonstrate it uses these indicators to drive improvement. The council has a good track record of achieving non-financial and financial targets including achieving planned efficiency gains. There are clear and agreed targets for improvement which are outcome-based and challenging. Performance, including outcomes and indicators, is benchmarked against</p>					

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	other relevant organisations.					
1.33 UoR 2.2	<p>The council is self-aware and has an approach to learning from activities such as:</p> <ul style="list-style-type: none"> • the experiences of people who use services; • post-implementation reviews of major projects; • external reviews; • benchmarking; • staff feedback; • complaints; and • whistleblowing cases 		<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
1.34 UoR 2.2	<p>A strong culture of using information to support performance improvement is in place. Members and officers have the information to understand reasons for underperformance and use this information appropriately. Information on performance includes measures which are</p>		<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	not simply based on performance against outcome targets, to help members and officers understand progress towards outcome targets.					
1.35 UoR 2.2	There is analyst and other specialist capacity to support performance management, and arrangements are developed in line with the strategic priorities of the organisation and its partners. The council deploys analyst resources effectively, with more emphasis on producing value added analysis to support decision making than on routine performance reporting.		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
1.36 UoR 3.1	The council is establishing systems and processes to manage its own performance to: <ul style="list-style-type: none"> • reduce its use of energy, fuel, water 	Audit Commission Suggested Evidence for UoR 3.1: Sustainable development policy and objectives. <ul style="list-style-type: none"> • Environmental policy and objectives. 	Development of LDF takes on board sustainability issues and provides an overarching policy framework. The Annual Monitoring Statement (Marc Mason) The council adopted a Climate Change Strategy in September 2009 and set targets to reduce CO2 by 4% a year, and water by 2.5% a year.	JE/AB/SD	AB 19/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>and raw materials through reducing demand and using more efficient approaches or products;</p> <ul style="list-style-type: none"> • reduce the waste it produces, and reusing and recycling resources wherever possible; and • manage habitats to increase biodiversity 	<ul style="list-style-type: none"> • Sustainability impact appraisals • Planning and monitoring information on environmental impact. • Performance indicators (including national indicators). • Reports to the cabinet covering procurement decisions and investment appraisals. <p>A verified environmental management system such as <u>EMAS (EU Environmental Management and Audit Scheme)</u> or <u>ISO 14001 (Environmental Management System)</u>.</p>	<p>The Climate Change Strategy also sets a corporate policy to recycle 50% of waste from each building from April 2010. All schools already achieve this target following a project in 2008/9, which introduced compulsory recycling into schools.</p> <p>In 2010 it has obtained £200k of funding from SALIX for energy saving measures in its buildings and has a separate, internal capital allocation of £100k for carbon reduction.</p> <p>The Biodiversity Action Plan has been agreed and is being implemented (Dave Corby)</p> <p>The council has signed the Mayor's Green Procurement code and has reached Bronze level. It has set a target to achieve Gold by 2012. (Varsha)</p>			
1.37 UoR 3.1	<p>The council is incorporating targets into its arrangements and establishing the systems it needs to monitor progress in achieving these targets</p>	<p>Relevant National Indicators</p> <ul style="list-style-type: none"> • NI 185 - CO2 reduction from local authority operations. • NI 188 - Adapting to climate change. • NI 194 - Level of air quality – reduction in NOX and primary PM10 emissions through local authority's estate and operations. • NI 197 - Improved local biodiversity – active management of local sites. 	<p>Deadline for submission of NI 185/194 for 2009/9 was met. DECC published provisional, corrected results on 17 May 2010. Verification by June 1st. Submission of 2009/10 data to be advised by DECC.</p> <p>NI 188. Assessment for 2009/10 is that we reached level 1. An improvement on 2008/9 assessment of level 0. A LCLiP survey was undertaken during 2009/10 by Scott Wilson, which identified the vulnerabilities to weather events in Harrow.</p> <p>NI 197 – Dave Corby</p> <p>Progress on achieving all targets is monitored by the council's Performance Board. Close monitoring of NI 185 /194 has been difficult because of the need to establish baseline figures and slow turn-around, by DECC, of the data.</p> <p>The Corporate Director for Community and Environment</p>	JE/AB/SD	AB 19/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			reports directly to the Chief Executive in relation to delivery of the necessary carbon reductions.			
1.38 UoR 3.1	The council has reliable information (this links with KLOE 2.2) which it uses to monitor its performance and manage progress in achieving its strategy(natural resources/impact on environment –see 3.40). It is communicating performance against its strategy to the public, stakeholders and staff and engaging with them effectively		<p>The council signed the Nottingham Declaration in July 2007. Development of the subsequent Climate Change Strategy was subject to public consultation. As part of this consultation process a presentation was made to the Greener Harrow group.</p> <p>Information on the above indicators is publicly available on the council’s website. Information is also shared regularly with Greener Harrow (minutes on website) and the Sustainable Development and Environment group of the Harrow Strategic Partnership.</p> <p>The council has led on the formation of a climate change group within the West London Alliance to consider common problems and a common approach to the new policy area. At the initial meeting on 7 May 2010, presentations were received from The Audit Commission, L B Sutton (a Green Flag borough) and from Harrow (on the CRC and FIT).</p> <p>90% of data from electricity/gas readings is very reliable. The Council is installing automatic meter reading devises and annual pictures of meter reading are currently taken.</p>	JE/AB/SD	AB 19/05/10	
1.39 UoR 3.1	It is making progress in delivering against its strategy, plans and targets. It is reducing its environmental impacts and consumption of natural resources from its operations in line with the targets it has set itself. This		The annual 4% reduction in carbon emissions is measured by NI 185 and is effective from April 2010. We submitted base figures for 2008/9 in June 2009. Figures for 2009/10 will be submitted in accordance with the timetable from DECC (which has still to be announced). We keep centralised records of energy consumption across the whole council but need to use DECC conversion factors for each year to calculate the carbon footprint. An annual reduction of 4% is consistent with the targets set in the Mayor for London's Climate Change Strategy. Over the last year we have completed a number of energy saving projects and this continues	JE/AB/SD	AB 19/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>progress is spread across the organisation. It has identified the significant environmental risks that could impact on the delivery of its operations, for example how it is taking steps to adapt to climate change</p>		<p>this year. We are also developing a Carbon Management Plan as part of our Asset Plan, which will be looking at reducing our estate and improving the energy efficiency of the remaining stock.</p> <p>Achieving the carbon reduction targets is an essential element in our response to the Carbon Reduction Commitment scheme. The target has been allocated to Corporate Director (Environment and Community Safety) as part of his personal performance targets, which are monitored by the Chief Executive.</p> <p>The annual 2.5% reduction in potable water consumption is also effective from April 2010. It recognises that potable water has a large carbon footprint and that there are a number of measures that can be taken to reduce its use. In October 2009, we centralised our record keeping for water consumption so are still in the process of recording our first annual footprint for the whole council. This is a local indicator.</p> <p>Both of these indicators are at an early stage of development so it is difficult to say how well we are currently performing. We are currently developing proxy measures that will allow performance to be tracked on a monthly basis</p>			
1.40 UoR 3.1	<p>Sustainability impact appraisals are undertaken for all major projects and programmes. Where assessments show potential negative impacts, the council can demonstrate how it has responded, for example by changing</p>		<p>Covered by: all reports to Cabinet require an environmental impact statement to be produced. These are reviewed by the Division Director Environmental Services or the Head of Climate Change and are signed off if they support the Environment Impact Statement. Where they don't suggestions are added.</p>	JE/AB/SD	AB 19/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	its policy, mitigating risks or having a plan to manage the effects					
1.41 UoR 3.1	The council considers the environmental impact of its suppliers of goods and services within its commissioning and procurement decisions and is working with them to achieve improvements		<p>Harrow Council encourages sustainability within all procurement procedures to ensure that the goods and services the Council provides achieve best value without having a negative impact on the future generations. The Council's Corporate Procurement Strategy (Evidenced) ties in directly with the Government's national action plan "Procuring the Future".</p> <p>The key principles considered are reduce, reuse, recycle and rethink – including thinking about whole life costs noting in particular the cost of disposal. Suppliers are influenced to reduce their environmental impact and to provide goods that have been traded fairly and safely. This may involve working with suppliers to reduce the environmental impact of their services and products, together with others in their supply chain. This can be mutually beneficial to both parties. Additionally, the Council uses whole life cost benefit analysis as part of the award criteria for contracts.</p>	JE/AB/SD	Procurement 19/07/10	
1.42 UoR 3.1	The council is using its partnerships to help it to reduce its own impacts on the environment and preparing for climate change, for example using shared buildings		The Better Together programme is looking at how the public sector in harrow can work more closely together to reduce the total number of buildings being used, and increase the density of staff per unit area. Evidence: Cabinet Report	JE/AB/SD	AB 19/05/10	
1.43 UoR 3.2	There is comprehensive and fit-for-purpose information on the asset base which	<p>Audit Commission Suggested Evidence for UoR 3.2:</p> <p>Organisation strategies and plans</p> <ul style="list-style-type: none"> • Asset management strategy/plan. 	See 1.9-1.14 above. All included in 2010-2013 Asset Management Plan which has pulled together plans and aspirations from all Divisions/Departments into one document which will be available on the Harrow Internet Site.	MBr/SD	SD/DG 17/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	includes, as appropriate, the size, use, value, tenure and an assessment of the fitness-for-purpose of the asset.	<ul style="list-style-type: none"> • Office accommodation strategy. • Medium-term financial plan. • Asset register. • Corporate plan. • Capital strategy. • Other strategies and plans with assets links (for example, flexible working, ICT). 				
1.44 UoR 3.2	The council manages the performance and value for money of assets by challenging, managing, benchmarking and monitoring against targets for improvement. Asset management performance indicators are used to track performance and there is evidence of the council meeting its targets. There is effective member scrutiny of the performance of the asset portfolio.	Local needs and priorities that influence asset management <ul style="list-style-type: none"> • Sustainable community strategy. • Local Area Agreement. • Climate change strategy. • Local development framework. • Access to services. • Service business plans (for example, libraries and leisure). 	<p>Harrow has participated in the major CIPFA benchmarking exercise in both 2009 and 2010. Details are available and have been shared with Portfolio Holders and External Audit.</p> <p>Evidence: 2008/09 Benchmarking Results</p>	MBr/SD	SD/DG 17/05/10	
1.45 UoR 3.2	The council is narrowing the gap between the current condition of the asset		<p>Backlog maintenance is one of our main weaknesses and draft papers on how to manage it have been prepared for Directors and CSB consideration. Evidenced. Limited resources are available to meet maintenance demands raised with Portfolio Holder.</p>	MBr/SD	SD/DG 17/05/10 Confirmed MB	GAP 2009/10: Limited resources available

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>base and an acceptable standard of maintenance, with high levels of backlog maintenance being reduced. The property estate is well maintained and meets service needs. There are only occasional incidents of building component failures that result in interruptions to service delivery, complaints or health and safety incidents. Where these occur, they are dealt with promptly.</p>		<p>Urgent maintenance required in 5 Schools by September will be undertaken to prevent disruption to schools/Education service.</p> <p>All H & S incidents are recorded and are promptly dealt with. The H & S Executive have given us a good performance rating when evaluated last year. Evidence?</p>		15/07/10	<p>to meet maintenance demands.</p> <p>ACTION: To pursue with portfolio holder.</p>
1.46 UoR 3.2	<p>Capital investment supports the delivery of corporate priorities. The council has a systematic process for appraising competing demands for spending on assets against corporate priorities. Significant investment decisions are evaluated using option appraisal and whole life appraisal techniques. This results in consistent</p>		<p>The presentation to Cabinet in December 2009 included full Capital Development proposals and delivery plans. Evidence as before in cabinet papers.</p> <p>More details and background are included in the AMP.</p> <p>Capital Programming in place.</p> <p>Option appraisal/whole life appraisal techniques not always used where a commercial decision has been made on how to deal with assets.</p> <p>Medium term financing will be exceptionally challenging, governance even more important, need to ensure adequate governance process and better alignment with corporate priorities to help Council to obtain full potential of assets.</p>	MBr/SD	SD/DG 17/05/10 + MB/AT 15/07/10	<p>GAP 2009/10: There is not a consistent approach to option/whole life appraisal across the Council.</p> <p>ACTION: This is acknowledged but considere</p>

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	and transparent decision-making.		All significant disposals (above £250k) are key decisions and options have to be provided as part of report to Cabinet.			d reasonable, therefore no action planned
1.47 UoR 3.2	The council challenges whether all its assets are required, are fit-for-purpose and provide value for money to meet current and future needs. The views of service users and communities inform reviews of the asset base. For property assets, there is a comprehensive programme of property reviews on a geographical basis and on service functions. Under-performing or surplus assets are rationalised or disposed of in ways that deliver best value, that is through an appraisal of the options that strike a balance between cost and income, and the delivery of outcomes for local communities.		<p>This is an ongoing exercise which is being undertaken as part of the "Transformation Programme". There are over 60 work streams looking at different areas. Evidence: Work stream Brief.</p> <p>Specific projects discussed with the community. Evidence: Cedars youth & Community Centre</p> <p>Stock Condition Surveys (See 1.14)</p> <p>Disposal list – Evidence?</p>	MBr/SD	SD/DG 17/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
1.48 UoR 3.2	The council compares its performance through benchmarking against other similar asset holding organisations on selected industry standard performance measures. It uses this information to drive performance improvement.	<p>Performance management</p> <ul style="list-style-type: none"> • Progress monitoring reports including to members. • Benchmarking activities. • Targets. • Internal audit reports. • Service level agreements. • User feedback. 	Harrow contributes fully to the CIPFA benchmarking and minor weaknesses identified (when compared to other Councils) are being addressed. Evidence: CIPFA Benchmarking as before.	MBr/SD	SD/DG 17/05/10	
1.49 UoR 3.2	<p>Through the effective management of its asset base, the council can demonstrate it is:</p> <ul style="list-style-type: none"> • improving the overall condition of the asset base; • reducing health, safety and security risks from its assets; • upgrading and modernising facilities; • improving access to services; • mitigating environmental impacts from use of assets and providing resilience of its land, buildings and 		<p>Covered by:</p> <ul style="list-style-type: none"> • Draft Property Strategy (as before) • Recording of H&S incidents (as before) • AMP (as before) • Heritage Paper - Evidenced 	MBr/SD	SD/DG 17/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>transport infrastructure to the effects of climate change; and</p> <ul style="list-style-type: none"> protecting architectural and historical heritage where applicable. 					
1.50 UoR 3.2	<p>The council is developing a strategic approach to working with others, for example the third sector, local public agencies and community groups, to identify opportunities for shared use of assets, and alternative options for the management and ownership of its assets, to derive better value for money and wider community benefits. There might be examples of joint working on individual building projects however a strategic approach to collaboration across the public sector asset base in its area may not yet be</p>	<p>Value for Money</p> <ul style="list-style-type: none"> Spending analysis. Capital budget rationing and targeting arrangements. Best value procurement. Option appraisals. Whole life appraisals. Property review reports. Analysis of space utilisation, surplus capacity, un-used and under-used land and buildings Register of surplus land and buildings. 	<p>A range of Option and whole life appraisals have been developed.</p> <p>Full stock condition surveys have been completed.</p> <p>A register of potential surplus land and buildings is available.</p> <p>An analysis of space use in the Civic centre and the potential for improvement/change/additions is included in an April 2010 draft report. (Evidenced 1.14)</p> <p>The draft "Third Sector Strategy" was considered by Cabinet in January 2010 and is out for Public consultation. Evidence: cabinet papers</p> <p>Work is being undertaken under the Transformation Programme identifying opportunities for shared use of assets with the PCT and Police. See below.</p>	MBr/SD	SD/DG 17/05/10	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	evident.					
1.51 UoR 3.2	<p>The council is actively working with partners in developing a long-term strategic approach for all assets used by public bodies across its area. There are plans aimed at developing opportunities for shared use of assets to provide value for money, single points of access to public services and wider community benefits. The council is exploring alternative models of sharing, ownership and management of public sector assets with its key partners, including the third sector and voluntary and community groups. Partnership working extends beyond joint working on individual building projects</p>		<p>Included as a major part of the transformation programme. Extensive discussions have taken place with all Public bodies in Harrow, with minuted meetings and action plans. Evidenced</p>	MBr/SD	SD/DG 17/05/10	

Objective 2: Identify principal risks to achievement of objectives

Step 1: – The authority has robust systems and processes in place for the identification and management of strategic and operational risk

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
2.1	<p>There is a written strategy and policy in place for managing risk which:</p> <p>Has been formally approved at political and risk management board (or equivalent) level</p> <p>Is reviewed on a regular basis</p> <p>Has been communicated to all relevant staff</p> <p>Includes partnership risks</p>	<p>Existence of approved strategy and policy document</p> <p>Evidence of formal approval (e.g. management board/committee minutes)</p> <p>Evidence of formal review (e.g. management board/committee minutes, document version number and date)</p> <p>Evidence of communication strategy, possibly covered in strategy document</p> <p>Examples of dissemination e.g. induction, briefings, awareness sessions, policy and strategy published on intranet, strategic diagnostic questionnaire results</p>	<p>Cabinet Agenda for 17 September 2009 - available at http://moderngov:8080/Published/C00000249/M0004617/\$\$\$Agenda.doc.pdf</p> <p>Cabinet Report and Minutes of Meeting for 17 September 2009 (Agenda Item 9 Pages 97 to 118) - available on intranet at http://moderngov:8080/Published/C00000249/M0004617/\$\$ADocPackPublic.pdf</p> <p>Risk management strategy, policy, guidance and templates available on the intranet at http://harrowhub/site/scripts/downloads.php?categoryID=85</p> <p>Risk management policy identifies risk management roles and responsibilities of partners - available on intranet at http://harrowhub/downloads/Cab_app_-_RM_strategy_Sept_09.pdf</p> <p>Available on the Hub.</p>	DW/TJ	TJ 30/4/2010	
2.2	<p>The authority has implemented clear structures and processes for risk management which are successfully implemented and:</p> <p>Management board and elected members</p>	<p>Management board/committee minutes</p> <p>Job descriptions of senior and operational managers and corporate risk manager outline their risk management responsibilities and are covered in appraisals</p>	<p>Corporate Directors have 1-2-1 meetings with the Risk Manager to update the Strategic Risk Register and Corporate Operational Risk Register. Each risk on these registers has been allocated an appropriate Corporate Director as the Risk Owner. (See Strategic Risk Register, Corporate Operational Risk Register February 2010.)</p>	DW/TJ	TJ 30/4/2010	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>see risk management as a priority and support it by personal interest and input</p> <p>Decision making considers risk</p> <p>A senior manager has been appointed to “champion” risk management</p> <p>Roles and responsibilities for risk management have been defined</p> <p>Risk management systems are subject to independent assessment</p> <p>Risk management is considered in the annual business planning process</p>	<p>Internal audit reports and external audit comments on risk management system</p> <p>CPA or PPAF review comments on risk management</p> <p>Annual business plans</p> <p>Link between internal audit and risk management functions is clearly defined in terms of reference of internal audit</p> <p>Responsibility for risk management function, including partnership risk management, is set at appropriate senior level</p> <p>Committee reports setting out options for change include an appropriate risk assessment, including the ‘no change’ option</p> <p>The corporate business plan and financial plan assess risks as appropriate and in particular take account of new and emerging risks facing the authority</p>	<p>Risk Manager meets with Directorate Risk Champions each quarter to update the Directorate risk registers. Risk Owners have been identified for each risk in the Directorate risk registers - Directorate Risk Registers Feb 2010</p> <p>Guidance Notes on the Role and Powers of Portfolio Holders Aug 2009</p> <p>Risk Management service manager job description. (David Ward to provide) evidence</p> <p>Cabinet report – budget and medium term financial strategy – Feb 2008.</p> <p>Cabinet/Committee report template/guide with compulsory risk option, and list of risk information provided in cabinet/committee reports for Aug 2009 - March 2010.</p> <p>Corporate Plan 2009-12</p> <p>Directorate Service Plans identify risks - Corporate Finance Service Plan 2009/10</p> <p>Evidence</p> <p>Roles and responsibilities for all included in risk management strategy/policy (see 2.1)</p> <p>Risk Management Manual (see 2.1).</p> <p>GARM Committee terms of reference.</p> <p>CSB role - CSB guidance Notes Aug 2009.</p> <p>CRSG terms of reference.</p> <p>IA Terms of Reference outlines link between IA</p>			

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>& Risk Evidence</p> <p>Governance Summary - identifying risk management responsibilities.</p> <p>Service Improvement Planning Guidance for Corporate Directorates for the 2009/10 financial year guidance.</p>			
2.3	The authority has developed a corporate approach to the identification and evaluation of risk which is understood by all staff	<p>Systematic procedures for risk identification and evaluation have been agreed and are consistently applied across all business units and partnerships</p> <p>Examples of dissemination e.g. induction, briefings, awareness sessions, strategic diagnostic questionnaire results</p>	<p>Risk Management Strategy & Policy (see 2.2)</p> <p>Risk Management Manual (see 2.2)</p> <p>Risk management training (see 2.6)</p>	DW/TJ	TJ 30/4/2010	
2.4	The authority has well defined procedures for recording and reporting risk	<p>Evidenced by review of risk management strategy and policy</p> <p>Key risk indicators have been determined and there is evidence of monitoring against these risks</p> <p>Evidence of regular and frequent reporting of risk to political and management board level</p> <p>Evidence of risk based auditing being carried out</p> <p>Evidence of risks not properly addressed identified in internal audit reports etc being fed into the risk management process</p> <p>Environmental scanning reports are fed into the risk management process so as to identify new and emerging risks</p>	<p>Last risk management review conducted 2006.</p> <p>No KRIs used. Use of KRI considered and decided not to be used by Harrow Council.</p> <p>Key risks are not tracked through KRIs. Exception reporting of 'red' risks, in line with the agree risk appetite and delegated risk appetite, are reported to Improvement Boards and CSB in line with the Risk Management policy and guidance.</p> <p>Exception risk reporting to CSB and Improvements Boards each quarter.</p> <p>Revised risk register format requires this and last quarter's risk score to be provided.</p> <p>Changes in risks and quarterly risk scores for the Strategic Risk Register (since Dec 2001 - creation date) and the Corporate Operational Risk Register (Nov 2008 - creation date) are tracked in an excel worksheet by the Risk Manager.</p>	DW/TJ	TJ 30/4/2010	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>The service planning process requires identification of the context within which a Directorate works, which in turn should facilitate horizon scanning. Discussions at quarterly CSB Performance meeting also provide opportunity for horizon scanning.</p> <p>The Risk Manager meets with the Risk Champion and Corporate Directors (Risk Owners) to update Directorate risk registers. This provides opportunity for discussion of and the identification of new and emerging issues through the challenge and scrutiny function provided by the Risk Manager in performance this function.</p> <p>Evidence of review of risk management policy – Cabinet report.</p> <p>Reporting to CSB and Improvement Boards (see 2.2)</p> <p>Corporate Property and Infrastructure (Kier/EnterpriseMouchelle) Board reports and minutes</p> <p>Partnership risk management (see 2.11)</p> <p>GARM Report and Minutes 8 September 2009 - RAF update</p> <p>Risk based auditing undertaken – see IA ToR Ref (2.2) + example audit reports. Evidence</p> <p>Evidence of risks not properly addressed identified in internal audit reports etc being fed into the risk management process weak. Evidence</p>			
2.5	The authority has well-	Evidence that the authority's policy for risk	Internal procedures detailing claim handling. E.g.	DW/KV	DW	GAP c/f

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	established and clear arrangements for financing risk	<p>financing is regularly reviewed in the light of costs and alternative risk mitigation strategies</p> <p>All legal requirements for insurance are met</p> <p>Evidence that self-insurance provisions are subject to annual independent actuarial valuation and that contributions to the fund are adjusted accordingly</p> <p>Insurance claims being managed in accordance with 'Woolf' principles</p> <p>Evidence of monitoring the incidence of successful and unsuccessful claims and of feeding the results back into the policy for risk financing accordingly</p>	<p>– liability claims procedures, property claims procedures, highways claims procedures etc.</p> <p>Independent annual actuarial in line with professional guidelines that complies with Board for Actuarial Standards. Copy of 09-10 - evidence.</p> <p>Woolf principles adhered to – see above procedure documents.</p> <p>Policy documentation, Judicial review documentation. LAML appeal.</p> <p>Actuarial Evaluations commissioned for 2009-10. Contributions adjusted in accordance with actuarial advice.</p> <p>Compliance with Woolf protocols – evidence individual claim files for litigation.</p> <p>New version of claims database introduced 2008/09 to improve risk financing information.</p>		16/07/10	08/09 No specific policy in place for risk financing
2.6	The authority has developed a programme of risk management training for relevant staff	<p>Training programme for risk management</p> <p>Training needs analysis (both specialist staff development and general awareness)</p> <p>Regular newsletter or other means of communicating risk management issues to staff</p> <p>Induction programme includes risk management</p>	<p>List of risk management training available 2009/10.</p> <p>Members Induction Briefing and presentation</p> <p>Managers Induction presentation</p> <p>E-learning - risk management module</p> <p>Staff Induction - risk management leaflet</p> <p>The Modern Councillor - member development charter action plan, development programme, and booklet.</p> <p>CRSG terms of reference - responsible for providing risk management awareness training for</p>	DW/TJ	TJ 30/4/2010	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>all relevant Council staff, looking at existing training methods and developing new opportunities for training (see 2.2)</p> <p>Intranet site – guidance on all risk processes. See: http://harrowhub/site/scripts/documents_info.php?categoryID=85&documentID=242</p>			
2.7	<p>The corporate risk management board (or equivalent) adds value to the risk management process by: Advising and supporting corporate management team on risk strategies</p> <p>Identifying areas of overlapping risk</p> <p>Driving new risk management initiatives</p> <p>Communicating risk management and sharing good practice</p> <p>Providing and reviewing risk management training</p> <p>Regularly reviewing the risk register(s)</p> <p>Coordinating the results for risk reporting</p>	<p>Corporate risk management board or equivalent terms of reference</p> <p>Minutes of corporate risk management board</p> <p>Reports to corporate management team</p>	<p>GARM terms of reference - risk management responsibilities (see 2.2)</p> <p>GARM terms of reference (see 2.2.)</p> <p>CSB role - CSB guidance Notes Aug 2009 (see 2.2).</p> <p>CRSG terms of reference - aims and objectives (see 2.2).</p> <p>CSB reports (see 2.1)</p> <p>Member Development Panel terms of reference.</p> <p>CSB reviews Strategic Risk Register quarterly (2.2)</p> <p>CRSG agenda and minutes of meeting Feb 2010 - used to inform Directorate risk champions of best practice, and share information and lessons learnt.</p> <p>Improvement Boards review Directorate risk registers quarterly. (2.2)</p> <p>New risk initiatives - CRSG minutes Feb 2010</p> <p>Risk management CIP Reporting against 2009/10 targets - January 2010 update</p>	DW/TJ	TJ 30/4/2010	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>Risk management training (see 2.6)</p> <p>Communicating risk (see 2.1 and 2.6)</p> <p>Risk reporting to CSB and Improvement Boards (see 2.2)</p>			
2.8	<p>A corporate risk officer has been appointed with the necessary skills to analyse issues and offer options and advice and:</p> <p>Support decision making and policy formulation</p> <p>Provides support in the risk identification and analysis process</p> <p>Provides support in prioritising risk mitigation action</p> <p>Provides advice and support in determining risk treatments</p> <p>Inspires confidence in managers</p>	<p>Job description of corporate risk officer</p> <p>Key task matrix of corporate risk officer</p> <p>Evidence of the corporate risk officer reporting to corporate management team on risk management issues</p> <p>Evidence of training on current risk management topics / membership of appropriate organisations (e.g. ALARM)</p> <p>Use of consultancy as appropriate</p>	<p>Risk Manager job description (see 2.2) Evidence not in folder</p> <p>Audit and Risk Group Service plan refers to projects/tasks the RMO and risk team are working towards. Evidence</p> <p>CSB reports (see 2.2)</p> <p>Risk Manager's quarterly meetings with Corporate Directors and Risk Champions to provide scrutiny and challenge in the update of the strategic, corporate operational and directorate risk registers (see 2.2.)</p> <p>Membership of ALARM – Membership number 8229</p> <p>Risk management in partnerships (see 2.11)</p> <p>Risk management training (see 2.6)</p>	DW/TJ	TJ 30/4/2010	
2.9	<p>Managers are accountable for managing their risks</p>	<p>Evidence of manager involvement in risk identification and analysis process</p> <p>Risk owners detailed in corporate /departmental risk register(s)</p> <p>Evidence of (at least) annual review of risk</p>	<p>Risk management roles and responsibilities for all managers are included in the Risk Management Policy. See 2.1.</p> <p>Senior management review their strategic and corporate operational risks on a quarterly basis (see 2.2)</p>	DWTJ	TJ 30/4/2010	GAP c/f 08/09 Risk self-assessments

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		<p>at service/operational levels and of partnership risks</p> <p>Analysis of completed control and risk self-assessment questionnaires</p>	<p>The strategic, corporate operational and directorate risk register(s) include risk owner and control owners (see 2.2)</p> <p>Risk for major commercial partnerships are regularly reviewed (see 2.11)</p> <p>Service Plans (at the Directorate level) include risk assessments, however there is no mandatory requirement to for service / delivery plans below the directorate level - copy of Service Improvement Plan Guide.</p> <p>Quarterly exception reporting of strategic and corporate operational risks to CSB Performance and of Directorate risks to the relevant Improvement Boards - copies of CSB report for meeting 17 February 2010 and copy of risk registers provided to Improvement Board meetings held 1-5 February 2010 (see 2.2).</p> <p>All Cabinet reports require authors to identify associated risks, making them accountable - list of risk information provided in reports (see 2.2)</p> <p>Managers Checklist - identifying risk management responsibilities (see 2.2).</p>			
2.10	Risk management is embedded throughout the organisation	<p>Evidence of a general risk management culture at all levels</p> <p>Evidence of managers involvement in risk management aspects of business planning</p> <p>Results of strategic diagnostic survey to ascertain the extent to which risk management is understood by each category of officer (senior management, operational managers etc) and members</p>	<p>Partnership risk management (see 2.11)</p> <p>Manager involvement (see 2.9)</p> <p>Risk registers as part of service planning and Directorate Improvement Plans (see 2.2)</p> <p>Service planning guidance (see 2.9)</p> <p>All Cabinet reports require authors to identify associated risks - list of risk information</p>	DW/TJ	TJ 30/4/2010	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>provided in reports (see 2.2).</p> <p>Corporate Risk Steering Group assists with embedding process as it consists on representatives from across the Council (see 2.7).</p> <p>Regular risk reporting to Improvement Boards and CSB Performance (see 2.2)</p> <p>Quarterly meeting of Risk Manager and Corporate Directors and Risk Champions utilised to increase Director and Champion's level of awareness and understanding of risk management (see 2.2)</p> <p>CRSG meetings - standing agenda item 'Sharing information and lessons learnt (see 2.7). Doesn't cover all levels?</p>			
2.11	Risks in partnership working are fully considered	<p>Evidence of risk assessments being undertaken before the commencement of major projects, preferably in the report on which the decision to proceed is based</p> <p>Evidence that risk assessment are regularly reviewed during the project period</p> <p>Evidence that potential partners are required to produce and submit risk assessments</p> <p>Evidence that partnership arrangements are reviewed in terms of risk before they are entered into and, subsequently, that the risks are reviewed</p> <p>Evidence that there are effective arrangements in place for risk sharing (e.g. in the partnering contract terms and conditions or agreement)</p>	<p>Multiple documentation concerning partnership risk management, such as risk registers, agendas and minutes of meetings of appropriate teams/boards for corporate contract management, Apollo mobilisation, Capita BTP, HSP, Infrastructure & Property (Kier and Enterprise Mouchel), including the Strategic Partnership Board.</p> <p>Local Area Agreement 2008 and LAA Leaflet.</p> <p>Risk registers for HSP Management Groups are currently being developed, with the aim to provide a copy of completed risk registers to HCE on 24 May 2010. The joint strategic partnership risk registers will then be developed with the Partnership Board and HCE (by end August 2010) and be informed by the HSP Management Group risk registers</p> <p>HSP Management Groups (x5) terms of references, agendas and minutes of meetings,</p>	DW/TJ	TJ 30/4/2010	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		<p>Evidence that Partnership risk registers are in place</p> <p>Evidence that Risk owners assigned in relation to key partnerships</p>	<p>draft risk registers.</p> <p>HSP Governance Handbook, Induction Handbook and Protocols.</p> <p>HSP Board and Executive Membership List August 2008</p> <p>HCE Report July 2009</p> <p>HSP Performance Report Q2 2009</p> <p>Partners risk management roles and responsibilities are included in the Risk Management Policy (see 2.1).</p> <p>'Partnership Risk Management for the Public Sector and Public Service Organisations - A Guide and Toolkit</p> <p>Risk management Implications are required in all Cabinet reports (see 2.2).</p> <p>Standard contracts comprehensively cover contractor and 3rd party liability for death or personal injury. Standard model services contracts (used for contracts for service provision and works) and Goods contract are available at: http://harrowhub/downloads/Standard Ts and Cs for service contracts 50k to 100k 1 .doc and http://harrowhub/downloads/Std Terms and Conditions - goods - services 1 .doc. Section G and sections 42 and 43 respectively deal with liability, indemnity and insurance. Major construction and highways partnering contracts with Kier, Apollo and Enterprise Mouchel comprehensively cover contractor and 3rd party liability, indemnity and insurance (available from</p>			

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>Procurement). Standard consultancy, social care and bespoke contracts cover 3rd party liability, indemnity and insurance. PQQs and ITTs require advance evidence of appropriate health and safety and quality assurance policies, and adequate insurance arrangements from contractors before we contract with them. (Email from Stephen Dorrian 14/4/2010)</p> <p>See http://harrowhub/site/scripts/downloads.php?categoryID=9 for other standard terms and conditions and PQQ/ITT information.</p>			
2.12	Where employed, risk management information systems meet users' needs	<p>Evidence of risk information being updated promptly</p> <p>Review of accuracy and usefulness of output from information systems</p> <p>Evidence that users were/are consulted on initial implementation and further development</p> <p>Interviews with users to assess suitability of the system for their needs</p>	N/a – looking to potentially roll out a risk Not applicable. Harrow Council does not use risk management software.	DW/TJ	TJ 30/4/2010	

Objective 3: Identify and evaluate key controls to manage principal risks

Step 1: – The authority has robust system of internal control which includes systems and procedures to mitigate principal risks

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
3.1	<p>There are written financial regulations in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff:</p> <p>Authority has adopted CIPFA code on Treasury Management</p> <p>Compliance with the Prudential Code</p>	<p>Financial regulations and instructions exist & are reviewed & updated regularly</p> <p>Evidence of formal approval</p> <p>Examples of dissemination e.g. induction, briefings, awareness sessions, accessible in finance manuals and/or on intranet site</p> <p>Reports to audit committee or equivalent confirming compliance or identifying extent of non-compliance with regulations and instructions</p> <p>Report approving annual treasury management and investment strategy</p> <p>Outturn report on treasury mgt.</p> <p>External audit assessment of compliance with Prudential Code</p> <p>Results of Use of Resources (or PURE) assessment of internal control KLOEs</p>	<p>Financial regulations refreshed 2009 and updated version included in Constitution Feb 2010.</p> <p>Cabinet Feb 2010 evidence</p> <p>Covered in staff and Management Induction Programmes.</p> <p>IA reports on systems highlight compliance/non-compliance where relevant and are sent to GARM.</p> <p>TM & Investment Strategy in place & approved by Cabinet Feb 09. Evidenced.</p> <p>Outturn Report produced on TM. Evidenced</p> <p>Not Addressed – HS to check with EA if part of audit</p> <p>3/4 Assessment on Use of Resources</p>	MB/JH	<p>SD 15/07/10</p> <p>SD 13/05/10</p> <p>HS 16/07/10</p> <p>SD</p>	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
					13/05/10	
3.2	There are written contract standing orders in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff	<p>Standing orders exist, are reviewed and updated regularly to cover new procedures such as partnering arrangements and on-line tendering</p> <p>Evidence of formal approval</p> <p>Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible in finance manuals and/or on intranet site</p>	<p>Contract Procedure Rules updated 2009 and re-issued – cover partnering (19.1) and on-line tendering (para 12.2). Evidenced</p> <p>Formally approved by Cabinet November 2009. Evidenced</p> <p>All Harrow middle and senior managers have had training on Financial Regulations, including Contract Procedures, through a 'Harrow Rules' programme. Subsumed into a Management Development Programme from September 2008. CPR on intranet (some issues with versions). Check with VD re communication</p>	DW/SD	<p>SD 13/05/10</p> <p>SD 13/05/10</p> <p>SD 13/05/10</p>	
3.3	There is a whistle blowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff, partners, Members and the public.	<p>Whistle blowing policy exists and has been reviewed and updated regularly</p> <p>Evidence of formal approval</p> <p>Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on website and intranet site</p> <p>Evidence of effectiveness of policy (e.g. reports on incidence of usage, evidence on annual declarations on fraud to Audit Commission)</p>	<p>Whistleblowing policy exists and was reviewed and updated 2007. Due to be reviewed 2010 Formally approved by Standards Committee 26/06/07. Accessible on intranet : http://harrowhub/site/scripts/download_info.php?downloadID=385&fileID=1068</p> <p>The Whistleblowing Policy is covered in the Staff Handbook and referenced in the Induction checklist and the Manager's Induction programme. The policy was re-launched on 30/09/08 and disseminated via the intranet and staff update.</p> <p>Not Addressed</p>	HP&JT/SD	<p>SD 13/05/10</p> <p>SD 13/05/10</p>	<p>GAP 2009/10: Policy out of date.</p> <p>GAP 2009/10: Evidence of effectiveness of policy not maintained.</p>
3.4	There is a counter fraud and	Counter fraud and corruption	Corporate Counter Fraud Policy updated 2009	JP&HP&J	SD	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff	<p>policy exists and has been reviewed and updated regularly</p> <p>Evidence of formal approval</p> <p>Examples of dissemination (briefings, induction, awareness sessions, accessible on website and intranet site</p> <p>Evidence of effectiveness of policy (e.g. reports on identified frauds; annual AF70 returns to Audit Commission, reports on results of National Fraud Initiatives)</p> <p>Review of register of gifts and hospitality</p>	<p>Updated version approved by Cabinet November 2009. Evidenced</p> <p>Accessible on internet site but only via search facility on intranet (CAFT have no specific pages).</p> <p>No awareness sessions etc. Intranet enhancement included in 2009/10 Fraud plan</p> <p>IA report on frauds to GARM in mid-year/year end reports (as before). CAFT posts details of successful prosecutions on Harrow Intranet site but does not formally report identified frauds or results of NFI internally. NFI fed into AC secure web-site. CAFT falls within Audit & Risk and reports to GARM and lead member identified – frequency and content of reports to GARM still to be identified No review of gifts & hospitality undertaken from a fraud perspective. Considered during 08/09 & 09/10 but no resources.</p>	T/SD	15/07/10 (having spoken to JP)	GAPs 2008/09 carried forward to 2009/10
3.5	<p>Standards of conduct and personal behaviour expected of members and staff, of work between members and staff and between the authority, its partners and the community are defined and communicated through codes of conduct and protocols which have been formally approved and widely communicated to all relevant staff, members of the public, stakeholders and Members.</p> <p>Develop and maintain shared values including leadership values both for the organisation</p>	<p>Codes of conduct have been agreed, including national schemes</p> <p>Evidence of formal approval</p> <p>Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site</p> <p>Performance management system</p> <p>performance appraisal</p> <p>complaints procedures</p>	<p>The Staff employee Code of Conduct is accessible to all staff on the intranet and is contained in the Employees Handbook http://harrowhub/site/scripts/download_info.php?downloadID=583&fileID=1459.</p> <p>Staff are briefed on the Code of Conduct in their informal induction sessions with their line manager; checklist attached.</p> <p>National Code of Conduct for Employees adopted by Council and is incorporated in the Employee Handbook which is provided to all new starters. It is referenced in the Induction process and accessible on the intranet.</p> <p>There are various references in the council's Constitution to conduct for Members and these are attached.</p>	<p>JT/LC (staff)</p> <p>HP/VS (members)</p>	No change – LC / 15.7.10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>and staff reflecting public expectations and communicate these with members, staff, the community and partners .</p> <p>Use the organisations shared values to act as a guide for decision making and as a basis for developing positive and trusting relationships within the authority and make clear to the public that this is the case.</p>	antifraud and corruption policy				
3.5a	Performance against codes of conduct are monitored and breaches are dealt with appropriately.	No FAN suggestions as added by Harrow – do we have suggested evidence?	For employees, performance against the Employee Code of Conduct is considered under the Conduct procedure (replaced the Disciplinary Procedure in April 2009). Monitoring of these from an equalities perspective is reported to the Employee Consultative Forum on an annual basis (the last in January 2010)	JT/LC (staff) HP/VS (members)	LC 15.7.10	
3.6	A register of interests is maintained, regularly updated and reviewed	<p>Inspection of register of interests (members and staff)</p> <p>Evidence of regular updating and review by senior officer(s)</p>	Registers of interests for both staff and members are maintained. Members' register of interest is available for public inspection and maintained by Director of Legal & Governance Services. Members' register of interest is available on the Council's website. Members are regularly reminded to review their registers eg every 6 months. Staff registers are maintained by the individual Corporate Directors. These are not open to public inspection but can be inspected by Senior Officers.	HP/GC		
3.6a	The register of interests for members is publicly available and accessible to promote transparency, integrity and accessibility.	Published on the Harrow Web site				
3.6b	A register of politically restricted posts is maintained and publicly available and accessible.	Published on the Harrow Web site.				
3.7	Where a scheme of delegation has been drawn up, it has been formally approved and communicated to all relevant staff	Scheme of delegation incorporates adequate controls and sanctions	<p>Financial Delegations In place see letter to managers dated 09/06/08 + management assurance.</p> <p>Financial Delegations in place via SAP but other</p>	MB/JH		GAP

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		<p>Evidence of formal approval</p> <p>Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site</p> <p>Regular reports on the operation of the scheme (e.g. compliance, budget monitoring, year-end balances)</p>	<p>delegations patchy across Council (CIPFA ref to financial delegations which are in place)</p> <p>Not addressed</p>			<p>2008/09 c/f 2009/10 however CGG 16/07/10 agreed not to carry forward on Action Plan as inhand.</p> <p>ACTION: HR drafting template for non-financial delegations to be reviewed by IA</p>
3.8	A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff	<p>Procurement policy exists and has been reviewed and updated regularly to take account of new initiatives e.g. drive towards wider consortia arrangements, shared services</p> <p>Evidence of formal approval</p> <p>Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site</p> <p>Evidence of effectiveness of</p>	<p>Procurement Strategy updated 2009 see 3.2</p> <p>Cabinet Nov 2009 see 3.2</p> <p>We are part of the new CIPFA benchmarking club for</p>	JF/VD/JH		

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		policy (e.g. benchmarking results, best value review, internal/ external audit review)	corporate services which includes Finance, IT, HR, procurement, property The council is conducting a Business Transformation Efficiency Review of "one council" approach to commissioning and procurement. This review is being conducted by an independent organisation (PWC)			
3.9 UoR 2.2	Business/service continuity plans have been drawn up for all critical service areas and the plans: Are subject to regular testing Are subject to regular review	Current business/service continuity plans exist covering all critical service areas and are readily accessible Evidence of regular testing Evidence of regular review in the light of the results of testing and for changes in structures, procedures, information systems, responsibilities etc	BC plans have been completed for the council's departments and have been reviewed by their Directors in June 2009. Corporate Directors and Divisional Directors keep copies of their individual BC plans + Emergency Planning Section retain copies + Corporate BC plan. Evidence KG All directorate plans tested October 2009 & again in Feb 2010 with the Corporate BC Plan. Evidence KG Both testing sessions resulted in changes to individual plan and Feb testing resulted in changes to Corporate BC Plan. Evidence KG	DW/SD	SD 13/05/10	
3.10	The corporate/departmental risk register(s) includes expected key controls to manage principal risks	Risk register sets out principal risks and sets out appropriate key controls to manage them. Key controls are monitored, reviewed and updated regularly Use of risk management workshops to underpin the process and review of register and key controls Risk owners are assigned to manage principal risks	The Risk Manager meets with the Corporate Directors (Risk Owners of strategic and corporate operational risks) each quarter to update the Strategic Risk Register and Corporate Operational Risk Register (see 2.2). The Risk Manager meets with the Directorate Risk Champions on a quarterly basis to update the Directorate level risk registers (see 2.2) These risk registers include information on the controls (in place, underway and planned) and identify the Risk Owners for each risk (see 2.2). Quarterly reporting of risks to CSB Performance Board and Improvement Boards (see 2.2)	DW/TJ	TJ 30/4/2010	
3.11	Key risk indicators have been	Appropriate key risk indicators	KRI's are not used by Harrow Council.	DW/TJ	TJ	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	drawn up to track the movement of key risks and are regularly monitored and reviewed.	are documented Evidence of regular monitoring Evidence of changes in risk indicators (and reasons for change) emanating from appropriate information sources (e.g. where internal audit findings are used to change the perceived level of risk)	The movement of the risk score of strategic risks and corporate operational risks since December 2003 has been tracked in an excel spreadsheet (SR and COR Movement.xls) and updated each quarter after CSB Performance Board meetings.		30/4/2010	
3.12	The authority's internal control framework is subject to regular independent assessment	Internal audit plans and reports Annual report/opinion of Head of Internal Audit External audit reports Use of Resources/PURE assessment reports	IA produce Annual Plans (Evidence: 2009/10 Plan) All reports go to GARM Committee (as before) Annual report/opinion on control environment included in Year-end report (Evidence: 2009/10 Year-end report). External Audit annual Report Evidence Use of Resources report 3/4 Internal Control Evidence	DW/SD	SD 13/05/10	
3.13	A corporate health and safety policy has been drawn up, formally approved, is subject to regular review and has been communicated to all relevant staff	Health & safety policy exists and has been reviewed and updated regularly Policy covers partnerships Evidence of formal approval Examples of dissemination e.g. induction, briefings, awareness sessions, inclusion of policy on website and intranet site Evidence of effectiveness of policy e.g. number of cases investigated by Health & Safety Executive – and the number of cases proven	H&S policy exists and was updated in 2009 (previously 2005) Yes at page 3 "principles" Approval by Corporate Health and Safety Group – January 2010 Guidance for managers + 09/10 training calendar. Annual Health and Safety report to H&S Partnership Board, Employees Consultative Forum and Cabinet July 2010 + GARM June 2010	DW/SD	DW 16/07/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		Review of number of reported incidences and 'near misses'	Part of annual Health and safety report			
3.14	A corporate complaints policy/procedure has been drawn up, that is effective, transparent and accessible, includes an explanation of how to make a complaint against a Member, formally approved, communicated to all relevant staff, the public and other stakeholders, is regularly reviewed and the Council can demonstrate that complaints have been dealt with speedily and robustly.	<p>Complaints policy/procedure exists and has been reviewed and updated regularly</p> <p>Procedure is compliant with all relevant statutory requirements</p> <p>Evidence of formal approval</p> <p>Examples of dissemination e.g. induction, briefings, awareness sessions, inclusion of policy on website and intranet site</p> <p>Leaflets/posters highlighting complaints procedure</p> <p>Complaints files</p> <p>Committee reports summarising complaints dealt with analysed by outcome</p> <p>Members Code of Conduct</p>	<p>Complaints procedure on Harrow Web site: http://www.harrow.gov.uk/info/353/complaints-procedure/1794/complaining_about_the_council</p> <p>Customers able to use webform to submit complaints</p> <p>Complaints Procedure – Staff Guidance: http://harrohub/site/scripts/documents_info.php?documentID=113&pageNumber=2</p> <p>Policy/procedure signed off by Council in September 2008</p> <p>Policy awareness part of staff induction since March 2009</p> <p>Approximately 250 staff have attended training in handling/investigating complaints since April 2009</p> <p>Briefing session also held for Members June 2009</p> <p>Leaflet produced and distributed May 2009 – provided as evidence</p> <p>Complaints Action plan attached as evidence</p> <p>A Corporate Complaints Policy was signed off in September 2008.</p> <p>Separate procedures which have been approved by the Standards Committee are in place for dealing with complaints against Councillors. Procedure at https://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=1389</p>	CC/LM	Phillip Mears via LM 20.04.10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
3.14a	The Council can demonstrate that complaints have been dealt with speedily and robustly.		Number of Ombudsman decisions resulting in a finding against the Council reduced by 50% in comparison with 2008/09- See Ombudsman's annual review letter. See Improvement Board report in 1.4 – shows percentage of complaints answered on time for a quarter.	CC/LM	Phillip Mears via LM 20.04.10	
3.15 UoR 2.2	The council ensures it secures good quality data, that is, it is accurate, valid, reliable, timely, relevant and complete.	Audit Commission Suggested Evidence for UoR 2.2: Prior year data quality assessments.	See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 3.15 – 3.32 are cover by the UoR 2.2 self assessment – assessed as 3/4. Reliance is being placed on the self-assessment for the governance process (as agreed with the Chair of CGG) and it has been agreed that a 3/4 assessment reflects no major governance gaps.	AD/IW	IW 16/04/10	
3.16 UoR 2.2	The council uses the principle of 'collect once and use numerous times' (COUNT) to underpin data collection and storage. Arrangements are in place to minimise multiple data sources to produce the same information. The council uses resources, for example IT systems, to collect, record, sort and consolidate data effectively, helping to reduce the administrative burden and to ensure accurate and timely data.	Relevant final accounts and systems work. Information technology risk assessments. Other relevant audit or inspection work. Relevant internal audit reviews Year-on-year variances in performance data.	See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.17 UoR 2.2	Arrangements for collecting, recording and reporting data are integrated into business planning and management processes, supporting the day-to-day work of staff. Staff understand the reasons for collecting data, and how the data is then used. The council clearly defines data	Prior year Direction of Travel or Managing Performance Assessments Data quality and information use findings from other regulators. Information security policies	See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	requirements, and these focus on strategic objectives and service and people needs. The council considers risks to securing data quality as part of its risk management arrangements and takes appropriate action to manage any risks identified.	and strategies. Information management policies and strategies. Data quality policies and strategies. Documents and reports supporting key decisions.				
3.18 UoR 2.2	The council recognises the valuable contribution staff can make to improving systems and processes for securing data quality. This includes identifying problem areas, obstacles and risks to securing data quality (and therefore producing fit-for-purpose information). The council can demonstrate that improvements in arrangements are driven from the top of the organisation down, and upwards from managers and staff.	Business continuity plan. Data quality spot checks.	See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.19 UoR 2.2	The council clearly defines the approach to recording and reporting data, for example, in its own guidance such as a set of policies or procedures. The council communicates the scope and impact of these policies and applies them consistently. Staff have the knowledge and competencies appropriate to their role in securing data quality. The council trains staff to understand and apply the policies, procedures and guidance, and manages performance.		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.20 UoR	The council clearly defines,		See the Evidence documents under 1.25	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
2.2	documents and effectively communicates: <ul style="list-style-type: none"> responsibilities for data quality; arrangements to comply with legal requirements, such as the Data Protection Act and relevant national guidance; and the risks arising from poor data quality. These are well understood by staff. Senior management receives appropriate information on data quality issues and takes appropriate action.		<ul style="list-style-type: none"> Use of Resources Self Assessment 2009/10 Use of Resources Evidence List for Risk Management 2009/10 			
3.21 UoR 2.2	There are sound governance arrangements, based on risk, covering data quality for partnerships, for example data sharing protocols, statements, or service level agreements. The council has made demonstrable efforts to understand its partners' data flows and data requirements. This helps to highlight where possible risks may occur, for example system transfers, and enables partners to focus resources effectively.		See the Evidence documents under 1.25 <ul style="list-style-type: none"> Use of Resources Self Assessment 2009/10 Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.22 UoR 2.2	The council has a robust framework to oversee data quality. The programme is risk-based, covers the integrity of data throughout the year and not just at year-end, and covers partnerships. Those charged with governance provide robust scrutiny. This includes formal reporting on the accuracy of data		See the Evidence documents under 1.25 <ul style="list-style-type: none"> Use of Resources Self Assessment 2009/10 Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	supporting performance measures, and the appropriateness of the procedures in place.					
3.23 UoR 2.2	The council has a good track record of producing and using accurate, relevant and reliable data, including partnership data. It takes appropriate action to identify and address weaknesses. The council makes use of opportunities to network and share good practice with national and professional bodies to improve its data quality.		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.24 UoR 2.2	The council works closely with partners to ensure data shared is reliable and fit-for-purpose. Arrangements may include shared internal audit reviews or joint site or desk-top reviews. Where the council does not share relevant partnership data, there is clarity about why this is the case, for example because there are data security or confidentiality constraints. There is an assumption that data is shared with or made available to partners and the public unless legal restrictions prevent this. The council takes appropriate action to resolve data quality issues and data sharing conflicts with partners, which may include escalation to senior officers		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.25	Members and officers receive fit-		See the Evidence documents under 1.25	AD/IW	IW	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
UoR 2.2	<p>for-purpose information to support their decision making that is:</p> <ul style="list-style-type: none"> • Relevant to the decision and clear; • Of sufficient quality for the decision to hand; and • Presented in a way decision makers understand. 		<ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 		16/04/10	
3.26 UoR 2.2	<p>Presentation takes account of the decision maker's preferences, skills and available time. Information is suitably summarised, for example based on data collected at the appropriate geographical level and over an appropriate time period. It may be triangulated with other available sources of relevant information to provide context, and supported by professional advice where necessary.</p>		<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.27 UoR 2.2	<p>Action is taken to limit the use of manual intervention to produce information from data systems, and to minimise the number of data sources. For example, producing information for reporting does not routinely require data transfer for manipulation by small and local systems, for example, databases and spreadsheets. The council actively uses data supporting reported information in the decision making process, rather</p>		<p>See the Evidence documents under 1.25</p> <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	than producing it as a secondary administrative requirement.					
3.28 UoR 2.2	The council encourages staff in research, intelligence and information functions to gain membership of professional bodies, and ensures analysts have sufficient training and support		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.29 UoR 2.2	Information to support decision making is presented in a way that aids interpretation by decision makers, and is based on good quality data. Where appropriate, the information provided draws on a full range of relevant information and does not rely solely on performance or financial information. The council holds information on diversity and equality issues, for example spend across geographic areas and profiles of service users (for example, age, race, gender, sexual orientation and disability) and uses this to inform decisions. Where appropriate, information has a comparative element, demonstrating approaches, outcomes or performance in other organisations.		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.30 UoR 2.2	Options for the format and presentation of information to decision makers have been considered, for example, considering the use of		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	dashboards, exception-based reports or graphics, and agreed. The council recognises different types of information may require different means of presentation. The council aligns information provision with needs, and regularly reviews this.					
3.31 UoR 2.2	The council consults with staff and other stakeholders to assess the extent to which their needs are met. An effective feedback loop exists between those - providing information and decision makers. Providers are clear about whether the information provided was used, whether it was valued, and for what reasons. They consciously tailor the presentation of information to suit the differing needs of decision makers		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.32 UoR 2.2	Quality measures help users of the information better understand strengths and weaknesses, interpret, make appropriate use of, and rely on the data. Decision makers receive qualitative and quantitative measures about the quality of the information, aiding the decision making process. The council can demonstrate a continuous improvement in these quality measures.		See the Evidence documents under 1.25 <ul style="list-style-type: none"> • Use of Resources Self Assessment 2009/10 • Use of Resources Evidence List for Risk Management 2009/10 	AD/IW	IW 16/04/10	
3.33 UoR 2.2	The council manages data on systems with controlled and		All Council IT systems including network are governed by user ID and passwords (as outlined in the Acceptable Use Policy)	DW/TM	TM – 06/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	secure access.					
3.34 UoR 2.2	<p>There are up-to-date data security policies and guidance in place covering:</p> <ul style="list-style-type: none"> • key business areas; • key data recording and reporting arrangements including compliance with statutory requirements and other national data security requirements; and • arrangements for validating information from third parties. 		<p>All Information Management Policies and Data Quality Policy.</p> <p>Following policies now in place and approved (June 2009) by the Information Governance Board (IGB): Acceptable Use Policy, Data Handling Procedure by Sensitivity, DPA Policy, GCSx AUP and Personal Commitment Policy, Information Security Policy, Incident Reporting and Management Procedure, Information Management Policy, Remote Equipment Policy. Also Information Charter produced to inform Citizens/residents of our data security protocols.</p> <p>There is no consistent approach for validating information from third parties as it is the responsibility of the contract 'owner'.</p>	DW/TM	<p>TM – 06/04/10</p> <p>AD 16/07/10</p>	GAP
3.35 UoR 2.2	<p>Policies and procedures meet the requirements of national standards, rules, definitions and guidance, for example the Freedom of Information Act and Data Protection Act. The council periodically reviews and updates these as necessary. The council can demonstrate it applies policies and procedures consistently and there are mechanisms in place to check this, based on risk.</p>		<p>See 3.34 also:</p> <p>All policies have been drawn up within the requirements of current legislation and guidance from LGA, Central Government and the Information Commissioner.</p> <p>The Council's Information Manager has the responsibility to periodically review these policies (annually). With the next review date scheduled for June 2010 or when required if change in legislation or directive.</p> <p>We have produced a programme of walkabouts to monitor staff and their adherence to these policies. These are jointly conducted by the Service Manager for Information Management, the Council's SIRO (Divisional Director for Fraud, Audit & Risk) and the Performance and Data Service. We are targeting main areas of risk that have high probability of confidential data.</p> <p>New software program to be installed by April 2010, which will automate the process of acceptance to information management policies.</p>	DW/TM	TM – 06/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
3.36 UoR 2.2	Senior management receive the results of these reviews and take corrective action where necessary. The council complies with data protection legislation, and other relevant requirements, without creating unnecessary barriers to sharing data legitimately with partners.		<p>Any risks to the Council by way of potential data security breaches found on the walkabouts are immediately conveyed to the service manager of that particular area and reported to the Council's Information Governance Board (IGB).</p> <p>Data protection protocols are in place within the Council. New Data Protection Policy in place (June 2009) and Data Protection Champions are now installed for each department. The Service Manager for Information Management now has the responsibility for co-ordinating the "virtual" team of DPA champions.</p> <p>Sharing data with partners?</p>	DW/TM	TM – 06/04/10	
3.37 UoR 2.2	The council manages information risk effectively. Arrangements meet the requirements expected in government including having a capable Senior Information Risk Owner (SIRO). The council complies with the requirements set out in any relevant codes of connection for services it has in place, for example the Government Secure Intranet / Government Connect		<p>Information Asset Register (IAR) and Information Risk Register (IRR) implemented as a result of the risk reduction exercise undertaken in May/June 2009.</p> <p>Information Risk Policy in place (Nov 2009) and Information Risk guidelines implemented with clear guidelines on who is responsible for information risks.</p> <p>SIRO appointed June 2009.</p> <p>The Council has complied with the Governments Code of Connection and was formally certified on 1st Sept 09.</p>	DW/TM	TM – 06/04/10	
3.38 UoR 2.2	The council incorporates good practice standards and specified public sector policies on data and information security into its own policies and procedures. For example, ISO27001 and relevant		<p>In order to improve on data security, the Council has commissioned a gap analysis exercise (Dec 09) to help identify gaps in data security practices to enable us to imbed an ISMS to ISO27001 standards.</p> <p>Existing policies comply with Government connect</p>	DW/TM	TM – 06/04/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	Codes of Connection for the NHS Network (N3) and Government Secure Intranet and Government Connect.		requirements.			
3.39 UoR 2.2	The council can demonstrate it is reducing the number, severity, or both, of security incidents as well as feeding lessons from incidents into information security policies and practice.		<p>A security incident log is now in place and is monitored by the Service Manager for Information Manager (SMIM) and HITS Information Security Specialist (ISS). Policies and procedures have also been improved through improvement reviews conducted by SMIM & ISS i.e. Incident reporting and management procedure.</p> <p>Computer Based Training has been introduced for pilot staff (GCSX) in August 2009 and will be rolled out to all users in 2009/10.</p> <p>An awareness campaign (emails, posters, coasters, IM day, etc) was launched at in July 2009 to promote Information Management & Security. The campaign is a rolling programme throughout the year and focuses on all aspects of IT information security within the work environment. Does this adequately answer the assurance?</p> <p>Data Security and Information Management induction training for Managers and corporate staff has been developed and rolled out in 2009/10.</p>	DW/TM	TM – 06/04/10	
3.40 UoR 3.1	<p>The council is developing a strategy to reduce its own use of natural resources and its impact on the environment. The council:</p> <ul style="list-style-type: none"> • has an accurate understanding of its main resource use areas, across all its major in-house operations, for example schools, offices and depots ; and • understands where it can most 	<p>Audit Commission Suggested Evidence for UoR 3.1:</p> <p>Sustainable development policy and objectives.</p> <ul style="list-style-type: none"> • Environmental policy and objectives. • Sustainability impact appraisals 	<p>DEC (Display Energy Certificates) for all major buildings in the council's estate have been produced for the past two years. Evidence – example AB to provide</p> <p>As part of the NI 185/194 data gathering process we have identified the carbon footprints of all buildings. Evidence – AB to provide spreadsheet</p> <p>As part of the Climate Change Strategy (Evidence: on intranet) the council decided that all new corporate buildings should aim to achieve Excellent rating under the BREEAM system.</p>	JE/AB/SD	AB 19/05/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	effectively intervene to reduce its use of natural resources.	<ul style="list-style-type: none"> • Planning and monitoring information on environmental impact. 	<p>As part of the Building Schools for the Future programme, Whitmore school in south Harrow has been redeveloped and equipped with a number of low carbon technologies.</p> <p>Street lighting accounts for 20% of the council's electricity consumption. To minimise its carbon footprint the council purchases green electricity for this service (even though this is not taken into account in either NI 185 or the CRC).</p> <p>We are currently reviewing options for our street lighting replacement policy, which would improve lighting levels and reduce energy consumption. Options include trimming and dimming and the use of new technologies such as LED. A report is planned to go to Cabinet in September 2010.</p> <p>Options for the future of the civic centre are also being investigated. These range from short term improvements, construction of a new building and a significant refurbishment of the existing building. Included in the review are issues such as: hot-desking; home working; mobile working; building consolidation; and, building sharing with other public sector bodies. Adaptation to the expected changing environment also forms part of the review with a key factor being the cooling of the building during summer using low carbon methods. Evidence: Civic Centre Options Paper 1.14</p> <p>Detailed surveys have been carried out on the schools building stock to identify the current maintenance backlog. This is being brought together with the Climate Change Strategy to identify how to also deliver the energy savings. Schools account for 50% of the council's emissions but also offer significant opportunities for decarbonising building heating (e.g the proximity of open fields means that ground source heat pumps are a viable technology). Evidence: School stock survey 1.14</p>			

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			<p>The introduction of the new Feed-in Tariffs (FIT) also offer significant opportunities to reduce carbon emissions from the electricity we use - by using solar pv (and other technologies) to produce electricity. This also provides good opportunities to provide revenue streams for schools and the council.</p> <p>We are also conducting a review of staff car- parking with the intention of introducing charges for parking and reducing the provision of essential user car allowances.</p> <p>Cycling by staff is supported by the provision of bikes under the Cycle to Work scheme Evidence. Over the last two years this has been promoted to all staff on a six monthly basis.</p> <p>As part of the new work-stream with the WLA climate change group we are investigating the establishment of a framework agreement for the installation of solar pv on council corporate and council housing building stock.</p>			
3.41 UoR 3.1	<p>The development of its strategy is based on a clear understanding of its own:</p> <ul style="list-style-type: none"> • energy use and the resulting carbon, and other greenhouse gas, emissions; • water use; and • consumption of other resources 	<ul style="list-style-type: none"> • Performance indicators (including national indicators). • Reports to the cabinet covering procurement decisions and investment appraisals. 	<p>The council procures its energy centrally via a central purchasing system (LASER). Consumption is monitored centrally and this has simplified the gathering of information for NI 185/194 and the CRC.</p> <p>Water is not procured centrally but consumption data is collected centrally for all corporate buildings including schools.</p> <p>NI 185 and 194 set out the base position on carbon emissions.</p>	JE/AB/SD	AB 19/05/10	
3.42 UoR 3.1	The council engages with its staff and gains their commitment to, and ownership of, the council's approach to reducing its impact	A verified environmental management system such as <u>EMAS (EU Environmental Management and Audit Scheme)</u> or <u>ISO 14001</u>	The council's Property & Infrastructure service is certified under ISO 14001 and has clear objectives, in partnership with external contractors, to reduce the impact of its highway maintenance and renewal works.	JE/AB/SD	AB 19/05/10	GAP 2009/10: More pro-active

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	on the environment.	(Environmental Management System).	A well publicised Energy Saving Campaign was run in 2008/09 however it is recognised that a more pro-active engagement with staff is needed.			engagement with staff needed
3.43 UoR 3.1	It has identified some initiatives to support its strategy and reduce its impact on the environment and is producing plans to deliver these initiatives.	Relevant National Indicators <ul style="list-style-type: none"> • NI 185 - CO2 reduction from local authority operations. • NI 188 - Adapting to climate change. • NI 194 - Level of air quality – reduction in NOX and primary PM10 emissions through local authority's estate and operations. • NI 197 - Improved local biodiversity – active management of local sites 	<p>Deadline for submission of NI 185/194 for 2009/9 was met. DECC published provisional, corrected results on 17 May 2010. Verification by June 1st. Submission of 2009/10 data to be advised by DECC.</p> <p>NI 188. Assessment for 2009/10 is that we reached level 1. An improvement on 2008/9 assessment of level 0. A LCLiP survey was undertaken during 2009/10 by Scott Wilson, which identified the vulnerabilities to weather events in Harrow.</p> <p>NI 197 – Dave Corby</p>	JE/AB/SD	AB 19/05/10	
3.44 UoR 3.1	Where relevant, the council is complying with the requirements of the CRC.		<p>The September 2009 report to Cabinet (Evidence: Intranet) on the Climate Change Strategy identified the initial potential impacts of the CRC in the council. A further report will be taken to the July 2010 Cabinet to report on the actions being taken to improve performance under the CRC, and to register under the scheme. See attached draft - AB to send.</p> <p>SALIX funding obtained – interest free loan for energy saving – a number of schemes have been identified.</p>	JE/AB/SD	AB 19/05/10	
3.45 UoR 3.1	The council has a strategy which shows how it will reduce its own use of natural resources and its impact on the environment. This strategy is supported by delivery plans, for example to address climate change mitigation and adaptation, achieve energy and water efficiency, and optimise the		<p>The Climate Change Strategy is the overarching strategy.</p> <p>Delivery of the strategy across the council is being delivered in a number of ways:</p> <ul style="list-style-type: none"> • Energy reduction measures with less than 5 year payback periods are being carried out under loans from SALIX. • In 2009/10 we have a small capital budget to fund other energy saving schemes. 	JE/AB/SD	AB 19/05/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>use of renewable resources. Other corporate plans within the council, such as financial or human resource plans support the delivery of its strategy. Where relevant, the council is working with partners in developing, implementing and monitoring plans effectively.</p>		<ul style="list-style-type: none"> For the medium to long term we are developing Carbon Management Plans as part of our asset management programme for School Buildings and Corporate Property, which will identify the measures that need to be taken to improve the carbon performance of our buildings A particular emphasis for this is the current civic centre. We are developing an options paper to identify whether we refurbish the current building or build a new, smaller and more energy efficient building. Short and long term measures to improve our carbon footprint for each option are being developed We are working with our public sector partners through the Better Together programme to identify opportunities for joint provision of services and joint use of buildings We are reviewing street lighting policy to determine what options we have to improve lighting levels and reduce the associated carbon footprint. Street lighting accounts for 20% of the council's electricity consumption. We are also reviewing our Leisure contract which covers the Main Leisure Centre in Wealdstone (which includes a swimming pool) and the Hatch End swimming pool. The contract is due for renewal and we are in the process of identifying the carbon performance requirements for a new contract. Another option that has been developed is the replacement of the main Leisure Centre complex with a new building (including a new pool). 			
3.46 UoR 3.1	<p>The council uses information about its impact on the environment to help reduce its use of natural resources. It knows which of its operations produce</p>		<p>Our NI 185 returns show the main sources of carbon in the borough. Through it we know that buildings and public lighting account for 91% of emissions, with transport related emissions accounting for 9%. Schools account for 50% of emissions.</p>	JE/AB/SD	AB 19/05/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	most carbon and is targeting these areas as a priority. The council can demonstrate significant achievement against targets, using the same basis for calculation year-on-year, for example showing a real trend of reduced resource usage.		<p>The three largest sources of carbon are:-</p> <ul style="list-style-type: none"> • Street lighting (9.5%) • The Civic Centre (7.7%); and • The Leisure Centre (6.4%) <p>Information used to review Civic Centre and Street lighting.</p> <p>Energy saving measures to be included in extended Leisure Centre Contract.</p> <p>Only one years figures currently available but year-on-year comparisons will be made when data available.</p>			

Objective 4: Obtain assurance on the effectiveness of key controls

Step 1– Appropriate assurance statements are received from designated internal and external assurance providers:

- The authority has identified appropriate sources of assurance
- Appropriate external assurances are identified and obtained

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
4.1	The authority has determined appropriate internal and external sources of assurance	<p>Minutes of committee at which report on assurances was considered</p> <p>Sources of assurance are appropriate to the authority</p>	<p>GARM committee received regular governance updates throughout 2009/10 – see 1.16</p> <p>See Governance update report (Evidence 08/09 1.10) & IA Governance Framework (Evidence 08/09 report 1.11) identifies sources of assurance</p>	CGG/SD	SD 13/05/10	
4.2	Appropriate key controls on which assurance is to be given have	Briefing notes, guidance, instructions etc given to appropriate managers regarding what is expected of them	<p>Core Financial Systems Key Control reports</p> <p>Core Financial Systems System Notes Evidence</p> <p>Management Assurance guidance see 4.3</p>	CGG/SD	SD 13/05/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	been identified and agreed					
4.3	Departmental assurances are provided	<p>Departmental heads sign off on adequacy of controls (i.e. provide annual governance assurance statements)</p> <p>Supporting documentation provided by departmental heads re review and monitoring arrangements that key controls have been in operation for the period and will continue to operate until accounts signed off. <i>(Structured process and standard documentation to ensure consistency of coverage and common understanding of level of assurance given)</i></p> <p>Completed Control & Risk Self-Assessment questionnaires</p> <p>Annual governance assurance statements evaluated by officer team or committee charged with the responsibility of preparing the AGS. Evaluation to include 'reality checking' of sample of assurance statements</p>	<p>Management Assurance process well developed and in place for last 5 years. Evidence: Report to GARM June 2010</p> <p>Supporting documents provided to Internal Audit.</p> <p>Guidance provided on evidence required and how to complete assurance self-assessment.</p> <p>Self-assessments completed by all 3rd tier managers and combined to produce Directorate and Corporate Statements.</p> <p>Assurance statements reviewed by Corporate Governance Group and GARM Committee.</p> <p>Reality checking undertaken by Internal Audit and reported to CGG + CSB + GARM</p> <p>Report produced on Management Assurance Exercise provided to CGG + CSB + GARM.</p>	CGG/SD	SD 13/05/10	
4.4	<p>External assurance reports are collated centrally</p> <p>Reports are reviewed by relevant senior management team and</p>	<p>Sources of external assurance relevant to authority are identified and agreed, including partnerships</p> <p>External assurance reports will vary according to type of authority and could include comment and input from the following (the list is not exhaustive):</p> <p>Audit Commission</p>	<p>Source of external assurance are the Audit Commission</p> <p>External auditors reports – an Audit Commission report is attached as evidence. See 1.22. Not Audit Commission-report at 1.22 is Deloitte's</p> <p>External audit reports by CQC, Ofsted, available from their websites</p> <p>Audit Commission CAA reports relating to 2009/10 will</p>	TW/IW	<p>IW 15/04/10</p> <p>AD via IW 10/05/10</p>	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>reported to appropriate committee</p> <p>Action plans are prepared and approved as appropriate</p> <p>Follow up reports on recommendations are requested and reviewed by relevant senior management team and progress is regularly reported to relevant committee</p>	<p>External Auditor (either from direct audit work or from work jointly commissioned</p> <p>Social Services Inspectorate</p> <p>Use of Resources assessment</p> <p>PURE assessment (police service)</p> <p>Best Value Reviews</p> <p>HMIC</p> <p>Police Standards Unit</p> <p>Home Office commissioned reports</p> <p>Senior management team minutes</p> <p>Follow up reports to appropriate committee</p>	<p>be available in November 2010. See also 1.22.</p> <p>Example reports and action notes that relate to the CSB performance morning are provided as evidence</p> <p>Overview & Scrutiny and their Performance & Finance subcommittee were presented with the outcomes and actions for CAA 2009 in January and February 2010. Copies of the presentations/reports as evidence.</p> <p>Harrow Chief Executive's considers actions against Audit Commission findings through its performance mornings.</p>			
4.5	Internal Audit Arrangements	<p>Reports of Head of Internal Audit to audit committee or equivalent throughout the year</p> <p>Annual report of Head of Internal Audit, including opinion on internal control and risk management framework</p>	<p>Mid-year and Year-end reports provided by the Service Manager, Internal Audit to the GARM committee. Evidence for 09/10.</p> <p>Year-end report includes an Audit Opinion on the Overall Control Environment. Evidence</p>	DW/SD		
4.6	Corporate Governance Arrangements	<p>Annual corporate governance assurance statement</p> <p>Internal or external audit review of corporate governance arrangements</p> <p>Monitoring reports to committee on delivery of action plans in response to reviews of corporate governance</p>	<p>AGS report</p> <p>IA report on Corporate Governance Framework (See 1.11)</p> <p>Mid-year and year-end AGS action plan updates to CGG/CSB/GARM</p>	CGG/SD	SD 15/07/10	
4.7	Performance	Annual and in-year reports on delivery	Internal auditors reports – an example is attached 1.22 –	TW/IW	IW	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	monitoring arrangements	of key performance indicators by internal and/or external review agencies	No IA reports in evidence folder for 1.22 External auditors reports – an Audit Commission report is attached 1.22		15/04/10	

Objective 5: Evaluate assurances and identify gaps in control/ assurances

Step 1: The authority has made adequate arrangements to identify, receive and evaluate reports from the defined internal and external assurance providers to identify areas of weakness in controls

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
5.1	Responsibilities for the evaluation of assurances are clearly defined throughout the organisation.	Minutes of committee meetings Training plans Job descriptions Committee terms of reference	Responsibilities for the evaluation of assurances such as Management Assurance and annual review of governance arrangements are clearly defined in GARM and CGWG/CGG terms of reference. (as before) GARM, Improvement Boards and CSB receive annual MA report + mid and year-end IA reports, GARM also receive individual IA reports as well as relevant managers. Managers response to IA reports covered in Financial Regulations. Workforce strategies and associated L&D plans. Assurances from EA + Inspections covered under management responsibilities covered in Fin Regs – action plans agreed by relevant managers in response to all inspection and EA reports.	CGG/SD	SD 21/04/10	
5.2	Mechanism established for collecting governance assurances	Terms of reference and key responsibilities Record of assurances required and received is held and is complete	Overall responsibility allocated to CGG supported by CGWG – Terms of Reference in place for both – CGWG updated + CGG updated 18/08/09. Evidence updated ToRs AGS Assurance & Evidence table outlines assurances	CGG/SD	SD 13/05/10	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>Overall responsibility allocated to governance senior officer group</p> <p>Required assurances are agreed and recorded</p> <p>Central record of all assurances (either evidence file, or showing clear link to where evidence is held)</p> <p>Clear guidance as to evaluation procedure including assurance over risks, independence and objectivity of assurances</p> <p>Defined evaluation mechanism</p> <p>Timetable for completion by statutory deadline</p>	<p>Approved written guidance re evaluation procedure</p> <p>Scoring matrix/methodology (<i>Not all assurances are suitable for grading; many will be subjective anyway. Key points are that there is a consistent and reliable assessment process and that the conclusions drawn are in line with the evidence produced</i>)</p> <p>An agreed timetable, allowing for in-year evidence gathering and assessment and for the period between the year-end and the date of the governance assurance statement (timetable driven by that for the production of the annual statement of accounts)</p> <p>Gap assessment results and actions arising there from</p> <p>Minutes of meetings</p> <p>Annual report of Head of Internal Audit – including opinion on internal control and risk management framework</p> <p>Reports of external auditor and other external review agencies</p>	<p>required and records those received, completed by CGWG.</p> <p>Evaluation undertaken by CGWG and reviewed by CGG – objective gap analysis methodology used (see table and CGWG minutes). Evaluation mechanism understood by CGWG and recorded in minutes.</p> <p>Agreed timetable from collection of evidence through to drafting of AGS and inclusion in annual accounts for approval by GARM committee.</p> <p>Central record of assurances held ('v' drive) or links to evidence recorded in evidence table.</p> <p>Objective gap analysis methodology used to formulate action plan.</p> <p>CGWG minutes available. (Evidence) CGG meetings not minuted.</p> <p>Annual report of Service Manager, Internal Audit includes opinion on overall control environment.</p> <p>Service Manager, Internal Audit's report to CGG on AGS covering collection of evidence ..</p>		<p>SD 13/05/10</p> <p>SD 13/05/10</p> <p>SD 13/05/10</p> <p>SD 13/05/10</p> <p>SD 13/05/10</p>	<p>GAP?</p>

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
	Gap assessment – performed and challenged					

Objective 6: Action plan to address weaknesses and ensure continuous improvement of the system of corporate governance

Step 1: – There is a robust mechanism to ensure that an appropriate action plan is agreed to address identified control weaknesses and is implemented and monitored

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
6.1	An action plan is drawn up and approved	Prioritised action plan, setting out actions, responsibilities and timescales, approved at appropriate level Minutes	AGS 08/09 action plan drawn up and presented to GARM in September 2009. Evidence action Plan Year end position to be reported to GARM June 2010 and fed into 2009/10 review.	CGG/SD	SD 13/05/10	
6.2	All actions are 'SMART': Specific Measurable Achievable Realistic Time-bound	Each action on prioritised action plan is compliant with 'SMART' test	Targets on 08/09 AGS Action Plan are smart. Evidence Action Plan	CGG/SD	SD 13/05/10	
6.3	Actions communicated and responsibilities assigned	Responsibilities for each action are defined in action plan Evidence of distribution of action plan to those who require it	Responsibilities for each action are defined in the action plan. Evidence of distribution of action plan to those who require it for 08/09 retained (e-mails). Evidence check	CGG/SD	SD 13/05/10	
6.4	Implementation timescales agreed	Target dates included in action plan	Action plan for 08/09 includes target dates.	CGG/SD	SD 13/05/10	

6.5	Ongoing review of progress and of continuing appropriateness of action	Timetabled reviews Minutes Progress reports Internal audit or other review of implementation of agreed actions	Minutes of CGG + GARM demonstrate mid-year & year-end review of 08/09 action plan during 09/10, progress reports prepared and evidence obtained of implementation.	CGG/SD	SD 15/07/10	
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Objective 7: Annual Governance Statement

Step 1: – An Annual Governance Statement has been drafted in accordance with the statutory requirements and timetable set out in the Accounts and Audit Regulations 2003, as revised by the Accounts and Audit (Amendment) (England) Regulations 2006, and is in accordance with CIPFA guidance

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
7.1	Responsibility for the compilation of the Annual Governance Statement has been assigned	Documented key responsibilities Minutes	CGG July 2008 minutes – assigned lead & process	CGG/SD	SD 15/07/10	
7.2	There is an Annual Governance Statement production timetable that meets the statutory deadline	Annual Governance Statement timetable is linked to that for the preparation of statutory accounts	Timetable agreed for CGWG + CGG input to production of AGS for presentation as part of final accounts to the GARM in September 10	CGG/SD	SD 13/05/10	
7.3	The Annual Governance Statement is reviewed, challenged and approved by the authority - signatories defined and are appropriate in	Terms of reference assigned to senior officers group Annual Governance Statement is compliant with CIPFA guidance Minutes	GCWG produce evidence for AGS with input from IA, Management Assurance Exercise etc., CGG review/challenge evidence and draft AGS, compliance with CIPFA guidance checked by IA. AGS signed off by Leader and CE and presented to GARM for review/challenge/approval. Terms of refs as before.	CGG/SD	SD 13/05/10	

	accordance with statutory requirements (i.e. Most senior officer and most senior member of the organisation)					
7.4	Governance assurance statement is prepared, incorporating all the required elements of the statement on internal control	<p>Format of governance assurance statement clearly incorporates required elements of the statement on internal control</p> <p>Governance assurance statement is prepared by a senior officer group under terms of reference defined by the authority</p> <p>Statutory timetable is followed</p>	<p>See AGS format consistent with CIPFA requirements.</p> <p>CGG – see terms of reference as before</p> <p>Presented to GARM committee with Accounts in September each year complying with statutory timetable</p>	CGG/SD	SD 13/05/10	

Objective 8: Report to cabinet / executive committee

Step 1: In support of objective 8 – An annual report to the authority (or delegated committee) on the Annual Governance Statement is presented, in accordance with the CIPFA pro forma

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
8.1	Responsibility for reporting is clearly defined	Initial report explaining the requirement to produce an annual governance assurance statement incorporating the SIC should establish the reporting arrangements / responsibilities of all involved and set out who should sign the annual governance assurance statement after approval	<p>Initial report prepared by SM, IA explaining requirements included in Governance Update report reported to CSB and GARM March 08</p> <p>No changes to initial arrangements</p>	CGG/SD	SD 13/05/10	

		by the authority or designated committee Reports identifying any changes to initial arrangements				
8.2	The report is likely to be published in a timely fashion with the statutory accounts	Assessment of the current position in relation to the statutory deadline	AGS to be drafted by 11/08/10 ready for clearance for GARM meeting on 1st September 2010 – on target	CGG/SD	SD 15/07/10	

Applying the CIPFA/SOLACE Core Principles (In support of objective 1)

Step 1 - Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area

	The code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
9.1	Develop and promote the authority's purpose and vision	Used as a basis for: corporate and service planning shaping the community strategy local area or performance agreements	The Council's vision was established through a facilitated away day with the majority Group in 2008. The vision is revisited each year to assess its continued relevance. The vision is used to check that the corporate priorities serve to move the authority in the right direction and to assist in refreshing the Sustainable Community Strategy. Evidence Corporate Plan and Report of Residents Panel 1.5	TW&MH& MB/IW	MH via IW 06/04/10	
9.2	Review on a regular basis the authority's vision for the local area and its impact on the authority's governance arrangements		The Council's vision is reconsidered as part of the Corporate Planning process each year. Evidence – Corporate Plans 2008/11; 2009/12; 2010/13 – for last see 1.5.	TW&MH& Corp Directors/IW	MH via IW 06/04/10	
9.3	Ensure that partnerships are underpinned by a	Partnership protocol	Harrow Strategic Partnership developed the Sustainable Community Strategy 2009 – 2020 which sets a vision for the Borough. It has also devised and adopted the LAA	TW&MH& Corp Directors/I	MH via IW 06/04/10	

	The code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
	common vision of their work that is understood and agreed by all parties	Governance Code	which forms a three year plan helping to achieve the longer term vision. Evidence – Sustainable Community Plan 2009 – 2020 , (1.5), LAA 2008 – 2011	W		
9.4	Decide how the quality of service for users is to be measured and make sure that the information needed to review service quality effectively and regularly is available	This information is reflected in the authority's: corporate plan medium term strategy resourcing plan in order to ensure improvement	All directorates are required to report to relevant improvement board on their performance in meeting the council's corporate customer service standards. Systems are in place to monitor each channel, which combines technological and manual mechanisms. Monitoring is also supported by council wide mystery shopping exercises.	TW&CC& MH/IW	Jim Marsh via IW 16/04/10	
9.5	Put in place effective arrangements to identify and deal with failure in service delivery	complaints procedure	As a key channel into the Council's services Access Harrow manages and rectifies service failures and is meeting its target of resolving 80% of enquiries at first contact. In addition for areas where a resident may wish to take a more formal route the Corporate Complaints process and system has been in place for 18 months and is used to record, monitor and report on complaints received by the council. We are currently undertaking a review of the policy and process based on feedback. Consultation is taking place with customers and staff to ascertain where improvements can be made. Service improvements/lessons arising from complaints are reported in complaint report to Improvement Boards	CC/LM	Jim Marsh via IW 16/04/10	

	The code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
9.6	Decide how value for money is to be measured and make sure that the authority or partnership has the information needed to review value for money and performance effectively. Measure the environmental impact of policies, plans and decisions.	The results are reflected in authority's performance plans and in reviewing the work of the authority	<p>Value for money: The authority strives to deliver good value for money to its residents by improving performance and minimising costs.</p> <p>A wide range of vfm benchmarking information is used e.g. Audit Commission vfm profile Locally commissioned CIPFA vfm analysis CIPFA benchmarking clubs – Benefits, Collections, ICT, HR, Finance, Children DoH Use of Resources Analysis for Social Care Housemark Benchmarking Club.</p> <p>This enables each directorate to understand where costs are high and feeds into vfm improvement plans.</p> <p>Understanding of vfm strengths and weaknesses has been fundamental in Harrow's efficiency drive and in the transformation programme that is currently underway.</p> <p>The council wide VFM Improvement plan is updated quarterly. Attached.</p> <p>Each Corporate Directorate has a VFM Improvement Plan which forms part of their Service Improvement Plan.</p> <p>We have commissioned CIPFA to provide analysis and interpretation of VFM statistics. This analysis provides more depth than AC or other national benchmarking studies and also includes a cost vs performance index which enables comparison of key service areas with statistical neighbours.</p> <p>Cabinet report template has been updated to include a question on Environmental Impact. There is no requirement for environmental information to be included in</p>	MB&TW /IW	D Harrington via IW 26/04/10	

	The code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/Sponsor	Evidence updated (date initials) &	Gap Identified
			<p>committee or other reports, although this information forms part of the legal checking process. Check HP</p> <p>Environmental impact considered for inclusion in the Managers Conference and Management Development Programme but agreed by CGG not appropriate.</p>			

Applying the CIPFA/SOLACE Core Principles

Step 2 – Members and officers working together to achieve a common purpose with clearly defined functions and roles

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that maybe used to demonstrate compliance	Harrow Evidence:	Owner/Sponsor	Evidence updated (date initials) &	Gap Identified
10.1	Set out a clear statement of the respective roles and responsibilities of the executive and of the executive's members individually and the authority's approach towards putting this into practice and communicating this to members of the public, all staff, stakeholders and Members.	constitution record of decisions supporting materials	<p>Allocation of Responsibilities of the executive the individual members are set out in the Council's Constitution. Members must comply with the code of conduct which is also set out in the Council's Constitution. Minutes of all decisions made by the executive and individual executive members are available on the intranet and internet and records are maintained by Legal & Governance Services.</p> <p>Example of Minutes : Cabinet (Executive) http://moderngov:8080/ieListDocuments.aspx?CId=249&MIId=4616&Ver=4</p> <p>Individual Executive Member (Portfolio Holder) http://moderngov:8080/mgDelegatedDecisions.aspx?XXR=0&DR=01%2f01%2f2009-30%2f07%2f2009&ACT=Find&K=0&V=0&DM=0&DS=2&META=mgdelegateddecisions&Next=true</p>	ML&HP/ GC	GC	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that maybe used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			http://moderngov:8080/ieListDocuments.aspx?CId=684&MId=60089&Ver=4			
10.2	Set out a clear statement of the respective roles and responsibilities of other authority members, members generally and of senior officers and communicate this to members of the public, all staff, stakeholders and Members.	constitution conditions of employment	The role of other members of the authority is set out in Article 2 of the Constitution. The Constitution also includes the Code of Conduct, Protocol on Councillor/Officer Relations and the Employee Code of Conduct. Role Profiles for senior managers are attached. (ref 1.1)	HP&JT/LC	No change – LC / 15.7.10	Communication on roles and responsibilities
10.3	Determine a scheme of delegation and reserve powers within the constitution, including a formal schedule of those matters specifically reserved for collective decision of the authority taking account of relevant legislation and ensure that it is monitored and updated when required and communicate this to members of the public, all staff, stakeholders and Members.	scheme of delegation statutory provisions	Relevant information contained in the Constitution. Delegations are reviewed and approved annually. Matters specifically reserved for council and cabinet are reviewed and updated in accordance with legislation when issued. See Minutes of Council 7 May 2009 The remainder of the constitution is regularly reviewed and updates recommended to Council for approval. Reports and minutes of the CRWG are available. MB: Reminder to all managers on scheme of delegation in June 08 How communicated to members of the public, stakeholders?	HP/GC	GC	
10.4	Make a chief executive or equivalent responsible and accountable to the authority for all aspects of operational management	job descriptions/specification Performance management system	MB: CE is the Head of Paid Service Role profile for the Chief Executive is attached (ref 1.1).	JT&TW/LC	No change – LC / 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that maybe used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
10.5	Develop protocols to ensure that the leader and chief executive (or equivalent) negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained	new chief executive and leader pairing consider how best to establish and maintain effective communication	Draft protocol has been prepared and has been sent to the Director of Legal & Governance Services for consultation with the CE and new Leader.	ML&Leader&HP/GC	GC	
10.6	Make a senior officer (usually the section 151 officer) responsible to the authority for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts, and for maintaining an effective system of internal financial control.	Section 151 responsibilities S112/114 Local Gov't Finance Act 1988 Statutory provision Statutory reports budget documentation job description/specification	Role of S151 officer is allocated to CD of Finance and supported by constitution and scheme of delegation. See financial regulations	ML&MB&JT/JH	SD 15/07/10	
10.7	Make a senior officer (other than the Responsible Financial Officer) e.g. the Monitoring Officer, responsible to the authority for ensuring that agreed procedures and protocols are followed and that all applicable statutes, regulations are complied with and publicise the role of this officer to members of the public, all staff, stakeholders and Members. Recognise the limits of lawful action and observe both the specific requirements of legislation and the general responsibilities placed on local authorities by public law and in particular to integrate the key principles of good administrative	monitoring officer provisions Statutory provision job description/specification constitution	Statutory Monitoring Officer provisions contained in Part 3 of the Constitution. Statutory Monitoring Officer functions to report on likely contravention of any enactment or rule of law. Chief and Statutory Officers are required to comply with council procedural rules (as evidenced in the Constitution). Role profile for the monitoring officer (Director of Legal and Governance Services) is attached (ref 1.1). Not in evidence folder Decision making reports are cleared by or on behalf of the Monitoring Officer. How publicised etc as per assurance – green text?	ML&HP&JT/GC	GC	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that maybe used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	law – rationality, legality and natural justice into their procedures and decision making processes.					
10.8	Develop protocols to ensure effective communication and clear understanding between members and officers in their respective roles	Member/officer protocol	Code of Conduct and the Protocol on Councillor-Officer Relations set out in Part 5 of the Council's Constitution. Leadership Group (informal meeting of cabinet and CSB) Relationship between Portfolio Holder and chief officer	HR&JT/GC	GC	
10.9	Set out the terms and conditions for remuneration of members and officers and an effective structure for managing the process including an effective remuneration panel (if applicable)	Pay and conditions policies and practices	The council salary scales are set nationally – local application is by a Single Status agreement (attached) for jobs below Chief Officer status. For Chief Officers, local application of grades is determined by the Divisional Director of HRD in consultation Job evaluation is carried out by HRD and UNISON for jobs on grades H1 to H11; job evaluation is carried out by a Panel of HR Advisers and independently validated by the HRD Strategy Manager for grades above H11. Details of the job evaluation procedures are available on the intranet: http://harrowhub/site/scripts/documents.php?categoryID=16 The Member Allowances for 08/09 are attached. The allowances for 09/10 are included on page 98 at the attached link: http://modern.gov:8080/Published/C00000249/M00004140/\$ADocPackPublic.pdf	HR&JT/LC	No change – LC / 15.7.10	
10.10	When working in partnership ensure that members are clear about their roles and responsibilities both individually	Protocols for partnership working. For each partnership there is:	There are clear 'governance' arrangements in place for significant partnerships. For example, the Constitution for the Harrow Strategic Partnership (updated in October 2008) and relevant Capita	MH&DW (Procur	MH via IW 06/04/10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that maybe used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	and collectively in relation to the partnership and to the authority	<p>clarity of each partner's role within the partnership</p> <p>definition of roles of partnership board members</p> <p>line management responsibilities for staff who support the partnership</p> <p>a statement of funding sources for joint projects and clear accountability for proper financial administration</p> <p>a protocol for dispute resolution within the partnership (NB from special report ' Local Partnerships and Citizen Redress by LGO)</p> <p><i>(See also appendix B1 & B2 of this rough guide – Partnerships suggested approach and determination)</i></p>	<p>(Business Transformation Partnership) contract schedules are attached. The roles and responsibilities of the different partnership levels were explored in work commissioned by the Partnership from Shared Intelligence which has driven Partnership Improvements. Evidence – Partnership Development reports (see 1.24) and Shared Intelligence report to HCE 25th September 2009.</p> <p>Also see report to Harrow Chief Executive's re Improvement Planning, also 25 September 2009.</p> <p>Also the Property & Infrastructure governance structures, terms of reference and disputes processes are included reference the Kiers and Enterprise Mouchel strategic partnerships</p>	ement)& Corp Director s/LC	<p>IW 15/04/10</p> <p>A Dewsnap via IW 10/05/10</p> <p>No change to my knowledge – LC / 15.7.10</p>	
10.11	<p>When working in partnership:</p> <ul style="list-style-type: none"> - ensure that there is clarity about the legal status of the partnership - ensure that representatives or organisations both understand and make clear to all other partners the extent of their authority to bind their organisation to partner decisions. 		<p>The constitution of Harrow Strategic Partnership makes clear the limits on collective decision making and the when there is a need for partner organisational endorsement.</p> <p>What about other partnerships?</p>	MH&DW &Corp Directors/ HP/LC	<p>MH via IW 06/04/10</p> <p>No change – LC / 15.7.10</p>	

Applying the CIPFA/SOLACE Core Principles

Step 3 – Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
11.1	Ensure that the authority's leadership sets a tone for the organisation by creating a climate of legitimacy, openness, support, respect and accountability.	Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour	<p>Code of conduct and standards committee</p> <p>New Council values agreed by Cabinet in September 2008 – developed through workshops with members, senior managers, managers and staff as well as with the unions and self-organised groups. These are attached.</p> <p>Create values are well known to staff and promoted by the council's leadership.</p> <p>Leadership programme in 2008-09</p>	Leader & ML/LC	LC / 15.7.10	
11.2	Put in place arrangements to ensure that members and employees of the authority are not influenced by prejudice, bias or conflicts of interest in dealing with different stakeholders and put in place appropriate processes to ensure that they continue to operate in practice		<p>The Council's Constitution refers, particularly section on Member and Officer Codes of Conduct, Planning Protocol, Contract and Financial procedure rules.</p> <p>Register on interests is maintained for Members which is available on the intranet. A register of gifts and hospitality is also maintained and is available for inspection. Officers Register of Interest which includes gifts and hospitality is maintained by the Corporate Directors and is available for inspection.</p>	HP/GC	GC	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
11.3	Put in place arrangements to ensure that procedures and operations are designed in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice	standing orders codes of conduct financial regulations	<p>Contract Procedure Rules (see 3.2), Financial Regulations (see 3.1), Employee Code of Conduct and Members Code of Conduct all in place,</p> <p>Responsibility for monitoring these arrangements rests with management (except Members Code) however this responsibility is not clear within JDs or training.</p> <p>Continuing effectiveness monitored via IPADs linked to CREATE framework + code of conduct.</p>	MB/SD	SD 13/05/10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
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.	Codes of conduct Terms of Reference Minutes of Meetings	<p>Terms of Reference for the Standards Committee and its Sub-Committees are contained in the Constitution. The Standards Committee has 4 scheduled meetings and special meetings will be arranged when necessary. Dates of meeting can be found in the Committee Calendar and Corporate Calendar available on the intranet. The Sub-Committees meet as and when necessary.</p> <p>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.</p>	HP/GC	GC	GAP
11.5	In pursuing the vision of a partnership, agree a set of values against which decision making and actions can be judged. Such values must be demonstrated by partners' behaviour both individually and collectively.	terms of reference regular reporting to the authority	Attached document at 10.12 on the Harrow Strategic Partnership refers at Appendix B to adopting the Nolan principles	MH&DW/ Chair of HSP Board/LC	No change – LC / 15.7.10	

Applying the CIPFA/SOLACE Core Principles

Step 4 – Taking informed and transparent decisions which are subject to effective scrutiny and managing risk

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
12.1	Develop and maintain an effective scrutiny function which encourages constructive challenge and enhances the organisation's performance overall and of any organisation for which it is responsible.		<p>The scrutiny function comprises an overview and scrutiny committee, a performance and finance sub committee and lead scrutiny councillors for adult health and social care, children and young people, safer and stronger communities, sustainable development and enterprise and corporate effectiveness.</p> <p>The function is driven by the need to hold the council and our partners to account for their performance and the establishment of the performance and finance sub committee as the driver of scrutiny is a key component in ensuring that the function is focused on the issues of the greatest importance to the council. The lead members ensure that expertise to tackle particular areas of service delivery has been maintained from the old service-based sub committee structure.</p> <p>The structure is subject to regular review. Whilst it is generally agreed that it has delivered advantages, some issues remain – such as the lead member structure not fully understood,</p> <p>The committee will continue to monitor the effectiveness of its structures and further improvements will be considered after the elections in May 2010.</p>	Cllr Sheinwald & LM & Chair of Scrutiny/IW	LM via IW 06/04/10 A Dewsnap via IW 10/05/10	
12.2	Develop and maintain open and effective mechanisms for documenting evidence for		Procedural Rules contained in the Constitution require the Chair of each meeting to sign the minutes of the previous meeting. A Democratic Services officer who attends all meetings of the council will record the minutes of the meeting. Article 13 of the Constitution sets out the principles of decision making of all decisions of the council.	HP/	GC	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
	decisions and recording the criteria, rationale and considerations on which decisions are based that is clear and transparent to members of the public, all staff, stakeholders and Members.		Decisions (minutes) are published on the intranet and internet. Minutes are retained for 6 years. Minutes available on intranet/internet and paper copies available from libraries.			
12.3	Put in place arrangements to safeguard members and employees against conflicts of interest and put in place appropriate processes to ensure that they continue to operate in practice	Scrutiny is supported by robust evidence and data analysis	The Member and Officer Code of Conduct which is in Part 5 of the Council's constitution refers. A register is also maintained of interest registered by members (which is open to public inspection) and Officers which is available for inspection by Senior officers Corporate Directors communicate to their staff information on requirements on them to declare any conflicts of interest annually.	HP&JT/GC	GC LC / 15.7.10	
12.4	Develop and maintain an effective audit committee (or equivalent)	decision making protocols record of decisions and supporting materials	GARM – expanded terms of reference (see 2.2) and membership (see minutes), training and development for members Decisions recorded in minutes + supporting material	MB/SD Chair of Audit	SD 12/07/10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
	which is independent or make other appropriate arrangements for the discharge of the functions of such a committee		presented 3 (out of 4) score for internal control Use of Resources element which covers maintaining an effective audit committee	Committee		
12.5	Ensure that those making decisions whether for the authority or partnership are provided with information that is fit for the purpose – relevant, timely and gives clear explanations of technical issues and their implications.	terms of reference membership training for committee members	Committee report template and process leading up to committees (DMT, CSB, clearance with legal, finance and performance etc) included in the attached link: http://harrowhub/site/scripts/documents_info.php?categoryID=109&documentID=236 Key Performance Indicators	JT&HP&DW&MH/LC	LC No change 15.7.10	
12.6	Ensure that professional advice on matters that have legal or financial implications is available and recorded well in advance of	complaints procedure members' induction scheme training for committee chairs record of decision making and supporting materials	All reports are cleared by or on behalf of the Monitoring Officer and the Chief Finance Officer. Some training is done with members and officers from the Legal Department. Legal Officers are engaged with the preparation of reports relating to planning matters prior to consideration by the Planning Committee	HP&MB&JT/GC	GC + HP 16/07/10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	decision making and used appropriately					
12.7	Ensure that risk management is embedded into the culture of the organisation , with members and managers at all levels recognising that risk management is part of their job	risk management protocol financial standards and regulations	Embeddedness of risk management (see 2.10) Harrow's Financial regulations – risk management section (see 2.5 and 3.1) Risk Management Strategy outlines risk management roles and responsibilities for all Members, managers and officers, including partners (see 2.1) Risk management training (see 2.6)	DW/TJ	TJ 30/4/2010	

Applying the CIPFA/SOLACE Core Principles

Step 5 - Developing the capacity and capability of members and officers to be effective

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
13.1	Provide induction programmes tailored to individual needs and	training and development plan induction programme	Information on induction sessions and Member Development Programme is referenced at 1.13.	JT/LC	No change / LC 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	opportunities for members and officers to update their knowledge on a regular basis	update courses/information	Management Development is referenced at 1.14 and 3.2			
13.2	Ensure that the statutory officers have the skills, resources and support necessary to perform effectively in their roles and that these roles are properly understood throughout the organisation	Job description /personal specifications membership of top management team	<p>Protocol to support S151 and monitoring officer roles</p> <p>All 4 statutory officers report directly to the CE – their role profiles are included at 1.1</p> <p>Experienced people in post</p> <p>Roles well understood by members</p>	ML&JT/LC	No change – LC 15.7.10	
13.3	Assess the skills required by members and officers and make a commitment to develop those skills to enable roles to be carried out effectively and record and evaluate these.	Training development plan	<p>Member development programme – see referenced at 1.13</p> <p>Leadership programme and Management Development Programme (referenced at 1.13 and 3.2) – these will continue to be designed to reflect the Council's values and to meet appropriate ethical standards.</p> <p>Directorate Learning and Development Plans are established through Workforce Strategy Groups and ensure the 'golden thread' between Council vision and objectives, through to Service Planning and individual objectives for staff.</p> <p>The Corporate L&D programme is published annually – for 2009/10, no brochure was produced but information circulated regularly through Communications Newsletters to staff.</p> <p>E-learning available to all through intranet and is being extended in 2010/11 to cover a broader range of subjects, e.g. risk.</p> <p>A new online system is being launched in April 2010 which</p>	JT&Corp Directors /LC	LC / 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			allows staff to view all corporate courses, and from September 2010, will be capable of allowing employees to request training through the system Learning and Development Strategy and Planning framework agreed August 2009.			
13.4	Develop skills on a continuing basis to improve performance including the ability to scrutinise and challenge and to recognise when outside expert advice is needed	training and development plan reflect requirements of a modern councillor including: the ability to scrutinise and challenge the ability to recognise when outside advice is required advice on how to act as an ambassador for the community leadership and influencing skills	The Member Development Programme continued through 2009/10. No updated brochure was provided to Members although the content of the brochure was delivered. There are changes taking place in 2010/11 to the design and delivery of Member Development – HRD will continue to be responsible for the professional development of the Programme and Democratic Services to it's delivery. A report is being presented to the Member Development Panel, the first under the new administration, in September 2010 on the programme for 2010/11 and beyond. E-learning is available to all Members using the Learning Pool services at the following link: http://harrowhub/site/scripts/documents_info.php?categoryID=60&documentID=381	JT/LC	LC – 15.7.10	
13.5 UoR 3.3	The council has identified gaps in skills and has plans in place to address these. This might include skill development programmes that cover key skill areas, are responsive to identified gaps in skills, and are adequately resourced, and a recruitment strategy to target these areas. The council is	Audit Commission suggested evidence UoR 3.3: Previous audit and inspection work which may have considered workforce issues directly, or as part of reviewing capacity including the deliverability of plans, for example a corporate assessment (if	The Council's Individual Performance & Development scheme ensures that on a twice yearly basis, any development needs for effectiveness performance of the role are identified in discussion between employees and their managers. The Capability Procedure was launched in January 2009 (which addresses absence and underperformance). This combined procedure replaced the previous Absence and Capability procedures. This is presented in a toolkit format which better enables managers to follow a step-by-step process in effective management of these issues.	JT/LC	LC – 15/7/10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>presenting itself as a good employer in the market place, exploiting a range of recruitment channels. There are effective performance management arrangements which support management in delivering services that are fit-for-purpose, with examples of action taken to resolve poor performance of teams or individuals. There are effective systems for monitoring and managing levels of staff accidents and sickness absence, with action being taken to reduce any high levels of absence.</p>	<p>within the last three years) and Ofsted's annual performance rating of children's services.</p> <ul style="list-style-type: none"> • Workforce strategies and plans, for example organisational development plan or programme, people strategy, HR strategy, workforce development plan, recruitment and retention strategy, approach to talent management and succession planning and sustainable community strategy, corporate plan and children and young people's workforce strategy. 	<p>Monitoring of this procedure against social identity is reported annually to the Employee Consultative forum in the Annual Equalities in Employment report. The last report was considered by ECF in January 2010.</p> <p>The Learning and Development Planning process is an annual exercise by HRD with DMT's that draws all learning and development needs into a programme for the coming year.</p> <p>Advertising of jobs is increasingly carried out in online media.</p> <p>Monitoring of staff accidents is carried out by Health & Safety Unit and reported on a quarterly basis to Improvement Boards. An Annual Health and Safety report incorporating monitoring of staff accidents is reported to the Employee Consultative Forum.</p> <p>Staff sickness absence levels are monitored by Directorates and by HRD with a programme of work introduced in 2008 to reduce these. Staff sickness absence has shown a decline with actual levels at 31/3/10 being an average of 7.91 per full-time equivalent employee.</p> <p>Directorate Workforce Strategy Groups consider issues of concern at their regular meetings with action being taken as appropriate.</p>			
13.6 UoR 3.3	<p>There are reduced or managed skill and capacity gaps, with effective approaches to recruitment, for example e-recruitment or targeted recruitment aimed at under-represented groups, and the council proactively markets itself as an employer of choice.</p>	<p>Data and analysis underpinning workforce strategies and plans, for example, analysis of the future demand for services, population change, the workforce profile, skills profile, forecast needs, and gaps.</p> <ul style="list-style-type: none"> • Examples of 	See 13.5	JT/LC	LC – 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
	The council fully utilises and promotes its talent through a talent management approach and undertakes effective succession planning. Performance management arrangements reflect priorities and have a strong customer and community focus to support new patterns of service delivery. The council recognises and rewards high performance of teams and individuals.	<p>benchmarking and business improvement activity to improve workforce productivity.</p> <ul style="list-style-type: none"> • Examples of organisational change, including views of staff impacted by change. • People management policies, for example, diversity and equality employment policy, misconduct, grievance, bullying and harassment, mediation, well-being, health and safety, code of conduct and sickness absence. 				
13.7 UoR 3.3	The council invests in the health, safety and well-being of its workforce and there is evidence of successful well-being initiatives which are optimising health outcomes and productivity through improved attendance rates. The council reviews staff costs in high spending areas by benchmarking against other organisations, or by using business process improvement approaches to identify potential areas for efficiency savings and	<p>Investors in People assessment.</p> <ul style="list-style-type: none"> • Evidence of assessment against the Equality Framework for Local Government. • Self-assessment of progress against the Children's Workforce Development Strategy submitted to the Children's Workforce Development Council. • Performance management approach. • Key indicators about 	<p>The Council has had a Well-being Plan for staff for the last two years. This is accessible to all staff via the intranet at the following link: http://harrowhub/site/scripts/download_info.php?downloadID=1261&fileID=3053.</p> <p>Staff Benefits Fairs and Health Fairs, together with other health related promotional events are featured throughout the year. The staff benefits brochure is produced annually.</p> <p>The staff survey carried out (fully on a bi-annual basis and partially, in the intervening years) continues to show staff interest in staff benefits and wellbeing initiatives. Employee engagement levels are rising indicating greater satisfaction with the Council as their employer and in people management practices. The last full staff survey was carried out in November 2009 and is accessible on the intranet at: http://harrowhub/site/scripts/documents_info.php?document</p>	JT/LC	LC – 15/7/10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	increased productivity, working with local partners as appropriate. The council can demonstrate how its productive and skilled workforce is benefiting the community, for example how well staff identify and implement efficiencies and innovations, backed by a strong improvement culture.	people management, for example staff satisfaction, staff turnover, sickness absence, grievances, employment tribunals, accidents, workforce diversity, staff feedback on workforce diversity and agency staff costs.	<p>ID=788</p> <p>The main findings from the staff survey are used to develop an action plan which is found at the same link.</p> <p>Key indicators about people management are reported on a quarterly basis to Improvement Boards.</p>			
13.8 UoR 3.3	Workforce planning is integrated with service planning and shows how the council will deliver its strategic objectives. The council bases workforce plans on fit-for-purpose information. Plans set out current staffing, and identify what staff are needed over the next three to five years, and how they intend to get them. The council can demonstrate that it monitors and manages agency staff costs.		<p>Workforce considerations was included in the Corporate Director Service & Budget Planning templates for 2009/10. However, these have been expanded for 2010/11 year: http://harrowhub/site/scripts/documents_info.php?categoryID=200&documentID=882</p> <p>Further work on embedding workforce planning in supporting Directorate Workforce Strategy Groups is being carried out for completion in summer 2010 and will be launched to Managers through the Management Development Practitioner Programme which starts in August 2010.</p> <p>Workforce Strategies and Action Plans were developed by each Directorate in 2009/10 and a Council Strategy for People approved by Cabinet in February 2010: http://modern.gov:8080/ieListDocuments.aspx?CId=249&Mid=4622&Ver=4</p> <p>Monitoring of agency staff costs is reported to Improvement Boards on a quarterly basis</p>	JT/LC	LC / 15.7.10	
13.9 UoR 3.3	The council takes a corporate approach to workforce planning. This reflects strategic priorities		See 13.8	JT/LC	LC – 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
	and objectives, and supports the delivery of services. It aligns closely with strategic planning and is designed to deliver improvements in efficiency, productivity and value for money against local priorities.					
13.10 UoR 3.3	Strategic workforce planning addresses current, and future, workforce needs for people and skills, and is underpinned by fit-for-purpose information on demand for services, workforce size and profile, and systematic collection of the views of staff.		See 13.8 The views of staff are captured in the staff survey – see 13.7.	JT/LC	LC – 15.7.10	
13.11 UoR 3.3	Joint workforce planning is delivering benefits, for example reduced costs, more integrated services, increased capacity and reduced unproductive competition between public sector bodies in an area for scarce skills, for example there is joint working across local partners to improve safeguarding arrangements for vulnerable children and young people. The council is taking action to ensure it has a positive		There is an integrated Children’s Workforce Strategy and joint induction arrangements for those working with children across local partners.	JT/LC	LC / 15.7.10	GAP: Does not exist to any significant extent in other Directorates. This has been identified in the Strategy for People 2010-12 as an action for 2011.

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	and appropriate brand as an employer in the context of the local labour market, for example to attract under-represented groups.					
13.12 UoR 3.3	Senior management manages and supports organisational change effectively while involving the workforce in the process. Senior management shows commitment to engaging staff in the process of change and minimising the impact of change by being sensitive to the organisational culture. The council plans communications with staff and they are effective in ensuring two-way discussions. The council also monitors staff satisfaction and morale through process of change and supports staff through mechanisms such as employee assistance programmes. The council consults with staff, trade unions and other staff representative groups and actively involves them in managing change and reports positively on their involvement. Post-		<p>The Council's Protocol for Managing Organisational Change sets out the process in managing organisational change and is accessible on the intranet at: http://harrowhub/site/scripts/documents_info.php?categoryID=23&documentID=346</p> <p>The Protocol is being represented in 2010 as a toolkit for managers.</p> <p>The Better Deal for Residents programme, with senior manager Sponsors, has dedicated HRD and Communications support to ensure that employee considerations and stakeholder messaging is made. A Change Management Strategy has been agreed for the Programme in consultation with Unison and GMB together with a set of Engagement Principles to ensure timely consultation. A Trade Union forum for the programme was established in 2009/10 and agreed notes of the meetings are accessible via the intranet, e.g.: http://harrowhub/downloads/090310_Trade_Union_Joint_StatementMARCH2010.doc</p> <p>Consultation with trade unions takes place monthly at the Corporate Joint Committee on corporate issues and Directorate Joint Committees meet regularly to consider Directorate specific issues.</p> <p>The Council has an Employee Consultative Forum of Members and the Trades Unions meets quarterly</p>	JT/LC	LC / 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	implementation reviews include monitoring and evaluation of the impact of change on staff.					
13.13 UoR 3.3	The council has a systematic and planned approach to managing the workforce implications of organisational change. The council fully involves staff in the implementation of change and empowers them to help deliver it. The council maintains, or improves, staff satisfaction and morale through the periods of change and trains line managers to deal with change management issues and develop specialist change management skills. The council uses various methods for communication with staff on change management issues, for example staff briefings, surgeries and focus groups, and evaluates the effectiveness of its approach to these. There is effective partnership working between trade unions and other staff representative groups, including joint		See 13.12 Reviews of the learning points from major change programmes are made at their conclusion	JT/LC	LC – 15/7/10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date initials) &	Gap Identified
	communication strategies. Post-implementation reviews assess the benefits of change against clearly defined success criteria and the council learns from the results					
13.14 UoR 3.3	The council has established and maintained policies and practices, including diversity practices, to support good people management and to ensure compliance with equalities legislation and duties. The council trains and supports managers to implement the policies and practices consistently. The council has adopted the new Equality Framework for local government (from April 2009) and is performing at level 1 (developing). The council is working towards building a workforce that is more representative of the community it serves. The council has completed its Local Pay Review and is on track to implement its agreed local pay structure		<p>The Council has well-established employment policies and procedures which are regularly maintained to ensure compliance with legislation which are accessible via the intranet at: http://harrowhub/site/scripts/documents_info.php?categoryID=57&documentID=254.</p> <p>A process of converting these to toolkits for managers started in 2008/09 with the launch of the first of these, Capability Procedure, in January 2010: http://harrowhub/site/scripts/documents_info.php?categoryID=57&documentID=608</p> <p>Managers are informed of any change through e-mail. Briefings to managers on any significant change to employment policy and procedure is made by HRD.</p> <p>CSB agreed in 2010/11 to working to achieve Excellent status under the Equality Framework by 2012.</p> <p>The Local Pay Review (single status) was completed in 2004/05. The Single Status Agreement is accessible via the intranet at: http://harrowhub/site/scripts/download_info.php?downloadID=1274&fileID=3081</p>	JT/LC	LC – 15/7/10	
13.15 UoR	The council has adopted the new Equality		See 13.15	JT/LC	LC / 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
3.3	Framework for local government from April 2009 and is performing at level 2 (achieving) or level 3 (excellent) for 'a modern and diverse workforce'. There is evidence of significant progress in building a workforce broadly representative of the community at all levels including senior management. Different groups of staff report that the council operates positive diversity practices. The council also receives positive feedback by service users on the way they are treated by council staff and on diversity practices.		<p>A programme to support minority staff in order to better achieve progression to more senior management levels was identified as an action in the Strategy for People Action Plan agreed by Cabinet in February 2010 for launch in 2010/11.</p> <p>The Staff Survey 2009 showed an improving view from employees that the council supports equal opportunity practices: http://harrowhub/site/scripts/download_info.php?downloadID=1895&fileID=5010</p>			
13.16 UoR 3.3	There are high levels of staff satisfaction, including across different groups in the workforce, and good retention levels, particularly in priority areas and where there are skills shortages. The council is considering introducing a total rewards approach to attract, retain and reward staff. This includes developing opportunities for flexible working		<p>The staff survey for 2009, accessible at 13.15, demonstrates improving levels of employee engagement with over 80% of responses to questions showing an improvement over those in 2008.</p> <p>Turnover is below 10% and is reported to Improvement Boards on a quarterly basis.</p> <p>There are no significant skills shortages. However, this can change rapidly, e.g. in children's social work, and is monitored by Directorate Workforce Strategy Groups.</p> <p>An action on developing a Total Reward framework is identified in the Strategy for People 2010-11. The process to developing this started with the introduction of the Staff</p>	JT/LC	LC – 15.7.10	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	arrangements to support staff through key life events.		<p>Benefits brochure which records clearly for employees, all the terms and conditions, development programmes and other support accessible to them: http://harrowhub/site/scripts/download_info.php?downloadID=38&fileID=5091</p> <p>Flexible working options are well established and referenced in the Staff Benefits brochure.</p>			
13.17	Ensure that effective arrangements are in place for reviewing the performance of the authority as a whole and of individual members and agreeing an action plan which might for example aim to address any training or development needs	performance management system	<p>Harrow has a defined performance management framework. The framework is available at http://harrowhub/site/scripts/documents_info.php?categoryID=171&documentID=145 and the framework is provided as evidence at 1.6. This references the role of Cabinet and Portfolio Holders.</p> <p>As part of Cabinet Development two sessions on performance management were held in 2009/10.</p> <p>A Member Development Programme has been in operation during 2007 (review available at http://modern.gov:8080/ieListDocuments.aspx?CId=286&MIId=3794&Ver=4&J=3) and activities have been taking place in 2008 which included a pilot Member Coaching Programme with Roffey Park. A refreshed Programme is being considered by the Member Development Panel on 2 July 2008. The report and programme are available at: http://modern.gov:8080/Published/C00000286/M00004344/A100045102/\$ReportforMemberDevelopmentPanel2ndJuly08_v1.docA.ps.pdf</p>	TW&JT/ W	<p>IW 15/04/10</p> <p>A Dewsnap via IW 10/05/10</p>	
13.18	Ensure that effective arrangements designed to encourage individuals from all sections of the community to engage with, contribute to and participate in the work of the authority.	strategic partnership framework stakeholders forums' terms of reference area forums' roles and responsibilities residents panel structure communication strategy	<p>The Service Planning, Performance and Budgeting Framework provides for the establishment of service user groups to enable participation.</p> <p>The Council's Residents' Panel provides for more structured engagement. A Consultation Strategy has been adopted by Cabinet on 23 October 2008, and a "Panel of Local Persons" has been established to enable the Council to fulfil its obligations under the Sustainable</p>	MH&DM &JK /IW	<p>IW 15/04/10</p> <p>MH via IW 06/04/10</p>	

	The local code should reflect the requirements for local authorities to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	<p>Establish a clear policy on the types of issues they will meaningfully consult on or engage with the public and service users including a feedback mechanism for those consultees to demonstrate what has changed as a result</p> <p>These arrangements should recognise that different sections of the community have different priorities and establish explicit processes for dealing with these competing demands.</p>		<p>Communities Act and the Duty to Involve. It has yet to consider issues under the Duty to Involve. Portfolio Holders decision as at 30 September 2009- evidence.</p> <p>Harrow Strategic Partnership includes representatives of stakeholder groups on its thematic management groups that are charged with delivering the Local Area Agreement and other partnership targets. Harrow Strategic Partnership also encompasses two reference groups providing the views and priorities of, in one case, Older People and in the other, the Voluntary and Community Sector.</p> <p>In addition, a co-ordinated approach to consultation has been adopted to ensure that public opinion is taken into account in the development of policy and to inform decisions. Feedback on the outcomes of consultation and the decisions taken is also provided. Evidence Interim Place Survey, Residents Panel, Consultation Finder</p> <p>Evidence – Service Planning, Performance and Budgeting Framework (1.6) CSB Report establishing the Residents’ Panel, Portfolio Holders decision see above. Membership of HSP Management Groups and Reference Groups. – available on the website at http://www.harrow.gov.uk/info/200009/performance/996/structure_and_function_of_the_hsp</p>			
13.19	Ensure that career structures are in place for members and officers to encourage participation and development	succession planning	<p>A member development programme is referenced at 1.13 – this includes 360 degree feedback, coaching and mandatory and discretionary training.</p> <p>There is no career-planning programme in place at the officer level although this is reflected in the council’s Improvement Programme as a requirement in improving workforce planning practices and also contained in the Strategy for People 2010-12 action plan</p>	JT&Leader /LC	LC – 15.7.10	GAP

Applying the CIPFA/SOLACE Core Principles

Step 6 – Engaging with local people and other stakeholders to ensure robust public accountability

	The local code should reflect the requirements to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
14.1	Make clear to themselves, all staff and the community, to whom they are accountable and for what	community strategy	<p>The Council is accountable to the public through the electoral process, to Harrow Strategic Partnership for delivery of the targets its accepts; to the audit commission and specific inspectorates for its performance and to a number of other official bodies ranging from the Health and Safety Executive to Registrar General for specific areas of activity. Members are made aware of these accountabilities when pertinent and staff are aware of accountabilities that touch on their duties. The Council devises a set of Flagship Actions for each edition of the Corporate Plan that are understandable examples of what the corporate priorities mean in practice and publish these and the extent to which they are achieved each year to illustrate local and public accountability Evidence – see Harrow People with Flagship Actions – July each year.</p> <p>An A-Z of Council Services, a Council Tax book and Harrow People available to residents + published set of accounts including AGS.</p>	MH&AH/ W	MH via IW 06/04/10	

	The local code should reflect the requirements to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
14.2	Consider those institutional stakeholders to whom they are accountable and assess the effectiveness of the relationships and any changes required	Harrow Compact?	The Council is, as stated in 14.1 above, accountable to Harrow Strategic Partnership for the delivery of elements of the Local Area Agreement. Performance reports are submitted regularly. The formal relations have been reviewed and are continuing to develop. Evidence Governance Handbook adopted. The Harrow Compact which describes and regulates relations between the public and voluntary and community sectors has been substantially updated together 4 of the 5 codes which it supports. Work is underway updating the fifth code and a Compact Organisation is being established to champion the Compact. Complaints made that the Compact is not followed are carefully investigated and reported with, usually, a satisfactory resolution. Compact updated – copies of updated codes provided and examples of Compact investigations.	MH/IW	MH via IW 06/04/10	
14.3	Produce an annual report on scrutiny function activity	annual report	The 2008/09 report is available online at http://www.harrow.gov.uk/site/scripts/download_info.php?fileID=6165 (nb this link does not open) and also as evidence. The 2009/10 report is provided as evidence.	Cllr Sheinwald /LmcA/IW	IW 23/07/09 IW 19/04/10	
14.4	Ensure that clear channels of communication are in place with all sections of the community and other stakeholders including monitoring arrangements to ensure that they operate effectively	community strategy processes for dealing with competing demands within the community	Harrow Strategic Partnership developed the Sustainable Community Strategy and the Local Area Agreement through a process that involved a summit for local groups and individuals to scope the documents and involvement of stakeholders through thematic management groups to refine the content. The Sustainable Community Strategy was the subject of public consultation. Evidence – See agenda and invite list for summit meetings and Consultation Feedback document.	MH&JK& AH/IW	MH via IW 06/04/10	

	The local code should reflect the requirements to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
14.5	Hold meetings in public unless there are good reasons for confidentiality and widely publicise the fact to improve accessibility.		Access to information rules – Part 4g of the Constitution	HP/GC	GC	
14.6	Ensure that the authority as a whole is open and accessible to the community, service users and its staff and ensure that it has made a commitment to openness and transparency in all its dealings, including partnerships subject only to the need to preserve confidentiality in those specific circumstances where it is proper and appropriate to do so and this is done in a way that the community can access and make sense of.	constitution	<p>Access to Services Inspection</p> <p>Petition under constitution</p> <p>Consultation & call in procedure</p> <p>Questions at meetings</p> <p>Cabinet Question Time</p> <p>Scrutiny Function</p> <p>Cllr Complaints Procedure</p> <p>Cllr Question Time</p> <p>Budget Consultation</p> <p>Evidence: Constitution as before</p>	HP&CC& MH&DW /GC	GC	

	The local code should reflect the requirements to:	Source documents/good practice/other means that may be used to demonstrate compliance	Harrow Evidence:	Owner/Sponsor	Evidence updated (date & initials)	Gap Identified
14.7	Develop and maintain a clear policy on how staff and their representatives are consulted and involved in decision making.	constitution	This is reflected in the Constitution. The terms of reference for the Employee Consultative Forum, Corporate and Directorate Joint Committees is attached. Also attached are the Recognition Agreements for UNISON and GMB.	JT&HP/L C	No change – 15.7.10	